

# Appeals to Autonomy and Obedience: Continuity and Change in Governing Technologies in Danish and Swedish Health Promotion

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**Abstract:** The increasingly used concept *new public health* indicates that a fundamental change has occurred in the goals and methods of disease prevention and health promotion. The change is often said to imply less expert-driven governing of citizens. In this article, governing technologies in the field of public health in Denmark and Sweden are analysed to investigate whether substantial changes have taken place in the governing efforts. In the endeavours unfolded in relation to health examinations for children and pregnant women during the last eighty years, no apparent evidence exists of a significant change in governing technologies. Regulatory, expert-driven and empowering technologies have been used during the whole period; additionally, appeals to autonomy, responsibility and obedience as well as to trust in authorities co-exist throughout the period. The fundamental change is the huge increase in the health authorities' governing ambitions.

**Keywords:** Health Promotion; Health Examinations; Children; Pregnant Women; Exercise of Power; Governing Technologies; New Public Health; Denmark; Sweden; Autonomy; Obedience; Responsibility; Twentieth Century; Michel Foucault

## Introduction

Health promotion can be viewed as unequivocally positive, as a means of helping people lead a better life. Since the aim is often to change the behaviour of citizens in certain directions defined by the authorities, it implies attempts of exercising power. Inspired by Michel Foucault's later theories of exercise of power, this paper presents a study of governing technologies used in health promotion in relation to health examinations of children and pregnant women during the twentieth century in Denmark and Sweden.

Health promoters often use the concept *new public health*, indicating that public health policies have changed fundamentally during the last few decades.<sup>1</sup> The change is said to

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<sup>1</sup> Ilona Kickbusch, 'The Contribution of the World Health Organisation to a New Public Health

have taken place with the Lalonde report from 1974, or more often with the Ottawa Charter from 1986. In the Ottawa Charter, health promotion is described as ‘the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social wellbeing.’<sup>2</sup> Although there is no overall agreement about the implications of the new policies, they are usually viewed as concerning both the goal and the means, i.e. the governing technologies in health promotion.<sup>3</sup> While the goal is said to have changed from reducing disease to improving health, the means are perceived to have become less expert driven and more reliant on empowered, autonomous individuals’ informed choices.

A similar idea of a change in governing technologies is expressed by researchers inspired by Michel Foucault’s theories who are studying the relations between the citizens and the state during the twentieth century. Nikolas Rose and Thomas Lemke maintain that a radical change in governing technologies occurred when more prescriptive and regulating technologies were replaced by autonomous self-regulation, made possible by the enabling state during the last decades of the century, also labelled *late modernity*.<sup>4</sup> A change parallel to the one identified as *new public health*. Rose states that during the ‘last fifty years’ one can witness ‘the emergence of a new way of understanding and acting upon human beings as subjects of freedom.’<sup>5</sup> This implies that ‘disciplinary techniques and moralising injunctions as to health, hygiene and civility are no longer required: the project of responsible citizenship has fused with individuals’ projects for themselves.’<sup>6</sup> Rose labels the present period as being characterised by ‘freedom as autonomy’ which has replaced periods labelled ‘freedom as discipline’ and ‘freedom as solidarity’, labels which indicate a substantial change in governing technologies and differences between the periods. Lemke claims that the ‘neo-liberal strategy does indeed consist of replacing (or at least supplementing) out-dated rigid regulatory mechanisms by developing techniques of self-regulation, then political analysis must start to study the “autonomous” individual’s capacity for self-control.’<sup>7</sup> Both assert that the governing has changed to a governing on the distance, where people are governed to govern themselves. The two are not specific about in which countries this change can be identified.

In this article, I investigate whether a fundamental change in governing technologies can be documented empirically through studying Denmark and Sweden, and I address

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Promotion,’ *American Journal of Public Health*, 93, 3 (2003), 383–8; N. Awofeso, ‘What’s New About the “New Public Health”?’ *American Journal of Public Health*, 94, 5 (2004), 705–9. Editorial, ‘What’s New in Public Health?’ *The Lancet*, 337 (1991), 1381–3; Alan Petersen and Deborah Lupton, *The New Public Health: Health and Self in the Age of Risk* (London: Sage, 1996).

<sup>2</sup> *Ottawa Charter*, WHO 1986.

<sup>3</sup> Signild Vallgård. ‘Forebyggelse og sundhedsfremme—definitioner, historie og magtudøvelse,’ in S. Glasdam and K.B. Poulsen (eds), *Folkesundhed—i et kritisk perspektiv* (Copenhagen: DSR i samarbejde med Nyt Nordisk Forlag Arnold Busck, 2009), 95–113.

<sup>4</sup> Since the concept ‘late modernity’ implies that modernity is close to its end, it is a concept implying

prognostic capabilities by the users. Some decades ago the concept ‘late capitalism’ was frequently used. Now, when capitalism seems possibly more vigorous than ever, it has fallen out of use. Defining a period of an era as ‘late’ is most safely done when the era alluded to is actually considered to have ended.

<sup>5</sup> Nikolas Rose, *Powers of Freedom: Reframing Political Thought* (Cambridge: Cambridge University Press, 1999), 84.

<sup>6</sup> *Ibid.* 88.

<sup>7</sup> Thomas Lemke, ‘“The Birth of Biopolitics”—Michel Foucault’s Lecture at the Collège de France on Neo-Liberal Governmentality’, *Economy & Society*, 30 (2001), 190–207.

the questions: did a change occur in the governing technologies utilised in health promotion in relation to health examinations in the 1930s and the 1940s, compared with the 1970s and onwards? Was there continuity or change in the technologies utilised during the period studied, which is to say, can one identify an emerging *new public health* with less 'rigid regulatory mechanisms' and 'moralising injunctions' and more reliance on autonomous, self-regulating and responsible citizens?

Health examinations were selected as the empirical case because they have existed as a frame for public health interventions since the 1930s and 1940s. They thus enable a study of possible changes over time. The analysis mainly deals with two periods: the 1930s and 1940s, and the decades after 1970. During the first decades after World War II, health policy almost exclusively dealt with hospitals.<sup>8</sup> Health examinations for children and pregnant women were gradually introduced from the late nineteenth century by public authorities and charitable organisations although legislation, along with universal and free provision, were not introduced before the 1930s and 1940s. While the two Scandinavian countries studied differ substantially in other areas of public health,<sup>9</sup> they are very similar regarding the issues addressed in this paper. I use two cases to discuss the generalisations presented above. It is thus a combination of an historical and a social science approach.

### **Michel Foucault's and Other Studies of the Exercise of Power<sup>10</sup>**

Michel Foucault's late writings have inspired this analysis. His aim was to understand how power is exercised and subjects are formed, and he developed the concept of governmentality that has inspired many researchers, for example, Nikolas Rose and Thomas Lemke. In my opinion, Foucault's understanding has proven fruitful in analysing the relationships between the state and other authorities and the citizens in the public health field. In his article 'The Subject and Power' Foucault argues that the exercise of power can be characterised as:

[A] total structure of actions brought to bear upon possible actions: it incites, it induces, it seduces, it makes easier or more difficult; in the extreme it constrains or forbids absolutely; it is nevertheless

<sup>8</sup> Signild Vallgård, *Folkesundhed som politik: Danmark og Sverige 1930 til i dag* (Århus: Aarhus Universitetsforlag, 2003); *idem*, 'Rise, Heyday and Incipient Decline of Specialisation: Hospitals in Denmark 1930–1990', *International Journal of Health Services*, 29 (1999), 431–5.

<sup>9</sup> Signild Vallgård, 'Health Inequalities: Political Problematisations in Denmark and Sweden', *Critical Public Health*, 17, 1 (2007), 45–56; *idem*, 'Public Health Policies—A Scandinavian Model?', *Scandinavian Journal of Public Health*, 35, 2 (2007), 205–11; *idem*, 'Problematisations and Path Dependency: HIV/AIDS Policies in Denmark and Sweden', *Medical History*, 51 (2007), 99–112.

<sup>10</sup> I do not intend or wish to be 'truly Foucauldian' in the sense that I try to follow him, but I do in the

sense that I use him as I please for my own purposes, just as he said he did with Nietzsche. 'Moi les gens que j'aime, je l'utilise. La seule marque de reconnaissance qu'on puisse témoigner à une pensée comme celle de Nietzsche, c'est précisément de l'utiliser, de la déformer, de la faire grincer, crier. Alors, que les commentateurs dissent si l'on set ou non fidèle, cela n'a aucun intérêt.' ['For myself, I prefer to utilise (rather than comment on) the writers I like. The only valid tribute to thought such as Nietzsche's is precisely to use it, to deform it, to make it groan and protest. Thus if the commentator says that I am unfaithful to Nietzsche that is absolutely of no interest.' Translated by O'Brien]; J.-J. Brochier, 'Entretien sur la prison: le livre et sa méthode', *Magazine littéraire*, 101 (1975), 27–33.

always a way of acting upon an acting subject or acting subjects by virtue of their acting or being capable of action.<sup>11</sup>

Studying the exercise of power, governmentality, thus involves identifying the means by which people are made subjects and the efforts to change their way of acting. Crucial to Foucault was the idea that power is exercised only over free people, i.e. over people who, with certain limitations, have the possibility to act as they wish and who hold the capacity of resistance. The challenge for those who exercise power is to make people choose by themselves to act in the intended way. Foucault describes it as a 'contact between the technologies of domination of others and those of the self.'<sup>12</sup> The exercise of power thus has two sides, which can be illustrated by word pairs such as: surveillance/self-surveillance<sup>13</sup>, discipline/self-discipline, control/self-control, help/self-help and knowledge/self-knowledge.<sup>14</sup> When people are disciplined they may end up disciplining themselves, internalising surveillance and restraining their own behaviour. The reason why the exercise of power does not always cause resistance is that it is not only suppressive, it also produces desired objects, in the case studied here, better health.<sup>15</sup> Nikolas Rose developed Michel Foucault's approach by identifying several governing technologies such as responsabilisation and '*government through the calculated administration of shame*'.<sup>16</sup> These concepts also inspired my study.

In the study of the exercise of power in public health activities, I have identified two types of governing technologies used in health-promoting activities.<sup>17</sup> The first technology implies *appeals* to the faculties and aspirations people have in order to make them *act* in certain ways. It could be appeals to the wish for health and success, or to traits such as responsibility, obedience and vanity, or to feelings such as fear and shame. The second technology seeks to *shape* people by trying to *create new abilities and aspirations*, or by *enhancing* those they already have. An example of this is empowerment strategies where people are influenced to assume new faculties to enable them to change their actions.

## Sources

The governing technologies and ambitions of the authorities as expressed by politicians, civil servants, doctors and other health professionals performing the activities are identified by analysing the means suggested and used to convince pregnant women and parents to change behaviour. The texts analysed include Statutory Acts and White and Green Papers; instructions about health examinations addressed to doctors, midwives, health

<sup>11</sup> Michel Foucault, 'The Subject and Power', in H.L. Dreyfus and P. Rabinow (eds), *Michel Foucault: Beyond Structuralism and Hermeneutics* (New York: Harvester Wheatsheaf, 1982), 208–26: 212.

<sup>12</sup> Michel Foucault, 'Technologies of the Self', in H. Luther, H. Gutman and P.H. Hutton (eds), *Technologies of the Self* (Amherst: The University of Massachusetts Press, 1988), 16–49: 19.

<sup>13</sup> David Armstrong, 'The Rise of Surveillance Medicine', *Sociology of Health & Illness*, 17, 3 (1995), 393–404.

<sup>14</sup> Signild Vallgård, 'Studier af magtudøvelse: Bidrag til operationalisering af Michel Foucaults begreb governmentality', in Peter Munk Christiansen and Lise Tøgeby (eds), *På sporet af magten* (Århus: Aarhus Universitetsforlag, 2003), 117–31.

<sup>15</sup> Michel Foucault, 'Truth and Power' in C. Gordon (ed.), *Power and Knowledge* (New York: Pantheon Books, 1972), 109–33.

<sup>16</sup> Rose, *op. cit.* (note 5), 73, original emphasis.

<sup>17</sup> Vallgård, *op. cit.* (note 14).

visitors and nurses; articles in medical journals; and information material distributed to pregnant women and parents by voluntary organisations and the public health authorities, including some material aimed at the general public.

The sources were retrieved through a systematic search in the two countries' national bibliographies, including bibliographies of journal articles, at university libraries receiving all printed material, in the proceedings from the parliaments and of publications from the national boards of health (and welfare) and other government bodies. Furthermore, the journals of the Swedish and Danish medical associations were searched systematically. While this search ensures that practically all material published by public authorities was found, there might be publications of voluntary organisations that have not been detected. Since the focus of the paper is on the governing technologies used by the health authorities, this is not a major problem. The Danish National Board of Health [Sundhedsstyrelsen] published a leaflet about infant care in 1921 for mothers, which appeared in revised editions until the 1940s. In the 1980s and 1990s the national boards of health in both countries published new books for parents, which were more extensive in scope and size.

The material for pregnant women and parents was produced by the national health authorities and by philanthropic agencies in collaboration with public health agencies. Doctors, nurses and midwives distributed the information during the health examinations. At the end of the century, as opposed to earlier, the national boards of health in the two countries produced much more extensive material for pregnant women and parents of infants and small children. The increase was paralleled by an increase in commercially published books, pamphlets and journals about pregnancy and child rearing; obviously there was a public demand for guidance.<sup>18</sup>

### **Health Surveillance**

In the 1930s and 1940s, the Danish and the Swedish governments introduced free and universal health examinations for pregnant women and infants, preschool children and school children.<sup>19</sup> Adherence to the health examinations was high for pregnant women and infants, close to one hundred per cent in 1960, and it has remained high. It was lower for preschool children. In Denmark, school health examinations were mandatory at least until the 1980s. Initially, parents might have to pay a fine if the child did not attend. In Sweden, attendance to school health services was most likely also high since the children, so to speak, were captive.

The purpose of the health examinations was to survey the development and health of children and pregnant women. The health examinations involved at least four activities: 1) gathering information about the participants to establish what was normal; 2) surveillance to monitor if the individual pregnant woman or child met the criteria of normality;

<sup>18</sup> It should be noted that while the material indicates what health personnel were instructed to say to the parents, it does not disclose what was actually said. Similarly, the content of the written material distributed to parents yields insight into how the authorities sought to influence people, but we do not

know if people actually read the booklets or how they responded to them. In other words, this study primarily is informative on the intentions, ambitions and efforts of those trying to govern but it does not deal with the possible effect of the efforts.

<sup>19</sup> Vallgård, *op. cit.* (note 8).

3) interventions ensuring that deviances from the norm were corrected; and 4) provision of information and guidance on how to ensure the health and development of the unborn and born children.

Michel Foucault's concept of pastoral power could be used to describe what takes place during health examinations. This concept is derived from the idea that the priest exercised a special, benevolent form of power over his flock. The task was to ensure the community members' salvation into the next world. To achieve this he took care of each and every one on the basis of meticulous knowledge about all of them. Foucault sees a similar exercise of power developing from the eighteenth century outside the church, which he labels 'a new pastoral power', and which eventually results in the welfare state activities of the twentieth century. He describes it as ensuring salvation in this world: 'health, wellbeing (that is, sufficient wealth, standard of living), security, protection against accidents.'<sup>20</sup> Doctors, nurses and midwives could be said to exercise such pastoral power by gathering information about each individual in order to ensure that individual's salvation in this world, i.e. his or her health. These activities also form part of what David Armstrong has labelled surveillance medicine.<sup>21</sup>

### Appeals Towards and Shaping of Parents

A central task of the health examinations was to inform and guide those examined. The governing technologies that were suggested and attempted in the material studied can be divided into those that appealed to and tried to shape parents as *autonomous*, self-reliant and responsible, and those that by delivering instructions in the imperative mode, addressing parents as subjects who were supposed to *obey* the authorities. The question is if the regulatory activities were replaced by enabling efforts during the later years of the century.

### Governing of Autonomous, Responsible Adults

In the 1930s and 1940s, *appeals* were made to the *responsibility* of parents and other citizens, stating what their duty was and thus addressing them as autonomous and self-dependent. In Denmark, the director of the National Board of Health stated that 'preventive and health-maintaining work (can) not be performed thoroughly without the participation of every person in our society, and this participation requires an understanding of the goals and means of the efforts.'<sup>22</sup> Similar statements were made in Sweden: 'The public authorities' fight against diseases must build on the will and co-operation of each

<sup>20</sup> Foucault, *op. cit.* (note 11), 215.

<sup>21</sup> Armstrong, *op. cit.* (note 13). Surveillance has both negative and positive connotations: control as well as care and consideration. This duality is captured in the two Scandinavian languages where the meaning of *övervåge/övervaka* [surveillance or control] changes when the word order is changed: *våge över/vaka över* [watch over or take care of].

<sup>22</sup> '[D]et sygdomsforebyggende og sundhedsbevarende Arbejde (kan) ikke gennemføres til Bunds uden Medvirken af hver enkelt i vort Samfund, og denne Medvirken forudsætter Forstaaelse af Arbejdets Midler og Maal'; Johannes Frandsen, 'Vi skal værne om Sundheden', *Den store Sundhedsudstilling*, Udstillingskatalog (Copenhagen: Berlingske Tidende og Arthur Jensens Forlag, 1939), 8–10: 9. All translations are given by the author.

citizen.<sup>23</sup> To achieve this co-operation doctors and teachers should encourage it. It was stated that Danish school doctors should 'try to encourage interest and understanding of hygiene factors among school personnel, parents and children.'<sup>24</sup> The Swedish Government stated that 'the active participation of parents should be achieved through intensive and continuous propaganda in different forms provided by the schools.'<sup>25</sup>

Appeals to the obligations and responsibilities of a mother towards her child were numerous. The Danish mothers were told: 'For the sake of your child, for your own sake and in the interest of the entire society you should let your child profit from these free examinations.'<sup>26</sup> In Sweden, they were told: 'Every housewife... has great responsibility as a citizen and as a human being. The health of future generations depends to a large extent on her knowledge, interest, diligence and care.'<sup>27</sup> Parents, in this period, the mothers above all, were expected to *aspire*, not only to care properly for their children but also to be responsible towards society as a whole. In Denmark, it was emphasised in 1936 that the health visitor should 'provide help to self-help and strengthen the parents' feeling of responsibility towards the children.'<sup>28</sup> A Danish doctor stated in 1941 that 'one should not rock her feelings of responsibility and self-dependence as a mother with too many visits, which could easily take on the nature of control.'<sup>29</sup> In Sweden, one doctor wrote that the doctors should help people in their self-education;<sup>30</sup> another wrote: 'All sanitary education is characterised by self-education.'<sup>31</sup> Thus, people were encouraged to act responsibly and to regulate their own behaviour, to use technologies of the self. Health professionals should appeal to people's responsibility and strengthen their capacity to act in accordance with the advice given.

From the 1970s the political statements and instructions to health professionals focused even more on the importance of people being responsible and making their own decisions. As the following quote from the Swedish National Board of Health and

<sup>23</sup> 'Det allmännas kamp mot sjukdomar måste vara byggd på den enskildes medverkan och vilja'; Johan Wintzell, 'Bättre hygienisk folkupplysning både inom och utom skolan', *Friskt folk*, 5 (1942), 13.

<sup>24</sup> '[B]ør endvidere i fornødent Omfang søge at vække Interesse for og Forstaaelse af hygiejniske Forhold hos Skolepersonale, Forældre og Børn Mønstreinstruks for Skolelæger'; *Ministerialtidende for Kongeriget Danmark 1947* (Copenhagen: Schultz, 1948), 120–3, paras 6 and 8.

<sup>25</sup> 'Målsmännens aktiva medverkan i det förebyggande hälsoarbetet bör vinnas genom en intensiv och kontinuerlig propaganda i olika former från skolans sida.' Kungl. Maj:ts proposition nr 193 till rigen angående rationalisering och utbyggnad av skolhälsovården. 25 februari 1944', *Riksdagen protokoll* (Stockholm: Riksdagstryck, 1944), 18.

<sup>26</sup> '[F]or Deres Barns Skyld, for Deres egen og for hele Samfundets Skyld bør de lade Deres Barn nyde godt af disse vederlagsfrie Undersøgelser'; Københavns Kommune, *Sunde Børn skaber et sundt Folk* (Copenhagen: Municipality of Copenhagen, 1948).

<sup>27</sup> 'Varje husmor... har ett stort medborgerligt och humanitärt ansvar. På hennes kunskaper, intresse och

noggrannhet och omtanke beror till stor del den kommande generationens hälsa'; Hälsokampanjens Medicinska Expertråd, 'Sund föda – en av folkhälsans grundpelare', *Ett friskare folk' Typföredrag till hälsokampanjen 1945*, 2 (Stockholm: Sveriges läkarförbund, 1945).

<sup>28</sup> 'Hjælp til Selvhjælp, og at hun styrker Forældrenes Ansvarsfølelse overfor Børnene', Danske Kvinders Nationalraad, *Vore Børns Sundhed* (Copenhagen: Danske Kvinders Nationalraad, 1936), 71.

<sup>29</sup> '[M]en der maa ikke rokkes ved hendes Ansvarsfølelse eller Selvstændighedsfølelse som mor ved alt for jævnlige Besøg, der desuden let faar Karakter af Kontrol'; O. Andersen, 'Sundhedsplejerskerne og deres virksomhed', *Ugeskrift for Læger*, 103 (1941), 1292–9: 1293.

<sup>30</sup> J. Lundholm, 'Har läkaren någon uppgift som folkuppfostrare?', *Svenska Läkartidningen*, 41 (1944), 235–41.

<sup>31</sup> 'All sanitär fostran bär självfostrans märke'; A. Josefson, 'Vart siktar den moderna läkekonsten?', *Svenska Läkartidningen*, 42, 36 (1945), 2579–89: 2586.



Welfare shows, the health professionals were instructed to try to shape parents' ideas about themselves: 'A central task for doctors and nurses is to communicate their knowledge to parents and employees in order to strengthen their belief in their own capacity and resources.'<sup>32</sup> They were to help parents solve their own problems by giving them 'support and knowledge so that they themselves can cope with their difficulties.'<sup>33</sup> A Swedish Green Paper from 1997 on 'Support in Parenthood' similarly stressed that people were to decide for themselves: 'Parents must feel that they can influence their conditions and that they have power over their own lives; that they, and not others, decide what to do and how to do it.'<sup>34</sup> Parents were expected to be strong and self-confident and not to hand over responsibility to others. This appears as a very ambitious effort to shape parents' faculties and feelings.

Another means of encouraging self-governing and thereby shaping the faculties and motives of parents can be seen in the Swedish Parliament's decision, in 1979 to offer parenthood training. The purpose was to strengthen parents' self-confidence and ability to take action.<sup>35</sup> The authorities obviously did not assume that pregnant women and parents were independent and able to act satisfactorily without support. Hence, they considered it necessary to help to develop parents' and parents-to-be's autonomy and judgment, irrespective of whether the parents asked for it. The purpose of the support was both to promote certain faculties and ensure that these were used properly, to promote health, and thereby it was assigning an important role for the experts as facilitators and instructors.

Surveillance was seen as a means to make the parents more willing to behave according to the advice by changing their perceptions of themselves and their responsibility: 'The purpose of the alcohol anamnesis is not to get an exact picture of how much alcohol the woman drank before getting pregnant, but to make her conscious about the risks of drinking alcohol.'<sup>36</sup> The surveillance thus had the purpose of creating self-surveillance.

In Denmark, the ambition to strengthen the resources of parents and pregnant women became more pronounced in the 1990s. The 1995 guidelines for the health examination of children stated that: 'the health visitor makes her starting point the resources of the child and the family, supports them and contributes to develop the family's abilities to cope with the challenges and difficulties connected with having children.'<sup>37</sup> Similar

<sup>32</sup> 'En central arbetsuppgift för läkare och sjuksköterskor bör vara att förmedla sina kunskaper till föräldrar och personal för att stärka deras tilltro till den egna förmågan och de egna resurserna', Socialstyrelsen, *SOU 1980:27: Barn och vuxna. Barnomsorgsgruppens slutbetänkande om föräldrautbildning* (Stockholm: Socialstyrelsen, 1980), 137.

<sup>33</sup> '[S]töd och sådan kunskap att de får tillfälle och möjlighet att själva bemästra sina svårigheter'; Socialstyrelsen, *Hälsovård för mödrar och barn inom primärvården. Allmänna råd från socialstyrelsen*, 4 (Stockholm: Socialstyrelsen, 1981), 21.

<sup>34</sup> 'Föräldrar måste känna att de kan påverka sina villkor och att de har makt över sina liv, att det inte är andra som bestämmer åt dem vad de skall göra och hur det skall gå till'; Socialstyrelsen. *SOU 1997:161.*

*Stöd i föräldraskapet. Betänkande av Utredningen om föräldrautbildning* (Stockholm: Socialstyrelsen, 1997), 42.

<sup>35</sup> Regeringens proposition, *Riksdagstryck*, 1978/79, 168.

<sup>36</sup> 'Syftet med alkoholanamnesen är inte att få en absolut korrekt bild av hur mycket alkohol kvinnan drack innan hon blev gravid utan att medvetandegöra de risker och problem som finns med alkoholförtäring'; Svensk Förening för Obstetrik och Gynekologi Arbets- och Referensgrupp för Mödrahälsovård, *Hälsoövervakning vid normal graviditet*, Rapport, 21 (1991), 18.

<sup>37</sup> 'Sundhedsplejersken tager sit udgangspunkt i familiens/ barnets ressourcer, understøtter dem og medvirker til at udvikle familiens evne til selv at mestre udfordringer og vanskeligheder forbundet med



wording can be found in the guidelines for prenatal care a year later, 'the resources of the individual should be strengthened'.<sup>38</sup>

From the 1980s in Sweden and the 1990s in Denmark, parents were more than ever before encouraged to decide for themselves, to find out what their wishes were and what was good for them and their children. In the information material parents were encouraged to decide for themselves which form of behaviour was the most desirable. The Danish book distributed to parents of preschool children thus stated: 'Follow your own wishes about what you and your child like. . . It is important that parents use their sense and knowledge of the child and their imagination.'<sup>39</sup> Swedish parents received similar messages. 'Surely you do not agree with all we write. That is good. You know yourself what is right for you and your child.'<sup>40</sup> 'Use your knowledge and imagination! [...] Trust your own judgement!'<sup>41</sup> Pleas to parents to make their own decisions were thus phrased in an imperative mode, that is to say, autonomous choices were encouraged by prescribing a certain behaviour and using appeals to obedience.

Not least, pregnant women were presented with the importance of making choices. According to the Danish guidelines for prenatal care from 1985, women should have 'more options and contributory influence.'<sup>42</sup> In the guidelines from 1998 it was said that: 'The woman should be given the possibility of making real choices about examinations, place and method of delivery, therapeutic measures, care and the utilisation of technology.'<sup>43</sup> In the case of a woman not utilising her freedom of choice, the health personnel should 'stimulate her and the family to actively participate during pregnancy, delivery and the time after.' In short, according to the information material and instructions, people should choose for themselves. One choice was not acceptable, however, namely the choice not to be independent and not to make one's own choices, echoing J.S. Mill. Choices and participation were thus not so much an option as an obligation; or as Nikolas Rose phrases it: 'modern individuals are not merely "free to choose", but are *obliged to be free*, to understand and enact their lives in terms of choice.'<sup>44</sup>

As compared with the middle of the century, fewer appeals were made for responsibility for society and future generations. The number of appeals and efforts to strengthen the parents' responsibility, and their capacity to act, increased during the century, as

det at have børn'; Sundhedsstyrelsen, *Forebyggende sundhedsordninger for børn og unge* (Copenhagen: Sundhedsstyrelsen, 1997), 27.

<sup>38</sup> 'Derfor skal individets egne ressourcer styrkes'; Sundhedsstyrelsen, *Svangreomsorg: Retningslinier og redegørelse. Sundhedsvæsenets indsats i forbindelse med graviditet, fødsel og barselsperiode* (Copenhagen: Sundhedsstyrelsen, 1998), 18.

<sup>39</sup> 'Efterhånden udvikler I evne til at fornemme, hvordan barnet har det og til at tilfredsstille det'; 'Her gælder det om, at de voksne bruger deres fornemmelser for og kendskab til barnet og deres fantasi'; Sundhedsstyrelsen, *Sunde børn: Vejledning til forældre med børn i alderen 0–3*, 1st edn (Copenhagen: Sundhedsstyrelsen, 1988), 15 and 10.

<sup>40</sup> 'Säkert finns en del du inte håller med om. Det är bra. Du vet säkert bäst vad som är rätt för dig och

ditt barn', L.H. Gustafsson, *Leva med barn* (Stockholm: Socialstyrelsen, 1983), back cover.

<sup>41</sup> 'Använd dina kunskaper och din fantasi! ...Och lita på ditt omdöme!', *ibid.*, 76.

<sup>42</sup> '[S]tørre valgmulighed og større medindflydelse'; Sundhedsstyrelsen, *Retningslinier for svangerskabsshygijne og fødselshjælp* (Copenhagen: Sundhedsstyrelsen, 1985), 37.

<sup>43</sup> 'Kvinden skal sikres mulighed for at træffe reelle valg om undersøgelsestilbud, fødested/måde, behandlingsformer, omsorg og anvendelse af teknologi'; Sundhedsstyrelsen, *Svangreomsorg. Retningslinier og redegørelse. Sundhedsvæsenets indsats i forbindelse med graviditet, fødsel og barselsperiode* (Copenhagen: Sundhedsstyrelsen, 1998), 16.

<sup>44</sup> Rose, *op. cit.* (note 5), 87.

did the number of choices presented to them. This could lend support to the idea that a change had taken place as indicated by the concept of *new public health*.

### Governing of Obedient and Docile Subjects

Despite the aforementioned efforts to appeal to parents and to shape them as responsible, autonomous and competent beings, the information material in both the mid- and late twentieth century was replete with instructions and prescriptions appealing for obedience and trust in the authorities, rather than trust in one's own judgements. The information material of the mid-century was filled with prescriptions, such as the Danish: 'The whole body of the child should be washed every day',<sup>45</sup> 'the child should be breastfed',<sup>46</sup> 'the child's day should have a fixed routine',<sup>47</sup> 'children shall be accustomed from an early age to sleeping with open windows'.<sup>48</sup> And the Swedish: 'The family's best room should be used as the nursery'.<sup>49</sup>

Appeals to the fear of shame can also be seen as a way of using authoritative views as a means of changing behaviour. In a radio talk to schoolchildren, a doctor said: 'Amongst adults one wrinkles one's nose at those who are dirty, and it is quite disagreeable to be so disapproved of. If you do not learn from childhood to keep clean, you will easily become one at whom people wrinkle their noses'.<sup>50</sup>

The willingness of parents to listen to and follow the advice may have been enforced by the claims of the authorities that parents lacked sufficient knowledge, as stated by the Magistrate of Copenhagen: 'Even if you follow your child's development with attention you will not see everything. Even if you make efforts to care for, feed and raise your child as you should, you do not know everything'.<sup>51</sup>

The shaping of people's desires and abilities to act was also mentioned by Poul Bonnevie, a professor in hygiene. According to him, doctors should 'not only provide specific information, but—supported by general opinion—also provide the understanding that this knowledge should actually be used, and thus create a mentality that promotes the

<sup>45</sup> 'Barnet skal hver Dag vaskes over hele Kroppen'; Sundhedsstyrelsen, *Det spæde Barns Ernæring og Pleje*, 6th edn (Copenhagen: Sundhedsstyrelsen, 1938).

<sup>46</sup> 'Barnet skal have modermælk'; Oluf Andersen, 'Saadan skal Deres Barn passes', *Den store Sundhedsudstilling, Udstillingskatalog* (Copenhagen: Berlingske Tidende og Arthur Jensens Forlag, 1939), 36.

<sup>47</sup> 'Barnets Dag bør reguleres efter Klokkelæt'; Axel Larsen, 'Deres Dreng skal i Skole', *Den store Sundhedsudstilling, Udstillingskatalog* (Copenhagen: Berlingske Tidende og Arthur Jensens Forlag, 1939), 47.

<sup>48</sup> 'Børnene skal fra ganske smaa vænnes til at sove for aabne vinduer'; S. Rohleder, 'Skolebarnets Hygiejne i Hjem og Skole', *Sund Levevis*, 3 (1936), 18–20: 19.

<sup>49</sup> A. Lichtenstein and A.J. Wallgren, *Spädbarnsvård* (Stockholm: Oskar Eklunds Tryckeri, 1945), 6.

<sup>50</sup> 'Blandt voksne mennesker rynker man jo lidt på næsen ad dem, der er snavsede, og det er slet ikke rart at blive rynket på næsen ad mellem voksne. Men er man ikke vænnet fra barn til at holde sig ren, kommer man let til at høre til dem, der bliver rynket på næsen ad'; *Tre Manuskripter til Dr Backers Udsendelser* (unpublished MS, *Hygiejnekomitéens Arkiv*, 1950), Kasse 210–1–190, 4.

<sup>51</sup> 'Selvom De følger Deres Barns Udvikling med Opmærksomhed, er det ikke alting De ser. Selvom De gør dem Umage for at passe, ernære og opdrage det saa rigtigt som muligt, er det ikke alting De ved'; *Udkast til Fødselsdagsbrev fra overborgmester Julius Hansen*, 'Den almindelige danske Lægeforening: hygiejnekomitéen', (Rigsarkivet: privatinstitutioner, 1948), Ark. nr. 10.588, Pk. nr. 186. sag 210–3–b, Bilag 78.

urge to follow the advice.<sup>52</sup> The same professor assumed that surveillance would enhance the willingness to follow the advice given among ‘mothers, whose natural caring we enhance to anxiety by introducing the examination.’<sup>53</sup>

Compared with the 1930s and 1940s, when the health examinations were introduced, the information material in the late twentieth century contained many more instructions and the instructions concerned a wider spectrum of the families’ lives. Moreover, the instructions were phrased in the same peremptory tone as those of the mid-century. In the guidelines for prenatal care distributed late in the century, health personnel were told to give a number of instructions that left no room for the mothers to form their own opinions: ‘breast milk substitute should not be given’ and ‘at the beginning the child should be breastfed at least eight times a day.’<sup>54</sup> Other family members were also included in the guidance: ‘the father-to-be will also profit from a healthy behaviour when it comes to eating habits.’<sup>55</sup> Similar messages surface in the Swedish material distributed to parents: ‘Never smoke in a room where there are small children and never in the child’s bedroom. Let the expected child be the occasion for the whole family to quit smoking.’<sup>56</sup> More examples are: ‘the child should participate in the family’s meals’;<sup>57</sup> ‘make nappy-changing a time for communication’;<sup>58</sup> ‘from the very beginning you should talk to your child’; ‘don’t forget the A and D vitamins! We live in a country short of sunshine’;<sup>59</sup> ‘don’t praise a child for eating his or her meal!’;<sup>60</sup> ‘don’t drink alcohol while pregnant!’; ‘stop smoking’.<sup>61</sup>

Some advice given in the 1990s was diametrically opposed to that given in previous decades, but it was formulated just as unconditionally as before. In the 1940s, the Danish information to mothers included a statement that ‘right from the start the child should become accustomed to regularity and should therefore be fed, nursed and bathed at fixed hours.’<sup>62</sup> Fifty years later the message was as clear and also phrased in the imperative mode, but the prescription was the opposite: ‘Don’t clock watch! Healthy babies do not need fixed breast-feeding times.’<sup>63</sup> Regularity was no longer an option. At times, the information material for parents referred to the authorities in order to underscore

<sup>52</sup> ‘[I]kke blot giver konkret viden, men - selvfølgelig støttet af en almindelig opinionsdannelse—også giver forståelse af, at denne viden virkelig skal udnyttes, altså skaber mentaliteten og derved fremelsker trangen til at følge rådene’; Poul Bonnevie, ‘Den såkaldte helbreds kontrol’, *Ugeskrift for læger*, 115 (1953), 57–64: 64.

<sup>53</sup> ‘[M]ødre, hvis naturlige omsorg vi først forøger til ængstelighed ved netop at indføre undersøgelsen’; *ibid.*, 60.

<sup>54</sup> Sundhedsstyrelsen, *op. cit.* (note 43).

<sup>55</sup> ‘[D]en kommende far også har godt af at leve sundt med hensyn til, hvad han spiser’; Sundhedsstyrelsen, *Barn i vente* (Copenhagen: Sundhedsstyrelsen, 1999), 23.

<sup>56</sup> ‘Rök aldrig i rum där det finns små barn och absolut inte i barns sovrum. Låt det väntade barnet bli anledning till att alla i familjen slutar röka’; Socialstyrelsen, *Vänta barn: En bok om graviditet, förlösning och föräldraskap från socialstyrelsen* (Stockholm: Socialstyrelsen; 1991), 31.

<sup>57</sup> ‘[B]arnet bør deltage i familiens måltider’, *Forebyggende sundhedsordninger for børn og unge. Retningslinier* (Copenhagen: Sundhedsstyrelsen, 1995), s. 82.

<sup>58</sup> ‘[G]öra hela skötstunden till en stund av samspråk’; Gustafsson, *op. cit.* (note 40).

<sup>59</sup> ‘Glöm inte AD-dropparna! Vi lever i ett solfattigt land...’; *ibid.*, 82.

<sup>60</sup> ‘Beröm inte ett barn som äter upp sin mat!’; *ibid.*, 90.

<sup>61</sup> ‘Drik ikke alkohol når du er gravid’, ‘Kvit tobakken!’; Sundhedsstyrelsen, *op. cit.* (note 55), 27 and 28.

<sup>62</sup> ‘Barnet skal lige fra Fødslens vænnes til Regelmæssighed og derfor have Mad, pusles og bades til bestemte Klokkeslet’; *Det spæde Barns ernæring og Pleje*, 11th edn (Copenhagen: Sundhedsstyrelsen, 1946), 3.

<sup>63</sup> ‘Læg uret væk! Det er ikke nødvendigt at bruge faste ammetider til fuldbårne raske børn’; *Barn i vente: Graviditet, fødsel, spædbarnspleje*:

the importance of the message: ‘The Medical Board of Health recommends breast feeding as the best way of nourishing newborns and infants.’<sup>64</sup> Mothers and fathers were expected to follow the authorities’ recommendations—they should be docile, not autonomous. Indeed, the sheer amount of information material at the end of the century could easily be interpreted as a message to the parents that they were unable to act responsibly and take care of their offspring without lending their ears to the authorities.

Parents were also directly told that they needed knowledge and therefore should listen to the experts and read the books published by the national board of health. At the back cover of one of the Swedish books it was said that to live with children ‘requires knowledge in a number of areas, but not least that you dare believe in yourself and your ability as the parent of the child.’<sup>65</sup> Obviously inspired by the Swedish text, the Danish book contained exactly the same message.<sup>66</sup> Parents should not only have knowledge but also be self-confident. One might wonder how this message was read by less self-reliant parents. In addition, the authorities considered they were entitled to ensure that parents received the information even if they did not ask for it. In Sweden, the authorities may ‘contribute to making parents informed where there is a strong societal interest in keeping all parents informed. Parents need some basic knowledge in order to ask for more knowledge.’<sup>67</sup> According to a law from 1973, Danish health personnel were entitled to perform outreach activities directed towards those considered in need of help.<sup>68</sup>

Thus, despite the efforts to make parents strong and self-reliant, parents were also supposed to act as they were told by the health authorities. Freedom and autonomy were thus not unlimited; or in the words of the band Metallica: ‘You can do it your own way; if it’s done just how I say.’<sup>69</sup> The propagated knowledge was meant to ensure that parents used their capabilities correctly, i.e. according to the aims of the authorities.

As can be seen, the health authorities used disciplinary techniques and provided expert advice and moralising instructions, to an even greater extent towards the end of the century than at the middle of the century.

### Double Messages—A Paradox?

‘Rabbit said, “Honey or condensed milk with your bread?” He [Winnie the Pooh] was so excited, that he said, “Both”.’<sup>70</sup>

*Sundhedsstyrelsens vejledning til gravide*

(Copenhagen: Sundhedsstyrelsen; 1993), 65.

<sup>64</sup> ‘Sundhedsstyrelsen anbefaler amning som den bedste måde at ernære det nyfødte og spæde barn på’, *ibid.*, 43.

<sup>65</sup> ‘[K]räver kunskaper inom en mängd områden men inte minst att man vågar tro på sig själv och sin förmåga som barnets förälder’; Gustafsson, *op. cit.* (note 40), back cover.

<sup>66</sup> Sundhedsstyrelsen, *Sunde børn. Vejledning til forældre med børn i alderen 0–3* (Copenhagen: Sundhedsstyrelsen 2000 and 2001), preface.

<sup>67</sup> ‘[S]amhället kan med detta perspektiv också medverka till att föräldrar informeras i de frågor där

det finns ett starkt samhälleligt intresse av att föräldrarna hålls informerade. Föräldrar kan t.ex. behöva viss grundkunskap för att kunna efterfråga mera kunskap’; Socialstyrelsen, *op. cit.* (note 34), 43.

<sup>68</sup> ‘Forslag til Lov om sundhedsplejerskeordninger fremsat 30. januar 1973 af indenrigsministeren’, *Folketingstidende 1972–73* (Copenhagen: Folketinget, 1973), 4.

<sup>69</sup> Metallica, ‘Eye of the Beholder’ on *And Justice For All* (Elektra Records, 1988).

<sup>70</sup> A.A. Milne, *Winnie the Pooh* (Leipzig: Bernhard, 1933).

The politicians and health authorities seem to resemble Winnie the Pooh: they want both autonomous, self-governing citizens who make their own choices, and obedient citizens who follow the instructions given by the authorities. It can be seen as a paradox, as if two contradicting governing technologies were used: one technology involves appealing to autonomy and shaping parents in order to make them able to make their own choices and decide for themselves what is best; the other is giving people explicit instructions about what to do, appealing to and trying to enforce obedience and trust in authorities. However, when seen as efforts of exercising power, or influencing people to improve their health, the contradictions disappear. What seems to be central to the authorities, and most likely to the health professionals, is to make people behave in ways that ensured the health and wellbeing of the children. The authorities are using all the governing technologies considered appropriate to achieve that goal. Interpreted this way, autonomy did not serve as a goal but as a means.

Not only do the two types of governing technology have the same goal, they are also preconditions for each other: freedom and authority are mutually dependent. When parents were given more choices and autonomy, efforts to shape their wishes and characteristics were intensified. Thus, increased choice and increased governing efforts went hand-in-hand.

### **Continuity and change**

The assumptions in the concept of *new public health* and of researchers such as Nikolas Rose and Thomas Lemke, are that a radical change took place in governing technologies or in the means to change peoples' behaviour. As I have shown here, there was no replacement of one strategy with another in Denmark and Sweden during the twentieth century. What we see is a continuation of the complementary governing technologies that were used already eighty years ago. Thus, both at the end of the century and in the 1930s and 1940s, parents were encouraged to be responsible and take care of their own lives; and in both periods they were met with moralising instructions and prescriptions about how to behave.

What has changed is the governing ambitions. They seem much greater today when it comes to the scope: more issues and areas of people's lives are being addressed; and to the size: more people are being governed, more professionals are involved, more messages are given.<sup>71</sup> More appeals are launched to make people change their behaviour, and more efforts are made to change or shape people's motives and capabilities. In this paper, only two countries are studied, but to date, this author has not seen empirical evidence indicating that development was different in other Western countries. The

<sup>71</sup> Sometimes the increased focus on the wellbeing of children is explained by the alleged fact that women today have very few children compared to women in the inter-war period, making it even more important to secure children's physical and psychological health. However, from the 1930s, the number of children has not changed dramatically. In both countries the total period fertility rate has

fluctuated, with 2.1 in Denmark and 1.8 in Sweden in 1931, 2.6 and 2.3 in 1960, and 1.5 and 1.9 in 1986. The big decline occurred from 1900 where the total period fertility rate was 4, to the early 1930s when it reached the level of 2 or 2.5. The fluctuations have been more pronounced in Denmark than in Sweden, but no radical change in the number of children has taken place since the inter-war period.

disciplinary and moralising instructions have not disappeared; on the contrary, more expert instructions are given than ever before, while the efforts to shape people as responsible and self-reliant citizens have simultaneously increased. What one can see is an unfolding of the pastoral power with more surveillance and care being performed by an increasing number of professionals.

The contrasting of the past and present when it comes to governing technologies as indicated by the concept *new public health* and as described by Nikolas Rose and Thomas Lemke gives a distorted picture and poorer knowledge of both the past and the present, in my opinion. The increase in the efforts to empower citizens has overshadowed the simultaneous increase in moralising expert instructions. The interpretations conceal the paternalistic traits of the present public health policies, as well as the efforts of previous policies to strengthen people's responsibility and self-reliance. When one aims at characterising periods, one often tends to look for, and accordingly overestimate, differences between them. If, as in this case, one sets out to identify specific governing technologies at micro-level, the similarities become more evident.

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