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“But We Are Still Mothers”: Gender and the Construction of Need in Post-Socialist Hungary

Abstract

This paper examines the gender regime of the welfare state transition underway in contemporary Hungary. I analyze this welfare restructuring within three state terrains and trace shifts in regime policies, institutional practices, and client strategies from late state socialism to the present. I argue that these shifts denote fundamental alterations in the social conception of need and in the nature of claims to state assistance. In the last two decades of state socialism, the Hungarian welfare apparatus was organized around maternal guarantees that accorded women benefits based on their contributions as mothers. These social guarantees provided female clients with a sense of entitlement and practical resources for use in their domestic struggles. In post-socialist Hungary, this maternal discourse is being dislodged by a new language of welfare designed to target and treat poverty. As the welfare system is oriented toward poor relief, women's needs have been materialized and their maternal identities displaced by new class identities and stigmas. With these shifts, the practical and discursive space for women to maneuver has contracted—prompting female clients to resist and reassert their previous status as entitled mothers. The data presented in this paper are drawn from archival, interview, and ethnographic research conducted in Budapest, Hungary from October 1993 to April 1995.

Caseworkers employed in Budapest's Xth district welfare office will remember March 13, 1995, for quite some time. On this day, female clients converged on their office en masse to protest the *Bokros csomag*, a government proposal to restructure the Hungarian welfare system. Well before the agency's official office hours, lines of women formed outside the building. When the doors opened, a stampede of women rushed into the office. Their emotions ran high, fluctuating between anger and fear. "I cried when I heard the news last night," one female client remarked. "I kept my daughter from school to come here and complain." To calm a group of clients gathered around her desk, one caseworker assured them that the reforms would not adversely affect them. "It will be like the aid you already receive," she explained. "Those with low incomes will continue to get support." Unconvinced, a female client retorted, "So just like that aid, nothing will be left in a few months." The others grumbled in agreement. Another woman staged a sit-in at a caseworker's desk, demanding that she call Prime Minister Gyula Horn to revoke the proposal. As a male security guard escorted her out of the office, she quietly repeated, "No one cares anymore, but we are still mothers. We are still mothers."

With her comment, this female client advanced a profound argument about the nature of the welfare changes underway in Hungary. Hers was a comparative analysis, based on what she and her fellow clients had learned from years of experience in this system. For most of their lives, these women had been constituted primarily as mothers within the Hungarian welfare apparatus. Since the late 1960s, they had been enmeshed in a subsystem of welfare that nearly universally accorded mothers special benefits. They were entitled to three years of maternity leave, family allowances, sick leave benefits, and child-rearing assistance. In the mid-1980s, maternity-leave payments were income-based and child-rearing assistance means-tested. But in post-socialist Hungary, this subsystem of welfare crumbled around these women. By the mid-1990s, all other social policies met a similar fate. The entire system of maternity-leave grants and family allowances was subjected to income tests, and only specific classes of mothers received financial and other aid. So although these women were "still mothers," the welfare apparatus no longer accorded them special privileges based on their identity as mothers.

While these Hungarian women experienced the current welfare restructuring in comparative and historical terms, the scholarly literature on the welfare states of Eastern Europe has not been systematically comparative or historical. Only in the last few years has the welfare state come into theoretical focus for scholars of Eastern Europe. Within and outside the region, these scholars have begun to document

the retrenchment of welfare underway throughout Eastern Europe. In Hungary, many social scientists have linked this restructuring to the 1990 political regime change, arguing that the entrance of new parties and movements into the political sphere led to the reform of welfare programs (Ferge 1992; Szalai 1992). Others have focused on the imperatives of the transition to a market economy and how it requires the scaling back of welfare programs (Tímár 1991; Kornai 1994; Szalai 1994; World Bank 1992). Because these shifts are seen as manifestations of the current political and economic transition, these analyses tend to be ahistorical; they leave untheorized the historical reconfigurations of Hungarian welfare that occurred prior to the transition period. The few analysts that take a historical perspective on Hungarian welfare do so in quantitative terms—focusing on changes in the scope of social benefits (Ferge 1991; Deacon 1992), patterns of re/distribution (Ferge 1996; Andorka 1996), or the overall amount of welfare transfers (Tóth 1994; Andorka and Toth 1995). Hence, the existing literature on Hungarian welfare has centered on alterations in the re/distribution of state resources and in the overall size of the social policy apparatus.

The conceptual framework advanced in this paper will be of a different sort. Rather than conceptualizing the Hungarian welfare state transition in terms of the quantitative categories of size, scope, or amount, I will analyze it for the social conceptions of need it encodes. Drawing on recent feminist welfare state theory and historiography, my analysis will be guided by the notion that all welfare states embody distinct architectures of need—understandings of who is in need and how their needs should be met (Fraser 1989; Fraser and Gordon 1994). Welfare states not only engage in the re/distribution of benefits, they also articulate historically specific interpretations of need. These architectures of need are etched out on multiple terrains within welfare states. First, they are articulated through regime policies—inherent in social provisions, public proclamations, and discursive constructions. Second, they are constituted through the practices of actual welfare institutions—embedded in the organization of casework and the professional models ascribed to by state actors. Because welfare policies and practices define social conceptions of need, they draw upon and shape women's identities in complex ways. Hence welfare regimes must also be examined for the space they accord women to advance their own interests and maneuver in their everyday lives. In this way, my analysis of Hungarian welfare will operate on three levels, tracing changes in regime policies, practices, and client strategies.

With this conceptual framework, I identify three Hungarian welfare

regimes from the inception of state socialism: the welfare society of 1948–1968, in which women’s needs were familialized through state policies and practices organized around the household; the maternalist welfare state of 1968–1985, in which women’s needs were maternalized through provisions and agencies designed to secure the quality and quantity control of motherhood; and the liberal welfare state of 1985–1996, in which women’s needs are materialized through poor-relief programs that bureaucratically regulate poverty. In short, Hungarian welfare shifted from the familialization to the maternalization to the materialization of women’s needs. With these shifts, the nature of women’s claims to state support has also changed. In the first two welfare regimes, assistance claims were linked to women’s social contributions as workers and family members. Hence, in these regimes, the prevailing conceptions of need gave rise to a series of entitlements and social guarantees. It would be historically inaccurate to characterize these entitlements as “rights” since Hungarians lacked the civil and political rights to participate formally in the social politics of the period. Yet in post-socialist Hungary, the reverse is true—although Hungarians have been granted formal political rights, their previous social guarantees have evaporated. Assistance claims must now be based on material deprivation: recipients’ material needs, rather than their social contributions, form the basis of all appeals for state aid. Thus, these Hungarian welfare regimes encoded contrasting conceptions of need as well as different systems of needs claims and entitlements.

Although the history of Hungarian welfare can be periodized according to these three regimes, this paper will focus on the contours of and transition between the second two regimes. It will trace the shift from the maternalization to the materialization of need in Hungary and the ways in which this shift led to the replacement of an old set of maternal identities with a new set of class identities. It will also explore how, along this transition, the space available for women to maneuver and secure their own interests contracted. More specifically, my discussion will begin with an analysis of the welfare apparatus of the final two decades of state socialism. In this section, I unearth how motherhood was built into the social policies of the period and how notions of a “good mother” shaped welfare work. I also illuminate how this social conception of need enabled female clients to expand their identities as mothers to protect themselves as wives and women. This is followed by an analysis of the post-socialist welfare regime. Here I reveal how social class dislodged motherhood as the central principle guiding welfare policy and practice. I then show how this focus on material need led to the stigmatization of the “welfare

client” and how women resist this by reasserting identities inherited from the state socialist period—a sense of entitlement based on motherhood.¹

The Maternalist Welfare State: Quantity and Quality Control of Motherhood

The roots of the Hungarian welfare state can be traced to the mid-1960s. Before this period, Hungary was structured much like a welfare society in which the well-being of the population was to be secured through existing social institutions (Ferge 1979). In such an order, the targeted social policies associated with a welfare state were deemed unnecessary—economic planning and work-based provisions were to meet the population’s material needs, while the family was to fulfill the caring welfare functions. Yet in the mid-1960s this changed, as the needs of certain social groups were emphasized. A subsystem of welfare then arose to link eligibility to specific social characteristics.² Motherhood was one such characteristic. In this period a series of social policies and welfare agencies emerged to address the “special” needs of mothers. Because most of these policies were also based on women’s status as workers and included labor force participation as an eligibility criterion, they were designed to redefine women’s roles as mothers. In fact, many of these policies were created to persuade Hungarian mothers to exit the labor force for a considerable amount of time. Thus, Hungarian women were put under the purview of a welfare apparatus that constituted them primarily as child-rearers and fostered a sense of entitlement based on motherhood.

The impetus behind the rise of this maternalist welfare apparatus came from multiple sources. One group of reformers, the demographers, were concerned with the quantity control of motherhood. After the re-legalization of abortion in 1956, the Hungarian birthrate plummeted to record lows. From 1954–1962, the birthrate fell by nearly 50 percent—from 23.0 births per 1,000 in 1954 to 12.3 in 1962 (Goven 1993). Drawing on these data, Hungarian demographers began to warn of an impending disaster and to urge for population policies to reverse the trend (Mód 1961; Klinger 1961). These demographic problems were not unique to Hungary: they also characterized other Eastern European societies experiencing the effects of industrialization, urbanization, and high rates of female employment. Yet the pronatalist path taken in Hungary differed from that of the other countries in at least two respects. Instead of instituting coercive measures to force women to have more children, Hungarian demographers proposed population policies based on incentives for mothers (Klinger et al. 1984).³ The goal of convincing women to reproduce was to be

achieved by securing social conditions conducive to raising children. Connected to this, rather than focusing strictly on childbearing, as was done in neighboring countries, Hungarian policy makers centered on child rearing. They proposed a support system that stretched beyond childbirth itself—a system that encompassed birth payments as well as benefits extending through the child-rearing process. In this way, Hungarian demographers advanced a solution to the birthrate problem based on incentives to support both the birth and the rearing of children.

These demographic shifts coincided with the rise of economic problems related to the first wave of Hungarian market reform. While demographers were contemplating the long-term implications of the declining birthrate, Hungarian economic reformers were in the process of designing the New Economic Mechanisms (NEM) introduced in 1968. These reforms provided their own impetus for the rise of a maternalist welfare apparatus. First, by legalizing certain sectors of the second economy and giving enterprises more control in their employment practices, these reforms spawned concerns about possible labor surpluses and unemployment. This problem was particularly acute for the regime given that much of its legitimacy rested on its ability to secure full employment (Ferge 1992; Deacon 1983). The state therefore had to find a way to siphon off workers from the labor force without provoking mass unemployment. Social policies designed to “encourage” Hungarian mothers to exit the labor force and devote themselves to their children full-time were one way to secure this downsizing (Horváth 1986; Goven 1993). In addition to alleviating the side effects of market reform, these policies also facilitated a shift in the responsibility for social reproduction to individual families. Through policies targeted at Hungarian mothers, the socialist state was able to reduce its investment in the social infrastructure, thus transferring much of this burden onto Hungarian women.

While these demographic and economic problems presented dilemmas for the socialist state, its distinctly maternalist response was shaped by a third source, the ascendancy of professional psychology. The regime could have resolved these problems in a variety of ways, but it responded by redefining the role of mothers in large part because of the influence of a new cadre of Hungarian psychologists. After a ten-year hiatus, the first Hungarian psychology department was reopened in 1957. This put the first cohort of newly trained psychologists on the “job market” in the early 1960s. By the mid-1960s, they had uncovered a host of new childhood disorders and neuroses. In professional journals and at conferences, they developed a new branch of “child-rearing psychology” (*nevelési pszichológia*) that linked these disorders to familial breakdown (Lieberman 1964; Gégesi 1965). They

then proposed new measures to rationalize motherhood and the family—social policies to provide mothers the time and resources to focus on their children and institutions to “scientize” their child-rearing practices. Hence, in the late 1960s, the demographic and economic problems facing the regime converged with the professional appeals of Hungarian psychologists, paving the way for the emergence of a maternalist welfare state out of the previous welfare society.

The Maternalist Policy Regime

The centerpiece of this maternalist welfare apparatus was GYES (*Gyermekgondozási Segély*), a maternity leave grant created in 1967. When first introduced, the grant provided six months of support equivalent to the recipient mother’s salary and two years of additional support at a fixed rate.⁴ In 1969 the grant was extended by six months, thus providing recipients with a total of three years of support. Employers were obliged to re-employ recipients upon completion of the grant. GYES had two primary eligibility requirements. First, it was offered only to Hungarian mothers. Fathers could apply only if the mother was absent or too sick to care for the children. As Ferge (1979,152) put it, the grant was designed to address the special “biological and psychological needs of motherhood”—needs that Hungarian fathers presumably did not have. Second, initial GYES regulations stipulated that recipients had to be employed full-time for the 12 months preceding the birth, or for 12 of the last 18 months prior to the birth. These regulations articulated the relative emphasis of wage labor versus motherhood: for every one year of wage labor, women received three years of subsidies for their mothering. What is more, with time these requirements were relaxed. By the early 1970s, part-time workers and students became eligible for the grant. As a result, the percentage of eligible mothers increased in its first decade—although only 57 percent of mothers were eligible in 1967, this number jumped to 74 percent in 1970, 85 percent in 1974, and over 90 percent in 1978 (KSH 1981).⁵

Although the scholarly literature on GYES has focused on how the grant fulfilled the regime’s needs (Horváth 1986; Ernst 1986; Gál 1969) or how it solidified a traditional gender division of labor in the workforce and the home (Márkus 1970; Goven 1993; Adamik 1995), GYES also fostered a sense of entitlement in Hungarian women. It provided women with a legitimate way to stake a claim in the welfare apparatus. Because the grant was available to a wide cross-section of Hungarian mothers, it was not a stigmatized form of assistance. And because the grant was used by diverse groups of women, albeit for different amounts of time, it was never associated with specific classes of women. One caseworker put it best when I asked her

about the social connotations of the grant: “GYES was for mothers. I took it, my colleagues took it, and the clients took it. How could I think of it negatively when everyone I knew used it?”

In addition to GYES, a number of shorter child care leave provisions were established in this period. First there was the “housework holiday” (*háztartási szabadnap*), a provision that allowed mothers with at least two children under age 14 to take one day of unpaid leave a month. There was also a special system of paid leave for mothers—women with one child were entitled to two days of fully paid leave per year, and women with two or more children received five to nine days of leave annually. The explicit justification for these provisions was to “protect mothers” and permit them to fulfill the “special responsibilities that accompany child rearing” (Pongrácz 1986, 151). Finally, Hungarian mothers had access to their own system of sick leave benefits (*tappenz*). Women with children under 3 years of age received 60 days of paid leave per year, and those with children under 6 were entitled to 30 days.⁶ Like GYES, Hungarian fathers were not eligible for these benefits unless they were single parents.

During this period, the Hungarian system of family allowances (*családi pótlék*) also underwent a number of changes that made them more accessible to mothers. First established in the 1930s, family allowances were monthly payments provided to families to offset the costs of child rearing. Until the mid-1960s, these payments were aimed at large families with three or more children. They were also paid directly to those “heads of households” employed full-time in a state enterprise or cooperative. This meant that in two-parent households, the father automatically received the allowance attached to his wages. In 1968, the Ministry of Labor revised the employment requirements and extended the allowance to students, part-time employees, and “home workers.” It also offered the allowance to families with two children. As a result, the number of women eligible for the allowance increased. Then, in 1974, the “head of household” provision was replaced with a “primary caretaker” clause. This enabled divorced mothers to receive the allowance directly. It also created an appeal system by which married women could transfer the allowance to their wages, thus bypassing the father altogether. Hence, for the first time, Hungarian mothers became entitled to these allowances on their own.

Although no reliable data exist on how many women utilized this appeal system, in the two districts of my research, I uncovered twenty-five appeals from the 1970s. These women couched their appeals in strikingly similar terms—they were mothers, the ones who cared for children. Many bolstered their claims by raising complaints about their husbands’ irresponsible behavior, arguing that the men used the money to finance their “unruly lifestyles.” They believed they were

entitled to support due to their motherhood status. Their belief was confirmed by the caseworkers assessing their appeals. All of the twenty-five appeals were approved on similar grounds—mothers knew what was best for children and needed the resources to secure their well-being.

This leads to the final component of the maternalist policy regime of the period—child-rearing assistance programs (*Rendkívüli/Rendszerezes Nevelési Segély*). Created by the Ministry of Education in 1974, these funds were distributed by caseworkers up to six times a year on a per-case basis.⁷ Unlike other maternalist policies, there were no work requirements attached to these funds. Most lower/working-class mothers having trouble raising their children were eligible for them, provided that their difficulties were not the result of their own “mistakes” (Horváth 1982). In practice, caseworkers had enormous discretion in allocating these funds and applied their own eligibility criteria that centered on women’s mothering practices.⁸ Applicants were put through a battery of tests to prove their domestic competency—tests that included home visits in which caseworkers evaluated their mothering skills. In this way, eligibility decisions were rarely made on the basis of the applicant’s material “need.” Rather, they were based on their gender performance and presumed domestic competency.

Together, these four social provisions formed the core of the maternalist policy regime. These policies trained women how to stake a claim in the welfare apparatus and to frame their appeals around their roles as mothers. While many of these policies were premised on some sort of labor force participation, they elevated women’s identities as mothers to central importance. They taught women that, as mothers and caretakers, they had “special” needs that entitled them to specific resources. As I describe below, many Hungarian women learned a similar lesson in more direct ways through contact with the state welfare institutions of the era.

Welfare Practices and the Good Mother Mold

The maternalization of need embedded in the social policies of the last two decades of state socialism filtered down to the institutional level, shaping the practices of Hungarian welfare agencies. Although very little scholarly work has been done on state socialist welfare institutions, a quite extensive network of Hungarian welfare agencies operated in this period.⁹ At the center of this structure were local Gyámhatóság offices designed to ensure the well-being of children.¹⁰ Their duties were twofold: they maintained the large bureaucracy surrounding the family and oversaw the upbringing of children in their districts.¹¹ Also operating at the local level were Child Guidance Centers (*Nevelési Tanácsadók*) that addressed children’s educational

and psychological problems. These centers drew in Hungarian women for child-rearing counseling. In practice, both institutions focused their work on mothers, thus strengthening and solidifying the maternalist arm of the Hungarian welfare apparatus.

Established in 1952, Gyámhatóság offices employed four to six caseworkers, most of whom were women with limited education.¹² Underlying their understanding of child protection was a vision of motherhood that they used to socialize clients. Caseworkers employed a variety of techniques to evaluate their clients' child-rearing practices, the most common of which were "domesticity tests." These tests were reminiscent of those used by U.S. caseworkers in the Progressive and New Deal Eras to determine clients' eligibility for Mothers' Pensions and ADC (Gordon 1994; Mink 1995). Administered to a majority of clients in the period, these Hungarian tests had two components. First, clients solicited letters from their children's teachers to verify that they were raising them "properly." Second, welfare workers conducted home studies (*környezeti tanulmányok*) to assess their clients' family lives. On these visits, they meticulously documented clients' domestic practices: they recorded how clients furnished their homes, from furniture styles to types of bedding; they examined their cleaning skills; they tested their cooking ability by checking cabinets and asking clients how to prepare certain dishes;¹³ and they observed how their clients interacted with their children. Welfare workers also interrogated neighbors for information on clients' lifestyles and child-rearing patterns.

Women's performances on these tests then shaped their institutional trajectories. Clients who came out of these investigations with high marks fared much better in this agency. These marks were the single most important factor determining who received child-rearing assistance (Horváth 1982). They overrode all evidence of material need; caseworkers consistently denied aid to women they considered "careless" or "unruly" mothers. Caseworkers also spent more time assisting women they believed to be "good mothers." They were more likely to go out of their way to track down a "deadbeat dad" or to help secure an apartment for those women who fit their criteria of good mothers. Caseworkers were also more apt to bend the rules for such women—extending their maternity leave grants and waiving deadlines for them. In this way, these state actors taught women that they could "butter up the bureaucratic machine" by fitting into a particular mold of mother.

State actors also transmitted this message to women by negative example. During the last two decades of state socialism, the number of Hungarian children put under state care rose steadily.¹⁴ Like most aspects of their work, caseworkers had discretion in deciding when

children should be taken from their homes (Hanák 1983; Domszky 1994). Although their grounds for institutionalization varied, one thread ran through all of them—the mothers had been deemed “incompetent.”¹⁵ Most of them had alcohol problems; a majority were victims of domestic violence; many also had mental health problems. Because caseworkers believed these issues fell outside their sphere of influence, they never addressed them. Instead, they labeled these mothers “unfit” and ordered them to become better mothers. As a caseworker said when I asked about a domestic violence case: “This was not my job. It was for the woman to take care of. I protected the child. If the mother didn’t do that, I gave the child to someone who did.” Once again, the focus was on women’s domestic competency—a focus that taught women that their institutional fate depended on their ability to demonstrate “proper” gender practices.

This singular focus on clients’ mothering skills had interesting implications for different groups of female clients. One might expect that the caseworkers’ preoccupation with domestic competency would lead to clear class differences in treatment. But because caseworkers defined domestic competency in terms of a woman’s housekeeping, cooking, and decorating skills, their notion of a “good mother” ended up cutting across class divisions. Due to the absence of both labor-saving devices and a domestic service sector, middle-class and professional women did not necessarily have an advantage in these tests. In fact, many of those clients deemed “good mothers” were working-class women who exhibited impeccable gender practices—women who were commended for rising above difficult material conditions to take care of their families “properly.” Moreover, it was fairly common for professional women to be scolded for not devoting enough time to domestic upkeep.¹⁶ Hence, because caseworkers evaluated their female clients’ domestic training and competency, the good/bad mother distinction did not fall along clear class lines. Yet it did correlate quite closely with race. Caseworkers’ criteria for evaluating their clients had consistently negative effects on Romani, or gypsy, clients.¹⁷ Gyámhatóság caseworkers were uniformly intolerant of cultural differences in mothering practices. They faulted Romani women for not living up to their standards of cleanliness, decor, and culinary taste. They were also insensitive to the non-nuclear family models of their Romani clients, frequently exhibiting disgust at households in which numerous extended kin resided or where two or more children slept in one bed. As a result, Romani women were far more likely to be pathologized and stigmatized as “bad mothers.”

Like the Gyámhatóság, the Child Guidance Centers of the period also focused their work on the mothering practices of Hungarian women. Created in 1968 by a new cohort of professional psycholo-

gists, these agencies were staffed by three to seven “family experts,” most of whom were well-educated women.¹⁸ Guided by child development models and psychoanalytic theories of family life, these psychologists set out to treat childhood disorders and improve child-rearing methods. These offices came in where the Gyámhatóság left off, but their approach was less punitive and more educative than the Gyámhatóság’s. Like child welfare workers, these state actors also targeted women. They believed in child rearing by design, a scientific mode of raising children with clear prescriptions for Hungarian mothers.

The counseling conducted in these centers fell into three categories: educational counseling to improve children’s school performance; behavior counseling to treat children who acted out; and psychological counseling to guide children to healthy resolutions of their conflicts (Horányi 1985). Counselors met with the children a few times a month and updated mothers after each visit. In these briefing sessions, psychologists pulled mothers into the counseling process by linking children’s problems to their mothers. Mothers of children with educational difficulties were routinely questioned about their involvement in their children’s education; those who devoted less than an hour a day to their kids’ schooling were scolded. Counselors also regulated the quantity and quality of time mothers spent with children who had behavioral problems, imposing time formulas on their interactions and rules for how they should proceed. No such rules applied to Hungarian fathers; they were absent from the picture.

This focus on the mother was particularly salient in the offices’ psychological work with children. To uncover children’s psyches, psychologists employed Rorschach tests, Thematic Aptitude Tests (TAT), and “world games” (Mérei 1974). Psychologists then analyzed the results to unearth the psychodynamic issues plaguing the children (Tunkli 1975). Due to the strong influence of psychoanalysis on their work, their interpretations centered on dilemmas rooted in the Oedipal stage—castration anxiety, penis envy, and gender identity confusion.¹⁹ As a prominent child psychologist explained to me: “Identification was a big problem in Hungary, where we had overprotective mothers and absent fathers. Boys never learned to identify with their fathers and mothers never let them separate. So we got the boys, years later, with problems related to the unresolved Oedipal stage.” So what then did they do? They taught the *mothers* how to let go of their sons. “This was a struggle,” another psychologist revealed. “Mothers were so wrapped up in their sons, they couldn’t break. I had to convince them it was unhealthy. It took years for some to understand; most never did.” Hungarian fathers, who also had not fulfilled their Oedipal expectations, were absent from the equation.

Finally, family experts also initiated counseling with Hungarian

mothers themselves. Each center employed at least one “family caretaker” (*család gondozó*) to conduct home visits. When warranted, psychologists would then instigate counseling with the mothers.²⁰ Time management was the most common issue addressed in this counseling. Psychologists often described mothers as “overworked” and “overburdened,” and hence taught them how to spend more time with their children. Other mothers received communication training to teach them how to speak effectively to their children. For instance, in one 1970 case, a woman was sent to a counselor by her son’s teacher. After a home visit, the family caretaker reported that the woman “arrived home too exhausted to talk to her son.” The counselor then instructed her to put a clock on the table every night and speak to the boy for at least an hour. The family caretaker paid follow up visits to make sure she adjusted her mothering practices accordingly.

As with the Gyámhatóság, the criteria used by family experts had interesting class and racial implications. Again, one might assume that middle-class women had an advantage given the complex psychological models and formulas adhered to by family experts. And although some middle-class women did mobilize their cultural and educational capital to shape counselors’ evaluations of them, clients were not judged primarily on their ability to speak the language of psychology or time management. Rather, they were assessed according to their willingness to devote time and energy to their children. In practice, this undercut any advantage that middle class women may have had. Family experts regularly complained that their middle class clients worked too hard and refused to make sacrifices for their families. They also faulted these women for being too “careerist” to spend time on GYES or work part-time. Yet women with less demanding jobs were frequently applauded for devoting themselves to their families or for taking time off to resolve their children’s problems. At the same time, these psychologists’ standards did have consistently negative effects on Romani women, who were labeled incompetent mothers. Those who did not spend enough one-on-one, “quality” time with their kids were said to be “uncaring”; those who physically reprimanded their kids were deemed “brutal”; and those who were illiterate and thus unable to tutor their children were called “ineffective.” Hence, while the family experts’ model of “good mothering” transcended class divisions, it fell neatly along racial lines.

*Expanding the Confines of the Maternal:
“Mothers Are Wives and Women Too”*

The maternalism embedded in the Hungarian welfare apparatus was a mixed blessing for female clients. On the one hand, it accorded them financial and institutional resources. It also provided them with

a strong sense of entitlement, a channel through which they could secure state assistance. On the other hand, this welfare regime placed their mothering practices under scrutiny and subjected them to higher levels of surveillance. For those who did not fit into prescribed models of domesticity, it led to the pathologization of their mothering practices. Finally, by positioning them primarily as mothers, this regime effectively obscured women's other identities, needs, and desires. By reducing women to mothers, the welfare apparatus ignored the multitude of issues impinging on the lives of Hungarian women.

Many female clients seemed quite aware of these mixed consequences. As a result, they struggled to carve out spaces for themselves within this regime and to use its positive aspects to counteract the negatives. One way they did this was to mobilize the resources they accrued from the regime in their domestic power struggles. In doing so, they extended their recognized identities as *mothers* to protect themselves as *wives*. Gyámhatóság clients graced with the “good mother” label were particularly successful at this. Many of them appropriated the financial resources they received from this office to change their husbands' treatment of them. For instance, in 1974, one female client threatened her husband with transferring the family allowance to her name. She had her caseworker write a letter approving the transfer—a letter she then showed her husband when he drank heavily. Other women used the home visits accompanying child-rearing assistance to achieve this end. In one 1975 case, a female client told her caseworker about the obscenities her husband used, how he often called her a “whore” (*kurva*). On subsequent visits, the caseworker inquired about it and scolded the man for his language. Then there was a 1978 case in which a woman informed her caseworker that she had to apply for assistance because her husband refused to work hard. On later visits, the welfare worker lectured him about his “laziness” and pressured him to work more. In this way, female clients used their caseworkers as instruments to shape and regulate male behavior.

Women who had been deemed “problematic” mothers adhered to a similar strategy. Many of them neutralized the control of their caseworkers and husbands by playing them off against each other. Similar to the way in which Gordon (1988) describes American women using caseworkers to combat the violence and abuse they experienced as wives, Hungarian clients also attempted to redirect the punitive arm of the state onto their husbands. For example, one client whose children were institutionalized in 1970 continued to initiate home visits; she used these visits to provide evidence of domestic violence and to suggest that her husband be put in state care instead. Another client who applied for child-rearing assistance in 1974 left wine bottles

lined up in front of her door. When her caseworker tripped over the bottles, the client told her about her husband's drinking and how it inhibited her from keeping an "orderly house." Clients also used the coercive arm of the welfare state to control their husbands. Many clients asked for copies of home visit reports to show their spouses—"Look at what the *tanács* said about us," a woman exclaimed to her husband in 1980. Others used the threat of state care to force men to shape up. In 1969, one client asked that her son be temporarily institutionalized to prove to her husband that his abusive behavior had "consequences." In these ways, clients forced state actors to link their problems to their experiences as wives and to provide help resolving them.

Clients connected to the Child Guidance Centers also utilized its educative approach to protect their interests as wives. Some used their involvement in their children's counseling to alter the division of labor in the home; they mobilized the time formulas imposed on them to devote more energy to their children and less to household tasks.²¹ Other clients used counselors to make more fundamental changes in their families by linking their children's problems to the *family* environment. "Identification problems," was what one Romani woman exclaimed in 1970 in response to her counselor's representation of her son's Oedipal issues. "His father is never at home and when he is, he is drunk." In a 1974 case, one mother resisted her counselor's suggestion that she leave work early to take her son to sports programs in order to vent his aggression. Whenever the idea was raised, she reminded the counselor that her husband was a military man who always told their son he was "weak," thus hinting that his hegemonic masculinity was the source of the problem. Still others drew counselors into their family dynamics. Many clients were divorced women who shared flats with their ex-husbands. These domestic arrangements led to all sorts of conflicts—disputes that women often used psychologists to resolve. In one 1972 case, a mother had her counselor apply time regulations in her home, determining who could use what room when. And, in a 1975 case, a woman got her ex-husband's new wife removed from their flat by convincing the psychologist that her son's bed-wetting and night sweats were caused by the stepmother's disruptive presence.

Finally, in addition to expanding the confines of the maternal to protect themselves as wives, female clients also raised needs they had as women. They often drew counselors into their own emotional lives, thus transforming child-rearing counseling into personal therapy. Many of them spoke of feeling isolated. Others revealed serious bouts with depression. Quite often these feelings surfaced in their children's psychological counseling as mothers linked their own loneliness to

their children's behavior problems. Similar issues arose in time management counseling. Clients frequently shifted the focus of this training to their conflicts between work and home. They spoke of the difficulties of juggling all their responsibilities and discussed how this led to feelings of failure. In doing so, clients created social relationships to mitigate their own isolation and engaged state actors in the conflicts they experienced as women. By the 1980s, so many women had raised these issues that psychologists named the symptoms the "GYES Syndrome" (Somlai 1994).

Through all of these different tactics, female clients used their status as mothers to their advantage. By forcing state actors to acknowledge the larger context in which they mothered, these clients advanced a broader definition of their needs as wives. By utilizing the resources of this welfare apparatus in their domestic struggles, they found ways to meet these other needs. And by drawing state actors into their interpersonal lives, they formed social bonds to counter the isolation often associated with mothering. Within this maternalist welfare regime, women developed a repertoire of strategies to protect themselves in their everyday lives—a repertoire they soon found themselves defending once this welfare regime changed.

The Liberal Welfare State: Targeting and Treating the "Needy"

The mid-1980s was another turning point in the development of the Hungarian welfare state. At this juncture, the Hungarian welfare apparatus began to shift focus from the maternal to the material. As in the late 1960s, this restructuring was an outgrowth of social, economic, and professional forces. First, beginning in the late 1970s, there was a marked increase in social inequality and poverty. As Szelényi and Manchin (1987) argue, a dual system of stratification began to develop—at the top were new entrepreneurial classes with access to second-economy goods, services, and incomes, whereas at the bottom were large groups of Hungarians without the skills or resources to secure second-economy incomes. The latter group, constituting over 30 percent of the population, experienced real pauperization in this period. New social inequalities also began to surface among Hungarian families, as female-headed households and urban families with children began slipping into poverty throughout the early 1980s (Ferge 1987; Szalai 1991). These patterns of social differentiation have only intensified in the post-1989 period. What was once a widening gap between social classes has become a yawning chasm in the last decade. Official unemployment increased from 0.3 percent in 1987 to over 11 percent in 1993, and concurrently the

proportion of Hungarians living at or below the subsistence level skyrocketed from 8 percent in 1987 to 16 percent in 1992 to 32 percent in 1994 (Ferge 1996; Andorka 1996).

Hungarian policy makers could have responded to these social problems in a variety of ways. As in the 1960s, the path they took was shaped by the ascendancy of professional groups, this time of sociologists and liberal economists. Sociologists were the first to exert their “expertise” in this area. They were the ones to bring the problem of poverty to the fore in the state socialist period—through studies of working-class and Romani communities, sociologists forced a recognition of the poverty plaguing large sectors of the population. Based on the practical experiences of poor-relief agencies like SZETA, sociologists uncovered how these groups were falling through cracks in the system, with their social problems going unresolved. Sociologists then began to publish articles and research reports that faulted the existing welfare regime for not addressing these problems and called for its reform (Ferge 1982 and 1987). First and foremost, they proposed more differentiated policies designed to meet the material needs of specific groups (Ferge and Szalai 1985). They also sought to create a network of new institutions, to be staffed from within their ranks, that would treat these needs in direct and immediate ways (Gosztonyi 1993; Révész 1993). In effect, they called for a more discretionary and targeted welfare state—and they did so in the name of the impoverished classes.²²

Almost paradoxically, these sociologists’ appeals resonated with the reform agenda of liberal economists. Similar to their counterparts in the 1960s, these Hungarian economists made a link between social and economic policy. But although earlier reformers used maternalist policies to alleviate economic problems, this new generation of economists viewed such policies as economically debilitating. Well versed in liberal economic theory and well aware of IMF and World Bank demands, these economists saw the “needs” of the Hungarian economy as antithetical to the prevailing welfare model and claimed it subjected the state to grandiose soft budget constraints (Kornai 1994). As has occurred in Western Europe and Scandinavia, these economists then pushed to narrow eligibility criteria away from “encompassing” categories like motherhood to more “exclusive” ones like material need.²³ So although these economists launched their attack in the name of the economy rather than social class, they joined sociologists to argue that the system “needed” the means-tested policies of a discretionary welfare state.

Hence, in the mid-1980s, the social problems facing the state converged with the professional appeals of sociologists and economists to pave the way for the emergence of a new welfare regime. As in the

1960s, this convergence prompted a new social conception of need. This time the architecture of need was etched out on the terrain of class. Once organized around a series of maternal entitlements, the Hungarian welfare apparatus became structured around targeted policies for the poor and “needy.” As means-testing became the main method for distributing benefits, material need became a prerequisite for state assistance; as welfare agencies were oriented toward poor relief, clients’ income determined how and whether they were dealt with by the welfare system. Hungarian women were then repositioned in the welfare apparatus and their old maternal identities were replaced by new class identities and stigmas.

Welfare Policies: From Maternal to Material Need

The first sign of this shift from the maternal to the material occurred with the 1985 GYES reforms that linked maternity leave payments to income. Since its inception, GYES had consisted of flat-rate payments given to all mothers regardless of their income. This flat-rate system was disadvantageous to middle-class and professional women whose salaries were significantly higher than the universal payments. As a result, these women tended to stay on GYES for shorter periods of time than other classes of women. In their poverty studies, many sociologists linked these use patterns to the rising inequalities among Hungarian families, arguing that they widened the social distance between middle, working, and lower-class families (Ferge 1987; Szalai 1991). To rectify this, GYES was broken into three separate provisions in 1985—maternity leave grants (*Gyermekágyi Segély*) that ran for 6 months after childbirth; the child care grant (*Gyermekgondozási Díj/GYED*) that extended for 18 additional months at 75 percent of the mother’s previous salary; and child care assistance (*Gyermekgondozási Segély/GYES*) that ran for another 6 months at a flat rate. By linking maternity leave payments to the mother’s previous salary, the goal was to entice middle-class women to use the grant, thus flattening out the class differences associated with it.²⁴ Hence, for the first time since its creation, class became a central principle structuring the Hungarian maternity leave system.

Whereas these GYES reforms sought to increase middle-class women’s usage, all of the other policy reforms in this period were designed to exclude the middle class and to target “needy” classes of Hungarians. The first set of policies to undergo this kind of reform were the local-level child-rearing assistance programs. Beginning in the mid-1980s, these schemes were subjected to stricter income formulas and means-tests. All applicants for these funds were required to submit official income documentation from their employers, stating the exact amount of their monthly salaries. They also had to report all other

assets, including bank statements of their savings and accounts of additional valuable items. Home visitors were deployed to check up on their accounting and to report any discrepancies to caseworkers. Caseworkers then calculated the overall resources at the applicants' disposal. Only those applicants whose monthly income fell below the subsistence level were eligible for the funds. These regulations applied to clients seeking occasional (*Rendkívüli Nevelési Segély*) and regularized assistance (*Rendszeres Nevelési Segély*). And they applied to those clients who caseworkers found "sympathetic" as well as those they considered "problematic" mothers.

Interestingly, the actual number of Hungarians receiving child-rearing assistance soared during this period. Table 1 provides national-level data on this increase. Whereas these numbers are a reflection of the socioeconomic changes of the period, they are also indicative of how discretionary the allocation of these funds had been in the previous decade. Once domesticity tests were replaced by means-tests, caseworkers ended up distributing more of this assistance.

Hungarian welfare policy also took on a more explicit class character with the decentralization of the funding for welfare assistance. The 1990 Local Government Act and the 1992 Social Act restructured the relationship between the national and local governments, effectively shifting much of the burden for welfare funding from the former to the latter. The national government now provides local governments with "block grants" to cover a portion of their welfare expenditures. The amount of these transfers is based on a combination of factors, including the number of inhabitants in a district and the taxes paid by local residents (Szalai and Néményi 1993). This bred variation among locales in the level of assistance provided to clients; the smaller, wealthier districts offered more extensive support to their residents (Harcsa 1995). In Budapest, districts differed in the number of times

Table 1. Child-Rearing Assistance Cases

	Regularized Assistance	Occasional Assistance
1980	11,342	—
1983	19,689	—
1985	27,848	120,309
1987	39,081	194,997
1990	101,033	375,243
1993	289,000	2,341,000

Sources: Művelődési Minisztérium 1988; Szalai and Néményi 1993; Ferge 1995, 1996.

clients could receive child-rearing assistance. They also varied according to the types of programs available to clients. Some districts created special funds for large, impoverished families; others offered support schemes for poor families to offset price increases; and still others instituted emergency programs for clients who could not afford medicine, clothing, or school meals. These new programs all shared one important feature: they were all means-tested and based solely on material need.

This movement towards the targeting of the “needy” culminated in 1995 with the introduction of the *Bokros csomag*. After almost a year of parliamentary debate and constitutional court review, this plan went into effect in 1996 and dismantled the remaining maternalist social policies. In the form passed by the Hungarian government, the Bokros plan made two major changes to the welfare system. First, it subjected all family allowances to income-tests and thus made them available to certain classes of Hungarian families. In particular, the plan stipulated that only those families with monthly incomes below 19,500 fts per person were eligible for an allowance. Because the subsistence level lies at approximately 18,800 fts per person and the average monthly income is 18,000–20,000 fts, large sectors of the middle class were cut from the allowance.²⁵

Second, the plan also restructured the system of child-care grants. These changes were the most contested component of the plan—the Hungarian constitutional court was flooded with appeals from politicians and Hungarian mothers questioning the program’s constitutionality. By early 1996, the court deemed these changes constitutional and they went into effect on April 15, 1996. These reforms abolished GYED and subjected GYES to income-tests. Once entitled to 3 years of support, Hungarian women are now granted 24 weeks of maternity leave. Only those women whose income fell below the family allowance cutoff of 19,500 fts per person were eligible for an additional year of support at a fixed rate. By subjecting GYES to these means-tests, the plan cut many middle-class mothers from the grant.

Yet this reform package did more than limit the scope of these policies. It also applied a new definition of need to national-level policies—a definition that gave preference to class rather than motherhood. This was articulated explicitly in the public debate spawned by the reform package. Supporters of the plan frequently used class arguments to justify it. The day the package was announced, Prime Minister Horn stated that Hungary was now divided by class and this necessitated new policies aimed at those in need. Other government officials made similar claims, drawing on examples of wealthy women who received state assistance. As female MP Szolnoki Andrea put it, “Two well-paid doctors do not deserve a family allowance. In their

budget it is a drop in the ocean. But poor parents should receive more support. This differentiation is necessary” (Kertész 1995). Or, as one local government official explained to me, “It is a simple principle. Give to the poor and not to the rich. This is basic. But because of our socialist past, we have a hard time understanding it. We will learn.”

In the process, many Hungarian women will learn a lesson of their own. These reforms are teaching women that motherhood alone does not entitle them to state support. Women’s claims to state assistance can no longer be based solely on their contributions as mothers; they must now be framed in terms of their material needs. Thus, these reforms are socializing women that they will be recognized by the welfare state primarily as “needy” individuals. Yet for many female clients this is not a new message. Rather, it is a message they have received in more direct ways through contact with the welfare agencies of the period.

Welfare Practices: Testing and Training the Needy

The first institutional outcome of the sociologists’ attempts to revamp the Hungarian welfare apparatus occurred in 1985 when the Ministry of Education established twelve Family Support Services (*Család Segítő Szolgálatok*) to be run on a trial basis. By 1991 over a hundred centers were operating in Hungary, and twenty in Budapest alone (Gosztanyi 1993). The entrance of these agencies immediately prompted a reorganization in the institutional division of labor. After a series of professional battles, most Child Guidance Centers began to focus only on children. They transferred their family caretakers and clients with domestic problems to Family Support Services or the Gyámhatóság. Thus, the institutional welfare apparatus bifurcated once again, this time between educative Family Support Centers and the punitive Gyámhatóság. Yet, despite their distinct orientations, both institutions centered on their clients’ material lives, thus replacing the earlier maternalization of need with its materialization.

Within local Gyámhatóság offices, this period was also marked by internal changes in the organization of welfare work. In the late 1980s, the number of workers employed in these offices increased by nearly 50 percent (Művelődési Minisztérium 1988). Local governments then instituted new procedures for the home visits conducted by welfare workers. They standardized these visits by setting limits on the number required for different kinds of cases. They also created fixed questionnaires workers used on these visits. In doing so, they altered the focus of these investigations. Once designed to assess clients’ domestic practices, these investigations became tools for surveying their mate-

rial lives. The questions related to clients' cooking and cleaning skills were removed and replaced by new questions designed to gauge their level of material need. Home visitors were asked to determine the cost and overall "comfort level" of applicants' flats; to assess the value of their furniture; to list all of their electronic and household appliances; and to note if they had a telephone or an automobile. These questionnaires were closed-ended, composed of multiple choice questions and only a small space for comments on the applicant. This left welfare workers less room for their old discretionary practices and reflections on clients' domestic competency.

Like the old domesticity tests, these new poverty tests determined clients' institutional fate. These tests not only shaped *how* clients were treated, they determined *whether* they were dealt with at all by these offices. Caseworkers used these tests to forge out their clientele; only those women who could demonstrate material "need" became clients. Women found to be living in stable financial circumstances were routinely shuffled out of the office. "I am sorry, I cannot help you," a caseworker once told a woman seeking advice on her son's delinquent behavior. "You have the resources to deal with the problem, but maybe you can try a probation officer." Others were ignored once they were found to be financially secure. For instance, in 1994, one woman was referred to the office by her son's teacher. On our way to visit the mother, the caseworker told me all about the woman's mental problems and inability to get her son to school regularly. The caseworker was prepared to make a serious intervention—until we reached the home. Although we found the mother bedridden and suffering emotionally, she lived in a five-room, well-furnished flat in one of the best areas of the city. After discovering how large her disability pension was, the caseworker dropped the case. When I asked her about this change in attitude, she responded, "I don't have time for that. She can pay someone to take care of her son if she needs to. Please, I have clients who can't even feed their kids."

Caseworkers articulated a similar message through the kinds of assistance offered to those women who actually became clients. Overall, these state actors dealt with clients in one of two ways. In an overwhelming majority of cases, they distributed financial assistance. Once used as a reward for "good" mothers, child-rearing funds became the main way caseworkers approached their clientele—they simply allocated aid to their clients and assumed this would solve the problem. In the two districts of my research, the proportion of clients receiving child-rearing assistance increased dramatically in the past decade. Table 2 has the data for one of these districts. As these data show, by 1992, a large majority of clients in this office were recipients

Table 2. Xth District Assistance Cases

	Number of Cases	Percentage of Cases (%)
1985	384	8
1989	1,070	22
1991	3,884	61
1992	5,010	71

Source: KSH 1985, 1989, 1991, 1992.

of child-rearing assistance. Put another way, three out of four Hungarians connected to this office had been defined as “needy” or materially deprived.

In addition to the distribution of child-rearing assistance, caseworkers continued to place large numbers of children in state care. Once used to punish “incompetent” mothers, institutionalization became the central way caseworkers dealt with clients with severe material problems. Although the overall number of Hungarian children placed in state care has remained steady since the mid-1980s, the grounds for institutionalization have changed (Művelődési Minisztérium 1988). Poverty has become the main justification used to remove children from their homes. In the many cases I reviewed from this period, I uncovered very few references to clients’ mothering practices. Instead, a new thread ran through these cases—women were deemed incapable of providing basic necessities for their children. This is corroborated by statistical data collected by these institutions. In 1984, 29 percent of the children placed in state care were said to be materially (*anyagilag*) endangered; by 1992, this number had increased to 87 percent.

This shift in focus from the clients’ mothering practices to their material lives gave rise to a new discourse and imagery surrounding the “welfare client.” Caseworkers now adhered to an extremely condescending tone when speaking or writing about their clientele. Once reserved for Romani women, the image of the “welfare cheat” loomed over all Gyámhatóság clients. “Clients are different today,” one older caseworker revealed in an interview. “They lie, cheat and steal. Even the Hungarians do this now. Terrible.”²⁶ These agencies had institutional archives of stories to support this view: Home visitors who found electronics and appliances hiding in closets; caseworkers who discovered forged income documents; and clients who came to the office covered with expensive jewelry. Caseworkers also developed a common language to discuss their clients, frequently calling them lazy (*lusta*), uncultured (*kulturálatlan*), simple (*egyszerű*) and disorderly (*rendetlen*). They then used these defects to explain client poverty. A

few caseworkers even used animal metaphors to describe their clients, referring to them as cattle and pigs. One office kept air freshener by the entrance to get rid of the “sickening smell” of poverty. In effect, their focus on individual need gave rise to a preoccupation with individual defect; their materialization of need led to the pathologizing of the welfare client.

In many ways, local Family Support Services were designed to counter such practices. Staffed by a new cadre of young, well-educated social workers, these institutions defined themselves in opposition to the Gyámhatóság. The social workers employed in these offices saw their job as client advocacy; they set out to help clients curb their poverty and navigate through the maze of new welfare regulations. While these social workers did indeed take a less punitive approach, they also adhered to a narrow conception of their clients’ needs and constituted them as “needy” individuals.

More specifically, one form of assistance social workers provided to clients was to act as their mediators with other state bodies. All of their clients came to them voluntarily, often on a walk-in basis. New clients were inevitably greeted with a litany of questions about their income and work history. Social workers then made the necessary calculations to determine if they were eligible for additional state benefits. If so, they referred clients to the appropriate offices. More common were clients who had been denied some form of state support. Here social workers embarked on what can best be termed “client packaging.” In effect, they taught clients how to represent themselves to secure state assistance. Many social workers conducted role plays with their clients. “Now pretend I am an assistance officer. How would you explain your problem to me?” In these exercises, social workers critiqued clients’ language and tone of voice. “Anger will not work,” one social worker told a Romani client. “They don’t like that over there.” Social workers also told their clients what to emphasize when framing their appeals. “Don’t talk about the fights with your husband,” one male social worker advised a client. “Just tell them that your husband lost his job and you have no heat.” Hence, in their “advocacy” work, these social workers taught clients how to couch their appeals in new ways, how to appear sympathetic as well as needy.

Social workers transmitted a similar message through their distribution of the office’s resources. Family Services had emergency funds, food, and clothing. Few formal rules guided the allocation of these funds; clients were not *entitled* to any of them (Katona and Szabó 1992). Rather, they had to convince social workers that they deserved these resources. In effect, clients had to beg for them. Material need was the most important factor determining who received these bene-

fits. While many female clients staked a claim to these funds on their children's behalf, they were denied unless they mustered up evidence of material need. "I have no money for your son's camp," a social worker told her client. "Ask your ex-husband. My records show that he is still employed." Other women couched their appeals in terms of domestic problems. They too were regularly rejected. One woman asked a social worker for money to fix a window her husband had thrown a television out of in a drunken rage. She was denied. As her social worker told me, "Excuse me, but if they can afford a television, they must have the money to fix the window!" Again, only the materially "needy" were worthy of support.

Although these kinds of short-term interactions constituted the bulk of their work, social workers also had small caseloads of clients they met on a regular basis. In these cases, social workers treated their clients' ongoing, recurring problems. A number of clients were the beneficiaries of "resource management" counseling. "Some clients don't realize they are poor," a social worker once explained to me. "They spend money like they had jobs. Then they come in here when they run out (of money)." So social workers taught these clients to "economize" and "budget," showing them how to calculate their monthly expenses and to shop for discounted products. Others were counseled about changing their lifestyles. Clients with alcohol problems were routinely lectured about its connection to poverty. "How many forints do you spend on palinka?" a social worker once asked a client. "Imagine, if you had that money, you would not be here." This lifestyle counseling was particularly salient in one of these offices that received funding from the Catholic Church.²⁷ Here social workers often tried to instill new "values for living" in their clients—such as morality, piety, and frugality. As one of them put it, "If more clients lived like this, they would not be in such terrible conditions."

In this way, the approach taken by these social workers echoed that of Gyámhatóság welfare workers. Like their counterparts, social workers materialized their clients' needs. Although their practices did not have the same hostile tone, social workers did locate the source of clients' problems in the latter's behavior and lifestyles. Social workers taught clients that if they represented themselves better or lived more effectively, they could improve their situation, thus making a similar connection between individual need and individual defect.

"But We Are Still Mothers"

These changes in the Hungarian welfare apparatus were not carried out on groups of docile, passive, female clients. Rather, they were done to women with developed opinions about their needs. In their eyes, the welfare changes were threatening and oppressive. They criti-

cized the reforms on numerous grounds. Many female clients mourned the loss of their previous sense of maternal entitlement. They often complained about having to beg for state assistance. When they submitted income documentation, they commented on how this should not be of concern to caseworkers. “Why do you need evidence of my mother’s pension?” one young woman asked a caseworker. “Isn’t it enough that I am a single mother with two kids?” During home visits, clients frequently demanded that caseworkers justify inquiries into the value of their household items. Others found such investigations degrading. Female clients from the Family Support Services often told me that they dreaded coming to these offices because it made them feel “embarrassed” and “ashamed.” As a female client once said to her friend as they left the Gyámhatóság, “I always feel dirty here. They are so despising.”

A few clients also offered politically astute analyses of the long-term effects of this materialization of need. These clients viewed the welfare changes negatively because they felt that the changes jeopardized future funding; they claimed the government was more apt to cut programs destined for the poor. And in fact, in 1994, one district reduced the amount of child-rearing assistance. A number of clients immediately interpreted this as proof of the government’s disregard for policies supporting the poor. One client made this argument to me the day the Bokros reforms were introduced. When she learned I was from the United States, she asked about the welfare reforms underway in the United States because she had heard they were similar to the Bokros plan. I then explained how they were different—that these were cuts in the already-targeted AFDC program and that they paled in comparison to those under attack in Hungary. She quickly corrected me: “You pay attention. This was the first step. Then they will cut more. It will not be so different.”

Other female clients seemed most troubled by their loss of institutional resources. This was particularly true of Gyámhatóság clients who had come to rely on caseworkers to help with their domestic struggles. During home visits, clients often became disgruntled by welfare workers’ indifference to their familial problems. As they told stories of domestic turmoil to the blank, uninterested faces of caseworkers, they became frustrated. “Did you hear me!” one Romani woman exclaimed as her caseworker measured the size of her flat. “I said that he goes to those prostitutes on Rákóczi square. This is dangerous for the little one, with all the diseases. Are you writing this down?” In another case, a female client became furious when she got no response to accounts of her husband’s abuse. When we arrived at her flat, she was cleaning and her husband was sleeping. As the welfare worker made her usual calculations, the client whispered stories of

the man's heavy drinking and violence. When the caseworker interrupted her to ask if she had a car, the woman began yelling about how no one cared and the Gyámhatóság was no good. The caseworker responded that she was assessing her eligibility for child-rearing support, not the quality of her marriage. As we left, the woman returned to her cleaning with a defeated look on her face.

Due to their loss of entitlement and institutional resources, many female clients deemed the new welfare regime dangerous and threatening; they experienced it as narrowing their room to maneuver in their everyday lives. In response, they reasserted the one sense of entitlement they knew—a sense of entitlement based on motherhood. Although this positioning was not without limitations, they had learned to use it to their advantage by expanding their identities as mothers to protect their interests as wives and women. In the post-socialist period, they then tried to salvage this identity. Women had numerous ways of achieving this. Prior to the Bokros plan, one common tactic was to extend the entitlement they accrued from GYES to other areas, to become eligible for other forms of state support. For instance, when they applied for child-rearing assistance, those clients who were on GYES often made a big fuss about it. They repeated it over and over to caseworkers, in the hopes that it would help their applications. Others grounded their appeals in terms of GYES, arguing that they needed support due to lost wages. When one client's application was rejected, she even argued that women on GYES should not be subjected to the same means-tests because they had chosen not to work on their "children's behalf." This use of GYES was particularly salient in Family Support Centers. Here many women pleaded for help on the basis of GYES—if the government was willing to support them to care for their children, couldn't social workers help out too?

Interestingly, some clients used GYES to counter the condescending approach of caseworkers. They appropriated GYES as a shield to defend themselves against stigmatization. Clients often claimed that their poverty was a temporary condition, the result of GYES. "We were in a good material situation before the baby," one client remarked, "but since then we have fallen." They were not lazy, simple, or disorderly; they were committed mothers willing to live in difficult conditions to be with their children. Female clients used a different tone of voice when speaking of GYES. When caseworkers quizzed them about their material lives in the large collective offices, clients tended to whisper while they listed the types of poor relief they received. But when they mentioned GYES, they spoke up. "Oh, and of course I am on GYES," a previously quiet woman screamed. Clients also mobilized GYES to connect with caseworkers and to close the social distance separating them. For instance, two pregnant casework-

ers were employed in one of these offices. Female clients often asked them about their pregnancies and plans for child care leave. They then discussed their experiences on the grant, prompting a conversation about something they shared. A client once joked about one of these caseworkers after she went on leave, saying “I hope her husband is well paid. Maybe she will come in after me, sitting on my side of the desk this time.” Hence, in these ways, female clients appropriated GYES to counteract the pathologizing of their needs.

Other women mobilized the products of GYES to reassert a sense of maternal entitlement. These clients staked claims to state support in the name of their children. Clients brought children of all ages to these offices. Waiting rooms seemed like playgrounds, with children running around and screaming. Mothers chased them, warning them not to get dirty before they saw the caseworkers. Once inside the office, mothers drew on their kids to get support. Some pointed out how well behaved their kids were in order to argue for aid. Others brought in school records to prove they were responsible mothers. “Look how my son writes his name,” said one client whose income was just above the cutoff for assistance. “I taught him this.” A few even had their kids sing and dance to impress social workers. In effect, these clients tried to butter up the bureaucratic machine by illustrating they were good mothers with good kids. While this may have worked for them in the past, it was futile in this context. Social workers just looked at them, perplexed by the “strange” things clients did to get assistance.

Clients whose children had been placed in state care adhered to similar strategies. Many of them appealed these decisions by arguing that material neglect was not maternal neglect. In the office, they tried to convince caseworkers that they were competent mothers despite their poverty. During home visits, they tried to exhibit good mothering skills to get their children back. In one case, a woman who lived in a dark basement flat put out a plate of cookies when we arrived. They were her son’s favorite cookies and she brought them to him when she visited the children’s home. Then there was the single mother who lived in a small flat with two other families. She showed us where her daughter slept before she was taken away—a small, old cot with a worn-out teddy bear on it. She paid extra rent for the cot, but always did what was best for the “little one.” Yet caseworkers seldom budged. They rarely let clients distract them from a narrow focus on their material lives.

Finally, a few clients protested the materialization of their needs in a more direct fashion. These women engaged in shouting matches with caseworkers, refusing to accept their new rules. They overtly challenged the limited focus on their material lives and forced social

workers to explain why their needs as mothers no longer mattered. In these exchanges, female clients asked some penetrating questions. Why was it important if they had televisions or VCRs? And why wasn't it important that they raised their kids "properly"? Why was it relevant if they knew how to economize? And why wasn't it relevant that their husbands beat them? Who made these decisions? Few clients got answers to these questions. The "needy" ones got a little money and were shuffled out of the office. The others were just shuffled out.

Conclusion

In this historical account of the development of Hungarian welfare, I have argued that the regime change underway in Hungary marks a fundamental shift in the meaning of welfare itself. Instead of conceptualizing this transition in terms of the quantitative categories of size or scope, I approached it through the lens of social architectures of need. This conceptual lens drew into focus parallel changes on three terrains of the Hungarian welfare state—regime policies, institutional practices, and client strategies. In doing so, it illuminated how the transformation of the Hungarian welfare state is characterized by deep alterations in the social conception of need and in acceptable modes of argumentation for state assistance.

During the last two decades of state socialism, women's claims to assistance were based primarily on their contributions as mothers. Social policies extended special support to mothers; state caseworkers employed domesticity tests to survey their mothering practices; and state psychologists mobilized family models to rationalize their child rearing. In this way, state policies and practices sought to constitute women's identities as mothers. In the post-socialist period, this maternal discourse has been dislodged by a new language of welfare. As social provisions are means-tested, state assistance is being extended to the impoverished. As poverty tests replace domesticity tests and poor relief substitutes for child rearing counseling, state support is targeting the "needy." In the process, women's identities as mothers are being displaced by a new set of identities based on class. Hence, with these shifts in the social conception of need, women's identities have been redefined and reconfigured by the Hungarian welfare apparatus.

The conceptual framework developed in this paper also enabled us to assess the concrete effects of these shifting conceptions of need on women. Through an analysis of past and present Hungarian welfare regimes, I revealed variations in their level of discursive penetrability and in the institutional resources offered to women. Although the state socialist regime confined most of its welfare discourse to the

maternal, female clients expanded it to assert their needs as wives. This regime scrutinized women's mothering practices, but it also provided them the resources to scrutinize with: caseworkers to scold their husbands; counselors to set household rules; and welfare funds to serve as domestic collateral. The post-socialist welfare regime accords women less room to maneuver. It hears the appeals of certain classes of women and only those connected to their material lives. Moreover, state actors read new meanings into these appeals, interpreting them for evidence of individual defect and pathology. While state actors continue to scrutinize, they no longer offer women resources to scrutinize with. When clients utilized their children and their domestic skills to resist the new regime, they were responding to this contraction in space. In trying to salvage their past identities as mothers, they sent a message about the discursive and practical losses they are suffering in the present.

Although these clients' strategies reveal a great deal about the relationship between the past and present in Hungary, they also have significance for the future. Their contestation raises questions about the limitations of a welfare apparatus that restricts itself to the material. In particular, their experience compels us to contemplate the ease with which a materialization of need breeds an individualization of need, and the speed with which an individualization of need leads to the stigmatization of the "needy." It also forces us to consider how this kind of welfare discourse closes off channels for women to define and advance their own interests. When these Hungarian clients went to battle against the post-socialist welfare regime, they struggled to develop a more responsive welfare structure and a more participatory needs-talk. Through their resistance, these clients raised fundamental questions about how welfare policies and institutions can be structured to provide women discursive and practical resources—questions that will remain at the center of the politics of need for decades to come.

NOTES

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1. The data used in this paper are drawn from research carried out in Budapest from October 1993 to April 1995. During this period, I conducted research on the development of the welfare apparatuses of two Budapest districts. *In order to protect the identities of my subjects, I am forced to keep the precise districts of my research anonymous. I will use X and XX to identify them.* These districts were chosen on the basis of various demographic

criteria: they were similar in size but varied according to the class and ethnicity of their inhabitants. District X was a historically impoverished area with an ethnically diverse population, while District XX had working-class, middle-class, and bourgeois pockets with relative ethnic homogeneity. This mixture allowed me to examine the practices of welfare offices working with different populations and hence ensure the generalizability of my research findings.

In my research, I collected four types of data. First, I conducted eighteen months of fieldwork in the three social-welfare institutions of these districts: Child Protective Services (*Gyámhatóságok*), Child Guidance Centers (*Nevelési Tanácsadók*), and Family Support Centers (*Család Segítő Szolgálatok*). I had access to all areas of their work—I attended staff meetings, observed social worker/client interactions, and accompanied caseworkers on home visits. Second, I completed thirty-five in-depth, open-ended interviews with Hungarians affiliated with the social-welfare apparatus from 1952 to 1994. My respondents included former caseworkers, psychologists, local government officials, and politicians. Third, I carried out primary source research in the local government archives of both districts. In particular, I analyzed a random sample of case files from the Gyámhatóság (1952-1994) and the Nevelési Tanácsadó (1969-1994). I sampled 100 cases from each institution for each decade under examination, bringing my overall sample to over 1,000 cases. Finally, I also collected primary and secondary source materials on the social policies, laws, and provisions produced at the national level in the state socialist and post-socialist periods.

2. Prior to this, eligibility had been *informally* linked to other social characteristics—the most important of which was bureaucratic privilege. As many Hungarians have shown, the Hungarian “welfare society” bred its own forms of inequality (Szelényi 1978 and 1983; Szelényi and Manchin 1987; Ladányi 1975; Szalai 1984). My point here is that by the mid-1960s, eligibility became *formally* tied to other characteristics. These included age, family structure, and ethnicity. In terms of the latter, beginning in the early 1970s, the Hungarian Romani population was given limited preferential treatment in state policy, particularly in the sphere of housing policy. For more on this, see Kemény (1974) and Hoóz (1975).

3. More specifically, countries like Romania and Poland dealt with similar demographic shifts by outlawing abortion and restricting access to birth control (Kligman 1993). Thus, their population policies were centered much more on childbearing rather than child rearing. I thank Gail Kligman and Katherine Verdery for drawing this comparative observation to my attention.

4. The fixed rates varied over time, but generally hovered around 60–70 percent of the average Hungarian wage. For data on this, see KSH (1981).

5. A similar increase characterized women’s use patterns. The percentage of Hungarian mothers using the grant rose steadily over this period. By the mid-1970s, over 15 percent of female workers were on GYES at any given moment. At the same time, there were significant class differences in use patterns. These differences surfaced in the amount of time different groups of mothers spent on the grant. Although women from all classes used the

grant, well-educated, better-paid professionals tended to stay on it for shorter periods of time. In 1985, the Hungarian government tried to alter this pattern by giving recipients the option of taking 75 percent of their previous salary for the grant's tenure. These GYES reforms are discussed in the following section. For more data on women's use patterns, see KSH (1981, 1988).

6. These benefit levels varied by economic sector and enterprise but averaged 50–70 percent of the recipient's salary. For data on these levels see Ferge (1979), Gál (1969), and Pongrácz (1986).

7. The use of these funds varied by district. In the two districts of my research, 200–300 assistance cases of some sort were initiated yearly throughout the late 1970s and early 1980s. This number increased dramatically in the mid-1980s. See tables 1 and 2 for these data.

8. Applicants for these funds were almost exclusively female. That is, although no national-level data exist on the sex of these recipients, in the 170 assistance applications I reviewed in my archival research, only two were initiated by Hungarian fathers.

9. What is more, the few existing analyses of Hungarian welfare work in this period are completely gender blind (Konrád 1974; Hanák 1983; Horváth 1982; Domszky 1994). For instance, although Konrád provides a powerful (albeit literary) analysis of these institutions, he fails to mention that the overwhelming majority of state actors and clients were women. Nor does he unearth the gender regime underlying their institutional practices.

10. All Hungarian families had some contact with the Gyámhatóság because parents were required to register with these offices after the birth of each child. The two institutions I studied averaged 8,000–12,000 cases per year throughout this period; of this number, over half were ongoing cases that involved regular contact. In this way, 10–15 percent of Hungarians in these districts had some contact with these offices on a yearly basis—with 5–7 percent of these residents maintaining a regular contact with the Gyámhatóság.

11. In addition to registering children, the Gyámhatóság's other bureaucratic duties included making recommendations in child custody cases, enforcing child support payments, solving housing problems, providing permission for minors to get married, and ruling on all GYES and family allowance appeals. This bureaucratic work constituted approximately 30–40 percent of their caseload; the rest was devoted to their child protection work.

12. An overwhelming majority of these state workers had only secondary school degrees. A few of them also had degrees from technical colleges (*szák főiskola*) in law or legal administration. See Művelődési Minisztérium (1988) for these data.

13. For instance, take a 1970 comment by a caseworker on a home visit to resolve a custody dispute: "The woman seemed like she cooked. But when I asked her how she did stuffed cabbage, she hesitated. I do not think she cooks regularly for the children."

14. From 1965 to 1985, the number of children placed in some kind of state care (including temporary institutions) more than doubled—whereas 1 percent of all Hungarian children were in state care in 1965, 2.3 percent were in such institutions by 1985 (Művelődési Minisztérium 1988).

15. In the two districts of my research, I uncovered 117 cases of institutionalization during this period, 98 of which involved such “mother blame.”

16. This was particularly true in divorce cases. Most middle-class and professional women became Gyámhatóság clients through divorce cases and custody disputes. That is, caseworkers were often deployed to assess the home environment of middle-class women to determine custody arrangements. It was through these visits that such women were regularly blamed for being too careerist and not committed to their children and families.

17. Unfortunately, I cannot give precise data on how many Romani clients were deemed “bad mothers” because caseworkers were not permitted to state the race of particular clients or to note whether a client was Romani. Yet caseworkers frequently allowed their racism to slip into their case reports by calling clients “un-Hungarian” or even “dirty Gypsies.” These slips then enabled me to uncover the racialized undercurrent of their work.

18. In contrast to Gyámhatóság workers, almost all state psychologists had advanced degrees. In the districts of my research, they were evenly split between those with university degrees and those with degrees from technical colleges in teaching, pedagogy, or psychology.

19. One 1973 case beautifully illustrates their interpretive bias. In this case, a 5-year-old boy was brought to the office by his mother who was concerned about his bed-wetting. A psychologist then conducted a “world game” with the boy in which she asked him to build his own world using small figures. In the midst of the game, the boy retreated to the bathroom three different times. The psychologist fixated on this, writing that it signified castration anxiety. As she wrote in her notes on the case: “The boy repeatedly went to the bathroom during our session to check if his penis was still there. He fears that it will disappear. This is obviously the source of the bed-wetting . . .”

20. In the hundreds of cases I reviewed, I did not uncover a single example of a father receiving therapy—even in cases when the father was clearly the root of the problem. One example comes to mind here. In 1976, two boys were referred to the office because they had been acting out in school. In an initial discussion with their mother, the counselor learned that their father was a serious alcoholic who often climbed to the top of their high-rise apartment building (*lakótelep*) and threatened to jump. Instead of calling the father in, the counselor initiated sessions with the mother to give her advice about how to control her husband’s drinking—how to hide the alcohol or to water down his wine. In one session, she even advised the woman to make larger dinners as a way to fill up her husband so that the alcohol would not dramatically affect him.

21. For instance, in one 1975 case, a mother demanded that her husband participate more in the household while she addressed their children’s behavior problems. As a family caretaker recounted after a home visit, “I arrived to the home at 6:30. The mother was in the back working with the boys while the father was heating up the food. When I asked her about it, she smiled and said he did this since the therapy started.”

22. And herein lies an interesting irony. In the beginning this poverty work was an oppositional move on the part of sociologists. Many of them

were connected to dissident circles and focused on poverty in order to use social democratic politics to critique actually existing socialism. At the same time, sociologists had an interest in framing the problem in class terms—it allowed them to carve out places for themselves in the welfare apparatus, both as policy makers and as state actors. In a sense, many of them were sociological “intellectuals on the road to state power” (Szelényi and Konrád 1979). And, in the post-1989 period, many did indeed reach this goal. The new Hungarian welfare state became quite a profitable venture for them—sociologists have found new jobs in this welfare apparatus, and have created new journals, educational institutions, and publishing companies with which to analyze it.

23. There are striking similarities in the discourse used by these globally hegemonic economic actors. Their modes of argumentation are always the same, wherever they sprout up: They argue that market economies cannot work with entitlement criteria that force them to devote large portions of the GDP to social spending; they employ the “symbolic token” of the debt to instill fear of an economic collapse; and they warn that high welfare expenditures will make states impotent. For examples of these arguments in the Hungarian context, see Kornai (1994) and Tóth (1994); for more on their parallels to global discourses of need, see Haney (1996).

24. There was also a racialized undercurrent to this move from GYES to GYED. In addition to differing by class, GYES use patterns varied by race, with Romani women using the grant for longer periods of time. The shift to GYED was then an attempt to convince more non-Romani Hungarians to have children and stay on the grant longer.

25. These numbers were compiled from 1994 data collected by Ferge (1996) and adjusted for the rate of inflation. The median monthly income was calculated for active earners only. Had pensioners and/or the unemployed been included, the rate would have been significantly lower. I should also point out that the new cutoff is higher for single parents, at 23,400 fts per person.

26. In her comment, the caseworker distinguished between Romani and non-Romani clients and meant that non-Romani clients now cheat and steal. Of course, Romani clients are also Hungarians and, in this way, her comment had racist overtones.

27. A few Family Support Services received funds from different nongovernment bodies such as the Soros Foundation, the Red Cross and/or the European Council. Usually, these funds were connected to specific programs run by social workers. To my knowledge, this office was the only one in Budapest to receive ongoing support from the Catholic Church.

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