Deinstitutionalization of exlusion

Lucija Klun

Formation of our professional identities as social workers and pedagogues working with youngsters with behavioural and emotional difficulites is largely connected to concept/idea of deinstititutionalisation (formal - changing laws on existence of big institution, suggestions for EU members on reorganization of care, financed from European social fund; and ideological – trends in research, practical work, etc). It is »fashionable« to talk about deinstitutionalisation in professional circles, especially in operative manner – plans, programs and funding, financial benefits of closing the big institutions, or in other cases – primarly inside institutions – speeches with the apologetic or afirmative titles are made,: *»What have we already done for deinstitutitonalisation?«; »Our process of deinstitutionalisation«,* which might appear paradoxical, but it is just markers of a common trend, more or less accepted as a funademntal dogma of postmodern organization of care, support and pedagogical work (with groups, that are spotted as probematic, endangering themsleves or society, have inappropirate living and socio-economical conditions, have behavioural or emotional problems).

But what is more rare in these cicumstances of institutional »transformation« is polemics about fundamental idea of institutions – not just as buildings, but as a form of a relation, as a way of social rule. And equally rare is deliberation about our professional identity, which is formed as a consequence of institutional organization of society – and reflects a specific rationality, that provides socitey with institutions in the first place. So simply said, in the overflow of deinstitutionalisation talk, we do not ask ourselves the fundamental questions: about HOW and WHY we exclude or care for certain groups? This duality of exclusion and imposed care as society percives or organizes it, is not ended just because people are no longer in physical institutitons.

1. **Object construction in social sciences**

In social sciences, and maybe even more so in pedagogical and social work, we come from conceptual heritage of social constructivism, post- structuralism, anti-authoritarian movement and democratiztion of care. These concepts are to some extent central in social and pedagogical thought and accordingly, many young professionals form their identites and opinions **in oppostion to big classical institutions** – mental hospitals, prisons, homes for delinqunet youth, etc.

First step of this professional formation is theoretical background acquired at university and the second is practical work. This text has one »agenda« - to present how idea of deinstitutionalisation contributes to formation of an »outside« community worker in any social or pedagogical field. Examples will be used from various NGOs (working with vulerable families with various problems – violence, drug abuse, unstable and unsuitable housing, criminal offences, child neglect or abuse; working with children and youngsters with behavioural and emotional disorders inside their homes or in community centres; NGOs supporting integration of refugees) and civil society initiatives (workshops for women refugees at a local start-up, »deinstitutionalisation camps« next to big psychiatric institutions that offer a cultural and recreational program for institutionalised people).

All these informal or non-governmental formations have some things in common: first, they try to support excluded or marginalised populations with integration into »general society«; second, a large part of employers or volunteers in such initiatives have educational background in social work, social pedagogoy or educational studies. And third, most of these groups are critical to institutionalisation of vulnerable groups.

But on various occasion inside these »deinstitutionalised support services«, it has been observed that **bare »coming out of insitution«; is not enough AND doesnt break with the institutional rationality**. And mentioned rationality is the one that actually makes exclusion and social division possible to begin with: that is rationality that socio-historically provides frame for **division and segregation normal from abnormal**, **healthy from sick, crazy from rational, safe from dangerous** – rationality that was constructed on the break of 18th century and still forms a base of our perciving of the social world.

Such distinctions between people: between the ones that are integrated in society, and those who are not - and are supossed to be means of **social/educational support or sanctions** seems »unhistorical, universal«, not arbitrary or optional. But the nature of such assumptions is ideological; it is modeled specific rationalty that embodies historic organisation of society, and escpecially of power and control. And histroy of sciences, even social sciences is in this perspective is **a history of object construction**- that means, simply said, that once a phenomenon is sceintificaly charachterised, it falls into a common rationality – it puts itslef on a mental map as an **object** of inquiry, study, therapy....

2. Institutional formation of deficient identites

It means that beforehand in society there existed people, that were dangerous or different, that in some way stepped away from most »usual« behaviours and communities had a way living with them. But since the social and medical sciences stepped in **as recognizers and organizers of deficit, disorder and deviance,** that these people were **organised into populations** and sciences developed ways to work/treat each of these groups:
so weird or different people became the group of »mentaly ill«, dangerous or problematic people became subjected **to a legal system**, unsufficiently socialized were subjected to pedagogic apparatus – and with further development of social sceinces, these groups were furtherly described (by signs, symptoms and indications) and fragmented (into numerous and very specified groups of mentlly ill, those with behavioural problems, ..) – and society educated professionals for each of these specific groups to target their needs efficiently.

So – it is not only their actions or characther, but the exsistance of **classification system,** that puts them into categories **as** delinquents, offenders,psyhotic, those with behavioural and emotional disordes, with ADHD, dispersia and so on. So »what they are«, ther deficit or delinquent identities are **constructed inside given categories of difference and deficit.** (which differ across societies**).** And only after they are categorised, they become submitted to help, therapy or exclusion. Society is seen as »responsible« for them and also for safety of all

the »uncategorised« people. So the modern state offers a big apparatus of profesionals that organise and socialise people, who step away from the norm- police, lawyers, doctors, social workers, pedagogues, psychotherapists, language theriapist, ...

All of this considered, central to social studies is »mental« production of objecst for our own professional work. It might seem a little far fetched considering all the important work we do socialisation, support, integration. **But nevertheless, the byproduct of our work is always the special identity of those we work with** – we construct them as a client, a patient and so on. This process is part of everyday work, but moreover: it is a big part of sceintific research production – when we write resarch papers and publish into journals for professional audiences, we always provide some ideas of populations we work with, what their needs are, what are their specifics. If we have enough knowledge and recive a lot of attention in proffesional circles, we can also invent new sub-categories, especially in educaional system – to target need of different children even more specifically and distinctly. The same effect is produced by apperance of professionals in the media, - with our words we are forming public opinion about clients, pupils, patients.

So professions doing scientific work and social pedagogical work are actually **setting up the field of social relations of power and knowledge, of classification and care.** If this arguments are taken into account, we must recognise having at least partial power over construction of identities. Our professional identity on one side and on the other side of identities of people or populations, that we work/come in contact with.

For example institutions for youngsters with behavioural and emotional difficulites have some similiar and some distinct ways of categorising them and helping and supporting them. Which means that institutions produce »competing constructions« of what institutionalised youth are and what they need pedagogicaly and socially. Recently, especially because media gave most accention to one of these institutions (in Slovenia) and their ideological view; a construction has transfored from previous *»children with behavioural and emotional difficulties with hard family histroy«* to *»children with psychological pathologies that are in great part genetic and make this child unpredictable, violent and dangerous.«*

So the idea of who the children in institutions are is changing, **not because the children themselves have changed, but because professional represetnations of them have changed – and because of that, society percives them in a new way.** So the acutal power we have over the excluded and marginalised people is a power we have over production of their identities – how they see themselves and how the general population sees them..

According to Foucault[1], when we want to understand or tackle a specific rationallty --- we have to analyse everything **this rationality excludes, but as importantly, everything it »includes«, everything it constructs as rational and normal**. We have to pay very careful attention to **constitutional function of our own rationality** – what we make in our minds as normal and what as problematic, abnormal, deviant. Actually it is the two parts of the same construction **--- norm begins where exclusion ends and exclusion begins where the normal is missing.** These constructions, as was already said, are to some extent competitive in each society. But it is safe to say, **that those with more structural power –** in specific professional positions, with more financial and social resources, with educational background – are usually in priviledged position to make the constructions - that later start to seem objective and »natural«. And that is true in instiutional settings as much as in infromal or community settings. So the power – when we see it that way -- is not necessarily opressive or directly violent – the power is actually the priviledged power of identity constructions: of us and of them.

3. Exclusion as derivative for process of inclusion

And that is where the rationality of deinstituionalisation comes into the picture. In community, our work is defined more by **inclusive role than exclusive role**, which seems like a privilege, but I will try to narate all the accompanying resposibilities and the downsides of possible failure of »inclusive work«. As we have observed, constructing the idea of the excluded and the included is two sides of the same rationality. It arrives from the same fundamental idea of divided society and our professional idenitity to a great extent depends on

[1] Foucault, M. (1995). Discipline & Punsih: The Birth of the Prison. New York: Random House

this division --- for making the inclusive process possible, we have to know where the »line« of exclusion is, we have to recognise the excluded and we have to take the role of the »expert on inclusion process«.

In order to »include daily«; which is in most cases part of job description for a community worker – we develop some mental categories that enable us fast and easy recognition of those we are supposed to work with: the excluded (from society, job market, accomodation), the poor, the delinquent, the drunk, the mentally ill –all of those **who are subjetced to pedagogical and social intervention in informal community settings**. **So even though insitutions don't provide us with categories, we do it ourselves,** because that makes our work possible to begin with. When we form these object of our inclusion, especially in precarious condintions of community work, they become **more and more uniform,** because our recognition usually has to be fast and our response on their needs exact and immediate..

And in time, escpecially in circumstances of precarious working condition (insufficiet funding; periodic or project work that has expiration date; unstable work agreement, voluntarism,etc) – we start to form very narrow categorised groups that become slightly archetypical - we look at people briefly and we »know«, what their problems are, what are the main issues, which kind of support should be offered and even- who we will be able help, and who is »unhelpable«. These asumptions are very commonly made by community workers, when they support youngsters and their families in home environment: professionals always have »theories« about who has some potential and who is »a lost cause« or even make »guess diagnosis« for their clients. Same phenomenon is observed in NGOs working with homeless people, drug addicts, mental health issues.. These representations of usual behaviours and common outcomes of differing individual charachteritics are construcitons of social/pedagogical workers: they arrive from real components of observed behaviour, problems, but are bledned with previous experiences of specific worker, with his theoretical and practical background, personal assumptions and their projections about who their average client/patient is (or should be). These constructions are always ideological patchworks, which are combination of some real circumstances and charathteritics and some of the projections of

the social/pedagogical workers. In the end as it was stressed already, the identity of a person is more dependent on the constructor himself that on the person, we are trying to include.

And this is also true (or even more so) in case of deinstitutionalised care. These constructions are less unified (formaly), but still uniform (in specific worker), because they don't come from institutional rule, but from different groups, NGOs working on field.. And what is interesting, that because they are not formed officialy, they differ from worker to worker, in some cases the constructed identities are even contradictory: depending on who is **doing the construction of »Other« --** so for example, on field in frame of community work: a health professional still constructs a patient (in need of right diagnosis, treatmentI), pedagogue someone with behavioural or educational difficulties (who needs an category of beahivoural problem, so the pedagogical work can be defined – is it ADHD, dislexia, anxiety, dispersia?), social worker constructs a potential fighter for democratization of psychiatric help (or someone in need of a social transfer), volunteers in some more political organizations construct them as future leftist voters, charity worker see them as vulerable people in need for food, shelter. The excluded have contact with many different professionals and »do gooders« and they develop strategies to cope with all the diagnoses, support and expectations.

So basically, we create and idea of a person, that we would want to help integrate into a socitey: the insightful patient, the absitnent homless person, the cooperative young delinquent.. These are all the partial images that are produced in mind of the »Great includor«. These images do not depend only on a person standing in front of us, **but depending on our philantorpic motivation, on our therapy tools, on our professional knowledge**: **we have variety of strategies, how to help people and we percive them excluded in a way, that they can »use« our knowledge and services.** And in the course of our helping they »become« disorted human beings with constructed subjectivity. They are »the helped, the supported, the treated, the diagnosed«. And sometimes behaviour occurs, that contradicts the expetced behaviour of the addicted or the homeless, which we accept with unease, because we »professionaly monopolise« people in which we have invested our time, money, professional skills, ...

What happens if object of our care and good will is found to be problematic, dangerous, immoral? That he doesn't want to stop using drugs, doesn't want to stay in school and behave according to expectations? What if person is a distraction to my professional ambitions or of my political goals?

4. Deinstitutional exclusion and perpetuation of »divided society«

Here institutional exlusion gets **an evil cousin**: deinstitutional exclusion, that happens inside communites, among professionals who build their identities in opposition to instituons... But as we have observed also work (and construct their professional identity) inside the same rationality.

The rationallity as was suggested earlier is based on number of dichotomies of normal, abnormal, safe, dangerous,...These dichotomies are visible in everyday institutionalisation of »problematic« people, but more importantly **they are at foundation of our mental scehems or mental maps**. These mental maps define the way in which we indetify oursleves and others, the way which we communicate, form relationships. It enables us to sublty recognise somebody that is not socialized the »right way« - is irrational, has an problematic carachter.

When these people are institutionalised, our professionalism is »protected« by institutional frame and our work of exclusion derives from our professional role. But in situation of deinstitutionalisation, NGO work or field work in everyday situations – we are left »alone«, but still have the same rationality and mental schemes mentioned before. We are still very able to observe unwanted or socially unacceptable behaviour, craziness, violent tendecies. **We may even be more prone to rigid thinking**, **because we are not »protected by instituion«, but only with our thoughts about how freedom and autonomy should look like.**

These brings various ideas that we have about excluded groups.. Our identity is even more dependent on construction of those who need us, because a much bigger part of our work is **emotional labour**. And we are more »devoted«; because our employment is not as stable or as well payed as that in an institution. **And when our aspirations fail, we sometimes have a**

tendency to blame the excluded, becuase they were not marginaslised and problematic the right way.

For example, there was a case of asylum seekers who left asylum home (which is by all means a total institution) to join a »self-organised« and non-hierarchical community, that expected of them contribution to life in a squat, to join in the political debates, to be present on meetings, to organize benefits,.. So they were faced with idea of inclusion which is constructed by young alternative middle class students.. They were not always very cooperative in these meetings and didn't care that much about a political messages, which was a first issue for the »activist includors«. After some time the asylum seekers started selling drugs, because this was only available income as they could not work legally. Some fights happend with local drug dealers and refugees were excluded from the community becuse of »misbehaviour«. This is a very miserable inclusion – especially becuase they voluntarly left asylum home, they had no chance of returning – the community excluded them even though high risk of homelessnes existed.

Second experience is deinstitutionalisation of phyisicaly »handicapped« person from a big institution, who is not able to take care of himslef, but had a very strong wish for living outiside the institution. A little group of people »saved« him, but their working strategy was »exchanging him« from home to home. There was even a mailing list, where they decided on »who is watching him next«. The visits were less and less regular, sometimes nobody changed his clothes for days. Which is all a consequence of a misjudgement of this »group of helpers« - how much time and help a handicapped person need – this could be organised by a care package if our country made some progress. The bigger problem was, that once this person was not very grateful anymore and made some complaints about being left without anybody to help him; he was soon taken back to an institution, because it was, quotation: »immposible to live with him«. There was also a case of feministis group excluding women refugees, because they were not participative enough in women workshops, and didn't want to adopt »the right ideas« about autonomy and fight against partiarchy.

And the last example, which is probably most relatable keeps occuring in work groups for field support of families at risk of eviction (work includes help with household finances and birocracy, support with communication with institutions, educational support for children, etc). Among professionals, there is always **an infromal hierarchy of »the good families« and »the bad families**«: the hositable ones that are accetpting help and get a lot of support from various workers and problematic families with a lot of unpleasant charateristics that do not fall well in the social worker's picture. They recive rare visitors and support. These is all the ways deinstitutionalised help/care can actually sometimes be more exclusive than institutional –and even more so, because it is more personal. In institution exclusion is so harsh that it is easier and more common to form a resistent character, but in this infromal situations, depriviledged people more often just internalise the image of their own »rational« exclusion.

We are capable of tearing down walls of instituions, objecting to borders, fighting against phyisicall exclusion: **but we are not yet able to change our mental maps about what it means to be good, entitled to support**, **political, poor, depriviledged.** And even more, we are not capable of fully recognising our priviledge that exists even when we feel threathened or even when excluded groups turn against us (or are not willing to fall into our categories). When we construct our objects of inclusion we do it without ambiguity: they are supposed to be great, amazing, moral and worth including, especially because to us – they are some kind of precious political and professinal project.

We institutionalise them in our mind, with this idea that we are actually the ones that will show them how to be free and autonomous. **We are fighting with rationality of exclusion, but at the same time, we just invent new categories in which they should fit** --- of what is rational and what is not. For example, for a person in an institution, a rational thing is willingnes to be deinstitutionalised, and he doesn't want that, he is not »thinking straight«. For a homeless person it is rational to want food and shelther. For young refugees it is rational, that they want to organize politically and fight of their rights alongside with leftist community**. It begins to seem a lot like an institution - we construct them as on object of our care and at the same time, we construct ourselves as ones offering the help and**

support they need. The way we rationalise, we use some of the same strategies as professionals in the institution, just goals are a little bit different.

But the difference is that power and control we impose on them is more emotional and less administrative – we don't close them physichally as an institution does, but we own them with our care and conditional affection. We all have heard a very devoted social worker say*: »I have done everything for them, they could call anytime, I offerend them undivided support, and they are still like that.«* So we are still the constructors of mental borders, which the object of inclusion is not supposed to cross, but we refuse to recognise that.

So when we exclude, it is more personal than when an institution excludes. We don't exclude on formal grounds or diagnostic terms. We exclude, because people did not know how to be truthfuly maginalised and depriviledged, they did not play the right role in our idea of inclusive process. Their role was to be our »trophy of overcoming exclusion«. Sometimes this way of objectifiying is as violent (or more violent) as the insititutitonal.

5. Persistent components of institutionalisation

Literature on deinstitutionalisation offers some components of instituional living. It will be presented how these can persist in deinstitutionalised circumstances and some indicatiors suggesting that deinstitutionalisation does not necesserily (and direclty) imply the end of dominated living, will be posed.

Firstly, community options of organising care can still be ***»total«:*** total for the excluded not for social/pedagogical worker and not »total« physically or time-wise. But is usually their only chance after they have left an institution: the final chance to be included in a society, to be supported. So if they do not fit the idea of community workers, they are guilty of loosing in many cases their last possibility to identify as capable of living in the society.

The base of community care is still ***hierarchical –*** those who care, have more power than those who are cared for. Those objected to care are usually poor, living in unstable housing,

have some diagnosited illnes, are refugees – new vocaubulary calls them populations at risk or vulnerable populations**. So the community care doesn't in itself change the power structure, that priviledges us, who help, against those who are provided with care. But it is easier to be ignorant and deny this structural inequality, when working outside the institution.**

And from this comes the unchanged exsistence of ***»authority of care«*** **- the social worker or care taker knows what needs to be done for inclusion – knowledge and power over inclusion is a constituitive part of caring authority. Also the worker in »deinstitutional environment« is highly emotionally invested in caring. He doesnt only work for a paycheck but because of moral obligation.** Feature that accompanies such care is workers sadness and emphaty – which are feelings valued positively in society and are not traditionally connected to idea of power or attributed to »the powerful«. But in this community situations also power of caring is a form of domination. For me, very interesting was this »colonisation of sadness« by volunteers in refugee camps. For example in refugee camps at peak of a crisis (2016) there was possible to observe a lot of emotional, crying volunteers and almost no refugees, that would show emotion. The volunteers constructed the tragedy of refugee crises with a lot more emotional investment – which is actually a part of priviledge (to have time, support, conditions to show emotions). So refugees in their situation, that has recquired a lot of energy (walking, connecting with other refugees, smuglers, trying to understand the situation, running for police) has left them with less time and energy to be very expressive about your depriviledged position.
There is a power stucture which imposes logical »direction of the caring transfer« from more priviledge towards less priviledged; but brings along the power over formation of emotional implications of each situation excluded groups face.

Selection that is ascribed to institutions also persist in community work, - or sometimes even strenghtens. In institution selection is formal and objectivation of patients or cilents is transparent. But in informal settings, people are selected depending on a personal feeling of likability– some people are easier to include, we like to work with them and others we subcounciously avoid. It also depends on degree of corespondence with our ideas of the

really poor, helpless excluded. A very obvious example is the common trail of thoght, when seeing a homeless person – we make decision about who actually needs money and who will just spend it on the »wrong things«.

Reductive ideology- in institution people are reduced to patients or users, in community they are reduced to quite different roles – which we have already show with some examples. The main point is that their identities still depend on the agenda/idea of the powerful. And in the end, there are **sanctions.** On the example of the refugees that were excluded from a »squat community«, mentioned ealier--- before being totaly escluded for a period of time they were just denied a right to visit group meetings, because they were seen as problematic and not good for the dialog. So this is a sanction.

6. Deinstitutionalisation as dispersed control mechanism

Lastly some concerns will be presented, considering impact of deinstitutionalisation for the »professionalisation« of everyday life. Or more precisely the consequnces that can follow professional managment of lifes of the marginalised and depriviledged groups. One example, that comes on mind is recently criticised *»Toubled families programme«,* that used mapping of most deprived UK families. Recognition of these families was part of a programme »Social Exclusion Task Force« that published a report Families at Risk[2] (2007) – examining families who were experiencing multiple disadvantages (the figure of 140000 across the whole of Britain was subsequently rounded down to 120,000 families in England.). After 2011 Riots Cameron[3] stated that his Parliment will*: »turn around the lives of the 120,000 mot troubled families in the country«,* because: *».. for years we've had a system that incites laziness, that erodes self-discipline, that discourages hard work, above all that drains responsibility away from people.«*

---

[2] Social Exclusion Task Force (2007), Families at risk: Background on families with multiple disadvantages, London: Cabinet Office.

[3] Cameron, D. (2011), Trobuled families speech, London: Cabinet office on 15 December

Later Professor Ruth Levitas[4] (2012) argued that the government misrepresented the research and, »in the term troubled families«, it deliberetly conflates families experiencing multiple disadvantade and families that cause troible as »***a part of a strategy that was »successful« in feeding vindictive attitudes to the poor.***« So government started this programme in cooperation with local authorities that were expected to provide a »family intervention approach« - which employs single persistent, assertive key worker that works with familiy from the inside out, encouraging them to take responsibility for their circumnstances. (Crossley, 2015[5]).

Issue presented above is the priviledged use (and mis-use) of data, concerning families at risk – the data was acquired for another purpose, but once these families were »recognised« and »mapped« the government could launch a big programme that stepped directly into the most intimate sphere of life (familiy) to manage »problematic families«, so they would take responsibility for the circumstances of their life. This sort of deinstitutionalised network of professionals can campaign for conservative idea of family life, social cohesion, neoliberal »own choice on poverty or succes«, etc.

There are danger present when social work and pedagogical work, which are in essence still a part of state apparatus, monopolise such an easy entrance into intimate sphere – imposing control and power relations to the tinniest wholes in (anti)social fabric. Such control is distributed ephemerally and is thus harderd to observe in criticise.

Conclusion

The institutions are not just »protecting« us from Others, but mainly from ourselves – from our own potential for exclusion, racism, intolerance, fear of otherness. To some extent institutions – as materialised societal exclusion – take on the role of formal organisers and managers of exclusion. But when this institutional role is diminished, the concequences can

---

[4] Levitas, R. (2012). There may be trouble ahead: What we know about those 120,000 »troubled families«, Bristol: Poverty and Social Exclusion.

[5] Crossely, S. (2015). The Troubled Damilies Programme: the perfect social policy? Centre for Crime and Justice Studies.

be – instead of desired end of exclusion – just a transfromation of exclusion into less formal, more ephemeral, less visible way. So, simply stated, in some cases the exclusivnes of institutions prevents professionals to become exclusive individually.

Satnely Cohen[6] in his work »Visions of social control« warns about deinstitutoionalisation leading to new, innovative sorts of exclusion and appering just as a different manifestation of the same, old rationality. As stated deinstitutionalisation can be in some cases a mere repetiotion of the same dispositions that exist in total institutions.

The solution is not to just forget about deinstitutionalisation as a idea and an aspiration. Deinstitutionalisation as a concept and as a way of practical work has already provided us with some great strategies, programmes and also practical examples how it can be done in a good way that suits needs of vulnerable groups. But this text can still be read as a reminder --- that deinstitutionalisation itself doesn't tackle domination and power structure. The sole act of tearing down instititions is NOT capable of changing the rationality that divides society and excludes some people and groups.

When specutaling about »financial benefits of deinstitutionalisation« we have to take all the possible outcomes into account. All the presented risks are multiplied in cricumstances of underfunded deinstitutionalisation process, where facilities are not suitable or are temporary, professionals are underpaid or not paid at all (when the process is outsourced tho voluntary forces). The underfunded projects are not stable and do not offer long term solutions for people in need of support, care and financial transfers. And in these situations the exclusive potential of deinstitutionalisation process is rapid and the process is counterproductive.

These are important question we have to ask ourselves, when we are transforming social care. The »power struggle« between professionals and users is easier to spot and understand now, on the edge of institutional dezintegration and before complete transformation into something new. Because deinstitutionalisation is still a fragile concept (at least in Slovenia) and not at all self evident, it definetely can not be taken for granted. And that is why the profesionals

---

[6] Cohen, S. (1985). Visions of Social Control. Cambridge: Polity Press

commonly see their role in »campaigning«. Our analyses, work results and puslished articles on the issue try to provide a kind of propagand material. We doubt that deinstitutionalisation is going to »happen« if we do not provide all the theorethical and practical support.. And this is a legitimate fear.

But I belive that our professional role is much more than that. We can not hope on stopping the hierarchy and our domination, just because we make it informal. In book on Slovenian deinstitutionalisation process it is proposed, that we: *»have to deny our role of a professional in order to understand our client as the real professionals in their life.«* Which is fine assumtion, but in reality it can lead to denial of our own privileges and structural power. If not anything else, we are at least professionals for deinstitutionalisation, which is still a powerul position. We have to refute the idea of monolitical power and analyse the system of micro power and little incidents of everyday exlusions and delegitimation of some groups and people. It is possible to rule without prohibition and individuals can bi subordinated without visible dicipline or force. We won't erase the professional domination by simple denial of it. We have to make a programme of deinstitutionalisation with careful thought and with critical reflection on our priviledges, our power, and most of all: our exclusive tendencies.

.