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Sweden and Sterilisation

A Critical Review of a Dissertation in History

Hedvig Ekerwald

Zusammenfassung

1997 ging ein Aufschrei fast rund um die Welt: Das sozialdemokratische Schweden hatte jahrelang Mitbürgerinnen (und auch Mitbürger) zwangsweise sterilisiert! Eine in der wissenschaftlichen Debatte bereits bekannte Tatsache wurde durch Artikel des Dagens Nyheter-Journalisten Maciej Zaremba plötzlich politisch brisant. Zaremba nutzte für seine Polemiken Material, das Maija Runcis für ihre 1998 vorgestellte Dissertation zur Sterilisierung im Volksheim gesammelt hatte. Diese Dissertation untersucht Hedvig Ekerwald im Hinblick auf ihre generalisierbaren Aussagen.

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Autumn 1997 news were spread over the world that Social Democratic Sweden had committed 63,000 forced sterilisation operations during the forty years following the first sterilisation law in 1934. A series of articles by the journalist Maciej Zaremba in the biggest Swedish morning paper *Dagens Nyheter* was the source of the news. Zaremba built his analysis on an empirical material assembled and analysed by an historian at Stockholm university, Maija Runcis, who presented her analysis in a doctoral dissertation not long thereafter, in 1998¹.

The forced sterilisation policies were no secret. The historians of ideas, Gunnar Broberg and Mattias Tydén, as well as the journalist, Bosse Lindquist, belong to those who tried to put the subject on the public agenda in the beginning of the nineties. The new thing with Maija Runcis' dissertation is its clear feminist and anti-state perspective. The fact that the majority of the victims for the forced sterilisation were women had not been stressed and analysed in earlier research. The new thing with Maciej Zaremba's use of Runcis' analysis was his emphasis on the responsibility of the Social Democrats. Sterilisation policies were part and parcel of the Nordic welfare state.

To the world it was news, however. That autumn 1997, different Swedish authorities were bombarded by journalists from the whole world wanting to know more about the scandal. The participants in the Swedish debate² that started with Zaremba's articles can all be read as modest in comparison to the excited media articles abroad. At the centre of the media interest stood not only the welfare state itself but also two of its main proponents, Alva and Gunnar Myrdal. These two anti-Nazists were presented in media as ideological cousins of the Nazi leaders, proposing to sterilise groups of Swedish citizens by force to guarantee the genetic quality of the Swedish

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people. One could perhaps say that there was a kind of “you are not better yourself” resentment characterising the presentation of this sterilisation news. The world had stripped the model country Sweden of its proudest product, the good democratic welfare state. Its authoritarian reverse had been revealed.

Now we can read the whole dissertation. What must be changed in the simple media picture when one takes part of the research itself?

My answer from having read Maija Runcis' dissertation is that basing oneself on that analysis only, not much need to be revised. Runcis' conclusion is in conformity with media:

The sterilization laws of 1934 and 1941, the 1938 abortion law and the various government handouts available to people starting families, along with the effective disbarment of ‘shiftless’ women, reveals the *folkhem* as an exceedingly patriarchal place. Swedish population policy of the 1930s assumed that the state had the right to decide who could become a parent or remain one.” (Runcis, p. 360. All the following page references refer to this dissertation).

The question of responsibility is also clear. I quote: “It was primarily the Social Democrats who were responsible for the application of the laws and the ‘social utility’ approach –“ (p.362). She concludes that it is state abuse:

So, in the light of the questions raised in this thesis, and with its gender perspective in mind, the sterilization programme could be said to have been an abuse of authority and the exercising of state control of the private individual, (p. 365)

To judge the Swedish welfare state is an extremely difficult task. I agree with Runcis that Sweden of the 30's was “an exceedingly patriarchal place” but it was clearly much more democratic than Stalinist Soviet Union with its camps and Rooseveltian USA with its racism both in law and practice. I would also say that Sweden of the 30's was much more democratic than Sweden before the 30's. It does Runcis honour, however to have pointed at the sterilisation politics as the undemocratic side of the Swedish welfare state. In comparison to a public picture of Sweden as the model country the true thirties do seem ‘exceedingly patriarchal’. Every historian on the Swedish welfare state will have to do corrections after Maija Runcis' important dissertation and every defender of welfare states have to integrate the findings of Runcis in their politics. But that does not mean that her word is the last judgment to be passed on the Swedish welfare state.

The latest political development in Sweden concerning these forced sterilisation operations is the following: There has been a commission on the forced sterilisation, the 1997 sterilisation commission, lead by Carl Gustaf Andrén. It has proposed to the government a recompensation to those who were sterilised according to these laws. The proposition was taken in total unity by the Parliament on May 19 this year. A new special governmental board will start to function from July 1 and two years onwards. Sterilised persons can apply for compensation to this ‘Board for compensation for sterilisation’. Information about this recompensation has

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been widely spread, also in a special information leaflet written in easy Swedish. The commission continues its task with a thorough investigation into statistics and politics concerning the forced sterilisation and we can expect its report at end of this year.

On sterilisation

Before we turn to the dissertation itself, let me first try to take up the essence of a sterilisation operation and contextualise the sterilisation policies of Sweden. A sterilisation operation in the thirties meant a big surgical operation that demanded a week at hospital for women. The Fallopian tubes or the spermatic ducts were closed, often by cuts. The operation was simpler for men. During 1935–1941 there were 13 persons who died from sterilisation operations and even later, 1951–1965, around one woman a year died from the sterilisation operations in Sweden (*pp. 116 and 240*). There was at that time a high death rate connected to other surgical operations and ordinary deliveries as well, still it is worth thinking about that the operation in itself also meant a death risk.

The operation was in those days not reversible. The operated person could never get child. He or she was made a “sexually disabled person” as the documents express it (*p. 155*). That meant that in a future marriage there would be no children. Runcis has not posed the question whether the people sterilised had children or not and to what percentages. To every person it is terrible to be robbed of one’s ability to have a child but it is even worse for young people who have never had children. An anonymous writer in *The Journal of Women* in 1922 wrote about sterilisation “Because to maim in cold blood a human being for life is anyhow a butcher task for which no society /.../ wants to shoulder the responsibility” (*p. 93*). Still Sweden took on that butcher task. Maija Runcis shows that the governmental authorities on all levels often contemplated those they recommended for sterilisation (*p. 364*). The individual him- or herself was also hurt in his or her identity. We could listen to debaters from the fifties. They said that experience now showed that knowing that one is sterilised could give birth to “a feeling of inferiority and of being odd, especially if people around them get to know it – or if the person concerned believes it to be known – that the operation is done” (*p. 244*). The immense and permanent feeling of hurt is also strongly expressed by the many sterilised persons who have responded to the government after the big sterilisation debate following Maciej Zartemba’s articles. Today, before the board for compensation has even started its work, there has come around 600 letters from sterilised persons who want to be rehabilitated.

The governmental crime that these legal sterilisations constitute can be compared to other governmental deeds. Alternatives to sterilisation from the then governmental perspective was to let people give birth to children and then take their children with force away from them or to lock people into asylums of different kinds, men because they could sexually abuse people and women because they could be sexually exploited and become pregnant without having the ability to give a good child care to the child. The ‘camp world’, the gulag of asylums in the old patriarchal society needs to have its history. The powerholders could even in that perspective see sterilisation as

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more human than to put people into asylums or to take children by force from their parents. The fact that before 1938 it was even forbidden to sell contraceptives or to spread information about means to avoid pregnancies, also belongs to the relevant context. I request that a moral judgment on the governmental crime demands that one looks at the sterilisation policies in the context of its times and in comparison to its alternatives at that time.

The main essence of the sterilisation policies was that it was initiated and decided not by the individual but by the State. The years 1935–1941 two doctors could decide to sterilise a person, or the Board of Health could decide upon an application. With the 1941 law the doctors' power was a bit circumscribed. All applications had to take the way through the Board of Health of Sweden.

Many applicants were local authorities around the person to be sterilised. The 1934 law built on the supposition that intellectually disabled persons could not be expected to fully understand the meaning of a sterilisation. A consent from them would be of no value. That was the reason why the authorities could decide to sterilise them. Outside certain medical reasons the 1934 law was valid only for those who lacked legal capacity³.

Many of the applications were signed by the persons to be sterilised themselves. They were still not voluntarily signed as sterilisation was demanded from some people for different reasons such as to get an abortion or to be let out of an asylum. Gunnar Broberg and Mattias Tydén calculate that around 20,000 of the 63,000 sterilisations were such that coercive measures were used and most of these forced sterilisations occurred before 1960. The conclusion of Majja Runcis is the following: "Most of my results, however, show that completely voluntary sterilisation scarcely occurred at all during the first two decades." When it comes to a judgment of later sterilisation operations, Majja Runcis says that it "depends on how one chooses to define coercion and free choice" but she defines it generally as said above as "an abuse of authority and the exercising of state control of the private individual". (p. 364–365)

Physical force was not allowed and in the governmental *Directions and advice* for the 1941 sterilisation law it was stated: "If he, after permission for sterilisation is given, firmly refuses to submit to the measure, it is not allowed to execute the surgical operation with the use of physical coercion." But as the same 'Directions and advice' adds, "The knowledge that a decision has been taken by the Governmental Medical Board (Medicinalstyrelsen) often seems to bring about in the formerly unwilling person a compliance to submit to the operation."⁴ We hear the State talking.

Despite having signed the application many did not turn up at the operation, something which shows the shallow consent. There were 602 persons between 1935–1946 who refused to come to the operation and thereby were not sterilised (p. 264). This corresponds to around seven per cent. The years 1950 and 1955 there were ten per cent of the women about whom decisions had already been taken as I understand Runcis, who refused to be sterilised (p. 317)

Methods and material

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The dissertation is 371 pages, based on an unusually rich empirical material. The main bulk of the material is 1,587 documents, each an application for sterilisation to the Board of Health of Sweden together with a personal file of the applicant. Through this Runcis gets information of how the law on sterilisation has been applied, that is who were the persons that were sterilised, (p. 34)

As the English summary is a translation of the last chapter of the dissertation, containing no methodological information, I will here shortly describe her sampling methods. The 1,587 applications have been chosen by three sampling methods from an unknown sum of applications connected to 63,000 sterilised persons. Not all applications have led to sterilisation. Of the total sum of applications 1934–1941 it was 66 per cent that were approved by the Board of Health⁵. The first method is used for the period 1935–1941. Here Runcis takes every applicant for a sample of years, 1935, 1937, 1939 and 1941, in sum 499 applicants. For the years 1935–1941 this means that Runcis has analysed 55 per cent of all applications, (pp.117–118) The second method is used for the period 1942–1946. Here Runcis takes two samples by choosing every 23rd applicant of all applicants during the period, samples representing 9 percent of the total sum of applicants during that period, in sum 588 applicants. (p. 178) The third method is used for the period 1947–1970. Here Runcis picks out every 25th application up to a sum of 100 applications per every fifth year, 1950, 1955, 1960, 1965 and 1970, in sum 500 applications, (pp.219–220) If I would infer from this information the percentage of applications analysed for the last period, the sample would lie around 10 per cent of the total sum of applications during this period. Altogether, I judge the results to be fairly representative for the Swedish sterilisation policies.⁶

The application material is followed up by diverse interesting studies of documents from lower authorities and from the parliamentary debates, such as motions and bills concerning sterilisation. For example Runcis finds that there is a great variation in sterilisation in different parts of Sweden, with Gothenburg having especially high rates of sterilisation operations. She therefore goes into the Gothenburg archives to look closer at their politics. She also finds that a special institution, Stretered, has especially high rates of sterilisation operations and this finding makes her dive into its archives. Look at pp. 344–345 for the imposing list of unpublished sources.

The disadvantage of richness in empirical material is often a lack of clarity. It is difficult for a reader to get an overview over a wide and deep material. This is also the case in Runcis' dissertation. Only to find the sampling methods to judge the representativeness of her study, a basic for a sociologist, I had to search at three different places in the book and the third place, the method used for the period 1947–1970, is not even marked out by a subtitle. The sampling method for that period is concealed under the subtitle "The modern bureaucratic process" (pp.218–221). The constant question during my work with this book is "I have read it somewhere but where is it?" Important information is also found in the footnotes, a fact that further complicates the location of a piece of information in the book. It has a praise-worthy index of names but it would also have needed a subject index.

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What are the results of Maija Runcis' study? The main result in my opinion is that the victims of the sterilisation policies were the weakest citizens in the Swedish society. Whatever its motives, eugenic or social, it was the weakest among those depending on social welfare in one way or another, intellectually disabled, of lower class origin, poor lonely mothers with many children, poor criminals, poor workers and unemployed persons, especially so under the 1934 law (*p. 140*). Many of those were people who did not even have the right to vote until 1945. That year poor people living permanently on public assistance got the right to vote. (*p.297*) The 1941 law saw the modernisation of the society and sterilisation became more and more a means through which ordinary women sought an end to a pregnancy. Abortions did not become free until 1974, in a European perspective a relatively early date for that feminist reform⁷.

Another major result is that women are the main victims of the sterilisation politics. During the first study period, 1935–1941, when 2,953 persons were sterilised, 68 per cent in the sample were women. During the second study period, 1942–1946, when 5,285⁸ persons were sterilised, 63 per cent were women. During the third and last study period, 1947–1975, when the persons sterilised ought to be the rest, that is 50,000–55,000 people, there were so many as 95 per cent women in Runcis' sample. (*pp.113, 119, 179 and 219*)

Not only were the women in majority, they were also forced to sterilisation in a less formal way. In the application reports concerning women there was gossiping from neighbours, that is details on their lives and lifestyles given by non-professionals. The sterilised men on the other hand, were often inmates of work institutions and mental hospitals and they were often sterilised when they were let free. As Runcis says:

In other words, it might be said that women were tried and convicted of crimes against the moral standards of the day in a court of 'popular discourse' while men were convicted of crimes against the laws of the day in a proper court and punished on legal grounds. (*p.370*)

Men had been much more deviant than women when the State forced them to be sterilised. The deviations of women were mostly of sexual art. When men went out dancing or spoke freely about the opposite sex and about sexuality they were not condemned in the same strong way as women who did so. The underlying discourse of the times was that the sexual drive of men is very strong and it can only be curbed by a corresponding shyness and reservation among women. The women who are not reserved instigate men's advances whereupon these women easily get children out of wedlock. 'Feeble-minded' persons are not reserved. The logic then made a somersault and concluded that women who are not reserved are therefore probably also 'feeble-minded'.

Runcis' analysis of this discourse makes a reader see these sterilised women as rebels of their time. A good example of the narrow frames in which women were judged is Karolina Emilia Jonasdatter, found in an

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application from 1939⁹. She is a 27-year-old woman living in the home of her father, a man boring wells. She has had polio and is partly lame in her legs. In the application she is accused by her father, stepmother and a third person to have one “dominating trait ... a clear and strong erotic drive. She seems to have gone into intimate relations with anybody who wanted it and therefore she has got a very bad reputation in the village.” When the doctor investigated her he found her “frank and unconstrained, she speaks of her most intimate things without any emotional touch” and the doctor stressed that Karolina was “strongly sexual with an absolute promiscuity” (p. 131). Runcis comments that the case of Karolina illustrates how gossip and unconfirmed information together with the subject's own uninhibited talk is ground enough for a forced sterilisation.

In sum, the sterilisation laws of Sweden were “both gender- and class-related” (p. 364). One could add that they were not ethnically or ‘racially’ motivated¹⁰.

A third major result is that the categorisations seemed scientific but in reality were not so. The medical language and the doctors were at the centre of the practice of the sterilisation laws of 1934 and 1941, not the jurists. Runcis has a clever analysis of the mechanisms of categorisation. She criticizes the above mentioned Broberg and Tydén for taking the concept ‘feeble-minded’ to correspond to our concept ‘intellectually disabled’ (p.27). It might seem that ‘feeble-minded’ means a psychiatrically well defined group but Runcis shows the great variation of qualities behind the defining of a person as ‘feeble-minded’. I understand ‘feeble-minded’ simply to mean “the people we find deviant”. Runcis expresses this:

In other words, ‘feeble-minded’ was a generic term for people who in one way or another disturbed the culture of conformity. The concept had no apparent scientific basis, as a person labelled feeble-minded could either be apathetic or highly active and socially skilled. But this did not stop the experts at central level from ultimately bestowing a kind of scientific legitimacy on the label. /.../ To deviate in those days was to display a lack of sense. (p. 363)

There was a process illustrated in manifold ways throughout the dissertation through which a human being with his or her own individual qualities was transformed into a case with medical characteristics compatible to the categories of the law, allowing the State to decide that he or she should be sterilised.

A last result to present here from Majja Runcis’ dissertation is the economic one. In the year 1946 there was a commission proposal to have general child allowances without means test. The parliament decision came in 1948. I quote:

During the period 1946–1950 there were on average 2,200 individuals sterilised each year, of whom 90 per cent were women. During the former 5-year-period from 1941 to 1945, that is before the debate on general child allowances, there were on average 1,300 individuals being sterilised /per year/,

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of which 65 percent were women. That is, at the same time as the general child allowance reform was installed, you see the number of sterilisation operations increasing with almost 1,000 operations annually and the proportion of women increasing with 25 per cent. (p.222)

An example illustrating the economic theme but not the child allowance reform itself is the young woman Maja-Stina. In letters from 1935 a doctor Åkerhielm questions the application to sterilise her. She is incapacitated and when he asked the local people for the reason he got the answer "I think it is because we wanted that sterilisation done". Maja-Stina was "troublesome" and she lived on public assistance. There was even a threat that they would send Maja-Stina somewhere else to get the sterilisation done if doctor Åkerhielm did not support them. Åkerhielm's interpretation of the case was that Maja-Stina had become an outcast of the local community and that the village people "had adopted the blessing brought by the law that they would escape paying money for that girl's brats". In the response to the applicants the Board of Health declared Maja-Stina to be *doli capax* or legally competent (p. 136), which meant that she could not be sterilised without her own consent.

A critique

My main criticism against Runcis study is its narrow focus. She divides the research on the Swedish welfare state into an old school with an optimistic developmental perspective, a later school emphasizing changes initiated from below and a new school of critical research. The first school thinks that through gradual reforms conditions have improved for everybody. The second school concentrates on the labour movement, and the third school on social control and discipline exercised by the state upon the individual. Runcis is a proponent of the last school. I would say that the first positive and the last negative school follow on each other with the dialectical force of thesis and antithesis, both being hampered by a onesided perspective.

She can write critically towards the whole state and its representatives only because she looks at sterilisations in an isolated way, disregarding all benefits of the growing welfare state. Accepting that she writes only about the sterilisations, I could still wish her to include more in her descriptions so that the dilemmas of the decisionmakers could be understood as true dilemmas also by today's readers. Reactionary doctors, gossiping neighbours and dictatorial civil servants fill my inner eye after having read her dissertation. Åkerhielm above seems to be a rare exception. How about the children taken away from mothers, how about the asylums as an alternative, how about legalising abortions already in the thirties? What were the choices? How can we recognize the parallel moral dilemmas of our time in reading her narrative? I would say that Runcis' dissertation is characterised by a high degree of what I call chronocentrism, a perspective where you take not your own spatial culture but your own temporal culture as the norm to which you compare everything.

One concrete point concerning this chronocentrism is that she does not contextualise the sterilisations in the abortion history. She refers the reader to Mattias Tydén regarding the links between sterilisation and abortion,

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writing “and there is no reason here to repeat that account” (p.222). I think there is every reason to repeat it for to get a valid picture of the sterilisation policies. What were the rules for getting an abortion done before 1974? How could one go around the legal obstacles by using other laws such as the 1941 sterilisation law?

One of the stories Runcis gives us is actually about a group of Social Democratic members of the Parliament in the fifties who fought for the right of women to apply for sterilisation without having to have their husbands’ consent. It was a time when there were still big families. These members of Parliament proposed a new sterilisation commission but they lost. It is an interesting presentation of the debate in Runcis’ book, (pp. 242–251)

Another critical point I have against Runcis’ work is her treatment of Alva and Gunnar Myrdal. Of the 115 persons in her name index only Nils von Hofsten and Alfred Petréon get more references than Alva and Gunnar Myrdal. Still they were not central in the creation of the 1935 and the 1941 sterilisation laws, nor were they central in the application of the laws. They were positive to sterilisation although, knowing Mendelian genetics, they had no high expectations on its hereditary effects. The treatment of the Myrdals in Runcis’ dissertation does not reveal so much reading of their work as their place in the name index would suggest. I would say that they are used in her dissertation as stereotypical representatives of an oppressive welfare state, a genre image coming from Yvonne Hirdman’s book *Att lägga livet till rätta* (Laying Life in Order: Studies in the Politics of the Swedish “Folkhem”. Stockholm 1989). Hirdman’s analysis was made at a time when there existed almost no scientific critique of Alva Myrdal’s policies and therefore it was a necessary part in our on-going feminist debate. But it also happened to fall well into a successful ideological battle from market proponents against the welfare state, something that brought it fame.

Runcis tells us that Hirdman’s book only built on commission material, not on the practical policies and she writes: “My dissertation aims at filling a part of the hole that Hirdman left behind.” (p.22) I do not think though that Runcis’ treatment of Alva and Gunnar Myrdal would agree with Hirdman’s closer reading of the two. And I should add that there is not much trace of Alva Myrdal as the horrible Utopian in Hirdman’s description of her in Hirdman’s latest book, *Med kluven tunga* (With Forked Tongue: the Swedish Confederation of Trade Unions and the Gender Order. Stockholm 1998).

My positive critique is that Runcis has produced an immense, detailed and rich material on the Swedish sterilisations from a new gender perspective. She has been working as a detective following up different threads that can lead to a full picture of the wrongdoing of sterilisation. The reverse of my criticism against her for having a narrow and onesided state critical perspective, is also a benefit, namely her standpoint is consequently on the side of the victims. It is from that standpoint that the power in her dissertation comes. Her dissertation, popularized by Maciej Zaremba, has been central to a necessary and very important self-criticism among the civil servants and politicians of the Swedish state.

Her material is excellent for a theorizing of the function of laws in modern societies. Laws can be used in ways quite different from the ones foreseen

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by the legislators. Laws can be used in a very varied way over the country. For example, Runcis shows how the shocking average of 8,6 sterilisation operations per 10,000 inhabitants in Gothenburg for the period before 1941 was five times higher than the average of 1.7 per 10,000 in the rest of the country (under the year 1939 Gothenburg had an operation ratio 7 times higher than the rest of the country) (p. 115). She also shows that of the third of the applications coming from doctors and superintendents for institutions 1935–1941, almost half were coming from a few persons (pp. 119 and 126). The use of the law fitted some representatives of the Swedish state and others not and there grew very different traditions among the institutions which worked under similar outer conditions. At some institutions sterilisation operations became a routine, at others they never occurred.

The law is used by different actors for purposes that differ. The troublesome daughter X is transformed into the case Y. The case Y is investigated and categorized to the patient Z that can be sterilised. The parents that turned to the State for help are now desperate. The cure is worse than the symptom.

From a democratic point of view, the existence of rights to appeal against decisions, the education of citizens of their rights, the existence of controllers to avoid that decision-makers get stuck in routines and above all, the serious hearing of the potential victims of all important laws already during the legislating process not as subjects of the state but as equal partners to the upper-class legislators, all such rights and controls are of greatest importance when one reads Runcis' material.

To avoid chronocentrism it is also a task to translate the moral dilemmas of the thirties to our times. How do the sterilisations connect to today's pregnancy and abortion practices? Maciej Zaremba wrote; "It could be healthy to know in these times of embryo and foetus diagnosis, health moralism and priorities taken in the health system to what extent this social thinking still is embraced by the inheritors of the Home of the People" (*Dagens Nyheter* 1997, August 21), and Broberg and Tydén write about important questions that have stayed undiscussed in the sterilisation debate: "of how the welfare state combined aspirations for equality with a hierarchical and elitist viewpoint on man also when this was not racist, of the similarities between the sterilisation politics based on the right of the power and science to define valuable life and today's embryo and foetus diagnosis and human genetics." (*Dagens Nyheter*, 1997, September 13)

These questions touch upon the effects of the many decisions taken by individuals and the few decisions taken by the state and the complex interaction between these two levels of decisions. There is a very fast and constant development of the techniques of diagnosing embryos and fetuses. New difficult ethical questions are arising from this incessant technical transformation of the medical field. As said above, all abortions before the end of the 18th week of a pregnancy in Sweden are free for the woman. There is a distinction between general abortions, the child is not welcome because of the situation of the mother, and selective abortions, the child is not welcome due to a trait that the child has. It can be having an inherited illness or be of the 'wrong' sex. The statistics on the around 30,000 abortions made in Sweden each year do not differentiate between these

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types of abortions, they can be selective or general but the authorities lack the knowledge. Or is it that they close their eyes? It is up to the individual woman to decide and her motives are her legal secret. A 1995 law states that all pregnant women shall be informed about the option of embryo and foetus diagnosis. How much can the proportion of selective abortions rise without quantitative differences become qualitative where Sweden would in that future case be a country applying selective abortions on a more general level? Would that mean that the sorting of the unborn which could have been a goal of the thirties is now fulfilled under the banner of the individual parent's right to decision?

Maija Runcis' dissertation is a major work in the criticism of the Swedish welfare state, a book that every person working for a 'good enough' society should welcome. May her criticism of the authoritarian state not make us blind for today's risks for negative effects on us all by the many unrestrained individuals exercising their 'free will'.

1 Runcis Maija: *Steriliseringar i folkhemmet*. Stockholm 1998.

2 About the Swedish debate see my paper "The Modernist Manifesto of Alva and Gunnar Myrdal; Modernisation of Sweden in the Thirties and the Question of Sterilisation", presented at the XIVth World Congress of Sociology, Montreal, Canada, July 26–August 1, 1998 for RC08, session the Myrdals and modernity. It summarises the debate and contains an appendix of all articles in the debate in *Dagens Nyheter* August 20–September 27, 1997, and Mårten Söder: "Kan forskning skapa insikt". In: Karen Christensen and Liv Johanne Syltevik (eds): *Omsorgens forvitring?* Oslo 1999.

3 It is quite difficult to understand where the borders go for the domain as the practice is varying and complex and Runcis' description of it not always clear. On legal capacity, see Runcis 106–107, 256–257, footnote 35, 305 and note 5, 321.

4 Quoted by Broberg and Tydén: *Oönskade i folkhemmet*. Gidlunds 1991, 142.

5 Footnote 48, 305.

6 Below, when I give percentages for sterilised Swedes, they actually pertain only to Runcis' samples.

7 As the abortions are free as in Sweden (up to the 18th week), they are legal, something that makes the health care during the abortions better. They also occur earlier during pregnancies, which both means psychologically, a less severe loss for the mother, and physically, a less intrusive abortion method. During the fifties when the legal abortions were few, the illegal abortions were so many and so risky that their victims filled whole wards at the hospitals. Still, the rate of 30,000 abortions a year in Sweden on a population of 9 million is high.

8 The total sum of sterilisations during the period 1942–1946 was

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actually 7,132 and Runcis discusses the discrepancy on *p.* 179. Many such differences and also many other complicating factors for the analysis are well discussed by Runcis in her detailed writing.

9 Not her true name.

10 In Runcis material of 499 applications from 1935 to 1941 not more than three concern the discriminated group of "tattare", a special group of outcasts somewhat similar to gipsies (*p.* 133).