1. Introduction

An intensified interest in the body’s cultural and political significance has generated a fast expanding international research field. Two developments have contributed to this bodily turn. Since the 1970s, the women’s movement has politicised issues around bodily integrity and reproductive rights. About the same time, life scientists began to challenge the accepted view of the body as a given and contained entity. The arrival of new terms such as ‘bodily’ and ‘biological’ citizenship indicates that the issue surrounding the body is of central importance in the ongoing transformation of society and democracy.

A book which I am currently finishing synthesises research that I have conducted in several projects in recent years. The work consolidates empirical case studies on the body’s politics in three countries (Poland, Sweden and Germany) during two periods: the inter-war and contemporary periods. The comparison between these countries and the development over time disclose an unexpected pattern, which unsettles previously accepted notions. The book answers two questions: (1) How is it that Germany and Poland, which are now classified as ‘conservative’ regarding reproductive rights and restrictive in the application of biomedicine, can be perceived as the pioneering countries concerning the right to bodily integrity, while Sweden, which from a contemporary perspective is considered ‘liberal’, has historically prioritised society’s right to intervene in individual rights? (2) How have women’s movements challenged the dominating discourse in these countries and how can their mutually different ways of prioritising and politicising issues of the female body be accounted for?

In contrast to other policy areas comparative studies in this field are in their infancy. The double comparison - between countries and time periods – will offer an innovative contribution and bring more systematic insights into the inter-relationship between the body,
science, democracy, and gender relations. The book combines cultural and social science research approaches. It deploys the analytical concept of national ‘political epistemologies’ and advances it through the temporal perspective. It explores how argumentative and political strategies are rooted in national histories and styles of thought. It argues that bodily policies can be understood as an interaction of a ‘triple body’ - individual, collective and imaginary. The monograph unfolds the argument that ‘big’ debates on body issues are intrinsic to phases of the fundamental transformations, and a major terrain where the formative boundaries between private/public, citizenship and national belonging are renegotiated.

In this paper I will shortly outline the three countries and present the research framework. In the third part the Swedish case will be presented in more detail. The puzzle this paper seeks to account for is: Why was the politicization of biomedical issues in terms of gender largely absent in Sweden?

1. Selection of countries and time periods
Poland, Sweden and Germany are very suitable for such a comparative study for several reasons. According to the typologies developed by comparative research, these countries represent three different welfare state models as well as gender regimes (Halsaa et al 2012): Sweden is classified as a social democratic welfare state, characterised by strong gender equality norms and state feminism; Germany is considered a prototype of the conservative male breadwinner model, but with a high political representation of women; while Poland belongs to the new post-socialist democracies that most closely match a conservative gender regime, but with a strong and mobilising women's movement. How the development of these welfare and gender orders relate to the body's policy has so far been rarely investigated. One reason for this is the historical connection with racial hygiene and its close link with Nazism. This created an obstacle to the examination of the relationship between eugenic ideas and progressive politics. In recent research eugenics is perceived as a broad framework with different political orientations (Rose 2007, 59; Herzog, 2011, 24ff; Bashford and Levine 2010). What united right and left, was the confidence in scientific expertise and the conviction that there were value differences between people, which were grounded in ‘biology’. Some called it ‘race’, while others called it ‘intelligence’ (Paul 1998). To control reproductive behaviour and to selective prevent and support childbearing in some population groups, became a major focus of government intervention.
The development of bodily policies shows an unexpected pattern. Sweden pioneered punitive majors and introduced an eugenic marriage ban from 1915. Between 1910 and 1938, contraception was prohibited. When it comes to reproductive rights, Germany was a pioneer: from 1905 the radical wing of the women's movement demanded the abolition of the abortion paragraphe in the Criminal Code, and after the First World War a mass mobilisation led to one of the most permissive laws in Europe (Grossman, 1995; Usborne 2008). It was only under the NS regime that eugenic-motivated coercive intervention was introduced (Bock, 1985, Grossman, 1995). Furthermore, Poland, during the interwar period, adopted a moderate regulation: contraception was permitted and in 1932 male homosexuality was decriminalised (Gawin, 2008). Sterilisations were discussed, but never obtained broader support (Gawin, 2003; Zaremba, 2011). In addition, the abortion law was reformed, yet the social indication included in the bill did not pass. Relatively permissive abortion laws were introduced in 1956 during the Communist era and were abolished after the fall of the regime. Today, Poland belongs to the countries that have a very restrictive legislation. This, among other things, has given rise to reactions and mobilised the strong women's movement (Fuszara, 2005). In Sweden, the women's movement prioritised demands for social rights over individual reproductive rights. During the inter-war period, the majority felt that self-determination over the body was against a ‘woman's nature’ and abortion rights would undermine welfare state formation (Elgan, 1997, 136ff. Also the second wave in the 1970s prioritised social rather than reproductive rights. This approach becomes visible in relation to the emergence of new reproductive technologies in the 1980s were not subject to a broader discussion or politisation in Sweden. (Kulawik, 2003). In Germany, however, new technologies triggered a mass mobilisation calling for them to be banned (Jasanoff, 2005; Braun, 2007). In Poland, the women's movement has raised the issue of reproductive technologies, but here the demand is to implement legislation at all (Kulawik, 2011).

The book's temporal comparison can be motivated in several ways. Debates during the inter-war period foreshadowed contemporary discussions on life sciences. Research suggests the importance of the historical roots of today's national discourses (Outshoorn et al, 2012; Feree et al, 2002, 302). What makes this temporal comparison particularly beneficial is that they are both formative periods while also representing diverse knowledge systems (Rose, 2007). The anatomical, organic conception of the body as a solid unit has nowadays been replaced nowadays by the molecular, changing ‘leaky’ body (Haraway, 1991). In the political sphere, there is a parallel shift from hierarchical government with the focus on planning and rationalisation of society and citizens 'upbringing', to controlling through co-ordination within
the network society, oriented towards the optimisation and risk governance and the invocation of active citizenship.

2. State of research and theoretical framework

There is now fairly extensive historical research on these three countries which address aspects relevant for the book relevant aspects including the national character of eugenics such as abortion and birth control policies. Characteristic of these studies, as well as for the entire international research field, is that they identify national variations, but make little attempt to make more systematic comparisons (Bashford and Levine 2010; Turda 2010; Herzog, 2011). Eugenics is no longer considered to be a limited specialised discourse, but in many ways to be interwoven and related to debates on public health, social care and social policy. Affinity lies in the belief that by scientific means one can permanently solve social problems, and contribute to the country and the nation's development by creating healthy, productive and capable citizens. Central to this is the notion of the nation as a ‘natural’ organic unity. In the relationship between the individual, reproductive bodies and the imaginary national body the formation of a national citizenship is negotiated, with both rights and duties (Planert 2000; Turda 2010).

There is a growing body of relevant contemporary historical research as well as concerned with the new biomedicine on these three countries, which I cannot consider here. My intention is rather to briefly outline two theoretical frameworks which are of importance for the book. One is the flourishing field of comparative citizenship studies which now also includes bodily citizenship (Outshoorn et al 2012). Citizenship no longer refers to just a legal status but the focus is on how citizenship is ‘made’ not only in political but also in everyday processes. (Halsaa et al 2012). Feminist research has predominantly investigated bodily citizenship based on issues such as abortion, violence and prostitution. Issues related to the life sciences has so far rarely been considered in this field (e.g. Braun 2011, Engeli 2009).

The book further develops the concept of bodily citizenship by analysing policy making regarding new technologies and the longterm perspective. I make use of insights from interdisciplinary science studies exploring the relationship between life sciences and democratic governance, yet without including a gender perspective. According to Nikolas Rose (2007), the specificity of contemporary biopolitics is active citizenship, which includes both patient’s informed consent and new forms of politics. Such an understanding of citizenship can be linked to recent perceptions of citizen involvement and the challenge of expert-driven policy processes (Jasanoff 2005). Comparative studies show that some countries are more open to participative policy making than others (Hagendijk and Irwin...
2006). The book examines how such a participative policy style has been employed concerning reproductive technologies and stem cell research in these three countries. The analytical framework deployed in the book combines cultural and social scientific insights and frameworks. It applies a feminist discursive institutionalism, which I have presented in previous works. However, the book goes one step further by introducing the concept of political epistemologies as an analytical concept. It is inspired by Sheila Jasanoff (2005) comparative analysis, which demonstrates that countries are characterized by specific institutional-discursive arrangements that affects the generation, dissemination and evaluation of policy-relevant and legitimate knowledge. The book expands on this approach by including temporality as an important analytical dimension. Here, temporality refers to both the development of a specific national ‘style of thought’ that is established over time and with the relationship to their own history as an important analytical dimension.

The Swedish Case: Politics of Absences

Political discourses: pushing the boundaries of nature

In vitro fertilisation: The woman vanished

The debate on the new reproductive and genetic technologies began in Sweden in the mid 1970. Although women’s bodies and reproductive labor are a central target of assisted procreation as well as embryo and stemcell research, women’s bodily capacity and experience vanishes from biomedical debates in Sweden. The early phase of the policy process leading to the first legislation on assisted procreation focused on the “interests of the child” and in certain respects on men rather than women. With the 1984 Insemination Act, Sweden became the first country in the world to give the donor-conceived child the right to obtain information on the donor (SOU 1983: 42). Abolition of the male donor’s anonymity and its possible consequences was a far more controversial and widely debated issue then ova retrieval and fertilization procedures undertaken on women’s bodies. The lifting of the anonymity was motivated by “the right of the child to get to know its origins” (RD proposition 1984/85: 2, p. 15) The proposal was strongly criticized by the doctors, who saw their professional interests intruded upon. Also of major concern were the implications of abolishing anonymity for both social and biological fathers. Could the social father really accept the donor-conceived child as “his own” without the guarantee of secrecy? Will he feel his position as father at risk, knowing that a “stranger” can suddenly appear on the scene (RD
protokoll 1984: 54, p. 38)? How will it be for the donor to be confronted with an “unknown child” (ibid. p. 42)? Despite severe criticism, the Insemination Act passed after a lengthy debate in parliament.

The proceedings on the “Fertilization outside the body Act” were rather short but still remarkable, because they were a rare occasion on which reproductive technologies and the invasive treatment of women’s bodies they require were critically debated in greater detail in the Swedish parliament. Rather than being situated as subjects, women haunt the political narrative as disembodied background figures.

From the bill we learn that women are exposed to hormone treatment in order to produce several egg cells (RD proposition 1987/88:160, p. 6). Health risks for women, during this “technically complicated” procedure and possible long term consequences are not considered, neither are the effects for women’s social and psychological wellbeing. Physicians are situated as agents and bearers of knowledge, whereas women are represented as mere containers of ova. It therefore seems only consequent for the bill to emphasize that the major criteria for assessing “fertilization outside the body” should be the good of the child (ibid. p. 8).

On the whole, the bill followed the recommendations of the committee report, which are rather restrictive with regard to family form (SOU 1985: 5). The application of IVF was to be limited to heterosexual married or cohabiting couples. The donation of sperm and egg cells was outlawed. Surrogacy was also banned. Such restrictiveness was motivated by the techniques’ respective distance from and closeness to “nature.” The government emphasized that the fundamental principal of natural procreation is that the sperm always enters the woman’s body from outside and the woman always contributes half of the genetic make-up of the future child. Hence a pregnancy resulting from egg donation is a serious deviation from the “natural process” the government argued (ibid. p. 12).

The importance ascribed to women’s egg cells and the process “inside the woman” in this narrative does however not imply that women’s experiences and their identities as mothers are the issue of concern. In contrast to the worries about the identities of children and fathers (in the insemination case), possible consequences for mothers’ identities are not reflected upon. Women are represented not as subjects but as symbols: the process “inside the woman” symbolizes higher values of a public good in the name of human nature.
The parliamentary debate took quite a critical stance on the proposed legislation. An explicitly women’s standpoint was articulated by Inga Lantz from the leftist party. She emphasized that reproductive technologies never were a women’s demand and characterized them as “degrading,” turning women into “medically manipulable machines” (RD protokoll 1987/88: 136, p. 40/42).

Another version of critical argumentation was advanced by Alf Svensson, who represented the small Christian Democratic Party. Arguing from a perspective which defines the embryo as “a human being” and a “person” from the moment of conception, he degraded women to mere environment. According to Svensson what is needed “for that person to survive is suitable external surroundings and a food supply” (ibid. p. 51)

What this debate so nicely illustrates is the challenge of conceiving the ontological status of human becoming as a co-existence. The unborn is not in the same condition as any other hungry human being who can provide herself with food. It is inside a woman and dependent on her emotional and bodily labor to come into the world. We can identify a somewhat unexpected reversal of ideological positions. Whereas the Social Democratic government still evoked the “natural unity” between womb and egg cell to mark the boundary between the ethical and unethical, its Christian Democratic critics introduced a fetal citizen into the debate, a modern scientific creature, making them advocates of liberal individualism, conceiving the unborn as an autonomous entity beyond women’s bodies and reproductive labor (Michels and Morgan 1999).

Despite differences on the status of the embryo, critics to some extent share a prophetic vision. They expect the sanctioning of IVF to prove a starting point for a slippery slope to egg donation, embryo research not only for reproductive purposes or even the creation of embryos for research purposes and surrogacy.

**Egg donation: Gender equality and its limits**

The arrangements on egg cells were politically actualized in the late 1990s when the debate on stem cell research signalled an increased demand for women oocytes. Simultaneously the issue of egg donation was the subject of continued debate in relation to treatment of what became framed as “involuntary childlessness.”. Instead of “helping nature” the techniques are now framed as “abolishing medical obstacles” of fertilization (Ds 2000: 51, p. 44). So childlessness like pregnancy and childbirth is increasingly defined as sickness. It is not reasonable to treat women differently depending on the cause of childlessness, the Medical
Ethics Council argues (ibid. p. 18ff). It is the plea for equitable treatment due to consequential “sameness” that paved the way to breaking with what was perceived as essential to the human condition, the unity between womb and egg cell.

There is one boundary that the Council did not regard as a “medical obstacle” but as “nature” which medical technology should not tackle. Infertility treatment after the menopause should not be allowed. The Council claimed (ibid. p. 45) that children born to mothers beyond the fertile age would face “worse conditions” in life than those born to women in fertile age. The age question is a good example of how scientific expertise draws on tacit knowledge about gender differences. The Council did not take the age of the future fathers into consideration. There were still two boundaries the Council wanted to maintain. A so called “double donation”, where both egg and sperm are donated, so that no genetic link to the future bodily mother and the social father exists, was outlawed. The argument advanced was that such a procedure would be too much of a “technical construction” and strengthen a “technical image of man” (ibid. p. 49). Surrogate motherhood should also remain banned.

The government bill on the “Treatment of Involuntary Childlessness” (RD proposition 2001/02: 89) started with some reflections on ethics and why human procreation needs special consideration. Many people, the government stated, perceive interventions in the “nascent life” as a breach of the “order of nature”, a tinkering with the “mystery of life.” Such a view deserves respect, the government acknowledged, but needs to be balanced against the “childless couples” and the future children’s situation.

The government claimed to be applying two basic principles: the “equal value” of all humans and a “humanistic image of man” (ibid.), without exploring what this implies, but remarking that it was following the reasoning of the Medical Ethical Council. The bill referred to several principles which seemed to be inspired by the well-known Beauchamp and Childress’ bioethics framework (2001). They were respect for autonomy, beneficence, non-maleficence, and justice. The government listed beneficence, minimizing suffering, and justice. The substitution of “non-maleficence” by “minimizing suffering” makes a difference. “Non-maleficence” directs attention to avoiding harm and the proportionality of harm and benefit in assessing treatment. The substitute concept of “minimizing suffering” excludes some questions in advance. It presupposes that childlessness is “suffering”, and because it is ethical to minimize suffering, it is justifiable to remove “physiological obstacles” to infertility (ibid. p. 22). The essential questions about what constitutes the good life and about the proportionality of harm and benefit of the invasive intervention can no longer be raised. Thus, although women are central to the procedure of egg donation, the bill ignores their
The bill made some remarks about the medical aspects of the treatment with regard to women’s bodies. It stated that IVF is meanwhile an “established method” (ibid. p. 27), while admitting that the success rate of the treatment was quite low (ibid. p. 25). The government maintained that the risks related to hormone treatment were “minimal” (ibid. p. 43). This was an important argument to justify that egg donation should not be restricted to women who undergo fertilization treatment themselves. What feminist experts in other countries classified as invasive treatment, was according to the Swedish government, no more than an “inconvenience” (olägenheter, ibid. p. 43; Dickenson 2009, p. 43). When it comes to the age limit, the government stated that, when it comes to “natural life processes” (ibid. p. 39) there is a difference between women and men that cannot be escaped. But the government refrained from setting a strict age limit. The decision should be left to the doctor’s discretion.

The act allowed for IVF treatment with donated egg cells and semen, but not in combination. The major reason was that a genetic relationship with the couple should remain (ibid. p. 37).

For the first time the law defined who is the mother: the women who gives birth to the child. For the time being, this excludes surrogacy.

In the parliamentary debate, the issue of egg donation was framed in terms of an “equality gap” (RD protocol 2001/02: 102). The legalization of egg donation and heterologous insemination was primarily justified in terms of the happiness of having children and the suffering caused by unwanted childlessness.

**Feminist discourses in an epistemic and institutional closure**

*Better expert knowledge on behalf of the “weak woman”*

How are we to account for the incapacity of the Swedish women’s movement to challenge the hegemonic discourse? I interpret this as resulting from setting policy priorities in the broader horizon of available discursive resources and institutional opportunities. Bodily issues, in comparison to economic and social questions, have not highly prioritized by the Swedish women’s movement, either historically or during the second wave of mobilization.

When the revision of abortion law was put on the political agenda in the 1930s, the social indication was debated but deemed to obstruct the very idea of constructing a welfare state (Elgan 1997). When abortion was partially legalized in 1938 as part of a policy package addressing the so-called “population question,” the amendment act allowed for abortion on
criminal, medical and eugenic grounds. The so-called eugenic indication made sterilization a condition for abortion. These provisions were widely supported by women’s organizations (Runcis 1998; Zaremba 1999).

The second wave of mobilization also put social policies first (Isaksson 2007). That priority indicates that women’s mobilization in the 1960s took a somewhat different course in Sweden than other countries. The debate on gender issues, with a strong focus on the division of labour, started already in the early 1960s foremost within the radical wings of the liberal and social democratic forces. When the feminist movement entered the political agenda, an alliance between the new and old organisations was easily established, which contributed to Swedish state feminism (Sainsbury 2004). The policy priorities were keeping with the basic principles of the “Swedish Model,” whose moral and institutional logic is about enhancing both equality and productivity and not granting individual rights (Rothstein 1998). Swedish feminists used the discursive resources within this framework very successfully, as the impressive record of equal opportunity policies demonstrates. But this policy logic treated individual rights and self-determination rather poorly.

Bodily issues were both secondary during the second wave mobilization and discussed in nationally characteristic terms. The reception of the feminist self-help bible “Our bodies our selves” from the Boston Women’s health collective is one case in point. According to Christina Jansson (2008, p. 33), the Swedish translation had little impact on feminist practices. The women’s health movement had one major goal: to reclaim knowledge from the definitional power of male medical expertise by focusing on women’s own experiences. Feminist self-help practice challenged both the content of medical expert knowledge and the privileged position of expert knowledge as such.

Swedish feminists were also challenging medical expertise; but they did so in a way tuned to the Swedish condition. A major demand of the women’s movement was the right to painless delivery (Isaksson 2007, p. 85). Such a demand was opposed by the vast majority of obstetricians at that time, which regarded pain as part of “natural delivery.” As Jansson (2008, p. 276f) shows, the debate on this issue challenged the content of expert knowledge but reified the division between experts and woman citizens. Women giving birth are situated as “victims” needing to be represented by women experts because they are too “weak” and “anxious” to speak for themselves.
Whereas feminists in many countries were building autonomous feminist health centers, Swedish feminist politicians were seeking to establish what was called a “Women’s medical information center” (Kvinnomedicinskt informationscentrum). The motion tabled in the Swedish parliament explicitly referred to the issue of pain relief during delivery to motivate the development of “a specific medical women’s research” (RD SoU 1986/87: 1). Women were to be given the opportunity to discuss their health issues with medically knowledgeable persons. The motion was rejected by parliament, on revealing grounds. There was broad consensus that women “have specific health problems’ but the hybrid proposal to bring together experts with women citizens was not regarded as useful. The great majority, including feminist scholars, opted for improving expertise and give further resources to research on “women’s health problems” in the first place. The dissemination of knowledge to normal women was also to be improved, but through counseling centers and women journalists. In the debate on the “Women’s Medical Information Center” the problem definition is given a specific turn. Feminist criticism of expert power is reformulated as a psychological women’s problem. What is needed is “more” and “better” expert knowledge, not a “different” kind of knowledge.

The debates about pain relief and the medical center illustrate a central feature of the “Swedish Model.” In addition to its aim to secure both productivity and equality, science and scientific expertise informing policy making is the third pillar of its moral and institutional logic. A strict division of facts and norms has been established ever since the 1930s when the policy package addressing the so called “population question” was launched, which is commonly considered to be the hour of birth of the Swedish welfare state. I will elaborate on this below.

The externalization of the past

The incapacity of the Swedish women’s movement to challenge the hegemonic biomedical discourse from a gendered perspective does not imply that it did not critically discuss the emerging reproductive and genetic technologies. It did so most of all in the eighties, but the critical standpoint did not meet with a strong response. The feminist scholarly journal Kvinnovetenskaplig tidskrift (Journal for Women’s Studies) brought out a special issue on “The art of making children” (Konsten att göra barn) in 1986. In the introduction the editors criticized the expert-centered style of the debate but also the child-centered story line in
which the woman tends to disappear. Anna Weimarck problematized the procreative norm and the strongly rooted view that there is no happiness in a woman’s life without children and that a “real woman” simply has to have children (Weimarck 1986, p. 41). But Weimarck also situated her argument in a historical perspective. She warned that we might have arrived at an elitist thinking similar to that prevailing when “eugenics (race hygiene) was applied in Germany” (ibid. p. 45). Striking is however that she did not mention the strong tradition of eugenics in her own country. Sweden had been the first country to institutionalize a publicly financed Institute for Race Biology in 1921 and was one of the few countries worldwide to implement enforced sterilization, which included all Scandinavian states. The law passed in 1934, as part of the policy package targeting the “population question” and was abolished in 1976.

The tools of institutionalism about timing and sequence in political processes can help us understand what is at stake here. In contrast to Germany in the 1980s, where the debate on reproductive technologies was fuelled by the burgeoning research on the historical politics of eugenics, the two debates in Sweden were separated in time and rarely associated. In the late 1990s Maija’s (1998) dissertation and Maciej Zaremba’s articles (1997) stated that sterilization practices were in fact an integral part of the Swedish welfare state building. This was a taboo break in a country whose national identity is so intrinsically based on the welfare state and on “doing good.”

The vociferous debate in the fall of 1997 was followed by a government committee of inquiry, that undertook a detailed historical investigation and suggested a The place of sterilization policy in Swedish political and social development remains unsettled, however. For the most part it is treated as a regrettable historical incident, an example of abuse of state power and bad science (Tydén 2000). The sterilization policy tends to be externalized to the past as if it belonged to “a foreign culture” (Jersild 2000) rather than perceived as a legacy that has a lesson to teach about past and future developments. And this is also true for feminist scholarship. Although 75% of the victims of sterilization policies in Sweden were women, the history has had no great impact on how feminist scholars conceive and theorize gender relations in Sweden today. Does it matter? I argue yes, because the uncomprehended history

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1 Sweden, Norway, Danmark, Island, and Finland, several states in the USA, Puerto Rico, two provinces in Canada, one canton in Switzerland, Nazi Germany, Japan, and Estonia passed sterilization laws, Zaremba (1999).
creates epistemic voids and influences what can become politicized or passed over in silence today.

Let me illustrate this with an excursion into a volume on “Body Politics”. Tracing the development of abortion legislation, Maud Eduards (2007), a leading Swedish feminist scholar (2007: 93) mentions the 1938 law and the so-called eugenic indication, but she omits that the condition for it was sterilization. Discussing sterilization law, the author writes that the aim was to create such conditions that “the Swedish people would become both more numerous and of higher quality” and that “individuals with genetic defects would be prevented from procreation” (Eduards 2007: 111). She goes on to cite the historian Yvonne Hirdman’s assertion that race hygienic arguments were dismissed and the sterilization law advocated on social grounds.

Eduards clearly sees that women’s reproductive capacity was central for Swedish nation building and that the “population question” implied both pro- and antinatalism. But her book provides no precise answers as to why this was the case and what was specific to the Swedish development. Eduards loses her way in a boundary work, counterposing the social and the racial/eugenic and attempts to set Swedish politics off from that in other countries, ridding them of the smack of Nazism. How “population” relates to the “social” and in turn to the building of the welfare state remains unexplored. The classification of “valuable” and “unworthy” citizens underlying sterilization policies are in fact anything but social, in Nazi Germany, as well (Bock 1986). In Eduards narrative, “population” is naturalized as “demography” instead of being unpacked as a concept and discursive field in which ideas about society, citizenship, gender, procreation, welfare and the nation are articulated and negotiated. What needs to be asked is how a country that worships equality so highly came to categorize its citizens as “valuable” or “unworthy”?

**Naturalized legacies: the “population question” and scientism**

I want to highlight two such uncomprehended legacies and their implications for today’s biomedical policies, which in contemporary parlance were framed as the “quantitative” and “qualitative” sides of the population question.

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2 There can be no doubt that there are important differences between Sweden and Nazi Germany, the social/racial boundary line is however misleading here (Bock 1986).
The quantitative dimension concerns the procreative norm, which has been the foundation of the Swedish welfare state since the reforms in the 1930s. The argument that a social indication within abortion law would obstruct ambitions to build a welfare state aptly captures this logic. The subtext is that all women want to become mothers and only poverty (or pathology) hinders them from fulfilling their “natural” maternal desire. Swedish pronatalism was, however, not outspokenly punitive but rather enabling. A major foundational formula of the Swedish Model is that social policies should allow women to have children under favorable conditions. The second wave feminist movement continued this tradition when it set social policies first.

The strong procreative norm explains why it is easier in Sweden to expand the boundaries of nature beyond the formerly restrictive heteronormative framework and grant lesbian couples access to fertilization technologies than to subvert the “naturalness” of maternal/parental desire and to question the technological means of satisfying it. Restrictive regulations were motivated by “nature,” hence by empirical facts rather than ethical judgments. When “nature” was displaced as a criterion for assessment by the gender equality frame, there was no judgment criterion available for critically assessing reproductive technologies. Reproductive technologies have become an issue of personal lifestyle rather than a question of shared ethical norms for the good life.

In order to understand how this became possible, we need to scrutinize the legacy of what is referred to as the “quality” dimension of population policy. According to a prevailing interpretation, the Social Democrats used the population issue only to implement social reforms (Hirdman 1989). I argue that the concept of population was central to the formation of the Swedish welfare state as it categorized people and conceived social relations in new ways which allowed productivity and equality to be linked and to form a cross-class political project. In contrast to class and citizenship, “population” is a scientific invention and linked to imaginary notions about national “vitality” and the political ambition to maximize it (Foucault 1976). Whereas both class and citizenship embody differing figurations of political subjects and agency, the concept of population represents people as naturalized and objectified “masses” or “human material.”

The “population” concept offered a discursive terrain for a variety of political actors with diverse interests to articulate ideas about social reform. A major advantage was that it subverted class divisions and linked various discourses such as the medical-hygienic-
psychiatric (including eugenics), the new social sciences, and economics. The policy narrative on “population” was informed by a scientifically grounded taxonomy of lower and higher “quality” in human beings, which motivated both pro- and antinatalist measures. The taxonomy rested on an amalgam of knowledge about heredity with behaviourist definitions of deviancy.

The policy package addressing the population question was hence double-tracked: it was designed to promote the “capable” and to prevent the “unfit.” Until the 1960s Sweden had strong traits of a therapeutic authoritarian state, based on a broader spectrum of coercive interventions aiming to reshape the daily life of the Swedish people according to what was deemed as rational and useful to enhance productivity and equality in society as a whole (Björkman 2001; Dodillet 2009). Anyone not behaving according to certain norms of responsibility and self-discipline could become the object of social interventions, even against their will but in their very best interest. The disciplinary and therapeutic line was a precondition of universal benefits, whose implementation – compared to the fragmented programs characteristic of conservative states – depends heavily on the entire citizenry being measured against a standard of rules and obligations. The construction of a responsible and self-disciplined subject is therefore the sine qua non of universal welfare states.

As demonstrated above, the janus-faced welfare state formation became a blind spot of the Swedish success story. An important legacy of this epistemic void is that the deeply rooted national meta narrative of being “a model,” accomplished through scientifically grounded “rational” policies, makes it quite difficult to question scientific claims and advances. So the mobilization of both the women’s and the environmental movement were successful in bringing about changes in the content of policies, but they did not succeed in challenging the strongly expert-centered policy style. It is significant that the term “counter-expert” is unknown in the Swedish context.

The participatory turn in science policy-making throughout Europe (Hagendijk and Irwin 2006), which rests on the assumption that all knowledge is situated and therefore expert knowledge and citizen knowledge should meet to make sustainable policy-making possible, never came to Sweden but followed the traditional “deficit model” that sees citizens primarily as “worriers” lacking knowledge. In this Sweden is continuing the educational policy line established in the 1930s.
The race to revive a “Model”

The 1990s were a period of crisis and international repositioning, a national realignment took place on the basis of a modernized version of the Swedish model, at least on two of its pillars: productivism and scientific innovation. The establishment of a “knowledge society” became the new national project to secure economic growth and safeguard the down-sized welfare state (Andersson 2010). A critical stand on scientific advances became a deviant position under these conditions. The debate on stem cell research, which started in the late 1990s, illustrates this quite clearly, where critics are marked as the Other, as “enemies of progress”. or “fundamentalists” (Kulawik 2010b).

The incapacity of the Swedish women’s movement to gender the hegemonic biomedical discourse does not imply that the movement was weak. In fact, the 1990s witnessed a third wave of feminist mobilization in Sweden. The understanding of gender as power relations became the dominating storyline in the domain of gender politics in the 1990s. With this shift, bodily issues became highly politicized. Violence together with prostitution was now seen as one of the worst expressions of a misogynist gender power structure. The policy process finally led to the passing of the Act Prohibiting the Purchase of Sexual Services that entered into force in 1999 and criminalizes customers of sexual services (Dodillet 2009).

I find it remarkable that within the domain of science policy, restrictive and prohibitive arrangements are labeled “fundamentalist” while a feminist policy strategy that favors prohibitions to further gender equality is seen as emancipatory. Why is this so?

The highly successful feminist policy strategy which established gender as a major political currency on the political agenda used a unique window of opportunity which opened up in the 1990s. The politicization of gender filled the political and ideological void after the fall of the Wall. While neoliberal managerialism and the revolution of choice undermined the established class identities and ideologies, gender emerged as a kind of substitute. Gender created a discursive terrain which allowed power relations and exploitation to be talked about, and it offered a utopian sparkle. So while the whole public service was restructured according to the price principle, women’s bodies served as a symbol for the lost vision of a “commons”. Prostitutes have been silenced throughout the policy process and are seen as unable to consent (Eduards 2007, p. 152f). The familiar figure of the “weak” women in need of protection and representation through women experts re-emerged.
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Abbreviations

Ds – Departementsserien, Department Ministry publications series
RD – Riksdag – Swedish Parliament

RD proposition: Government Bill.

RD protokoll - Minutes of the Proceedings.

RD SoU - Statement of the Standing Committee on Health and Welfare (Socialutskott)

SFS - Sveriges Författningsamling, Swedish Code of Statutes

SOU - Statens officiella utredningar, Swedish Government Official Reports