Sexuality, Politics and the State:
A Comparative Analysis of Eugenic Policy-Making

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Abstracts

Cette contribution se concentre sur un domaine spécifique de politiques publiques en matière de sexualité: les politiques publiques eugénistes qu'ont adopté plusieurs pays Européens au cours de la période 1920-1970. Plus précisément, la discussion de politiques eugénistes servira de base pour une réflexion théorique sur le role de l'Ėtat dans la régulation et la surveillance de la sexualité reproductive, des pratiques sexuelles, et des identités sexuelles de ses citoyen/nes. L'analyse des liens entre la sexualité, la sphère politique et l'Ėtat m'amènera ensuite à problématiser la notion d'Ėtat. En effet, l'analyse comparative de pratiques eugénistes concrètes révèle que, premièrement, l'action étatique dans ce domaine n'a pas toujours été cohérente, ni homogène, mais s'est characterisée au contraire par des interventions non-systématiques et parfois contradictoires. Deuxièmement, des acteurs para-étatiques comme des cliniques psychiatriques universitaires ou des autorités politiques locales ont joué un role clé dans la régulation eugéniste de la sexualité. J'argumenterai que saisir la complexité de ce type de mécanismes nécessite une examination des manières dont les politiques sociales et les systèmes étatiques sont à leur tour structurés par des rapports de pouvoir autour de la sexualité, ainsi qu'autour d'autres marqueurs identitaires comme le genre, la 'race', les classes sociales et les handicaps physiques et mentaux.

This paper focuses on a specific area of public policy-making in the area of sexuality: eugenic policy-making in various European countries (1920s-1970s). More precisely, a historical analysis of eugenic policy-making will serve as a basis for theorising the role of the state in regulating and policing the reproductive sexualities, sexual practices, and sexual identities of its citizens, as well as examining the complex relations of power around sexuality, gender, 'race', and the state. Exploring the links between sexuality, politics and the state will lead me to argue that the notion of the state itself needs unpacking. Indeed, a closer, comparative look at concrete eugenic practices will demonstrate, firstly, that states have not always acted in coherent, homogeneous ways, but in ways which have at times been non-systematic and contradictory and, secondly, that para-state actors such as psychiatric clinics or local authorities have often played key roles in the eugenic regulation of sexuality. In order to fully grasp the complexity of such mechanisms, it is necessary to examine the ways in which welfare policies and state systems have in turn been structured by wider social relations of power around sexualities, as well as around other identity markers such as gender, 'race', social class and disabilities.

Introduction

It is through reproductive sexuality that the nation is biologically renewed, which turns it into a concern for the state (see also Carver & Mottier, 1998 ; Mottier, 2008b). Female sexuality is a particular target of such concerns. Female bodies and 'respectable' female sexual behaviour are routinely considered as the gatekeepers of both the biological and the moral boundaries of the national community (Yuval-Davis & Anthias, 1989). Female citizens and their bodies thus become of particular interest in the policing of sexuality by the modern state. Few areas of policymaking illustrate this more dramatically than eugenic measures implemented by modern states in recent history. Against this backdrop, this essay proposes to draw on examples of eugenic policymaking in the US, the UK, Switzerland, Sweden and Germany to examine some of the ways in which modern Western states have undertaken to regulate citizens' sexualities, and to explore intersectionalities between sexuality and gender, race, class and disability in this context.

The new science of eugenics emerged in the late nineteenth century, and aimed to assist states in implementing social policies which would improve the quality of the national 'breed'. Eugenicists advocated active social engineering and state intervention in the most private areas of citizens' lives, including their reproductive sexuality. The individual had a patriotic duty to contribute to the improvement of the nation through what Sir Francis Galton's student Karl Pearson (1909, p.170) termed a "conscious race-culture", they argued. Eugenics was thus from its origins deeply intertwined with social and political aims, emerging as both a science and a social movement. The term caught on rapidly and numerous eugenics societies were established in Great Britain and other countries, followed by the creation of International and World Leagues (Kühl, 1997). Through such social reform societies, as well as scientific disciplines such as anthropology, psychiatry, sexology and biology, eugenic science acquired institutional support and legitimacy.

Political ideology and citizens' 'sexual service'

Eugenic concerns found support across the political spectrum. Indeed, worldwide, eugenic rhetoric and practices have been intertwined with political ideologies ranging across the entire political spectrum, from anarchism, social democracy and feminism to conservatism and fascism. Whereas early research has tended to amalgamate eugenics with conservative and extreme right-wing political ideologies, more recent studies have followed the lead of authors such as Freeden (1979) and Paul (1984) to document the links with different strands of leftist political thought. For example, in France, socialists such as Vacher de Lapouge, cofounder of the *French Workers' Party* and an anthropologist who had introduced Galton's eugenic ideas in France in the final decades of the 19th century, promoted the idea that male citizens should perform 'selectionist breeding' as part of a 'sexual service' to the nation, a duty which he compared to military service. In the UK and the US, a movement of Bolshevist Eugenics emerged in the 1930s which looked to the Soviet Union as the only country where sufficient conditions were united for scientifically-based policies for improving the quality of the population. Many figureheads of British socialism supported eugenic ideas. These included Karl Pearson, who occupied the first Galton Chair in Eugenics at the University of London from 1911,

as well as later leading figures of the Fabian Society such as Havelock Ellis, George Bernard Shaw, Sidney and Beatrice Webb, Eleanor Marx, and Benjamin Kidd. For the Fabians, socialism should serve the interests of nationalism: eugenic social policies would ensure greater control over the proletariat, thereby strengthening the internal cohesion of the nation and allowing the UK to fulfil its vocation as a 'social-imperialist' state.

Despite widespread support for eugenics amongst many leading British intellectuals on the Left as well as the conservative Right, the UK nevertheless adopted relatively few concrete eugenic policies, certainly when compared to countries such as Sweden, Switzerland or Germany. The British Mental Deficiency Acts of 1913 and 1927 reflected some eugenic aims, such as the right to impose involuntary institutionalisation of certified mental 'defectives', but diluted eugenic overtones (and avoided mentioning the term 'eugenic' itself) in response to legislators' concerns about threats to individual liberties. A more ambitious campaign driven by the *Eugenics Society* for legislation involving sterilisation of the 'feebleminded', marriage regulation, birth control, and segregation of the 'unfit' in England and Wales initially resulted in the appointment of the 1931 Brock Committee to prepare a bill on voluntary sterilisation, the closest the UK ever came to introducing a national sterilisation law. However, the Committee's 1934 recommendation to pass legislation foundered due to insufficient public support. As King and Hansen (1999) have pointed out, this failure resulted in particular from the political opposition of the Catholic Church and the labour movement, which judged the legislation to be anti-working class; as well as from the contested nature of the scientific data available. Perhaps most influential was the fact that alarming reports about forced sterilisation and euthanasia in Germany started to appear in the press, following the introduction of the 1934 German 'Law to prevent hereditarily diseased offspring' which formed the basis for hundreds of thousands of forced sterilisations in Germany (and which the Brock Committee had praised).

Ultimately, the strong influence of political liberalism with its attendant distrust of state intervention in private life thus formed a barrier against the translation of eugenic ideas into policy-making in the UK. Political conditions were more favourable elsewhere in Europe. While eugenic science was promoted in the context of opposite political ideologies, these tended to share a common call for interventionist state policies in countries where the influence of political liberalism was traditionally weaker than in the UK. This was true for the Nordic countries and Switzerland (and to a lesser extent for Germany until the rise of Nazism), where ideological and political factors were particularly conducive to the merging of social democratic ideology and practice with eugenic science. Social democratic thought held a firm belief in the responsibilities of the state towards its citizens. In addition, it also promoted the subordination of individual interests to the collective good. As a governmental technology of social engineering which aimed to alleviate poverty, social disorder, and public expenditure, eugenics was seen to be in the interest of the nation as well as the state. The Marxist heritage of a belief in the power of scientific explanations of the world was an additional factor which further encouraged the blending of social-democrat ideology with eugenics, although Marx and Engels themselves rejected naturalistic explanations of social ills. As the Swiss eugenicist

Auguste Forel (1910) put it: "an intelligent, scientific (not dogmatic) social-democracy" is needed in order to "solve the eugenic problem". But political contingencies played a role too. In particular, the dramatic collapse of the *Socialist Internationale* and the rise of militaristic nationalism in Europe since the start of the First World War led to an increasing conflation of the social with the national order in social democratic thought in Germany and Sweden as well as elsewhere.

This is not to say that eugenic policies were only promoted by the Left. Rather, social-democratic support for eugenics played a crucial political role in the translation of eugenic ideas into policy-making, especially in the context of expanding welfare policies. In Switzerland as elsewhere, several key eugenicists came from the conservative right, such the psychiatrist Eugen Bleuler (1857-1939), best-known for having coined the concept of schizophrenia; or from the extreme-right, such as Ernst Rüdin (1874-1952), who had double Swiss and German citizenship and was involved in the drafting of the 1934 German sterilisation law. Prominent social-democrats, such as the psychiatrist and sexologist Auguste Forel (1848-1931), internationally recognised as one of the founding fathers of modern sexology, Member of the Advisory Board of the *International Federation of Eugenic Organisations* and Honorary President of the *World League of Sex Reform* in 1930, were, however, particularly instrumental in promoting eugenic science, in pioneering and institutionalising eugenic technologies, and in eugenic policy-formulation in Switzerland. In Sweden, eugenics became even more clearly intertwined with the construction of the social-democratic welfare state. Leftist strands of eugenic thought were preceded by earlier right-wing nationalist, racist, and anti-feminist eugenicists such as Herman Lundborg; however, the fact that enthusiastic eugenicists such as Alva and Gunnar Myrdal were amongst the founders of the Swedish welfare state created particularly favourable conditions for eugenic influence in Sweden especially from the 1930s onwards, the only Nordic country with a state eugenic society, while Gunnar Myrdal's work also exercised a strong influence on the Finnish debates on eugenics. Karl Kristian Steincke, the chief architect of the Danish welfare state, was similarly a staunch supporter of eugenic policy-making.

In Germany, the social-democrat party SPD, which had links with both the Swedish and the Swiss social democrats, played an important role in the development of left-wing versions of eugenics in the Weimar republic, long before the Nazis applied more radical measures. The SPD politicians Wolfgang Heine and Alfred Grotjahn (who also occupied the first Chair in "Social Hygiene" in Berlin) were involved in introducing the first eugenic measures, including the sterilisation of disabled people in the social-democratic governed Prussia of the 1920s. A 1932 bill for the voluntary sterilisation of hereditarily flawed individuals was drafted by the Prussian Health Council, though not passed under the Weimar Republic. It was the rise of the Nazi government which created the political conditions for the passing of the notorious 1934 law which implemented compulsory sterilisation. The extent to which an authoritarian state such as Nazi Germany was able to implement forced sterilisation was regarded with envy by many eugenicists from liberal countries, including the US, as Kühl (1994) has pointed out.

Welfare and reproductive sexuality

More generally, the emergence of modern welfare policies and the presence of a favorable political context offered an institutional framework for the translation of eugenic science into policy practice. The emerging welfare-state also added an additional motive to the eugenic aim of preventing degeneracy of the nation: limiting public expenditure. Indeed, the 'unfit' categories of the national population were soon to become the main recipients of the expanding welfare institutions. Limiting the numbers of the weeds in the national garden therefore appeared as a rational means of reducing welfare costs. Whereas many involved in the policy-making process did not agree with the eugenic emphasis on the influence of heredity rather than the social environment, civil servants, administrators and medical personnel could nevertheless support measures promoted by eugenicists such as limiting the reproductive sexuality of indigent women on the grounds that it was a lot cheaper for the state than long-term financial support.

Worldwide, the first eugenic sterilisation law was introduced in Indiana in 1907. By the 1930s, almost two-thirds of US states had similar legislation targeting, in particular, institutionalised individuals such as criminals and those labelled as mentally ill. In 1928, the Swiss canton of Vaud, after public appeals from Forel, adopted the first European eugenic sterilisation law which would only be abrogated in 1985; followed by Denmark in 1929, Germany in 1933, Sweden and Norway in 1934 and Finland in 1935. In addition, the Vaud canton's Criminal Code of 1931 included a clause allowing for eugenically motivated abortions.

The Vaud law allowed for the sterilisation without consent of the 'mentally ill', though it is important to emphasise that the general categories of mental illness and feeblemindedness were notoriously vague at the time and could include perceived 'anti-social' behaviours, moral flaws or 'overly' sexual conduct. The introduction of a legal basis for sterilisation would, it was thought, allow for the regulation and curtailing of practices of sterilisation that were already commonplace; an argument which played an important role in the debates around the adoption of the Vaud law. Indeed, many psychiatrists opposed its introduction precisely for this reason. In practice, the law did indeed limit the number of sterilisations, since half of the applications for sterilisations were rejected after its introduction (Jeanmonod & Heller, 2000).

There were occasional attempts to introduce national legislation in Switzerland: psychiatrists petitioned for a federal law in 1910, and academics continued to press the case for legislation until well into the post-War period (Huonker, 2003, p.152). However, calls for the introduction of a federal sterilisation law in the context of other ongoing legal reforms encountered opposition from the mid-1930s from doctors, who resisted the legal restrictions upon their discretionary power which the legislation would entail. Swiss direct democracy added an additional barrier, since such legal reforms would have to be put to a vote from the cantons as well as the population. Legal experts feared that inclusion of a sterilisation clause would cause the rejection of the entire legal reform package by the Catholic cantons, and were therefore reluctant to include this aspect. The Swiss Federal Council reported to parliament in 1944 that its family policies pursued

three aims: demographic, pedagogic and eugenic. Concerning the eugenic dimension of its family protection measures, the Council stated that "…the state must help to prevent the founding of families which would produce hereditarily diseased offspring, and encourage the founding and stability of families who are hereditarily healthy".[1] However, parliament and Council agreed that a federal law was not really necessary, since sterilisation practices were already widespread (Wecker, 2003, p.108). For similar reasons, no other Swiss canton than Vaud ever adopted a sterilisation law, preferring local guidelines such as in Bern (1931), or agreements between local authorities and doctors. In addition, regulations in the Swiss criminal law aimed at curtailing sexual relations with the mentally deficient (Mottier & Gerodetti, 2007, p.41), and Switzerland was the first country in Europe to introduce eugenically motivated marriage interdiction legislation targeting the mentally ill in its Civil Code of 1907 which became effective in 1912 (Wecker, 1998b, p.169). Article 97 of this federal law prohibits marriage to individuals who are "unable of discernment" and "mentally ill". Sterilisation legislation, however, only ever existed at the cantonal level in the Swiss case.

Similar to the Scandinavian countries, the vast majority of eugenic sterilisations in Switzerland were carried out on young female social deviants: unmarried women from lower social classes, who lived in poor conditions and had had children out of wedlock; women who were labelled as 'maladapted', 'sexually promiscuous', 'of low intelligence', 'mentally ill', or 'feebleminded'. The policing of respectable female sexuality and of normative femininity more generally appears to have been a central motive in the practice of eugenic sterilisation. Labels such as 'dirtiness' and 'moral deficiency' (both of which could be euphemisms for sexual promiscuity), 'disorderly housekeeping', 'incapacity to fulfil her motherly duties', 'loose morals/immoral lifestyle', 'uninhibited' female sexuality and 'nymphomania' were frequently used as arguments for sterilisation without consent, on the grounds that they were signs of mental illness and hereditary degeneracy. Moreover, sterilisation was thought to be partly able to moderate female sexual complaints such as 'hysteria', 'nervosity', 'masturbatory insanity', 'nymphomania' and sexual 'abnormality' more generally, and was therefore also used prophylactically (Wecker, 1998a, p.223).

Men labelled as sexually 'abnormal' such as exhibitionists or homosexuals were similarly submitted to therapeutic castrations (Huonker, 2003, p.232ff), and sterilisation and castration of men could also be applied in the context of the legal punishment of sex crimes (Dubach, 2007). However, most of these seem to have been carried out not on eugenic grounds, but with the therapeutic aim of moderating their 'deviant' sexual drives, often under the pressure of long-term internment as the only alternative.

The gendered nature of the Swiss data is comparable to the Swedish context. It has been estimated that 63,000 citizens were sterilised on eugenic grounds between 1934 and 1976 in Sweden, more than in any other Nordic country. Almost 95% of these were carried out on women (Runcis, 1998); a proportion which also echoes similar figures from Finland,

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[1] Bericht des Bundesrates an die Bundesversammlung über das Volksbegehren 'Für die Familie', *Bundesblatt*, 96(1) (10 October 1944), 868.

Denmark, Norway, the US, and other countries. The only exception, Nazi Germany, where numbers of eugenic sterilisations and castrations seem to have been evenly divided between women and men, is perhaps explained by its aim to eradicate not just future, but also current generations of 'degenerates' from the nation. Sterilisation and castration policies were thus heavily gendered. More generally, they reflect states' concern with control over female bodies and female sexuality as the reproducers of the nation, as well as the gendered nature of eugenic policy-making and implementation.

And yet, it would be a mistake to assume that women were only ever victims from eugenics. Again, the Swiss case can serve to illustrate this point: In a country in which women did not obtain voting rights at the national level until 1971, educated women from the middle classes in particular claimed eugenic policymaking as an area for active political participation, on the grounds of their status as lay experts with regard to sexual and reproductive matters (Gerodetti, 2004). In the slowly emerging Swiss welfare state, women's philanthropic organisations played a central role in the provision of early welfare services as well as in the exercise of social control. They provided personnel for the eugenic marriage advice clinics from the 1930s onwards, where doctors and nurses – often female - increasingly focused on mothers as primary educators of the future generations, linking individual care with the collective obligation of 'race improvement'. Building on Forel's principle of 'rational sexuality', eugenicists called for obligatory medical examinations, eugenic counselling, 'reproductive responsibility' and fitness-for-marriage attestations. More generally, amongst the health and welfare officials who exercised control over the reproductive sexuality of lower-class women, who examined their suitability for sterilisation, or who coerced women into sterilisation as a condition for allowing abortion or for awarding welfare payments were many bourgeois women, who not only shaped the implementation but also influenced the formulation of eugenic policies. Women's social purity groups were also instrumental in promoting eugenic ideas in the context of wider public debates on the regulation of sexuality between the 1890s and 1930s, as Gerodetti (2004) points out. Women's organisations such as the Zürich Women's Temperance Organisation and the Swiss Organisation of Abstinent Women supported eugenic ideas and measures, while the magazine of the Swiss Women's Movement applauded the successful sedentarisation of the Yenish in 1963 (Leimgruber et al. 1998, p.63). Thus, while underclass women were the primary victims of practices such as eugenic sterilisation, bourgeois women were important agents in the implementation of such policies.

Empire and 'race'
States that adopted eugenic policies provide historical examples of 'gardening states', to borrow a term from the social theorist Zygmunt Bauman (1989): states that were concerned with eliminating the bad weeds from the national garden and thereby constructed sharply exclusionary boundaries around the nation. Frequently drawing on such tree and plant metaphors, eugenic science served to legitimise practices such as coerced sterilisation or castration which aimed to exclude 'unfit' categories of the population from the (future) nation. While such eugenic attempts at the rational management of sexuality were heavily intertwined with social hierarchies around gender and social class, as we have seen, they were also conditioned by collective anxieties

about 'race'. Indeed, the eugenic concern with the improvement of the 'national race' via the surveillance of citizens' reproductive sexuality by the state emerged against the political backdrop of colonial rule and empire. Fears about degeneracy of the nation were intertwined with anxieties about miscegenation or 'blending' with colonial others in colonial states such as the UK, France and Germany (see Bashford & Levine, forthcoming). Former white settler colonies such as the US, Australia, Canada and New Zealand introduced immigration restrictions in the first decades of the twentieth century which were at least partly driven by eugenic concerns about differential birth rates, as Stern (2005) and Leys Stepan (1991) have established.

And yet, in countries such as Switzerland, Sweden, Norway, Denmark and Finland, important agents in the development of eugenics worldwide, eugenic science and practices developed within an entirely different political landscape (see also Mottier, forthcoming). Switzerland has never been a colonial state, and the Scandinavian countries no longer had colonies (with the partial exception of Denmark) by the time eugenics emerged. Moreover, their respective populations were racially very homogeneous[2] in the early decades of the twentieth century (preceding, in the case of Switzerland, later waves of immigration which would fundamentally transform its demographic composition). A collective preoccupation with the 'racial hygiene' of the nation nevertheless strongly developed in these non-colonial states. In the absence of colonial, 'external others' to target, eugenic gardening efforts turned instead primarily to 'internal others' within the nation such as the mentally ill, the physically disabled, and those members of the underclass whose behaviour was considered socially unacceptable, such as unmarried mothers. It is one of the great paradoxes of the history of eugenics that the category of 'race' – notoriously fuzzy anyway - was no less important to the eugenic ideas and practices developing within non-colonial states which experienced very little actual racial diversity.

In the Swedish context, racial biology and anthropology thus exercised considerable influence, especially in the first decades of the twentieth century when eugenicists promoted the idea of a distinct Nordic race, as Broberg and Tydén (2005) have established. The first state Institute for Race Biology in the world was founded in Uppsala in 1922, having been voted by parliament and ratified by the King. Directed by Herman Lundborg, Sweden's most prominent eugenic scientist at the time, one of its first tasks was the mapping of the racial features of the Swedish nation. On the basis of the measuring of physical attributes of 100,000 Swedes - two-thirds of these army recruits and a significant part of the remainder prison inmates - the *Racial Character of the Swedish Nation* appeared in 1926 to international acclaim. Concerns with racial purity and the dangers of miscegenation were further exemplified in the Swedish context with Lundborg's attempts in the 1930s to produce a full inventory of the Sami people in Lapland, and in collaborative plans with the American eugenicists Samuel Holmes and Charles Davenport to establish institutes in Central America and Africa for eugenic research and promotion (Broberg and Tyden, 2005, p.89). The influence of racial biology waned in Sweden as a result of the rise in genetic understandings of heredity and the promotion of non-racial versions of eugenics by prominent social-democrat ideologues

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[2] The Swedish Sami from Lapland forming an important, though numerically relatively small, exception.

such as Alva and Gunnar Myrdal. However, Swedish state agencies often continued to engage in the racialisation of social problems. A stark illustration is provided by the fact that the Tattare were considered a "burden to Swedish society" "(…) both from a biological and a social point of view", as the Swedish National Board on Social Welfare put it in 1940 (Broberg and Tyden, 2005, p.127). In reality, the Tattare did not constitute a specific ethnic group. Rather, they formed a catch-all category in which state authorities lumped together individuals accused of having disorderly, unproductive lives, vagrants, as well as traditional 'travellers'; thus further illustrating the at times tenuous association between racialisation and actual racial diversity within non-colonial states.

Swiss eugenics was similarly intertwined with racial concerns. The terms racial hygiene and eugenics were used interchangeably in Switzerland, though the former seems to have been used more widely. The physical anthropologist Otto Schlaginhaufen was one of the key proponents of racial hygiene in Switzerland and the first president of the Julius Klaus Foundation for Heredity Research, Social Anthropology and Racial Hygiene which was founded in Zürich in 1922 with the aim to promote "all scientifically based efforts, whose ultimate goal is the preparation and realisation of practical reforms to improve the white race", including special efforts "for the benefit of the physically and mentally inferior" (see Schwank 1996, p.469). Schlaginhaufen engaged for several decades in an obsessive but ultimately fruitless search for the 'pure Swiss race', which was to be called *Homo Alpinus Helveticus*. The mapping of the racial structure of the Swiss nation was, for Schlaginhaufen as for others, an "important scientific, and patriotic task" (1946, p.7).[3] Echoing the Swedish efforts, his team of researchers thus measured the bodily characteristics of over 35,000 male army recruits from 1927 to 1932, creating complex racial categories and crafting extensive series of maps representing the racial variations found within the Swiss nation. Its results were published in the 1946 work *The Anthropology of the Confederation.* The *Homo Alpinus* proved elusive, however: following Schlaginhaufen's own criteria, only 8.661% of the Swiss were declared to be of 'pure race' and, even more disappointingly, only 1.41% of these qualified as part of the so desirable 'Alpine race'.

Racial overtones also characterised the notorious Swiss child-removal programme called *Kinder der Landstrasse (*"children of the country-lanes"*)*, which was carried out by the federal agency *Pro Juventute* from 1926 to 1972 and targeted Yenish families. The Yenish constitute the most significant group of travelers present in Switzerland (others being the Roma and Sinti), who have traditionally lived a nomadic lifestyle in countries such as Switzerland, Germany, France and Austria (and in smaller numbers, in Luxemburg, Belgium, Holland and Italy). The explicit aim of the *Kinder der Landstrasse* programme was not to improve living conditions for the children of the 'travelers' and 'tinkers', but to eradicate the national "scourge of vagrancy" by "appropriate measures of placement and education", as Leimgruber et al. (1998) have reported. The forced removal of the children of travellers was partly legitimized on eugenic grounds. Traveller children were considered racially inferior, reflecting earlier research from psychiatrists such has Joerger (1919) who had labeled Yenish as "amoral psychopaths", "nymphomaniacs", or "irredeemable alcoholics". Where education failed to 'improve' a Yenish child,

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[3] my translation.

sterilisation and other measures (such as refusal to grant permission to marry) should prevent further degenerate offspring – a view which the director of the program, Alfred Siegfried, would promote until well into the 1960s (Leimgruber et al., 1998, p.60). In addition, Yenish were also placed in penal institutions when authorities argued that no other alternatives were available, or that there was a risk of flight.

Concluding remarks
Eugenic scientists generally promoted state intervention in citizens' private lives, and contributed to the development of some of the technologies used in eugenics, including sterilisation. Key eugenic experts were actively involved in the drafting of eugenic legislation in the Swiss, German and Swedish case for example, where they acted as consultants or as members of the legislative committees. Eugenic movements were thus able to exert important influence on these states' policy-making apparatuses. Against this backdrop, an important question to ask is: how much autonomy did the state have? While Marxist analyses have traditionally conceptualised states as privileging the political interests of a specific social group, institutionalists have argued that state institutions do not just express the interests of actors from civil society, but to some extent, follow their own logic and interests. Eugenic policy-making constitutes a good illustration of the institutionalist argument, I would argue. Indeed, as we have seen, state actors at times supported and implemented eugenic measures without necessarily sharing eugenic aims, since in the context of the expanding welfare state systems, limiting the future numbers of indigent members of society appeared to have clear financially benefits. Moreover, individual bureaucrats' support for or resistance against eugenic practices could lead to wide variations in the scope of implementation, especially at the local administrative level. Eugenic intentions could, moreover, be resisted and subverted in practice: the Swiss marriage advice bureaux, for example, were much used by citizens; however, most consultations showed little interest in eugenic concerns, and were driven by demands for contraceptive information and material.

As our examples have shown, various Western countries promoted the rational management of sexuality, which in practice involved both the implementation of heavily gendered policies regarding reproductive sexuality, and the policing of normative models of female as well as male (hetero-)sexuality. National policy trajectories varied widely, however, as a result of differences in state formations. Indeed, the specific institutional design of states affected not only the ways in which sexual policies in the realm of eugenics were implemented, but also the incentives for doing so. In Sweden, for example, eugenic sterilisation of 'asocial' and 'work-shy' citizens such as prostitutes and vagrants, the mentally ill and the mentally retarded, came to be seen as a way of strengthening the social-democratic welfare state. In turn, the presence of a strong centralized welfare state was seen as a guarantee against the risk of arbitrariness in the implementation of such measures, administered under the responsibility of the National Board of Health (Broberg and Tydén, 2005).

In contrast, federalism led to variations in policy frameworks and practices between cantons or states (Mottier, 2008a). In the federalist system of the US, important differences thus occurred in the scope of application of eugenic measures between

different states, as studies by Kline (2001), Schoen (2005) and Stern (2005) have shown. In the case of Switzerland, also a federal state, similar differences can be observed between the different cantons. The main dividing line seems to have been religion: while Protestant cantons tended to adopt sterilisation measures, Catholic cantons, on the whole, did not; reflecting more general differences in attitudes towards poverty, illness and disability within Protestant and Catholic doctrine. Indeed, for Catholics, any form of life, no matter how 'defective' or 'flawed', is worthy of preservation, while Protestants have traditionally been more comfortable with ideas of human perfectibility. More generally, eugenic thinking seems to have been more readily translated into policy practice in Protestant countries. This is certainly true for the European sterilisation laws of the 1920s and 1930s. In liberal democratic regimes, sterilisation laws were introduced exclusively in Protestant countries, including the Swiss canton of Vaud, Denmark, Norway, Sweden, Finland, Iceland and Estonia; while similar legislative initiatives were developed but blocked by strong political opposition in the UK, as we have seen. Eugenics did, nevertheless, develop with the support of Catholic forces in some contexts. In Nazi Germany for example, the Catholic Church eventually sided with the authoritarian state, despite the condemnation of eugenics in the 1931 Papal Encyclical *Casti Connubii*, which argued that "the family is more sacred than the state". However, eugenics tended to take different forms in Catholic contexts, generally privileging 'positive' eugenics (encouraging reproduction by 'superior' citizens) over 'negative' eugenics (preventing the birth of mentally or physically disabled children). Religion alone was therefore significant but not decisive as a factor determining variations in eugenic practices both within and between states, I would argue; its impact was moderated by the local constellations of political power.

Differences in institutional design of states produced further variations in policy implementation depending on how welfare provision was organised. The Swiss state, again, constitutes a good example of this: local Swiss authorities, rather than the federal state, were responsible for the financial support of indigent members of local communes. This factor, firstly, increased the appeal of the argument of cost-reduction since limiting the number of future weeds in the local gardens would have a direct effect on local budgets which were modest compared to that of the federal state. Secondly, local authorities' financial responsibility for local citizens led to differences in welfare practices between communes with regard to marriage licenses, sterilisation, or the granting of residence rights to travelers, shaped by local economic concerns.

The eugenic vision of the nation as an ordered system of exclusion and disciplinary regulation was central both to the formation of national identity and to the workings of modern welfare. The national order of the welfare state was founded on the notions of community and solidarity. However, entitlement to welfare provisions has always been conditional, and was initially restricted to a very limited number of categories of the population – especially so in the Swiss case where welfare provision was never as extensive as in the Scandinavian countries, the UK, or Germany. Against this backdrop,

particular state configurations created different political opportunity structures[4] for eugenic influence on policy-making; that is, structural factors external to the eugenics movements themselves provided different possibilities for eugenic ideologues to see their ideas be put into practice. Differences in institutional design, such as federalist or more centralist state formations, thus impacted on the ways in which eugenic practices were implemented, causing variations both within and between states; while in the Swiss case, its political institutions – in particular, direct democracy – additionally discouraged national policy efforts such as a federal sterilisation law. However, institutional factors alone do not fully explain cross-national variations in policy trajectories. Political opportunity structures need to be examined in conjunction with the equally crucial role played by political ideology; as demonstrated by the case of the UK where, despite the promotion of eugenic sterilisation by influential scientists and prominent figures from the Left, the introduction of a sterilisation law foundered due to the strong influence of political liberalism in this national context.

Social democratic support for eugenics, operating in the context of emerging welfare states, created particularly favourable conditions of opportunity for eugenic influence on welfare debates and policy-making in Scandinavian countries and parts of Switzerland. This does not, however, mean that social democracy was a *necessary* condition for eugenic policy-making, as the example of Nazi Germany demonstrates. In national contexts such as the Scandinavian countries and parts of Switzerland, the connections between eugenics, social democracy, and the welfare state are perhaps best seen in terms of an elective affinity between these political, scientific, and institutional elements, I would argue: eugenic policy-making and strands of leftist thought were mutually conducive and shaped local and national welfare practices in these countries, especially in the 1920s-1940s. As a result of these particular political configurations, the original eugenic emphasis on the hereditary transmission of 'defective' characteristics became diluted in more general state measures against 'anti-social' behaviours which were not necessarily attributed to strictly hereditary factors. This has led some authors to argue for a stark distinction between Scandinavian-style welfare eugenics and Nazi-style racial eugenics (Spectorowski & Mizrachi, 2004). An overly stark opposition between the two nevertheless seems problematic, since racial considerations did not disappear altogether from welfare practices in these contexts.

Whereas eugenic concerns with racial purity emerged in the UK and Germany in the context of empire and the encounter with colonial 'others', in non-colonial nations such as Switzerland and the Scandinavian countries eugenic preoccupations turned primarily towards 'internal others'. The national order was seen to be under threat from various categories of disorderly citizens, including the mentally ill, the physically disabled, the 'morally defective' or 'antisocial' citizens, and vagrants or travellers (who were sometimes racialised, as in the case of the Yenish or the Tattare). The rational management of citizens' reproductive sexuality by the state, especially of female sexual

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[4] The concept of 'political opportunity structures' was coined by political scientist Sidney Tarrow (1994) to refer to the structural factors which impact on the trajectories of social movements. While borrowing the term here, I make no claim to examine such factors exhaustively in the present essay.

morality and practices, thus became a central focus of the eugenic efforts to eradicate the 'unfit'. Recognizing the importance of gender for the workings of the modern state is not to say, however, that the state exercises male power over its female citizens in any straightforward way. Women were often important agents in the implementation of eugenic measures, while men were sometimes its victims, as we have seen. Furthermore, the examples of the *Kinder der Landstrasse* operation and marriage bans on the mentally ill suggest that gender was not the only relevant category around which eugenic interventions were structured; some practices were linked to racialised differences and disability, while social class was a strongly differentiating factor in the application of eugenic measures, illustrating the importance of taking into account the intersectionalities between the socially salient identity markers of the time. Welfare, political ideology and state systems were structured by wider social relations of power around religion, class, race, disabilities, gender and sexualities, explaining further variations in sexual policy-making within and between states.

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