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A Room of One's Own Delivery

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ABSTRACT

This study focuses on the closing of the birthing clinic in Sollefteå hospital in January 2017, and the occupation of the ward that followed thereafter. Emphasis is put on the construction of rural identity in general, and rural female identity in particular, as the Other and aims to examine emancipatory potential in mobilizing resistance through vulnerability by studying the occupation in Sollefteå as a case of rural uprising.

The theoretical framework consists of Judith Butler's reading of Simone de Beauvoir, explaining construction of othered identity, and rural identity using studies of Chris Philo, Joe Little, Paul Cloke, Terry Marsden, Patrick Mooney, Madeleine Eriksson, Bo Nilsson and Anna Sofia Lundgren. Val Plumwood's theories of masculinist rationality is used to analyse the practical consequences, and the concept of mobilizing resistance through vulnerability is explained by Zeynep Gambetti, Leticia Sabsay and Judith Butler.

The study is built on feminist, activist research and finds an oppressive construction of rural citizens, and rural women in particular, as the Other, and as vulnerable in relation to the urban male norm, which leads to material impacts. However, people in Sollefteå and other rural regions take charge of their vulnerability as rural citizens and use it to mobilize resistance in order to fight back.

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Introduction

[...] well BB is the heart of a hospital. And like the beginning of life. Everyone's been here at some point. (My translation) (Carina, 2018)

In January 2017, Sollefteå BB (Sollefteå birthing clinic) closed, following a decision in Västernorrland county council (Landstinget Västernorrland, 2016). The closing was preceded by a dismantling of the hospital in Sollefteå, centralizing care services to the region's larger towns Sundsvall and Örnsköldsvik (Carina, 2018). Closing the clinic crossed a threshold for the citizens of Sollefteå and neighbouring municipalities. The night of the closing a large protest was held in the hospital lounge and some activists stayed overnight (Ivarsson, 2017). This started Sollefteå BB Ockupationen (Sollefteå BB the Occupation), an occupation that on the date of writing has passed its three-year anniversary. The case of the occupation in Sollefteå embodies multiple issues, including urbanization and political neglect of rural areas, and their affect on life in towns like Sollefteå, a sparsely populated municipality of approximately 19,000 citizens (SCB, 2020a), located in northern Sweden.

"The dying countryside" is debated in Swedish politics. In 2015, the government (at the time ruled by the Social Democrats, Socialdemokraterna, and the Green party, Miljöpartiet) established Landsbygdskommittén (the Countryside Committee), assigned the mission to investigate history of

rural politics and formulate strategies to stimulate a living countryside¹ (SOU, n.d.). Around the same time the government named themselves feminist and promised that gender equality would be foundational for all politics (Regeringen (the Government), n.d.). Landsbygdskommittéen (the Countryside Committee) later presented 75 measures to stimulate a living countryside. Unfortunately the report shows a one-sided focus on market economy, characterized by an urban norm, and has few mentionings of gender equality (SOU, 2017), thereby failing to apply an intersectional analysis.

Urban norm and its consequences for rural areas is thoroughly studied within geography (Cloke, Marsden, & Mooney, 2006; Eriksson, 2010, 2008; Little, 1999; Nilsson & Lundgren, 2018; Philo, 1992). After participating in the occupation in Sollefteå in August 2017 I wanted to look beyond the criticism of how needs and perspectives of rural citizens (especially in northern Sweden) in general, and rural women in particular, is a blind spot to politicians. Butler, Gambetti and Sabsay argue in *Vulnerability in Resistance* (2016) that emancipatory potential lies in acknowledging one's vulnerability, as exposure of vulnerability can enable mobilization of resistance. People living in Sollefteå and other rural areas in Sweden, especially those who might need access to a birthing clinic or emergency healthcare, have become increasingly vulnerable as the infrastructure supporting their personal security and freedom is dismantled. Drawback of public welfare in rural areas and the effects of neoliberal politics and new public management within the healthcare sector is not a new phenomenon (Alm Dahlin, 2017; Baeten, Berg, & Lund Hansen, 2015; Philo, 1992; Selberg, 2013). However, the occupation of Sollefteå BB and the attention and support the movement has received shows that the process has reached a point where rural citizens are no longer willing to remain complacent. In my study (my Master's thesis project on which this article is based (Stigson, 2018)), I asked the following questions:

- *How is construction of rural identity affecting politics, and individual's expectations on everyday life in countrysides in Sweden?*
- *How does this constructed identity affect human rights of women and other people living in these areas?*
- *How do rural citizens mobilize resistance against oppressive politics from a vulnerable position?*
- *What are the effects of this mobilization?*

Background

Depopulation in rural Sweden, and dismantling of welfare services causing or following it, is and has been on the political agenda, and parties from left to right compete in finding solutions (Nilsson & Lundgren, 2018). Centralization of citizens, political power and public welfare is a fact. Documentary series *Den stora sjukhusstriden* (The great hospital fight) (SVT, 2018), states that in the last 15 years, every fifth emergency hospital in Sweden has closed due to budget cuts and political ambitions to centralize complicated procedures to larger, more specialized units. Closings almost exclusively effect rural units.² During the same period, 13 birthing clinics have closed in Sweden, most of them rural (Alm Dahlin, 2017, p. 44). The suggestions presented by Landsbygdskommittéen (the Countryside Committee) therefore seems poor as access to emergency healthcare is barely mentioned and hence not portrayed as important when people decide to relocate to, or stay in rural areas. Closing of rural birthing clinics adds another layer to oppressive structures violating rights of rural citizens in need of maternal healthcare.

The organization Sveriges Kvinnolobby (Sweden's Women's Lobby) has, in collaboration with organizations focused on midwifery and maternal healthcare, published the report *Med Rätt att Föda* (With the Right to Give Birth) (Alm Dahlin, 2017). They investigate if the Swedish government's budget for 2018 actually facilitate outspoken goals of gender equality and improved maternal healthcare. The report informs of the situation in Sweden today, and the message is alarming. Besides unhealthy working environments for midwives, centralization put future parents in

a precarious situation. Beyond Västernorrland, another five counties inhabit women living up to 300 kilometres from a birthing clinic. These counties make up two-thirds of Sweden's land area (Alm Dahlin, 2017, p. 44). Throughout the report, Alm Dahlin reiterates that birthing is an acute event that requires emergency care, meaning overcapacity and proximity is necessary. It also states that women's healthcare is currently and historically less prioritized than men's, especially in times of economic crisis, due to men's bodies being norm (Alm Dahlin, 2017, p. 64). This relates to Sollefteå where the birthing clinic was one of the first cuts. With men's lives and experiences being norm, investments will cater to men's needs.

Sollefteå

Västernorrland county (Figure 1 and Figure 2) is located in southeast Norrland (North Land), an area making up more than half of Sweden's land area. About 11.5% of Sweden's population live in Norrland (North Land) (SCB, 2019), making the area sparsely populated compared to the rest of the country. Approximately 245,000 people live in Västernorrland, of which 19,000 live in Sollefteå municipality (SCB, 2020a). Västernorrland Region (former Landsting (county council) of Västernorrland), is the political and administrative unit of Västernorrland. It is a politically ruled organization for healthcare services and, since 2018, in charge of regional development (Region Västernorrland, 2018).

Västernorrland has three hospitals, one in Sollefteå and two in Sundsvall and Örnsköldsvik. Preceding the closing of the birthing clinic in Sollefteå the region performed a "multi-professional risk analysis" (Dahmoun, 2016) missioned to evaluate economic consequences and patient security. It concludes that centralizing maternity care to Sundsvall and Örnsköldsvik is manageable for the circa 350 patients per year that now has to travel several more hours for a safe delivery. Emotional and psychological effects are not mentioned in any deeper analysis.

Sollefteå BB the occupation

The occupation of Sollefteå BB started Monday 30 January 2017. The occupation's website, Ådalen 2017, Sollefteå BB Ockupationen (Sollefteå BB the Occupation) (Ådalen 2017, 2017), presents their reasons for occupying Sollefteå hospital: "We have learnt that when politicians refuse to listen to us over and over again, we do not need to listen to them either" (My translation)(Ådalen 2017, 2017). Sadness from being ran over and betrayed by Socialdemokraterna (Social Democrats), a party with a strong historical position in the county of Västernorrland, is clear.



Figure 1. Map of Västernorrland County. Geographical data from Lantmäteriet (2018a), edited by the author and Wösel Thoresen.



Figure 2. Map of Sweden. Geographical data från Lantmäteriet (2018b), edited by the author and Wösel Thoresen.

The occupation's Facebook page has had more than 10,200 members and the reader can follow the occupation's growth as more sponsorship, media attention, celebrity support and grass root engagement adds to the list (Ådalen 2017, 2020). Everyone contributes in their own way.

The fight for Sollefteå hospital started long before the occupation. As did dismantlings. In October 2015 there was a manifestation in Kramfors (neighbouring municipality to Sollefteå and one of the hospital's catchment-areas) against suggested cuts, attracting over 14,000 people (Sahlin, 2016). Carina, a leading figure in the occupation, says she and a group of activists fighting for Sollefteå hospital had been working on the issue long before the closing, attending political meetings, supporting the hospital staff and forming opinion. When nothing worked the group gathered upon the symbolism of the birthing clinic and called for an occupation only days before the closing (Carina, 2018).

The occupation of Sollefteå BB has started a debate about maternal healthcare in Sweden. Together with other actors for safer deliveries and better maternal care such as Födelsevrålet (the Birth Roar) (2018), the fight has resulted in the government investing 1.8 billion SEK in maternal healthcare in 2018 (regardless of connection to the occupation a victory for the movement) (Regeringen (the Government), 2018). However, there is no promise of a reopening in Sollefteå.

Methodology

I chose qualitative, feminist scholar activism (Hale, 2008) as feminist geographers adopted qualitative methodology as a critical reaction to quantitative, rational approaches that usually characterize geography. My ambition was to live as I learn by adopting a methodology in line with my theoretical framework. The idea is that human geography must base on human experiences (Limb & Dwyer, 2001, p. 1) and the ambition of this study was to produce knowledge in collaboration with activists, to be of use for the political fight I studied. As Calhoun states, social movements are necessary in setting changes in motion (2008, p. xiii–xxvi), and also they are “[...] carriers of unique knowledge [...]” (Hale, 2008, p. 21). Activist scholarship is different from other ethnographic research as search for new knowledge is intentionally aimed towards favouring the studied movement. As I first engaged in the occupation as an activist it was natural to chose this approach.

I visited the occupation three times and carried out approximately ten shifts (each day is divided into four shifts, 7–12 am, 12–4 pm, 4–8 pm and 8 pm–7 am). I spoke with occupants and kept a research journal to enable reflection on my experiences. I also did unstructured interviews with seven women, all engaged in Sollefteå BB. Three occupants, Carina, Karin and Ewa, one midwife formerly working at the hospital, Annika, two politicians, My, whom was excluded from party meetings as she opposed her own party, Socialdemokraterna (Social Democrats) (Hånell, 2016), and Maria from Centerpartiet (Centre party), a party opposing the closing but arguing for privatized maternal care. I also interviewed a local journalist, Katarina, whom has written a lot about the managing of the region’s health care and the politics around it. One of my interviewees wanted to be anonymous. In general people were willing to speak with me to get their message out in all ways possible. I mentioned my methodological approach and I believe it created confidentiality in a way that favours the aim of scholar activism. I think I could have contributed more to the cause if I had been even more transparent about my role and invited occupants to discuss ways to do so (Field notes, 2017, 2018).

I use my theoretical framework to analyse the data and try to move forward from stating and criticizing oppressive structures by looking at how increased vulnerability can facilitate mobilization of resistance. Decisions claiming to be gender neutral will in a patriarchal society be gender bias (Johansson, 2002, p. 131, 133; Schough, 2002, pp. 13–14). It was my intension to critically unpack and reinterpret ideas of rural development in collaboration with people whom are living these experiences.

Theoretical perspectives

Important to my study is understanding construction of rural and female identity and how it practically affects political decisions and everyday life in rural areas. Butler (2016, 1986) connects construction of identity to male privilege, a mechanism constituting conditions within which the individual is able to construct their gender identity. According to Butler’s reading of Beauvoir (Butler, 1986), this is what makes a woman become the Other in relation to a man, as a man is constructed as the norm, a subject, as disembodied and conscious, and a woman as the Other, an object, and completely embodied. This dichotomy of subject/object, active/passive, powerful/vulnerable, masculine/feminine, is important to understanding power relations between the Same and the Other. Other categories can be included in construction of identity, in this case place of birth and living. If a person is born in, and/or live in a rural area, that person is ascribed Otherness in relation to urban citizens, as urban is norm in this context. The same can be said about space and place. With urban space as norm, rural space is othered and described as passive, embodied and feminine.³

Urban norm and rural identity

Place is an important factor in construction of identity and throughout the history of rural studies, identity has gained interest. Including the role of place in construction of identity it is important to

understanding what makes rural identity different from urban identity and what consequences those differences has to rural citizens. Cloke (2006a) attempts to outline the theoretical turns within the field, conceptualizing what defines rurality:

While cities are usually understood in their own terms, and certainly without any detectable nervousness about defending or justifying that understanding, rural areas represent more of a site of conceptual struggle, where the other-than-urban meets the multifarious conditions of vastly differing scales and styles of living. (Cloke, 2006a, p. 2)

Construction of the rural identity in Sweden is investigated by Eriksson (2010, 2008) describing othering mechanisms of construction of rural identity and a tradition of portraying rural north in Sweden as backwards and conservative in an otherwise progressive and liberal country. She explains the relational production of space and place that construct identity and hence how the construction of rural identity connects to othering of sparsely populated areas, and those areas being everything urban cities are not. The same mechanisms of othering rural is identified by Nilsson and Lundgren (2018) in their study of political rhetoric regarding living countrysides in Sweden. Nilsson and Lundgren discuss how motions coming from all ideological directions are part in constructing rural identity, either by portraying countrysides as idyllic or backwards, but almost always problematic and in need of “aid” from the centralized state.

In 1992 Philo wrote a tone-giving review discussing the importance of developing new analytical tools to understanding complexities of rural otherness and revealing power structures embedded in othering of rural groups and individuals. A point also made by Little (1999) is that rural studies must move beyond the tendency of placing all rural citizens in the same category of otherness, and rather look at intersections of sex, gender, age, ability and so on. Cloke (2006b, p. 5) draws on this by calling for a moving out from “Mr. Average” to focus the analytical lens from “the Other of the Same” to “the Other of the Other”, referring to multiple otherness of rurality, female, ill etc. Cloke (2006b) empathizes the importance of not trivializing or making passive those categorized as the Other but to see the manifold and potential agency. This helps analysing different affects of centralization of welfare services depending on factors such as sex and gender.

Time geography and rationality

Moving from the construction of identity, Plumwood’s theory of rationality explains why certain political prioritizations in Sweden and Västernorrland might seem reasonable and unavoidable. Plumwood (2001, pp. 31–37) bases her theory on dichotomies mentioned before; active/passive, masculine/feminine and so forth. She adds: “[D]ualisms of reason versus the body and nature, and especially that of reason versus emotion” (Plumwood, 2001, p. 31). Plumwood argues that in western societies, driven by ideas of neoliberal market economy, masculine, economic rationality is the highest valued behaviour. Playing according to the rules of the gender regime, making “objective” and profit-maximizing decisions, “free” of emotions and values, is always rewarded, also in real-life cases where the hypothetical, rational thinking is not applicable. This is confirmed by Fraser (Leonard, 2016):

In capitalist societies, the capacities available for social reproduction are accorded no monetized value. They are taken for granted, treated as free and infinitely available “gifts”, which require no attention or replenishment. It is assumed there will always be sufficient energies to sustain the social connections on which economic production, and society more generally depend. [...] In fact, neither nature nor social reproductive capacities are infinite; both of them can be stretched to the breaking point. (Fraser quoted by Leonard, 2016, p. 31)

Privileging certain economic gain is also observed by Nilsson and Lundgren (2018) and Eriksson (2010, 2008). Whilst rural is always the Other, it is also presented as a necessary commodity for urban areas to use, justifying exploitation of rural areas to benefit urban growth, but also dismantling rural welfare not meeting capitalist ideals. Nilsson and Lundgren (2018) notice that economic

growth is presented as an unproblematic solution to all problems ascribed rural areas, adding to the identity of rural as passive and exploitable for the urban actor, but also as something vulnerable, needing rescue, or simply as a burden.

Vulnerability in resistance

To answer the question of how mobilization of resistance in Sollefteå looks like I apply the theory of vulnerability in resistance (Butler et al., 2016). According to Butler (2016), understanding social and material relations is necessary for fully grasping bodily vulnerability. It is important to be aware of assigned gender in relation to social norms to see what we as individuals are vulnerable to, and what infrastructure is needed to help us reach personal freedom. Butler hence says the body is to be understood more as a relation than an entity, as it is in constant collaboration or conflict with its surrounding environment (Butler, 2016, p. 19).

In Butler's reading of Beauvoir (1986), focus lies on understanding infusion of emancipating possibilities into *becoming* of gender. Butler problematize the assumed linear relation between being ascribed a female sex at birth and the sociocultural process of becoming a woman. She argues that there has to be some agentic component in becoming a certain gender and hence a possibility to resist predetermined rules of womanhood as fixed to the ascribed female sex. Otherwise separating sex from gender would be pointless. Butler says cultural construction of gender, as described by Beauvoir, consist of volitional and appropriative acts. This arrives in understanding gender as consciously constructed, but constantly restricted and contested by social norms and structures. Butler (2016) calls this gender performativity through gender assignment, a practice easily mistaken for the essence of our being, leading to expectations on our acting.

Edensor (2006) describes "performing rurality" as a way of more or less consciously playing by made up rules of rurality, meaning social and material conditions, affected and appropriated by conscious performance, result in a person's identity. Eriksson (2010) also touches upon performativity as she explains that cultural stereotypes of rurality does not necessarily correspond to self-identification of rural citizens, but can still affect material life in countrysides as politicians and other holders of power are exposed to, and affected by these impressions.

Looking at the theory of vulnerability in resistance, Butler et al. (2016, pp. 1–11) present an ambition to step outside the gendered binary of vulnerability and resistance, questioning the idea that vulnerability automatically leads to passivity and rather claim that resistance could be mobilized *through* vulnerability. They describe denial of vulnerability as stereotypically masculine, hence vulnerability as stereotypically assigned feminine, which also connects to the masculine stereotype of wanting to protect what is vulnerable. The point of criticizing this paternalistic notion is to make the bold move of viewing the Other as vulnerable in order to demonstrate that vulnerability can hold agency.

Butler (2016, pp. 12–27) evolves on this thought: "[...] vulnerability is not exactly overcome by resistance, but becomes a potentially effective mobilizing force in political mobilizations" (Butler, 2016, p. 14). She claims that refusing to see vulnerability and resistance as a binary is a feminist strategy with the conceptualization of resistance as a *social and political* act informed by vulnerability and hence not fully active but not fully passive, as opposed to the masculinist and paternalistic *resistance to vulnerability* (Butler, 2016, pp. 24–25). Then simply existing can be an act of resistance as our own bodies work as powerful resistance to oppression and discrimination:

[T]he demand to end precarity is enacted publically by those who expose their vulnerability to failing infrastructural conditions; there is plural and performative bodily resistance at work that shows how bodies are being acted on by social and economic policies that are decimating livelihoods. But these bodies, in showing this precarity, are also resisting these very powers; they enact from resistance that presupposes vulnerability of a specific kind, and opposes precarity. (Butler, 2016, p. 15)

Occupation as a means of resistance can hence correspond to the theory of vulnerability in resistance in terms of purpose and practice.

Results: experiences of rural women

Here I present my empirical results and relate them to the theoretical perspectives described above.

Othering—urban norm and rural identity

In patriarchal societies where a male, healthy, urban body is the privileged norm, female, rural bodies in need of healthcare becomes the Other. Politicians repeatedly feed the picture of countryside as expensive and inefficient, arguing for centralization to “afford” countryside. This privileges rational, masculinist, economic prioritizations. However, my conversations with activists in Sollefteå shows a different perspective:

Had we paid (real estate) taxes in our own municipality we’d managed, we’d have two hospitals in the municipality for that money. But it’s always like this that we produce a whole lot, send it all away and in exchange we get “support”. And also a picture of us as some parasites that sit up here costing money. (My translation) (My, 2018)

Local politician My thinks national politicians would prefer if no one lived in Norrland (North Land) as it would mean a freeway for exploitation of natural resources, referring to how countryside are legitimized only if useful to urban cities. On my visits to Sollefteå this was evident and symbolic in the way the railway no longer transport passengers, and timber trucks dominate road traffic, making Sollefteå less accessible by public transport and also travelling on the roads feel unsafe in difficult weather conditions (Field notes 2017, 2018).

This practice of calling rural regions ineffective while dismantling their welfare is in line with theories by both Butler (2016) and Philo (1992), and is an effective strategy of othering and singling out those not able to adjust their lives accordingly. Women, disabled, sick or wounded are restricted by destroyed infrastructure.

Rational adjustments

The stereotypical picture of rural citizens might not be true but can have material consequences for rural dwellers. There is a tendency amongst politicians in Västernorrland to follow demands for budget cuts and, as many of my interviewees perceive, run errands for urban cities to hold on to power or “take responsibility” as politicians, hoping to be accepted by power holders on a higher level:

[O]ne shall walk through all political gates, one shall be responsible [...] You don’t run around the city with torches hunting. (My translation) (My, 2018)

Plumwood (2001) also writes about rationality, arguing that in patriarchal societies there is a tendency to speak about reason versus emotion, and how rational, detached “objective” decision making is privileged over decisions based on emotion and empathy. Many of my interviewees mention that the main argument for closing the birthing clinic (and other wards) was savings. Still, many witness that the situation for Sollefteans has become precarious due to centralization. Sick people are shipped around instead of being treated at one unit, which shows how decisions are made based on perspectives of healthy bodies. There seem to be a political rite of passage of “uncomfortable decisions” of what is “best” (for the economy). As Plumwood (2001, p. 33) writes, masculinist rationality becomes especially dangerous when weighing on reasoning that should consider human values, such as medical practice. This scenario seems to be true for Västernorrland.

Ewa (2018) says dismantling blamed on savings demands also happened as the hospital closed in Härnösand (another town in Västernorrland). The difference is that in Sollefteå’s case people started questioning if the decisions were justified:

They started to blame the economy but that one is not solid at all, and then they’ve said there’s a lack of competence but there is not, there’s more competent people than in many of the other hospitals. They have blamed patient security but ... well nothing is solid. (My translation) (Carina, 2018)

Many of my interviewees mention how closing wards in Sollefteå has led to massive increase in travel time for those seeking healthcare, and some have chosen to, or think about moving. Another tendency is that of local citizens covering for lack of public welfare. Most of my interviewees verify that private businesses and cooperatives are frequent elements in rural towns. In Sollefteå's case examples are cooperative care centre Voon⁴ (Carina, 2018; Karin, 2018) and research project *Barnmorska hela vägen* (Midwife all the way) (Annika, 2018). However, this by no means substitute a birthing clinic at the local hospital, but shows performance based on rules made for the rural stereotype. It is also an example of how the process of othering affects people differently, as some have the opportunity to adjust or are not as affected.

Quite literally, politicians in Västernorrland (and in national parliament) prioritize shortsighted monetary savings over people's sense of safety and security, health and even lives (as illustrated by how paramedics call the roads connecting the hospitals in Västernorrland "the death triangle" (Carina, 2018)). People living in Västernorrland adjust their lives accordingly, joining cooperatives, driving hours to see a doctor or moving to bigger cities. When my dad and I joined the occupation in winter 2018, a blizzard delayed our journey home. It also caused three elderly to freeze to death. Reaching a birthing clinic far away that day might have been impossible. Still, an older couple had shoved themselves out of their house in the morning to join the occupation (Field notes, 2018).

Vulnerability in resistance

This study has focused on emancipatory potential in vulnerability. Butler argues that the body is in relation to its surrounding environment in the sense that existence or lack of supporting infrastructure enables or restricts a person's ability to move through time-space. As infrastructure of public welfare is withdrawn in Västernorrland, people become restricted and more vulnerable. My interviewees mention that closed wards increase travels in the region, and with roads and collaboration between hospitals being of inferior standard, life in Sollefteå has become more inconvenient and less safe.

I can't find anyone, anything that says a hospital should be removed for us, when there's not even communication to get to Sundsvall from all places. (My translation)(Carina, 2018)

I relate the massive protests in Sollefteå to the theory of mobilizing resistance through vulnerability, and Butler's reading of Beauvoir's *becoming* of gender as holder of emancipatory potential (Butler, 1986). If construction of gender identity is partly voluntary and conscious, performativity of rural identity is open for change. Many of my interviewees say the stereotype countryside is a passive, inefficient, expensive (in terms of tax funded public welfare) place where people are left to either blame themselves for living there, or pictured as needing "rescue". According to this stereotype, rural citizens lack agency and are vulnerable to decisions taken by centralized powers. However, in the case of Sollefteå, people have come together in resistance informed by structural violence caused by politicians in Västernorrland. Annika (2018) says people in Ångermanland (one of two provinces in Västernorrland) are patient in times of distress, but when treated wrong, they show endurance in protesting.

According to Butler et al. (2016), stepping out of the binary vulnerability/resistance is a feminist act opposing masculinist ideals of showing power by dismissing vulnerability. Västernorrland's politicians based their decisions on masculinist "rational" saving demands. This put hundreds of patients in a vulnerable position, and thousands of Sollefteans to an insecure future. My (2018) says Socialdemokraterna (Social Democrats) in Västernorrland wanted to present a strong majority, not admitting vulnerability and not, as My also suggests they should do, allying with other Norrland (North Land) regions to ask for real change:

[...] then you'll have to join the other, the other counties up here, join Jämtland (another North Land region) and those that also feel vulnerable, and start explaining that this all comes down to a problem that is higher up than in the county councils [...] (My translation) (My, 2018)

This shows a fear of admitting vulnerability among politicians in Västernorrland as they attempt to dismiss it (most opposing parties suggested privatization rather than demands for structural change), and that rural identity becomes stronger and more rigid in a power position as stakes of showing vulnerability are higher. I see this in my interview with Maria (2018), a politician from Centerpartiet (Centre Party) and hence opposition in Västernorrland at the time, as she advocates for private alternatives rather than structural change.

Whilst politicians in Västernorrland and Sollefteå still seems to dismiss vulnerability, things are happening among other citizens as the movement in Sollefteå arguably is a case of resistance mobilized through vulnerability, and reclaiming rural identity as such. It might not be those occupying the hospital being most vulnerable, but rather they appropriate vulnerability to pursue a political agenda (Karin, 2018). I met all kinds of people at the occupation and despite a vast majority being white, I saw variations in age, gender identity, ability, health, class etc. Many emphasized that closing the birthing clinic affect all Sollefteans one way or another, motivating protests in solidarity with all affected (Field notes, 2017, 2018).

The occupation and protests in Västernorrland are both manifestations of a vulnerable situation caused by decades of destructive rural politics, but also a reshaping of a stereotype of countryside as passive and helpless, as the resistance highlights the unfair exploitation of rural regions and lack of adequate sharing of resources. In the case of the occupation in Sollefteå, activists put their vulnerable bodies in a space as a protest and manifestation.

Local journalist Katarina (2018) says, aligning with words of Fraser (Leonard, 2016), centralization of power, people and resources is a logical step in capitalist societies, and in that case, claiming space by occupation is an act of resistance. Additionally, some of the activists in Sollefteå joined political parties and ran in the 2018 elections, and some saw increased political engagement in the area. This also shows potential change within the political system, as emancipatory potential of mobilizing resistance through vulnerability might take place from inside the system.

Politicians in Västernorrland has so far been dismissing vulnerability and aligning with masculinist rationality, claiming power, strength and “responsibility” by dismantling welfare. As a consequence the gendered rural, primarily female body is othered and made vulnerable. The occupation movement in Sollefteå is now taking charge of the emancipatory potential in rural identity, mobilizing resistance through vulnerability, placing their vulnerable bodies in a space to demand infrastructure that will enable fulfilling of human rights and personal freedom. This also shows in the cracks of a malfunctioning political strategy as more and more activists join political parties in order to change the system from inside:

Yes well I'm hoping for a new way to think, because I think this is so damn backwards all of it and like, well just no 'this is the way it's always been'. Yes but one can actually change things too. (My translation)(Carina, 2018)

Conclusion

My research shows how rural identity is constructed as the Other in a patriarchal society where the male, urban, healthy body is norm. Countrysides are framed as feminine, passive, vulnerable and inefficient, an identity also reflected in stereotyping of rural citizens. This study initially focused only on rural women due to the large number of closed birthing clinics in rural towns since 2000, affecting access to reproductive healthcare for rural women and others requiring that healthcare, and the fact that male norm in medicine and politics repeatedly neglect women's rights. During the process it became evident that centralization of healthcare has intersectional consequences, affecting people differently, cutting through categories such as gender, class, state of health and birth place. This became obvious in interviews and in my participation in the occupation movement as conversations ended up processing a range of perspectives and complexities. In the end it was clear that othering of rurality and of women is complex. The occupation in Sollefteå is about resisting the consequences of othering rural identity but has an obvious agenda for women's reproductive rights.

The study sees the grave consequences of othering rural identity in terms of centralization of public service, population and power. National politicians in Sweden are eager to centralize healthcare and other welfare services in the name of patient security and economic efficiency, and local politicians tend to carry out their agenda. This is affirmed by empirical findings regarding the constructed identity of rural citizens and how that identity affects expectations on, and expectations of life in rural areas. It seems that rural citizens are expected to accept less accessible healthcare due to the choice (free or not) of living in a countryside. In political attempts to slow urbanization, solutions are often to give “support” to rural businesses, ignoring that rural regions provide urban centres with food, electricity and other necessities without being properly compensated in equal exchange.

Not only does suggestions of aid picture countrysides as passive and in need of rescue, it also ignores equal rights to public welfare regardless of place of birth and living. On the other hand there is a tendency of leaving it to local citizens to cover services abandoned by authorities as these services are “too expensive” to run publicly. My study shows several discursive dichotomies applicable to identities of urban/rural. Active/passive, masculine/feminine, powerful/vulnerable, subject/object are some, and I would, supported by Eriksson (2010, 2008), like to add valuable/worthless, modern/traditional and future/past. I think they help understanding how these dichotomies affect people’s lives in rural regions. Adding to this is the call for a more dynamic analysis of the rural identity made by Philo (1992) and Little (1999). Understanding these categories uncovers intersecting oppressive mechanisms leading to uneven effects of rural otherness to different groups and individuals.

The cost of othering rural citizens and the centralization that follows is increased sense of insecurity and unsafety for rural dwellers, and poor accessibility to adequate healthcare in countrysides, often especially for those needing maternal healthcare. It also increases pressure on healthcare in general as more patients seek help at fewer units. Male, healthy bodies are norm in medical research and treatment methods, and female, old, disabled, wounded or ill is the Other, affecting distribution of budget posts and prioritizations. Othered bodies then suffer multiple punishments as healthcare specialized for their bodies is viewed as an extra that can be withdrawn when times are rough (punished for being women *and* for living in a countryside). Dismantling public welfare is also limiting women’s ability to support themselves as public welfare workforces are dominated by women (especially healthcare services) (SCB, 2020b) and is also the largest working sector in Sweden (SCB, 2016).

The occupation of Sollefteå BB shows emancipatory potential in resisting by being vulnerable. It started in the hospital lounge in January 2017 when the birthing clinic closed and grew quickly, attracting support from all corners of Sweden. Sollefteå is not unique (activists in Dorotea, another North Land municipality, occupied their care centre for three years before it was reopened (Wengberg, 2016)), and is not isolated to reopening the birthing clinic in Sollefteå. Rather it is a piece of a puzzle that is countrysides starting to protest against decades of political neglect. People in Sollefteå became vulnerable as healthcare infrastructure started disappearing, and in this vulnerability they were able to mobilize and resist by placing their bodies in a space, manifesting their existence and hence right to a hospital and a birthing clinic. The act of vulnerability in resistance becomes powerful in relation to actions of regional politicians as they show tendency to dismiss vulnerability. Politicians align with traditionally masculinist acts of opposing vulnerability by being “rational”, evidently enabling continued oppression of rural citizens, and rural women in particular.

The occupation of Sollefteå BB has had effects as it raised the issue of declining reproductive health care for women in Sweden. The debate has echoed in national politics and money has been invested to develop maternal healthcare and support midwifery as a profession. The massive protests in Västernorrland, and general uproar coming from rural areas has pushed rural politics to the top of the agenda. By showing their vulnerability, rural citizens are resisting and demanding change. Along with other movements such as *Hela Sverige ska leva!* (All of Sweden shall live) (Hela Sverige, 2018) and *Födelsevrålet* (The Birth Roar) (Födelsevrålet, 2018) questions are raised and actualized. Reflecting on my methodological approach I think scholar activism and activism in general can be effective as it forces intentionally or unintentionally detached politicians and civil

servants to hear the voices of those affected by their decisions. As activism is not accessible for everyone, scholar activism can add this approach to academia and to future decision making.

What I personally think is one of the most striking effects of the mobilization in Sollefteå and elsewhere is the solidarity and sense of community that characterize Sollefteå BB Ockupationen (Sollefteå BB the Occupation). Support from local businesses, national politicians, artists, musicians and activists all over the country and internationally makes me believe in the power of the movement and the potential for real change. In this case, a strong common identity controlled by those internalizing it can have emancipatory effect as it helps bringing people together. I think this bridges multiple genders and identities constructed and I believe, despite the importance of acknowledging intersecting oppression, the strong emphasis on rurality is what has made the movement grow this large. My (2018) says there is potential in allying with other rural regions and if more activists join political parties this line of thought can be carried out from within the system.

This study is an example of how the theory of vulnerability in resistance can play out in practice, and hopefully it can contribute to the theory of how resistance towards oppressive politics in Sweden can be mobilized.

Notes

1. Meaning growing population, thriving businesses, service facilities and active community et cetera.
2. It is difficult to find reliable statistics as there is no legal definition of emergency ward, but reports published by Socialstyrelsen (National Board of Health and Welfare) (2017, p. 10, 2012, p. 11) indicates a decrease from 74 wards 2012 to 63 2017. However, these numbers also depend on administration routines and definitions.
3. The Swedish context of urban/rural is made complex by the focus on south/north Sweden and the history of colonization of Norrland (North Land) and Sápmi, the place of settlements of the indigenous Sami people, by Swedish authorities (Eriksson, 2010, 2008). This narrows the dichotomy to urban south/rural north and is why, despite rural areas existing in southern Sweden as well, this study mainly focuses on rural areas in Norrland (North Land).
4. Voon filed for bankruptcy in November 2018, less than a year after its opening (Enlund, 2020, p. ix).

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Field notes

Written regularly from August 2017 to April 2018, both in and out of the field, Sollefteå.

Maps

Lantmäteriet. (2018a). *Map 1. Västernorrland County*. Geographical data from Lantmäteriet, edited by the author and Wösel Thoresen.

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