

Part 2

THE MATERNALIST
WELFARE STATE,
1968–1985

*The Dynamics of Change: Hungarian Professionals Reform
the Welfare Society*

Over the first two decades of state socialism, the Hungarian welfare society underwent few reforms. Throughout the period, targeted social provisions associated with a “welfare state” were deemed unnecessary; state policies and practices were guided by the notion that the well-being of the population could be secured through well-connected institutions. In the mid-1960s, these assumptions about what the population needed and how to meet those needs began to change. At this historical juncture, the needs of specific social groups began to be emphasized. Within the welfare society, access to social support had been informally based on bureaucratic privilege and social class. By the late 1960s, assistance was formally linked to specific attributes, the most important of which was motherhood. In this period, state actors began to argue that mothers had special needs and the welfare apparatus should be reoriented to address them. They disconnected the maternal from the familial by proposing new provisions and institutions aimed exclusively at mothers. As a result, women were put under the purview of a maternalist welfare apparatus that constituted them primarily as child-rearers and caretakers.

This focus on the maternal arose from the work of three groups of professionals—demographers, economists, and psychologists—all of whom framed the nation’s “needs” as antithetical to a societal-welfare model. A new cohort of Hungarian demographers launched the first attack on the welfare society. Motivated by demographic data collected in the first two decades of socialism, they became invested in the quantity control of motherhood. Through the mid-1950s, the Hungarian birthrate remained relatively stable, primarily because of the coercive measures of the Rátkó

regime, which included laws that outlawed abortion and curtailed access to birth control. Thus, until the mid-1950s, the birthrate remained at just the reproduction level. After abortion was relegalized in 1956, the birthrate plummeted to record lows.¹ By the early 1960s, the Hungarian birthrate was one of the lowest in the world. Drawing on these data, demographers warned of an impending disaster and proposed population policies to reverse these trends.²

These demographic changes were not unique to Hungary. They also characterized other East European societies experiencing the combined effects of industrialization, urbanization, and high rates of female employment. Throughout the region, demographers projected the long-term implications of the declining birthrate.³ From Romania to the German Democratic Republic to Poland to Hungary, they used these data to question the viability of the existing policy regimes. Demographers frequently linked these trends to their regimes' overemphasis on production; they claimed that production had taken precedence over reproduction, which led to demographic crisis. They also blamed the Stalinist "ideology of emancipation" for discouraging women from reproducing. Preoccupied with their roles as workers, East European women were said to have abandoned their responsibilities as reproducers.⁴

Plagued by demographic fears, most governments in the region instituted a series of pronatalist policies. On the coercive side, the late 1960s and early 1970s were marked by increasingly restrictive abortion laws. These restrictions were most severe in neighboring Romania: after a brief liberalization period following Stalin's death, a regime of "Romanian-style family values" emerged in 1966.⁵ This regime included measures that denied women access to abortion and birth control; it also encompassed public institutions created to regulate reproduction and to disseminate a pronatalist ideology. Although the Hungarian pronatalist regime was not as extreme, it did enact a relatively restrictive abortion law in 1973. Backed by a media campaign that attacked women for being "overly individualistic," the law restricted abortion to targeted groups—those who were unmarried, those with two or more children, those over thirty-five years old, those with severe housing problems, and those with serious health concerns. The law also set up medical lay committees to assess appeals from other groups of women. Although women found ways to bypass these restrictive measures, the law subjected them to humiliating investigations into their reproductive lives.⁶

On the less coercive side, most East European countries responded to their demographic crises by introducing new maternity and family policies.

In Romania, restrictive abortion laws were accompanied by income-tested child allowances, birth bonuses for women with four or more children, mother medals, and two to three months of paid maternity leave.⁷ In 1970, the Czechoslovak state established its own package of maternity benefits, which included monthly allowances for families with two or more children, a fixed-rate maternity allowance, birth subsidies, and twenty-eight months of paid maternity leave.⁸ Even the Soviet state, which had lagged behind its neighbors in its system of social support, established maternity benefits in 1973; it gave lump-sum birth payments to mothers with three or more children, monthly family allowances to those with four or more children, and sixteen weeks of paid maternity leave to all mothers.⁹ The following year, the Soviet state introduced its first income-tested social program—a cash allowance given to impoverished mothers to purchase food for their children.

Although Hungary also followed a pronatalist path, its policies differed from those of other East European countries in two respects. First, instead of focusing on large families, Hungarian demographers proposed policies based on incentives for all mothers.¹⁰ Their goal was to “encourage” all women to reproduce by securing social conditions conducive to raising children. Second, while other East European demographers focused primarily on childbearing, through birth grants and subsidies, Hungarian policymakers centered on child rearing. They proposed a support system that included universal family allowances, a three-year paid maternity leave, and birth payments. Thus, Hungarian policies were broader in scope: they encompassed benefits that supported both the birth and the rearing of children.

In part, Hungary’s pronatalist path resulted from the convergence of demographic shifts with economic changes that were largely unique to Hungary. While demographers were contemplating the implications of the declining birthrate, economists were in the process of designing a series of reforms to restructure the economy. By the mid-1960s, postwar reconstruction and industrialization were complete. Until this time, the regime’s policy of full employment had been consistent with its larger economic imperatives. The primary way the regime had secured full employment was through job creation—from 1950 to 1965 industrial employment increased by 5–6 percent annually; by the mid-1960s, the growth rate slowed to 1 percent.¹¹ The regime’s ability to secure full employment was waning, and the need for female labor was lessening. The children of the postwar baby boom had also come of working age and had to be incorporated into the labor force. By the mid-1960s, the government had even begun to speak of labor “surpluses” and “redundancies.”

The government also began to give economists more room to formulate measures to address these economic issues. After Stalin's death and the 1956 revolution, economists utilized splits in the party/state to gain the political and professional space necessary to exert influence over the direction of the economy. Economists also began to form international networks; they gained access to journals such as *Business Week* and the *Wall Street Journal* and engaged in academic exchanges with their counterparts in U.S. universities.¹² Through these exchanges, Hungarian economists gained exposure to new economic ideas, such as econometrics and linear programming. These ideas soon permeated their thinking, leading them to view the economy as a "mechanism" to be tinkered with like an engine. They conceptualized the market in similar terms—as a mechanism that could be incorporated into central planning to enhance economic efficiency.

This professionalization process culminated in the mid-1960s with the introduction of the New Economic Mechanisms (NEM). In 1964, the government established an advisory committee to draw up proposals for reforming the existing "economic mechanism." The committee's proposals were authorized in 1966; the NEM reforms were implemented in 1968.¹³ The main goal of the NEM was to integrate markets into central planning. Profits became a measure of an enterprise's economic success; production became more closely tied to supply and demand. The NEM also gave individual enterprises more control over production: enterprises were held accountable for economic efficiency and accorded more autonomy in their hiring, firing, and decision making. The objective was to force enterprises to rid themselves of internal labor reserves and thus improve efficiency.¹⁴ The formula was a risky one. Among other dangers, it heightened fears of labor surpluses and unemployment—concerns that were particularly acute for the regime since much of its legitimacy still rested on its ability to secure full employment and a decent standard of living for the population.¹⁵

Hence, by the late 1960s economic reformers and policymakers faced the complicated task of siphoning off workers from the labor force without provoking mass unemployment. Here their "needs" coincided with those of demographers. Social policies that focused on women's reproductive responsibilities were one way to secure economic downsizing and to increase the birthrate. By emphasizing women's roles as mothers, these provisions encouraged women to exit the labor force, albeit temporarily. In effect, paying women to devote themselves to full-time child rearing served the interests of both economists and demographers.

Clearly, these demographic and economic problems presented real dilemmas for the socialist state. The regime could have resolved these problems in

a variety of ways. It did so by redefining the meaning of motherhood and maternal responsibility. And this decision to accentuate the maternal emanated largely from a third group of professionals, Hungarian psychologists. After a ten-year hiatus, the psychology department reopened at the University of Budapest in 1957. The first cohort of psychologists focused on the sphere of production and industrial relations, conducting elaborate studies of worker fatigue, work accidents, and the "neuroses" of assembly-line workers.¹⁶ By the early 1960s, many of them had turned their attention to the reproductive sphere, and they developed a branch of "educational" or "child-rearing" psychology (*nevelési pszichológia*). In 1962, they established the Institute of Child Psychology and the National Child-Rearing and Children's Clinic, which diagnosed childhood disorders and conducted family therapy. Their objective was to produce a new generation of effective workers by reshaping child-rearing patterns. Here their preoccupation with the maternal surfaced most explicitly.

Throughout the 1960s, child-rearing psychologists conducted countless empirical studies on child development. Their studies were published in two influential journals, *Pszichológiai Tanulmányok* (Studies in Psychology) and *Magyar Pszichológiai Szemle* (Hungarian Review of Psychology). Although they were cloaked in scientific discourse, many of these articles had a radical tone; psychologists wrote as if they were uncovering new social phenomena and analyzing them in unique ways. As a prominent child psychologist trained in the 1950s explained in an interview, "It was an exciting period. We were doing research that had been forbidden. We were talking about individuals and discussing psychological issues that no one had examined before."¹⁷ In other words, their work was guided by an individual model of action that diverged from earlier models of the institutional basis of identity. Just as economists viewed the economy as a mechanism to be adjusted, psychologists conceptualized the psyche as a mechanism to be tinkered with. Their research centered on how to adjust children's psychological mechanisms, such as their emotional learning, school performance, identity formation, and social adaptation.¹⁸ They also studied the psychological underpinnings of "deviant" behavior, including the activities of youth gangs, juvenile delinquency, and family violence.¹⁹

Mothers loomed large in psychologists' studies of children's psychological mechanisms. Psychologists found that infants developed faster and more consistently when they had "close contact" with their mothers.²⁰ They discovered that children were emotionally stable if their mothers cared for them "rationally."²¹ They determined that children performed better academically if their mothers remained at home and involved in their school-

ing.²² They revealed that teenagers were more socially adaptable if they had good mothering.²³ Mothers were also used to explain abnormal child development and delinquent behavior. For example, two psychologists explained the gang involvement of two brothers in this way: "Their mother belongs nowhere, socially and culturally. She lives as an outcast, and her children grew up with this. This leads them to delinquency."²⁴ An influential study of the period, a 1966 investigation of parents' effects on personality development, exemplified this approach. Studying hundreds of children at play, it found that most of them mimicked their mothers or acted like maternal figures. This finding led the psychologist to conclude that children see and act in the world through their mothers and that state experts should thus begin to direct their work at mothers.²⁵

Such conclusions about the centrality of the mother were quite typical of this research. When psychologists offered prescriptions for healthy child development, their recommendations were strikingly similar: mothers needed to devote more time and energy to child rearing. Well aware of the economic impediments to full-time child rearing, the psychologists frequently called for new policies to allow women to focus on their children, especially during the first three years of children's lives, when, psychologists believed, the main oedipal issues are resolved and negotiated. As a psychologist stated in 1965, "The most pressing issue for us is to establish the predominance of domestic care of children, from birth to the beginning of school."²⁶ Other psychologists proposed training for new family "experts" who would rationalize child rearing and secure the quality control of motherhood.²⁷ They imagined that these experts would work out of a network of guidance centers that intervened in family life and taught effective care-taking skills.²⁸

Psychologists' recommendations did not remain confined to their academic journals. Each year, they seeped out of these circles to reach a broader audience. In their annual conferences, psychologists informed government officials and state practitioners of their findings and prescriptions. In 1965, when the Hungarian Psychological Association held a national conference devoted to child psychology, psychologists' recommendations flooded out of their small institutes and into the hands of party/state officials. The meeting consisted of over thirty-seven lectures in which psychologists inundated the audience with their ideas about healthy child development. In attendance were high-ranking party/state officials and policymakers. One message resounded throughout the conference: mothers needed the time and the resources to take child rearing seriously, and the state had to facili-

tate their carrying out this responsibility. As the head of the Hungarian Psychological Association put it in his opening address:

The correct relationship between mother and child is one of the most important factors of the family that, on account of emancipation and the participation of women in productive work, is loosened more and more in every respect. This involves the diminished importance of the role played by the family, a danger appearing in the laxity of sexual morals of youth, their deviance, and their irresponsible behavior. This problem has to be resolved by the development of rational, socialist, moral care-taking, in harmony with the establishment of conducive economic conditions.²⁹

His statement encompassed all three of the professional forces that converged in the 1960s to push for the reform of the welfare society. Demographers were preoccupied with the quantity control of motherhood, psychologists with the quality control of motherhood, and economists with economic efficiency. Together, their appeals paved the way for the emergence of a maternalist welfare apparatus out of the welfare society.

3. Maternalizing Need

*Specialization and the
Quality Control of Motherhood*

Throughout the 1960s, Hungarian professionals launched an attack on the welfare society. By the end of the decade, their appeals had been translated into state policies and practices. The historical convergence was striking. In early 1968, the New Economic Mechanisms (NEM) were introduced to incorporate market mechanisms into centralized planning. Later that year, a child-care grant (Gyermekgondozási Segély/GYES) was established to provide mothers with three years of paid maternity leave. By the end of the year, the institutional welfare apparatus had expanded with the advent of Child Guidance Centers (Nevelési Tanácsadók), which addressed child development and child-rearing problems. When taken together, these three reforms signified a fundamental break with the economic policies, social provisions, and institutional practices of the welfare society.

These reforms also gave rise to a new architecture of need. They signified more than slight additions to the existing welfare apparatus; their effects were more profound than a simple extension of new benefits to the population. These reforms redrew the boundaries of welfare and redefined its terms of inclusion and exclusion. While the societal policies of early socialism took social institutions as the site of re/distribution, the policies of the late 1960s targeted social groups. They were premised on the notion that particular groups had distinct needs that required special assistance. A similar form of targeting occurred at the institutional level. With the introduction of Child Guidance Centers, the institutional welfare apparatus bifurcated and became specialized. It was also infused with professional models that deemphasized clients' institutional positions and highlighted their child-rearing acumen. New welfare practices then arose: domesticity tests to gauge maternal competence, psychological exams to ferret out maternal ambivalence, and personality tests to search for deep-seated emotional prob-

lems. In this way, state policies and practices operated in complementary ways to facilitate the emergence of a maternalist subsystem of welfare out of the welfare society.

This argument about the maternalization of welfare adds a new dimension to the existing historiography of the period. Overall, most social scientists view this period as a time of “reconciliation”—the historical juncture when Hungary embarked on a distinctive socialist path. In this period descriptions of Hungarian “goulash communism,” “refrigerator socialism,” and “mature paternalism” emerged.¹ These metaphors are all premised on the notion of “state” withdrawal from “society.” At the economic level, scholars have interpreted the NEM as an attempt to decentralize production and economic decision making. By giving enterprises more influence over production, and workers the ability to change their workplaces, the NEM is said to have accorded Hungarians more power to meet economic needs.² At the ideological level, scholars have pointed out that the state backed off of its discourse of “emancipation” in this period.³ They argue that the socialist state became less interested in overt demonstrations of support and increasingly satisfied with passive acquiescence—a shift embodied in party leader Kádár’s overly quoted statement: “Those who are not against us are with us.”⁴ As a result, it is often assumed that the state retreated somewhat from the private sphere and abandoned direct attempts to transform authority relations in the home.⁵

The feminist literature on late state socialism also adheres to this argument about state withdrawal by focusing on the gender implications of “mature paternalism.” There is little consensus about how this withdrawal affected women. Some feminist scholars claim that the state’s retreat from the private sphere opened up new possibilities for alliances between men and women.⁶ They insist that the sanctioning of the second economy allowed women and men to join forces and to act as a “unit” in the private realm: men used their state jobs to gain access to the second economy, while women used the new child-care policies to stay home and carry out the day-to-day second-economy support work.⁷ Thus, the state’s retreat is said to have bred solidarity among men and women. According to other feminists, the state’s retreat achieved exactly the opposite: it undercut women’s autonomy, enhanced the traditional “housewife” role, and released men from family responsibilities.⁸ Still other feminists advance similar arguments about the political repercussions of mature paternalism; they claim that the opening up of the private realm infused the emergent opposition with a “defensive privatism” premised on the maintenance of gender hierarchies.⁹

These feminist scholars have made important contributions to gender-

blind analyses of mature paternalism, but their arguments are weakened by their acceptance of the narrative of state withdrawal. Although these scholars insert gender into prevailing accounts of late socialism, they do not acknowledge that historical periodizations can change when history is viewed from a gendered lens.¹⁰ When the actual policies and practices of late socialism are analyzed for their gendered meanings, it is difficult to sustain commonly held notions of the state's retreat. Instead, these reforms signified the state's redeployment; they marked an interpretive shift in focus from the organization of social institutions to the meaning of motherhood. By deemphasizing men's contributory roles as family members, this regime redefined who was responsible for familial well-being. By highlighting women's roles as mothers, these social policies feminized care work and reshaped women's identities. And by setting out to rationalize women's child rearing, state institutions entered women's lives in new ways. The difference was not in the level of state intervention. Rather, it was a change in who was regulated and in the kind of gender identities highlighted by the state.

When seen as a period of state redeployment, mature paternalism clearly did not have categorically positive or negative effects on gender relations. As with the welfare society, the maternalist subsystem was a mixed blessing for those it targeted. Whereas the welfare society coupled a broad interpretive terrain with narrow re/distributive practices, the maternalist regime reversed the tendency: it combined a narrower interpretation of need with broader re/distributive practices. As this regime separated mothers' needs from those of other social groups, it codified new maternal rights. As it reprioritized women's identities to highlight the maternal, it fostered a strong sense of maternal entitlement. As it bred divisions between "good" and "bad" mothers, it gave women concrete guarantees. And as it freed men from state scrutiny, it emboldened women to demand new kinds of support. These tensions were inherent in both the social policies and the institutional practices of the late socialist welfare regime.

THE MATERNALIST POLICY REGIME

The social provisions that emerged in the last two decades of state socialism bore a closer resemblance to "welfare policy" in the classic sense of the term than did earlier policies. After decades, during which re/distribution was located in existing economic and social institutions, a distinct sphere of social policy arose in the late 1960s.¹¹ But plan-related and enterprise-based provisions did not disappear. Rather, they operated alongside a new subsystem

of policy. These new policies shifted the site of state re/distribution to national and local governments. Their targets also changed. While societal policies were once aimed at the institutions of work and family, the new social policies narrowed the focus of state welfare. These policies addressed the needs of specific groups and thus resembled the discretionary policies associated with many Western welfare states.

Moreover, the content of these Hungarian policies also resembled that of their Western counterparts. Mothers were one of the first groups to be targeted by the new policy apparatus.¹² As feminist historians have shown, many Western welfare states also had maternalist origins. Early Western social policy arose from the efforts of female activists working under the guise of the “maternal.”¹³ Throughout North America and Western Europe, female activists claimed special importance as mothers in order to position themselves as the subjects and objects of state building. The social policies they then introduced extended state support to women as mothers—under the rubric either of pronatalism as in France and Germany or of racial anxiety as in the United States.¹⁴ Hungarian social policy was not maternalist in the sense of originating in the work of female activists, but it was maternalist in the sense of providing special support to mothers. In the late 1960s, motherhood became a central eligibility criterion. New labor regulations, leave policies, and income supports treated mothers differently from other social groups. These policies were also accompanied by ideological and discursive practices that emphasized the significance of mothers and granted women distinct “expertise” based on their child rearing.

Despite these similarities, Hungarian policies did differ from Western variants in several respects. Hungarian policies were more expansive and inclusive; they provided more extensive support to mothers. For example, Hungary granted women three years of paid maternity leave, which was longer than that provided under other European policies.¹⁵ Hungary’s policies made few distinctions among mothers; they were not linked to income or occupation. In addition, Hungarian policies were premised on labor-force participation. Maternity-leave policies guaranteed women reemployment in their same positions. And before women were eligible for subsidized mothering, they had to spend one year in the labor force. This requirement contrasts with U.S. maternalist policy, which often forbid mothers from working outside the home.¹⁶ It also differs from West European policies, which rarely connected maternal entitlements to wage labor so directly.¹⁷

Another significant difference between Hungarian and Western maternalist policies was the historical context in which they arose. In the West, these policies signified the first time that women were included in state

re/distribution on their own. By bringing women into contact with the state, these policies gave many women their first language of entitlement.¹⁸ But Hungary's maternalist policies arose after decades of state involvement in social life. These policies therefore signified a new type of state engagement with women's lives. Once seen as the responsibility of women and men, child rearing was reinterpreted as an exclusively female domain. Previously recognized as having a variety of complementary identities, women were constituted primarily as mothers. Although motherhood never negated women's roles as workers, it slowly took precedence over them. This reprioritizing emanated from the national and local policy apparatus of late state socialism.

*Reprioritizing Women's Responsibilities:
National Maternalist Policies*

The first sign of the reordering of women's roles occurred in 1965, when the Ministry of Labor formally designated certain jobs as posing a danger to the "lives and well-being of women."¹⁹ A decade earlier, the socialist state had emphasized women's incorporation into jobs previously done by men. Now, these new classifications erected legal barriers to women's employment. Women were excluded from all jobs that involved heavy physical labor, exposure to radiation, or intense vibration.²⁰ The justification underlying these restrictions was to protect women from work that could impair their reproductive capabilities.²¹ At the same time, the Ministry of Labor demarcated certain jobs as being exclusively female. These included nursing, kindergarten teaching, cosmetology, lab assistance, and clerking in specialty stores. With these new classifications, the gender-segregated labor market became codified into law.

In the following year, the list of jobs available to women shortened, and four new categories of forbidden jobs were added. First, women were no longer allowed to work in jobs that could "overstrain" their nervous system. Among other activities, women were prohibited from driving buses with over twelve passengers, cutting stone, or doing mechanized hammering. Second, women were not permitted to work in jobs that exposed them to intense heat, cold, dampness, or fluctuations in air pressure. This restriction precluded women from ship work and from working underground. Third, women were forbidden from working in high places. This prohibition put most construction work beyond their grasp. Finally, they were not allowed to work with substances that could damage their blood, nervous system, or hormones. Hence, jobs related to chemicals, toxins, lead, and nicotine were off-limits to women.²²

These new labor regulations were significant for at least two reasons. First, they signified a shift in control over labor policy. For decades, enterprise unions had been responsible for securing their employees' working conditions and positions. These laws vested more control in the national Ministry of Labor. Second, these regulations were infused with maternalism. The assumption underlying them was that women had special needs as (potential) mothers and thus had to be protected. In 1972, this emphasis on gender difference was even incorporated into the constitution. The earlier constitutional guarantee of "equal" working conditions was replaced with a pledge to secure "appropriate" work opportunities and conditions for men and women.²³

In addition to restricting women's access to certain jobs, the regime changed its definition of "appropriate" work opportunities and conditions. By the late 1960s, female workers were thought to be in need of large amounts of time off to devote to child rearing. In late 1967, the centerpiece of the maternalist policy apparatus was born—the GYES. When first introduced, the grant provided six months of support equivalent to the mother's salary and up to two additional years of support at a fixed rate. In 1969 the grant was extended by six months to provide mothers with a total of three years of support.²⁴ Employers were obliged to reemploy recipients on completion of the leave. To be eligible, women had to be employed full-time continuously for twelve months preceding the birth; members of agricultural cooperatives had to participate in at least 120 days of collective work in the twelve months prior to the birth.²⁵ These regulations articulated the regime's new emphasis on motherhood rather than wage labor: for every one year of wage labor, women received three years of subsidized mothering.

The GYES program had another key eligibility criterion: it was offered only to Hungarian mothers. Fathers could apply for the grant if they were single parents or if the mother was too sick to care for the children. The grant addressed the "biological and psychological requirements" of motherhood—requirements that fathers presumably did not meet. The exclusion of men was a major point of contention among those formulating the provision. Some participants did resist men's exclusion. Worried that it would reinforce traditional gender roles, they wanted to make the grant a parental right. Ultimately, their arguments lost to policymakers' claims that the "immediate well-being of children and mothers" outweighed the "long-term goal of equality between the sexes."²⁶ These policymakers also lobbied to extend the grant to mothers for three years, when children's main "oedipal issues" had been resolved.

Overall, most of the scholarly literature on GYES has focused on how the

grant solidified a traditional gender division of labor in the workforce and in the home.²⁷ Yet it is also important to recognize that GYES fostered a strong sense of entitlement in women. For the first time, women had legally codified maternal rights. Because the grant was available to a cross-section of mothers, it did not become a stigmatized form of assistance. Moreover, because the grant was used by diverse groups of women, it was never associated with specific classes. One caseworker, who worked in the Gyámhatóság in the late 1960s, 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?"²⁸

Another reason GYES never became a stigmatized social benefit was that the grant made few distinctions among mothers and thus assumed that mothers had similar needs and required similar support. All mothers, irrespective of their income, occupation, or race/ethnicity, could remain on the grant for three years. And mothers received the same flat-rate stipend while on the grant.²⁹ From 1967 to 1972, all received 40–60 percent of the average female wage. In the mid-1970s, a three-tiered system was introduced to link benefit levels to family size: mothers with one child received 800 forints per child, those with two children 900 forints per child, and those with three or more children 1,000 forints per child. Until the mid-1980s, these stipends increased slightly with the rate of inflation.

Although the GYES system assumed that mothers had similar needs, women's use of the grants did vary. This variation fell along two key axes. First, there were significant occupational and educational differences in use patterns. Through the 1970s, roughly 14 percent of the female workforce and 6 percent of the national workforce was on GYES at any given moment.³⁰ Breaking these figures down by economic sector and educational level reveals the different use patterns. Table 6 has these data by industrial sector and type of worker; Table 7 includes data on mothers' use patterns by educational level. Second, the length of time that women stayed on the grant also varied by occupation and education. Professionals and white-collar workers remained on GYES for shorter periods of time, as did those with higher levels of education.³¹ There were at least two reasons for these differences. Since professionals and highly educated workers were better paid, they suffered economically from the flat-rate system; they could not afford to remain on the grant for the entire three years.³² Moreover, although workplaces were required to reemploy women in their previous positions, many women found it hard to make up for lost time or lost opportunities in career advancement. Professionals experienced these losses in

Table 6. Percentage of Labor Force Using GYES by Economic Sector and Type of Worker, 1970–1978

	1970	1976	1978
Economic Sector			
Industrial	4.8	8	7.6
Agriculture	2.9	4.3	3.9
Transportation	2.1	3.2	3.2
Commerce/trade	4.9	9.1	9.6
Type of Worker			
Manual	3.3	N/A	5.7
White collar	3.7	6.2	5.4

SOURCES: KSH, *A Gyermekgondozási Segélyezés 10 Éve 1967–1976*, p. 17, and KSH, *A Gyermekgondozási Segély Igénybevétele és Hatásai*, p. 12.

more pronounced ways and therefore opted to return to work before the grant had formally expired.³³

In addition to symbolizing the regime's shift in focus from women's roles as workers to their responsibilities as mothers, GYES also marked a change in the site of re/distribution. Prior to GYES, maternity-leave programs were administered at the enterprise level. After 1968, control was transferred to the Ministry of Labor. GYES payments were allocated from the central budget (they constituted roughly 2 percent of the GDP in the 1970s).³⁴ National officials set eligibility guidelines and benefit levels. They also ensured that enterprises reemployed recipients. In 1974, a Social Policy Department was established in the Ministry of Labor to oversee all family policies, including GYES. As a result, trade unions lost much of their influence. They carried out policies dictated from above—policies that reflected the maternalist agendas of demographers and psychologists rather than the work demands of female employees.

Along with this shift in the site of re/distribution, the administrative procedures guiding the allocation of maternity leave changed. Soon after the introduction of GYES, the Ministry of Labor created an appeal system for women to use if they had trouble with their grants. Women submitted their appeals to the ministry, in writing or in person. When the ministry could not resolve a case, it was transferred to the local Gyámhatóság for review.

Table 7. Percentage of Mothers Using GYES by Educational Level, 1967–1979

<i>Educational Level</i>	1967	1969	1973	1979
Primary	77.3	71.6	81.1	85.9
Secondary	65.3	59.9	76.4	82.9
Higher	34.4	32.6	56.2	68.7

SOURCES: KSH, *A Gyermekgondozási Segély Igénybevétele és Hatásai*, p. 59; KSH, *A Gyermekgondozási Díj Igénybevétele és Hatásai*, p. 10; and KSH, *A Nők Helyzetének Alakulása a KSH Adatainak Tükrében 1970–1981*, p. 67.

Thus, this system vested control over the administration of GYES in national and local state offices. Moreover, the criteria used by these state bodies to assess women's appeals were indicative of the new conception of need that was taking hold. For instance, a study of GYES appeals uncovered the fact that a majority were advanced by women who failed to meet the work requirements or who wanted to stay on the grant continuously for more than one child.³⁵ Ministry officials had a great deal of discretion in evaluating these appeals, but they seem to have used two main criteria. First, family size was critical: women with three or more children were usually allowed to remain on the grant, even if they had been outside the labor force for years. For instance, one woman was permitted to remain on GYES uninterrupted from 1972 to 1985; after the birth of each of her four children, she applied to continue her grant without returning to work. Each time, her extension was granted. In such cases, officials deemed women's maternal needs so "pressing" that they waived the work requirements.³⁶

Second, state officials assessed women's child-rearing practices when evaluating GYES appeals. Women with one or two children who wanted the work requirements waived had to exhibit "appropriate" child-rearing practices. To determine whether they did, the ministry sent Gyámhatóság case-workers on home visits. Only those women who demonstrated good mothering skills had their appeals granted. As an official wrote about one mother in 1979, "Her work book has expired, but her children develop beautifully and in a clean environment. Her request for a continuation of GYES is granted."³⁷ Absent from their assessments were detailed accounts of mothers' work lives or performances. In contrast to the criteria used in the period

of early state socialism, a strong work record did not help women in their negotiations with state offices. Instead, officials were most concerned with women's ability to perform as competent mothers.

In addition to these new policies, many preexisting social programs took on a maternalist edge in this period.³⁸ Most important, the system of family allowances (*családi pótlék*) underwent reform to make them more accessible to mothers. Prior to this change, family allowances were paid directly to "heads" of large households employed full-time in state enterprises or cooperatives. In two-parent households, fathers received the allowance attached to their wages. In 1968, the Ministry of Labor changed the work requirements to extend the allowance to students, home workers, and part-time employees. It also offered the allowance to families with two children.³⁹ As a result, the number of women eligible for the allowance increased by nearly 20 percent.⁴⁰ Then, in 1974, the head-of-household provision was replaced by a "primary-caretaker" clause, which allowed separated and divorced mothers to have the allowance attached to their wages. Hence, for the first time, mothers became entitled to family allowances on their own.

In 1974, an appeal system was created through which married women could transfer the allowance to their wages and thus bypass their husbands altogether. As with the GYES appeal system, control over these appeals was vested in national and local governments. But here the chain of command worked in the opposite direction: women submitted appeals to caseworkers, who then transferred them to the ministry. While no reliable data exist on how many women utilized this system, in the two districts of my research, I reviewed twenty-five appeals from the 1970s.⁴¹ The set of maternalist criteria deployed was similar to that used in GYES appeals. Women justified their appeals on the basis of motherhood: they were the ones who actually cared for children. To support their appeals, these women documented their day-to-day child-rearing activities. As one woman argued in 1976, "I clean, cook, and wash for the children. I am their only caretaker."⁴² Women like this believed they were entitled to support because of their contributions as mothers. Their sense of entitlement was confirmed by caseworkers. 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. As one caseworker wrote in 1978, "I recommend Mrs. Jenő's appeal. It is obvious that she is the caretaker. She cannot count on her husband. Her responsibilities must be supported."⁴³

Taken together, protective labor legislation, child-care leave, and family allowances formed the core of the maternalist policy regime. These provi-

sions trained women how to stake a claim in the welfare apparatus and to emphasize their roles as mothers when couching an appeal. They accorded women a language of entitlement and taught women that, as mothers and caretakers, they had special needs. They also transformed these needs into social rights by guaranteeing women state support for their contributions as mothers. Many women learned a similar lesson about the centrality of motherhood in more direct ways through the local assistance schemes of the era.

Rewarding Good Mothers: Local Maternalist Policies

During the first two decades of state socialism, the main type of discretionary welfare funds administered at the local level was the emergency aid distributed by enterprises.⁴⁴ District governments had little say over these funds; caseworkers' influence was limited to writing letters to union officials to convince them of clients' needs. In the late 1960s, this division of labor was reversed when local governments were given their own pool of discretionary welfare funds. Union officials then referred their workers to local governments for assistance. Whereas control over labor regulations, maternity leave, and family allowances moved from enterprises to national state bodies, the administration of discretionary welfare funds shifted from unions to local governments.

Initially, these local funds were quite limited in scope. When introduced in 1969, Occasional Child-Rearing Assistance (*Rendkívüli Nevelési Segély*) provided clients with financial support up to three times a year.⁴⁵ Aside from this requirement, no rules guided the allocation of these funds. Their distribution was left to caseworker discretion. Caseworkers were not even required to conduct home visits or to collect income information from applicants. While no national-level data exist on the use of these funds, in the two districts of my research I found that, in the first four years, caseworkers distributed these funds to approximately 4 percent of their clientele. Of these, roughly 60 percent received assistance once, 30 percent twice, and 10 percent three times. These funds were usually given to mothers to purchase clothing, furniture, or bedding. Home visits were the exception rather than the rule. In effect, caseworkers seemed to use these funds as one-time boosts to their clients' incomes.

This situation changed in the early 1970s. In 1973, according to one caseworker, applications for temporary assistance increased by nearly 30 percent because "word got out" in the large housing estates that there was "money available."⁴⁶ In response, the Ministry of Education established a more comprehensive assistance program in 1974, Regularized Child-Rearing

Assistance (Rendszeres Nevelési Segély/RNS). Also administered through local offices, RNS provided on-going income support to families with child-rearing needs. As with the previous program, benefit levels were not fixed. Caseworkers could decide how much aid to distribute and to whom. Yet, unlike the earlier assistance program, the RNS program created a surveillance apparatus to determine eligibility for these funds. Applicants had to submit letters from their children's teachers to verify that they raised them "properly." They were also subjected to home visits in which caseworkers meticulously documented their domestic lives and practices. These investigations fundamentally altered the nature of welfare work in the period and drew caseworkers into the regulation of women's child-rearing practices.

Officially, RNS had only a few eligibility criteria. They were based not on the material resources at applicants' disposal but on the "quality" of the applicant.⁴⁷ The RNS rules outlined what kind of a "parent" the applicant had to be. The use of "parent" in the singular indicates exactly whom these funds targeted: mothers. In fact, one of the districts I studied replaced "parent" with "mother" on their assistance applications. According to official regulations, an eligible parent had to keep an orderly flat, remain concerned with her child's development, and exhibit "secure" child-rearing practices. An ineligible parent demonstrated "objectionable" (*kifogaszható*) behavior, "dangerous" (*veszélyes*) child-rearing practices, or "unruly" (*rendetlen*) behavior that caused "negative" social or material circumstances.⁴⁸ Clearly, RNS was not aimed at the materially needy. Rather, it targeted "good" mothers and rewarded them for "proper" child-rearing practices.

The forms used by caseworkers to assess eligibility further articulated this maternal emphasis. In effect, these forms were designed to test women's gender practices. They were extremely elaborate, consisting of two or three pages of questions. Most of the questions were open-ended and left considerable room for subjective reflections about applicants. The questions were divided into four categories. In the first category, caseworkers elicited information about the applicant's flat: its size and comfort level as well as subjective evaluations of its quality—its cleanliness, decor, and conduciveness to child rearing. The second category was a set of questions about the "parent." Here caseworkers evaluated the applicant's personality traits. Was the parent diligent and orderly? Was she clean and serene? Could she cook? Was she aware of "modern" child-rearing techniques and domestic practices?

While these questions bred subjective remarks about applicants, caseworker discretion was even more pronounced in the final two categories of questions, which were about applicants' domestic relations. To obtain "accurate" information for the third category, caseworkers conducted short-term

participant observation: they showed up at applicants' flats unannounced, usually around dinnertime, to observe family dynamics. This timing enabled caseworkers to examine what the applicant cooked. It also offered caseworkers a first-hand look at how "caring" the mother was with her children. To verify their observations, caseworkers had to complete a fourth set of questions on applicants' relations with their neighbors. Here, they interviewed neighbors about applicants' family lives and domestic practices. Was the family harmonious or in conflict? Was the parent solid and educated? Was she clean and considerate? Did she organize a "peaceful" and "orderly" family environment?

Importantly, these questionnaires excluded a number of key topics. They included few questions about the material resources at applicants' disposal. Except for inquiries into their occupations, caseworkers asked no questions about applicants' work lives. Caseworkers seemed almost uninterested in applicants' work histories or work relations. Moreover, there were no inquiries into applicants' extended-family networks. Caseworkers did not ask whether applicants had family members who could support them. In effect, these were domesticity tests, designed to elicit demonstrations of domestic competence. These tests thus accorded caseworkers a new lens through which they interpreted their clientele, the lens of the maternal. And they brought caseworkers onto a new work terrain, the quality control of motherhood.

Initially, the number of RNS recipients was quite low. In the first five years, fewer than half of those who applied for RNS passed its domesticity tests and received aid. In Budapest, from 1975 to 1979, only a few thousand families received this aid. Table 8 has national-level data on assistance cases. The demographic make-up of recipients was quite revealing. In Budapest, over 50 percent of RNS recipients were not employed outside the home; of those who were employed, half were part-time workers.⁴⁹ Hence, caseworkers gave preference to women not employed full-time outside the home: while 73 percent of all Hungarian women worked full-time, only 25 percent of RNS recipients were full-time workers.⁵⁰

These re/distributive practices were symptomatic of the narrow conception of need emerging in late state-socialist Hungary. While the previous welfare regime had evaluated clients according to their institutional locations, the maternalist subsystem of welfare gave priority to women's care-taking roles. Protective legislation dictated that women's reproductive roles should determine where they were situated in the labor force; the GYES system gave women three years of subsidized mothering for every year of wage labor. Local child-rearing assistance took this maternal focus one step

Table 8. Number of Child-Rearing-Assistance Cases,
1975–1986

<i>Year</i>	<i>Occasional Aid</i>	<i>Regular Aid</i>
1975	32,030	3,535
1979	48,103	10,066
1983	62,201	19,689
1986	102,307	22,812

SOURCES: Ágota Horváth, "Egy Segély Anatómiája," pp. 241–243, and KSH, *Népjóléti Statisztikai Évkönyv*, p. 229.

further, distinguishing between "good" and "bad" mothers and rewarding "good" mothers with support. These evaluative distinctions then became a central component of welfare workers' institutional practices.

WELFARE PRACTICES AND THE GOOD-MOTHER MOLD

At the same time the policy regime underwent reform, important changes occurred at the institutional level. For the first two decades of socialism, the institutional welfare apparatus included one main institution, the Gyámhatóság. Without financial resources to distribute, early caseworkers set out to remake existing social institutions and to integrate clients into them. In the late 1960s, as the policy apparatus shifted focus to the maternal, welfare agencies were reconfigured. These offices began to reprioritize women's responsibilities and to emphasize their roles as mothers. In doing so, they grounded the maternalization of need in women's everyday lives.

The rise of maternalist welfare practices was the result of two concrete changes. First, within Gyámhatóság offices, the introduction of new social provisions profoundly altered the nature of welfare work. Gyámhatóság caseworkers administered many of these maternalist policies; they educated clients about the GYES and family allowance systems and processed their claims. Since both systems targeted mothers, so did caseworkers. With the introduction of local child-rearing assistance, this maternalist agenda became firmly located in their work practices. Caseworkers began to use the same maternalist surveillance techniques when dealing with all sorts of cases, from divorce to paternity investigations to child protection. Thus, while the

maternalist welfare model entered casework through the new social policies, it eventually permeated all aspects of Gyámhatóság casework.

Second, maternalist welfare practices arose with the creation of a network of new institutions. In 1968, the institutional apparatus expanded to include district-level Child Guidance Centers, which were designed to “modernize” child rearing. Drawing on Western child-development models and the Hungarian psychoanalytic tradition, these centers employed “family experts,” who infused the welfare apparatus with their own brand of maternalism. Theirs was rooted less in the dictates of national-level policies and more in their own analytical biases. From Freudian psychoanalysis to developmental theory to functionalist family models, their professional orientations targeted the mother in child and family development. Their institutional practices thus focused on the surveillance, the regulation, and the control of child rearing.

Moreover, with the advent of Child Guidance Centers, the institutional welfare apparatus bifurcated. State actors employed in these institutions assessed clients in different ways, using different techniques to determine who were the “good” and the “bad” mothers. They also approached this intervention differently. Armed with domesticity tests, Gyámhatóság workers used a “carrot-and-stick” approach, rewarding the good and punishing the bad. Family experts deemed this approach overly coercive and took a more educative approach to clients. Despite their differences, these institutions converged to transmit a maternalist agenda to clients and to strengthen the maternalist arm of the welfare apparatus.

From Familism to Maternalism

In the late 1960s, when the government introduced its maternalist policies, the nature and content of Gyámhatóság casework started to change. To a large extent, caseworkers became mediators between clients and national-level social programs. This work required that caseworkers have specialized knowledge; they had to be familiar with the intricacies of these programs’ eligibility requirements. To help, Gyámhatóság offices hired a number of “legal advisors” (*jogászok*). As a result, the number of Gyámhatóság employees close to doubled in this period, increasing from three or four per office to six or seven.⁵¹ These offices then began to divide up their work in new ways, separating the bureaucratic work from child protection work. Thus, for the first time, the Gyámhatóság became segmented by work activity and task.

The introduction of this new bureaucratic work also gave rise to a new

approach to clients. In the first two decades of state socialism, bureaucratic casework involved the regulation of clients' family forms. After the 1952 Family Law, caseworkers spent an inordinate amount of time documenting formal guardianship. Since this work usually entailed establishing paternity, men were central to Gyámhatóság casework. By the late 1960s, caseworkers had developed efficient procedures to keep clients in compliance with the law. This timing coincided with the rise of new bureaucratic demands related to the GYES and family-allowance appeal systems. Caseworkers' gaze then shifted from fathers to mothers. Once preoccupied with tracking down dead-beat dads, caseworkers began to regulate women's mothering practices.

In this way, bureaucratic caseworkers were carriers of the maternalist agenda at the institutional level. As they entered the Gyámhatóság, they not only brought legal expertise but introduced new criteria with which to assess clients. Since few rules guided their evaluations of GYES and family-allowance appeals, these caseworkers created their own standards to distinguish between the unworthy and the worthy. Initially, their distinctions were not articulated explicitly. Rather, they surfaced in caseworkers' descriptions of successful claimants. They tended to approve women's appeals to transfer family allowances into their names on the same grounds: mothers knew what was best for their children and were committed to securing their well-being. Caseworkers often contrasted mothers' sensitivity to fathers' insensitivity. In appeal decisions, fathers were represented as unresponsive to their children and hence unworthy of state support. As a caseworker wrote about one mother and her husband in 1977, "The father is not using the money in an orderly fashion. The mother will use [the money] to care for the children."⁵²

A similar construction of mothers underlaid caseworkers' assessments of GYES appeals. In these evaluations, caseworkers made finer differentiations among women and probed more deeply into their domestic practices. Despite the fact that most women who were denied GYES had failed to meet its work requirements, these women's work histories had little effect on caseworkers' assessments. Instead, their determinations centered on an applicant's presumed devotion to her children. Successful claimants were described in similar terms—as caring, attentive, and committed mothers worthy of "special" treatment. They made financial sacrifices and lived in difficult material conditions to be with their children. And they struggled to secure a "home environment in which children grow and flourish."⁵³ Unsuccessful claimants were described in diametrically opposite ways. They were perceived to be uncaring, irresponsible mothers; they failed to follow GYES work rules because of their laziness; and they wanted to remain on

GYES continuously because it allowed them to avoid “uncomfortable and demanding activities.”⁵⁴ Thus, in handling these GYES appeals, caseworkers developed new criteria with which to evaluate mothers.

Until the mid-1970s, caseworkers used these criteria in an informal, ad hoc way. With the introduction of local child-rearing assistance in 1974, these maternal constructions became firmly embedded in Gyámhatóság casework. They were formalized in the domesticity tests used to assess clients’ child-rearing abilities. In effect, these tests served as the basis for caseworkers’ carrot-and-stick approach. Clients’ marks on these tests were the single most important factor determining who received child-rearing assistance; they overrode all evidence of material need. Women who received RNS were defined as unequivocally “good mothers.” This label implied a number of attributes. First, they ran orderly, efficient households, and their homes were well decorated. “Her flat was simple but well maintained,” wrote one caseworker in 1976. “The furniture was nice and the children had their own beds with blankets. I felt comfortable in the home.”⁵⁵ Second, they exhibited proper cooking and cleaning skills. “She cooks for the family regularly,” reported a caseworker in 1978. “The children are well-fed and I saw no dirt or disorder. She cleans often.”⁵⁶ Third, they devoted large amounts of time to their children and established “healthy” domestic relations. As one caseworker described a single mother in 1982, “She lives with her sister and her young daughter. She cares for the girl well. She makes sure the girl is clean and always orderly. She pays attention to her schoolwork. Although money is tight, she takes the girl to ballet so she can develop physically.”⁵⁷

However, caseworkers consistently denied assistance to women they considered “careless” or “unruly” mothers. These women failed to demonstrate proper gender practices and child-rearing skills. Women who appeared uninterested in domestic upkeep were regularly denied child-rearing assistance. A dirty home, an empty refrigerator, and bad decorating skills were common justifications for rejecting RNS applicants. Women who exhibited behavior “unbecoming of mothers” were also denied support. This category included women who spoke aggressively, drank heavily, and stayed out late at night.⁵⁸ In addition, female clients who did not give top priority to child rearing were routinely denied assistance. They were described as “selfish” and “greedy” mothers. One woman prompted concern, despite her cooking and cleaning skills, because of the distribution of rooms in her flat. “The mother received a council flat because of the children, but she has taken the largest room for herself and put the children in the small room. This selfish behavior cannot be supported.”⁵⁹ Then there was the woman who was

scolded in 1977 for her clothing. "The children are dressed in old clothing, and the mother wears only the most fashionable [clothing]. She obviously uses her money for herself and not for the children."⁶⁰

These domesticity tests influenced more than decisions about who received child-rearing assistance; they also shaped clients' institutional fates.⁶¹ Clients' test scores determined how the Gyámhatóság dealt with them. Caseworkers spent more time assisting women they believed to be "good" mothers. Mothers who convinced caseworkers of their commitment to child rearing had deadlines and rules waived for them.⁶² Those who demonstrated impeccable decorating, cooking, and cleaning abilities obtained bigger and more heavily subsidized flats.⁶³ Newly divorced women who exhibited good child-rearing skills were more likely to secure help tracking down deadbeat dads.⁶⁴ And women embroiled in divorce disputes who proved they ran "orderly" households elicited favorable custody agreements.⁶⁵ Once available to all Gyámhatóság clients, these institutional resources became restricted to the domestically "competent" and maternally "skilled." Through such practices, caseworkers taught women that they could butter up the bureaucratic machine by fitting into a particular mold of mother.

Caseworkers also transmitted this message by negative example. In addition to denying resources to "bad" mothers, caseworkers subjected them to quite punitive practices. Institutionalization was one such practice. In the first two decades of socialism, caseworkers institutionalized a relatively small number of children. They used state care as a last resort, opting instead to place endangered children in extended families. With the introduction of domesticity tests, caseworkers began to center on the nuclear family and to deemphasize the extended family. So when they encountered "problematic" nuclear families, they turned less to extended families and more to state institutions. In these cases, it was as if women and state experts were at war, fighting for control of children and dueling over who was best prepared to raise them. Data on the number of children living in state care reveal that state experts often won these battles. As Table 9 indicates, from 1965 to 1985, the number of children in state care almost doubled: while 1.1 percent of all children were in state care in 1965, this percentage had increased to 2.3 by 1985.

As with most aspects of their work, caseworkers had enormous discretion in deciding when children should be taken from their homes.⁶⁶ The most common justification used in the period was that these children lived in "dangerous home environments." For instance, 19 percent of my case sample involved institutionalization; of these cases, 79 percent involved "dangerous home environments." In practice, this was an indirect reference to

Table 9. Rate of State Institutionalization, 1965–1985

Year	Number of Children	Percentage of All Children
1965	33,480	1.1
1975	39,353	1.4
1985	60,949	2.3

SOURCE: KSH, *Népjóléti Statisztikai Évkönyv*, p. 239.

maternal neglect. One thread ran through most institutionalization cases: the mothers had been deemed “incompetent.”⁶⁷ In their descriptions of these women, caseworkers inadvertently provided a litany of the issues impinging on their lives: of their alcohol problems, their exposure to domestic violence, and their mental-health problems. But caseworkers rarely addressed these problems. Instead, they presented them as contextual information.⁶⁸ Caseworkers labeled these mothers “unfit” and used institutionalization to reprimand them. As one caseworker put it in 1977, “The mother does wash and clean, although she cannot cook at all. Her boyfriend lives in the flat with the two little ones, and he causes scandals. He drinks and beats her. Neighbors say her behavior is rhapsodic and unstable. The children are in dangerous circumstances and can be raised in stability [in an institution].”⁶⁹

The Gyámhatóság’s focus on clients’ mothering skills had interesting implications for its treatment of different groups of clients. One might assume that caseworkers’ preoccupation with the maternal would have bred clear class differences in treatment. But it did not. Because caseworkers focused on women’s housekeeping and child-rearing practices, middle-class and professional women did not have a clear advantage in these tests. The absence of labor-saving devices and a domestic-service sector made it difficult for these women to use their higher wages to deliver better gender performances. Caseworkers regularly scolded such women for failing to devote enough time to domestic upkeep. Since most middle-class women became clients through divorce and visitation disputes, these reprimands usually surfaced in caseworkers’ determinations of custody arrangements. Here caseworkers frequently blamed professional women for being too careerist to devote time to their children. They subjected these women to long lectures about children’s needs. Occasionally, they even punished these women with unfavorable custody and visitation arrangements. As one caseworker

justified her actions in 1978. "Mr. Benedik wants to extend his visitation to two days a week. He claims his wife is too concerned with her new job as a teacher. She disagrees and says the weekends are her only time to see the children. I found him to be correct and discovered evidence that for her the children are a burden not a pleasure. I recommend that his visits be increased."⁷⁰

At the same time, caseworkers' good-mother mold prompted them to reward women who held less demanding jobs. Caseworkers frequently applauded women who worked part-time, praising them for their commitment to family. They commended many working-class women for rising above difficult material conditions to take care of their families "properly."⁷¹ Over and over, caseworkers extolled women whose flats were modest yet well maintained and whose limited budgets did not stop them from preparing "solid meals."⁷² Women who remained on GYES for three years also scored points with caseworkers, who interpreted it as a sign of a mother's commitment to her children. Since industrial workers tended to stay on the grant for its entirety, they often gained leverage in domesticity tests. Hence, because caseworkers' assessments rested on clients' domestic training, the good/bad mother distinction did not fall along clear class lines.

Yet it did correlate quite closely with race and ethnicity. Caseworkers' evaluative criteria had consistently negative effects on Romany, or "gypsy," clients. Because caseworkers were forbidden from stating a client's ethnicity, it is impossible to determine exactly how many Romany clients were deemed bad mothers. But caseworkers often let their biases creep into their case files. From these slips, caseworkers' extreme cultural intolerance surfaced. Caseworkers faulted Romany mothers for not living up to their standards of cleanliness, taste in decor, and culinary accomplishment. "Mrs. Lakatos is an inexperienced mother, even though she has six children," a caseworker wrote of a Romany client in 1975. "Instead of cleaning her filthy flat, she spends her days in the courtyard smoking and complaining about life."⁷³ Caseworkers were also insensitive to the nonnuclear families of Romany clients. They exhibited disgust at households in which numerous extended kin resided. They were appalled when two or more children slept in one bed. As one put it in 1977, "Gypsies like Mrs. Horváth do not understand that children cannot develop well when surrounded by many others or [when they] share beds with other children."⁷⁴ Thus, because of their distinctive child-rearing patterns, Romany mothers were more likely to be labeled as bad mothers and to be subjected to the coercive arm of this welfare apparatus.

Scientific Maternalism and Familial Expertise

In large part, Child Guidance Centers arose as an alternative to this carrot-and-stick approach. Instead of simply rewarding the “good” and punishing the “bad,” these centers set out to improve child-rearing practices. Their employees frequently referred to Gyámhatóság workers as “amateurs”—as untrained, uneducated, and unskilled women who were unable to grasp clients’ complex problems. “The Gyámhatóság never understood the sources of clients’ troubles,” a psychologist explained in an interview. “They lacked the background.”⁷⁵ Child Guidance workers considered themselves experts, equipped with the skills to resolve clients’ problems. Indeed, they were better educated than their Gyámhatóság counterparts; most of them had advanced degrees. In the two centers where I did research, they were evenly split between those with university degrees and those with degrees from technical colleges in teaching, pedagogy, or psychology. Despite these differences, their work converged with the Gyámhatóság’s in one crucial respect: they also targeted mothers. They believed in child rearing by design and adhered to a scientific mode of raising children with clear prescriptions for mothers.

To a large extent, counselors’ maternalism was rooted in their professional training. The first psychologists employed in these offices were trained in the late 1950s and early 1960s; in this period of rebirth for psychology, academics and practitioners reclaimed their psychological tradition. One part of this tradition was psychoanalysis. After decades of practicing underground, psychoanalysts resurfaced and reentered the academy. “It was an exciting time,” a psychologist trained in the late 1950s remembered. “Our teachers were famous psychologists just allowed back into the university and eager to pass on all they knew. We used their knowledge in our practical work. It was thrilling.”⁷⁶ Yet the psychoanalytic tradition transmitted to students was of a particular sort. It was Freudian psychoanalysis, replete with an emphasis on the phallus and oedipal developmental stages. When translated into state practice, this tradition bred a considerable amount of mother blame.

In addition to uncovering the Hungarian psychoanalytic tradition, these early psychologists imported analytical models from the West. Like economists of the period, psychologists had a considerable amount of contact with the West; they attended international meetings and exchanged work with Western colleagues. Through such exchanges, Western theories and models seeped into Hungary. Just as economists imported econometrics and linear

modeling from the United States, psychologists adopted personality tests, "world games," standardized intelligence tests, and educational assessments.⁷⁷ They also grasped onto functionalist models that conceived of the family as an integrated "system" seeking equilibrium. By using these models, Child Guidance workers differentiated themselves from Gyámhatóság workers. They defined their expertise on the basis of their ability to administer these tests. Since most of these models stressed the role of mothers in personality development and educational achievement, their institutional practices were infused with a form of scientific maternalism.

Although Child Guidance workers distinguished themselves as a group from Gyámhatóság workers, Child Guidance workers themselves were significantly divided. Their work was highly segmented by position and task. At the top of the institutional hierarchy were family psychologists, who had the most education and expertise. They provided behavior counseling to treat children who acted out and psychological counseling to guide children toward healthy resolutions of conflicts. Below them were "pedagogists," who conducted educational counseling to improve children's school performance. Finally, there were "family caretakers" (*család gondozók*), who conducted home visits and reported back to family experts about clients' family lives. Despite their different responsibilities and areas of expertise, all these workers linked children's problems to their mothers and pulled women into the counseling process.

Most of the Child Guidance Centers' clients were recruited through educational work. Every Hungarian family had contact with the centers in this capacity as they conducted the school entrance exams required of all children after preschool or kindergarten. These exams included standardized tests to assess children's verbal and analytical skills, as well as observations to evaluate their "comfort with the collective."⁷⁸ Together, these tests determined whether a child was ready for school and at what level.⁷⁹ Counselors also interviewed parents (usually mothers) to gather information about their educational level and child-rearing practices. At this point women first experienced this institution's maternalism. In the 132 school exams I reviewed from 1968 to 1985, I uncovered a "GYES effect" on entrance decisions: women who remained on GYES for at least two years were twice as likely as those who took the grants for less time to have their children accepted into school and placed in normal or advanced classes.⁸⁰ Counselors regularly applauded the mothers of children who performed well. "Your son did extraordinarily," one counselor told a mother in 1970. "I can see that you stayed with him, played with him, and taught him a great deal at home."⁸¹ Counselors also attributed low test scores to mothers' child rearing. They

often told women that their children's slow development resulted from their hasty return to work. "I can see that your daughter has not had much one-on-one contact," a counselor informed a mother in 1973. "This showed in her tests and is the reason why I am keeping her in kindergarten."⁸²

In addition to reducing children's early educational problems to their mothers' lack of care, educational counselors blamed mothers for children's learning disabilities later in life. Children with educational difficulties were referred to Child Guidance Centers by their teachers. After an initial meeting, in which counselors diagnosed the nature of the problem, they initiated meetings with the children's mothers. In these meetings, counselors collected information about the mothers' educational background. Counselors then used this information to explain children's slow development. Mothers with little formal education were blamed for transferring their ambivalence about education to their children. As one counselor said to a mother in 1971, "If you show no interest in school, so will the children."⁸³ Women who had limited involvement in their children's schooling were also scolded. Mothers who could not answer questions about the content of their children's schoolwork or who admitted to devoting less than an hour a day to their children's schooling were reprimanded. "If you do not take his schoolwork seriously you cannot expect Lajos to," a counselor berated a mother in 1979. "His poor marks are understandable to me. Are they to you?"⁸⁴

Educational counselors also looked to mothers to solve their children's school problems. They instructed mothers who were not well educated to make a special effort to encourage their children. As one counselor advised a mother in 1975, "You cannot read well and so Jutka should read to you. This will make her feel special as long as you do not belittle her for her ability."⁸⁵ Other mothers were ordered to devote large amounts of time to their children's learning difficulties. Counselors supplied them with materials and instructed them to tutor their children. They also insisted that mothers accompany their children to tutoring sessions, even if it conflicted with their work schedules. As a counselor wrote about one mother in 1976, "This is the third time that Józsi came without a parent. Last time I called to inform the mother of my disapproval. She said she could not take off from work so often. She must be more involved."⁸⁶ Fathers were never required to exhibit such concern or to participate in this educational work.

Counselors also targeted mothers as the source of and solution to a wide range of behavioral disorders. These counselors confronted a variety of behavioral problems, such as aggression, attention deficiencies, "destructive feelings," and nervousness.⁸⁷ Many of these cases involved young boys who exhibited aggressive or uncooperative behavior at school. When counselors

could not detect an underlying learning disability, they blamed the boys' family environment by tracing the boys' anger to neglectful families and interpreting their aggression as pleas for attention. Counselors then looked to mothers to improve family relationships. "His anger will disappear if he is surrounded by love," explained a counselor in 1973.⁸⁸ Counselors turned to mothers even when fathers were clearly the source of the problem. For instance, in 1976 two brothers were referred to a behavioral counselor because they were acting out in school. In an initial discussion with the mother, the counselor learned that their father was an 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. In these meetings, the counselor advised her to hide the alcohol or to water it down. In one session, she even suggested that the woman make large dinners to fill up her husband so that the alcohol would not dramatically affect him.⁸⁹

In addition to dealing with children who exhibited uncooperative or anti-social behavior, counselors devoted special attention to the sexual practices of teenagers. This work was highly gendered. Counselors were most concerned with promiscuity and "hypersexuality" (*erősen szexuális beállítottságú*) in teenage girls. Since most girls were referred to these centers by their parents, mothers were involved in this counseling from the onset. And because counselors believed that sexual behavior was passed from parent to child, mothers often became the targets of this counseling. State counselors inquired into mothers' sexual lives. Mothers could not win: counselors blamed both asexual and highly sexual mothers for transmitting pathologies to their daughters. For instance, in 1973 the mother of a "promiscuous" girl argued that her daughter's sexuality was not her fault since "sexual relations with my husband ended years ago." The counselor offered another interpretation: she explained that the girl's behavior was a compensation for what was "missing" from her home.⁹⁰ Two years later, the same counselor blamed another mother for the opposite behavior: the client had been married three times and had just moved in with a new man when her daughter began her "wild" sexual behavior. The counselor connected their sexual behavior, warning the mother that if she did not stop her "irresponsible" life, her daughter would remain out of control.⁹¹

Boys, however, provoked the most concern when they exhibited a lack of interest in girls. These cases also tended to be initiated by mothers, many of whom were frightened that their sons were "sexually distorted." In response, counselors provided interpretations of these "sexual abnormalities."⁹² Some counselors adhered to biological explanations, attributing these

boys' lack of interest in girls to hormonal or genetic imbalances.⁹³ More often counselors saw this behavior as rooted in boys' underdeveloped masculinity. To lure their sons to girls, mothers were advised to heighten their sons' masculinity. Usually, they were urged to encourage (or even force) boys to play sports as a way to "alter their hormones" and "draw them to girls."⁹⁴ Occasionally, counselors instructed mothers to be less protective of their sons. Theirs was a classically Freudian analysis: smothered by their mothers, these boys were said to be constrained by an unbroken female (maternal) identification and thus unable to view women sexually. The solution? Mothers had to back off and give their sons the freedom to develop "normal" sexual relations.

In addition to their educational and behavioral interventions, Child Guidance Centers conducted a third type of work: psychological counseling. The family experts who performed this work began with elaborate tests to uncover children's psyches. For young children unable to articulate their problems, psychologists administered "world games," in which children built make-believe worlds using small figures.⁹⁵ These figures had symbolic meaning, which psychologists analyzed to unearth psychodynamic issues.⁹⁶ "Only a trained eye understands what this indicates," a psychologist once remarked as we watched a young boy build his world. "For you he plays, but for me he reveals his innermost dilemmas." For teenagers, psychologists administered exams such as Rorschach tests and the Thematic Appreciation Test. One psychologist defended these tests to me in this way: "Adolescents think that they know everything. With these tests, we show them that we know something. We help them in ways they never knew."⁹⁷

Because of the influence of psychoanalysis on their work, psychologists' interpretations of these tests tended to center on oedipal dilemmas. Small children were diagnosed with phallus-centered problems—castration anxiety for boys, and penis envy for girls. Psychologists transmitted these analyses to mothers, usually with considerable explanation. "Castration anxiety is when your son has a tremendous fear that his penis will be stolen from him," a psychologist once explained to a perplexed mother. "Don't worry. All boys go through it, and it is normal."⁹⁸ The high divorce rate in the period created all sorts of familial problems ripe for psychoanalytic interpretation. One of the biggest problems uncovered in this therapeutic work was the effect of absentee fathers on children. Psychologists believed young children became aggressive, violent, despondent, or withdrawn (or exhibited some combination of these effects) after divorce. Their interpretations of these difficulties were strikingly similar: unresolved oedipal conflicts led children to act out. Even here psychologists wove mother blame into their

analyses: mothers were at fault for driving men away, for excluding men from parenting, or for not recognizing their children's need for male role models.⁹⁹

One case beautifully illustrates psychologists' interpretive bias.¹⁰⁰ János, a five-year-old boy, was brought to the office by his mother, who was concerned about his bedwetting. A psychologist conducted a world game during which János retreated to the bathroom three times. The psychologist believed this signified castration anxiety. As she wrote in her notes, "The boy repeatedly went to the bathroom in our session to check whether his penis was still there. He fears that it will disappear. This is obviously the source of the bedwetting." She then interviewed János's mother and discovered that the boy's father had recently disappeared from his life. And the boy's grandfather, who had been an important father figure, had recently died. Suddenly, it all made sense to the psychologist. Her diagnosis: "I explained that János is without male role models and he is anxious about his own penis. The mother agreed to do more to keep her son in contact with his father."

State psychologists also attributed adolescents' problems to unresolved oedipal issues. "We know that the extreme egotism demonstrated by Pista can be traced to infancy and a lack of limits," wrote a psychologist in 1975. "We have many layers to uncover to fix his problem."¹⁰¹ Teen malaise and identity confusion were linked to early experiences. 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 boys, years later, with problems related to the unresolved oedipal stage."¹⁰² Girls were thought to experience problems with their maternal relations and distorted egos. "After months of working with Kati, I discovered that her psychotic mood swings vary with the state of her mother," wrote a psychologist in 1979. "Since her mother is paranoid, Kati's life is uneasy and difficult."¹⁰³ Or, as another psychologist described a 1981 case, "Mrs. Denes is a strong and assertive woman. She is raising her daughter to be like her. I advised [the girl's] teacher to intervene."¹⁰⁴ As these analyses reveal, counselors traced teen disorders to inappropriate mothering. Mothers' excessive coddling led to narcissism; their inability to let go caused identity confusion; and their maternal projections put children on emotional roller coasters. Fathers, who also had not fulfilled their oedipal expectations, were absent from psychologists' interpretations.

Once they rendered their interpretations, psychologists set out to resolve children's problems through therapy. These therapy sessions occurred any-

where from one to four times a month and typically ran for about half a year. For the most part, psychologists addressed children's day-to-day problems and gave them concrete advice about the issues confronting them. The gender training embedded in this therapeutic work was palpable. It surfaced most often in the personality traits that psychologists sought to instill in boys and girls.¹⁰⁵ Psychologists regularly promoted stereotypical gender attributes in teenagers. Boys who demonstrated inappropriate male behavior received intensive therapy. In 1975, a fifteen-year-old boy received weekly therapy to treat his "bouts with crying" and "mood swings."¹⁰⁶ In 1976, an eleven-year-old boy was treated for being "too modest" and "unsure" of himself.¹⁰⁷ And, in 1978, a fourteen-year-old boy came to weekly sessions after his father became enraged when he quit playing sports.¹⁰⁸ Girls received counseling when they exhibited different traits. In 1970, a fifteen-year-old, "big, aggressive, fearless girl who does what she likes" underwent therapy to tone down her behavior.¹⁰⁹ In 1972, a fourteen-year-old girl who showed no concern for her appearance was advised to be more "socially desirable."¹¹⁰ And, in 1980, an eleven-year-old girl who played "rough games" with boys was told to develop female friendships.¹¹¹ Thus, this therapy was infused with messages about appropriate gender behavior and attributes.

In some cases, state psychologists coupled this individual counseling with family therapy. In theory, this therapy was to "advise families how to secure a healthy environment" for children.¹¹² In practice, it became maternal retraining. This work was often done in conjunction with family caretakers. Psychologists deployed family caretakers to assess a family's dynamics and to report back to them. After these visits, many women received communication training. 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 to speak to the boy for at least an hour. The family caretaker paid follow-up visits to make sure the mother adjusted her practices accordingly.¹¹³ Mothers were also told to communicate more effectively. Those who yelled at their children were scolded. "When you raise your voice to such an extreme level, you provoke fear in the little one. It is not healthy to frighten her so."¹¹⁴ At the same time, mothers who seemed too passive were also reprimanded. Psychologists warned that children would not take them seriously if they "whispered."¹¹⁵ Through this training, mothers were taught to refine their communication skills and to maintain a balance between "yelling" and "whispering."

Psychologists also carried out time-management training with mothers. Often described as “overburdened” and “overwhelmed,” mothers were taught to structure their time better and to devote more energy to their children. One family expert developed strict time formulas for mothers, requiring that they spend at least two hours a day interacting with their children. For example, in 1975, when a single mother admitted to this counselor that she was extremely exhausted and depressed, the counselor provided her with a new daily schedule. Instead of instructing her to set aside time for herself, the counselor recommended that she spend all her time with her son; she told the woman to play with her son as a way of relaxing.¹¹⁶ Other mothers were warned not to become overbearing in order to compensate for the limited time they spent with their children. As one state psychologist explained in an interview, “We confronted so much guilt in our work. Mothers were tortured that they could not be with their children, and they solved this by controlling everything when they were home [in order] to feel involved and important. Of course, this was not healthy.”¹¹⁷ These women were expected to walk a fine line: they had to remain present but not omnipresent, concerned but not controlling.

Finally, in addition to communication and time-management training, some mothers received therapy to address their own psychological “disorders.” Many of these clients were women who, despite psychologists’ appeals, failed to give their children top priority. So state psychologists set out to treat their “egotistical behavior.”¹¹⁸ Others were mothers who, despite psychologists’ lectures, refused to separate from their children. So psychologists taught them how to let go. “This was a struggle,” a psychologist revealed. “Mothers were so wrapped up in their sons, they couldn’t break [from them]. I had to convince them it was unhealthy. It took years for some to understand. Most never did.”¹¹⁹ And then there were women who, despite psychologists’ pleas, refused to develop “close bonds” with their children and exhibited “ambivalence” about their roles as mothers.¹²⁰ So psychologists tried to ferret out the source of their maternal ambivalence, often addressing women’s feelings of neglect in order to shape them into good mothers.

As in the Gyámhatóság, family experts’ institutional practices had interesting class and racial implications. Given these experts’ complex psychological models, one might expect that middle-class and professional mothers had an advantage in dealing with these centers. To some extent, these women did mobilize their cultural and educational capital to shape counselors’ evaluations. Psychologists frequently described these mothers as “intelligent” and “cultured.” These women often gained leverage by engag-

ing counselors in discussions of oedipal issues, child development, and identity formation. Yet counselors did not judge mothers strictly on their ability to speak the language of psychoanalysis or time management. They also assessed mothers according to their willingness to devote large amounts of time to their children. In practice, this type of assessment put many middle-class and professional mothers at a disadvantage. Counselors engaged in ongoing struggles with these mothers to force them to make sacrifices for their families. Educational counselors regularly complained that these mothers "refused" to spend time on GYES or to give children "one-on-one attention." Behavioral counselors faulted these mothers for working too hard or ignoring children's needs. And psychologists constantly berated these mothers for not adhering to their time formulas or prescriptions. So although middle-class women could talk the talk, their inability to translate the talk into practice meant that many of them were deemed "problematic" mothers.

The reverse was true for working-class mothers. They had less cultural capital to wield in these centers. For many of them, the psychologists' discourse must have seemed like a foreign language. Family experts regularly complained that these women were too "simple" to understand their analyses. Educational counselors often blamed them for transmitting educational deficiencies to children. Yet what these mothers lacked in cultural capital, they made up for with their willingness to sacrifice for their children. Family experts applauded these mothers for not placing work over family. Counselors were thrilled that these mothers tended to remain on GYES for the entire time or to work part-time. They appreciated that these mothers accompanied children to appointments and adhered to time formulas more readily than other mothers. As one psychologist said when I asked her about the class character of her work, "Oh, I never treated uneducated women worse. Maybe I even preferred to work with them. They followed my recommendations. The others were difficult. With doctors or teachers it was a struggle. They questioned everything."¹²¹

Yet these centers' criteria did not transcend ethnic divisions. Family experts' models had consistently negative effects on Romany women, who were at a complete disadvantage in these offices. Counselors saw them as culturally deficient and unwilling to accept "modern" child-rearing techniques.¹²² Romany mothers who were illiterate and unable to tutor their children were called "ineffective."¹²³ Those who yelled at their children were said to be "uncaring."¹²⁴ Those who administered physical reprimands were deemed "cruel."¹²⁵ Because Romany women had more children than non-Romany Hungarians, it was more difficult for them to devote one-on-one

time to children. This practice infuriated family experts. Moreover, Romany women were more likely to question these experts' models; many characterized theories of castration anxiety and penis envy as "crazy" or "ridiculous."¹²⁶ These responses further enraged family experts, prompting them to deem Romany mothers "hopelessly incompetent."¹²⁷ Hence, while family experts' good/bad mother distinction may have transcended class divisions, it fell neatly along ethnic lines.

SEGMENTING THE WELFARE APPARATUS AND NARROWING THE CONCEPTION OF NEED

During the final two decades of state socialism, a specialized welfare apparatus arose out of the welfare society. At the policy level, the site of state re/distribution became less diffuse. Social provisions linked to the economic plan were coupled with new policies administered through national-level ministries and departments. At the local level, benefits controlled by enterprises were accompanied by new district programs. By the late 1960s, locales had access to their own income-maintenance funds and thus relied less on those under the purview of trade unions. Hence, this period was marked by the emergence of a targeted subsystem of social policies and a new cohort of policy experts trained to administer them.

A similar form of specialization occurred in the institutional welfare apparatus. As the welfare terrain bifurcated, the segmentation among and within agencies heightened. On the one side was the *Gyámhatóság*, carried over from the previous regime, albeit in altered form. Although these agencies continued their bureaucratic and child protection work, they took on new duties connected to discretionary welfare programs. As different workers carried out child protection and eligibility work, segmentation within *Gyámhatóság* offices increased. On the other side were Child Guidance Centers, formed largely in response to the perceived deficits of the *Gyámhatóság*. The division of labor in these centers was even more pronounced; these offices included those with educational, behavioral, and psychological expertise. Thus, as social provisions became more differentiated, welfare agencies became more segmented; as the policy apparatus became more targeted, the institutional apparatus fragmented.

These processes of specialization then gave rise to a narrower conception of need. There were three levels to this interpretive narrowing. First, the social policies of the period were less institutional or collectivist in orientation. They separated mothers' needs from those of other social groups. Labor policies emphasized the differences between male and female work-

ers; policymakers created a feminine sphere of labor policy that forbid women from performing work that could impair their reproductive capabilities. With time, mothers' special needs were codified into their own subsystem of welfare policy; they were given time off from work and new material support. In the process, the welfare system became increasingly segregated by sex. Men were not thought to have such familial responsibilities; their contributory roles as family members were deemphasized and even negated. In effect, this policy apparatus cordoned off women's needs as mothers: it separated women from men and extended support to women as mothers.

Second, once women's needs as mothers had been separated out, welfare institutions stepped in to segment maternal needs further. At this level of interpretive narrowing, state agencies broke the maternal into smaller parts for treatment. In doing so, they ascribed new meaning to the categories of gender; they redefined what constituted "appropriate" female behavior. Armed with new surveillance techniques, Gyámhatóság caseworkers judged women's domesticity to uncover who required better housekeeping skills and who needed to become more attentive. Child Guidance counselors were even more skilled at this maternal categorization. They zeroed in on who needed to spend more time with children, who required communication training, and who needed to work on their psyches. But all these state actors missed the larger institutional context surrounding mothers—that is, their integration into and satisfaction with the institutions of work, the nuclear family, and the extended family. Placed at the center in the previous regime, women's institutional well-being now fell outside the state's purview. The segmentation of welfare work gave rise to a narrower understanding of women's identifications; welfare workers' specialized practices led them to view their female clientele through the more limited lens of the maternal.

Third, with this segmentation, new distinctions surfaced among mothers. In this final level of interpretive narrowing, state agencies targeted individual action and behavior. Using new evaluative criteria, they developed a good-mother mold to classify individual clients. This classification further inscribed appropriate gender attributes. On one side of the divide were women who delivered impeccable gender performances. Their housekeeping skills, communication abilities, and psychological composition all met state actors' high standards. And they were treated accordingly, routed through the "good-mother" track, which was replete with rewards. On the other side were women who failed these domesticity tests. Unable to fit into ideal family models or psychological profiles, they were deemed problematic mothers. As a punishment, they were routed through the "bad-mother"

track and subjected to new forms of intervention. In short, there were three moments to the maternalization of need: the cordoning off of the maternal, the breaking down of different parts of the maternal, and the disentangling of the maternally worthy from the unworthy.

Hence, as in the welfare society, there was a tension between the interpretive and the re/distributive underpinnings of this regime. Yet, in the maternalist subsystem, the re/distributive expanded while the interpretive contracted. As this system grew to include new welfare policies and agencies, it became less collective and more specialized. As it accorded women new kinds of benefits, it segregated by sex. As it extended new forms of entitlement to mothers, it conceptualized their needs in more limited ways. And as it codified new maternal rights and guarantees, it bred new surveillance techniques and evaluative distinctions among women. Amidst these tensions Hungarian women struggled to grapple with the state's expectations of them. Faced with a welfare apparatus that targeted and treated them in new ways, women experienced a contraction in their room to maneuver. In response, they developed new strategies to resolve these tensions and to protect themselves in everyday life.