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A Room of One's Own Delivery

**A Study of Rural Identity in Sweden, and the Emancipatory
Potential of Vulnerability in Resistance**

IN COLLABORATION WITH SOLLEFTEÅ BB OCKUPATIONEN

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During the time I have spent writing this thesis, the part I have been looking forward to the most is writing the acknowledgements. It was clear to me quite early that the thesis process was going to be tough, and I still cannot fully grasp the whole journey and the fact that it is coming to an end. It has been more challenging than I could ever have imagined, but as I put the last pieces together I can only say that with all the support, from expected and unexpected directions, all the willingness to help and assist, all the engagement, curiosity, love and care, we made it. I will allow myself to write this text straight from my heart, in the last trembling hours of my thesis process, and it will be as cheesy as I see fit.

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ABSTRACT

This study examines the political and popular discourse that constructs the identity of the rural citizen in Sweden, and what consequences this discourse has on expectations on, and expectations of rural citizens in Sweden. The study focuses on the closing of the birthing clinic in Sollefteå hospital, Västernorrland county, in January 2017 and the occupation of the ward that followed thereafter. Emphasis is put on the feminization of rural space, and the construction of the rural citizen as the Other. It also aims to examine the emancipatory potential in mobilizing resistance through vulnerability by studying the occupation in Sollefteå as a case of rural uprising.

The theoretical background of the study consists of Judith Butler's work regarding gender performativity, and her reading of Simone de Beauvoir's becoming of gender, which is used to understand the construction of rural identity. Val Plumwood's theories of masculinist rationality, and Tora Friberg's findings about women's time-geography is used to analyze the practical consequences of being identified as the Other in a patriarchal society. The concept of mobilizing resistance through vulnerability is explained as a feminist act by Zeynep Gambetti, Leticia Sabsay and Judith Butler, and is used to study what is happening in Sollefteå.

The study is built on feminist, activist research with the political agenda of deconstructing the oppressive mechanisms built into rural politics in Sweden. By using participatory action and qualitative interviews, experiences from the occupation site is brought to the front, and used to formulate knowledge regarding the construction of rural identity and the emancipatory potential for the movement in Sollefteå.

The study finds that there is an oppressive discourse that constructs the rural citizen as the Other, and as feminine, passive, vulnerable in relation to the urban norm. This otherness has grave material consequences for rural citizens as centralization and dismantling of welfare services make life in the countryside less safe and less secure. Whilst politicians in the Västernorrland county keep dismissing vulnerability in order to maintain their power position, people of Sollefteå and other rural regions take charge of their vulnerability as rural citizens and use it to mobilize resistance in order to fight back.

Keywords: rural, identity, gender, vulnerability, resistance, Sollefteå, occupation, birthing clinic

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1. INTRODUCTION

On 1 February 2018, a heavy blizzard shook the southern parts of Norrland (the North Land) in Sweden. The troubles and inconveniences caused by the massive snowfall was covered by Swedish media around the clock. Authorities in the city of Sundsvall, Västernorrland, decided to close all schools, and home care service staff drove around in military vehicles in order to reach the elderly in need of daily visits. Still, at least three elderly people were found dead the morning after, with the suspicion that the extreme weather conditions were the causal factor (Dagens Nyheter, 2018). At this time, I was at Sollefteå hospital, participating in the occupation that started in the hospital entrance after the county council decided to close the birthing clinic on 30 January 2017 (Ådalen 2017, 2017). My father, who accompanied me to the occupation, and I had planned to leave Sollefteå that day, but due to the dangerous traffic situation in the area, we had to extend our visit by another 24 hours. We were offered accommodation with one of our fellow occupants, and had a safe drive southward the day after. Luckily, none of us were in a condition that demanded acute healthcare that day, as the hospital in Sollefteå had suffered from dismantling and could only offer a limited range of healthcare services.

Since the county council of Västernorrland (that has now formally become Västernorrland Region (Region Västernorrland, 2018a)) decided to close the birthing clinic and maternity ward in Sollefteå hospital, the circa 350 people per year that used to go to Sollefteå hospital to give birth (Dahmoun, 2016: 5) are now forced to travel up to 200 kilometers to reach a hospital with trained midwives and adequate equipment that guarantee a safe delivery. Evidently, on a day like 1 February 2018, the trip to Sundsvall's birthing clinic would have been life threatening for all involved. The decision to close down these facilities has led to a massive protesting by people in Västernorrland and other supporters of the right to safe deliveries and maternal healthcare, and the initiative to start an occupation of Sollefteå BB (Sollefteå birthing clinic), as a way to manifest the dissatisfaction with the situation and demand that the politicians change their mind (Ådalen 2017, 2017). When I was in Sollefteå in the winter of 2018, the occupation "celebrated" its one-year anniversary, and there seem to be no sign of resignation among the activists. Rather, as Sweden approaches elections in September 2018, the fight for Sollefteå hospital seem to grow even stronger (Ragnehad & Östemark, 2018).

Sweden is a country where some citizens have long traveling distances to services and facilities that others living in more densely populated areas take for granted. If you happen to live in the rural parts, the access to theatres, shopping streets and celebrated restaurants can be several hundred kilometers. More alarmingly, the same is true for care centers, schools and hospitals, as will become evident in this thesis. If you are pregnant (or just get injured or sick for that matter) the situation has become significantly worse in the last few years, as no less than thirteen birthing clinics have closed in Sweden since year 2000, most of them being in rural counties (Alm Dahlin, 2017: 44). In the documentary series *Den stora sjukhusstriden* (The great hospital fight) about the centralization of Swedish healthcare (SVT, 2018), we also learn that in the last 15 years, every fifth emergency hospital in Sweden has closed due to budget cuts and the political ambition to centralize complicated procedures to bigger and more specialized units. It is not surprising that most of the closings are happening outside the bigger urban centers.

In the documentary, the interviewed politicians show no shyness around the fact that the government in Sweden pushes for a centralization of the healthcare system. Rather, there seem to be a frustration regarding the slow pace of the process. At the same time, there is an ongoing political debate about the future of the Swedish countryside, and of how to stop depopulation in smaller towns in rural areas. In 2015, the government (led by the Social Democrats, Socialdemokraterna, and the Green party, Miljöpartiet) established Landsbygdskommittén (the

Countryside Committée), assigned with the mission to investigate the history of rural politics, and formulate a strategy for a living countryside¹ in the future (SOU, n.d.). Around the same time, the government also named themselves the first feminist government and promised that feminism and gender equity and equality would be foundational for all politics on a broad level (Regeringen, n.d.). When the report from Landsbygdskommittén finally came, it would become evident that there is no deeper gender analysis and no mentioning of any connection between access to healthcare and the willingness to move to, and stay in rural towns (SOU, 2017).

Sweden was one of the first countries to ratify CEDAW, the *UN Convention on the Elimination of All Forms of Discrimination Against Women* in the beginning of 1980. The 12th article supports the equal right to healthcare and reproductive care for all women, and the 14th article supports the equal rights for rural women, specifically mentioning the right to healthcare and reproductive care (UN Women, n.d.; UN Women Sverige, n.d.). The Swedish government also has official goals for gender equality, with equal rights to health and healthcare being one of them (Regeringen, 2016). Still, the development seems to go in the opposite direction, and in the urge to turn the negative curve in rural areas around, an intersectional feminist perspective is lacking. The beautiful words about women's rights and gender equality end up being pink smoke, along with the rural politics failing to see connections between feminist values and access to public healthcare services in the countryside.

In this study I dig deeper into the structures that, despite conventions, laws and official goals, keep making politicians in Sweden take decisions that oppose them. I want to find some explanation for why the needs and perspectives of rural citizens in general, and rural women in particular, keep being a blind spot to politicians and researchers. I pick apart the political landscape of rural politics and the situation for pregnant people and midwives working in the maternal healthcare sector in an attempt to unravel the oppressive mechanisms of othering rurality and womanhood. I analyze the arguments of economic rationality and reason that enable the continued ignorance of rural citizens' rights and the inability to view rural space and bodies as diverse and agentic.

The second part of this thesis is dedicated to the power of resistance that lies in vulnerability. As Judith Butler, Leticia Sabsay and Zeynep Gambetti argue in *Vulnerability in Resistance* (2016), emancipatory potential lies in the acknowledgment of one's vulnerability, as the exposure of that vulnerability can enable the mobilization of resistance. The people living in Sollefteå and other rural areas in Sweden, especially those that might be needing access to a birthing clinic, or other kinds of emergency healthcare, have become increasingly vulnerable as the infrastructure that support their personal security and freedom has been dismantled in the last couple of years. The drawback of public welfare in rural areas is not a new phenomenon, but the occupation of Sollefteå BB, and the great attention and support that the movement has received, shows that the process has reached a point where rural citizens are no longer willing to remain complacent.

1.1. STATEMENT OF PURPOSE AND RESEARCH QUESTIONS

The purpose of this study is to analyze the identity of the rural citizen in Sweden, and how that identity relates to rural politics in terms of expectations and prioritizations, both from citizens and politicians. I pay special attention to the intersection of being a rural citizen and being a cis-woman², or having a body that requires "women's healthcare". By using theories of othering

¹ Meaning growing population, thriving businesses, service facilities and active community et cetera.

² A person who's gender assigned at birth correspond with the person's gender identity is called cis (Genus, 2016).

and the mobilizing of resistance through vulnerability, the aim is to understand the construction of urban and rural, and masculine and feminine as discursive dichotomies. This will help analyzing how the construction of a rural identity as an Otherness affects expectation on everyday life in the countryside in Sweden. With urban life, and masculinity being the norm, the situation for rural dwellers, especially women, becomes increasingly vulnerable due to political decisions and policies that are lacking an intersectional analysis and perspectives. This thesis also seeks to explore how that vulnerability can be turned into resistance and the defense of human rights. The anticipated contribution of the study is to unpack these oppressive mechanisms in a way that will be useful as a tool in the movement that seeks to fight for the rights of women, and other rural citizens affected by the blind spots in national politics in Sweden.

The study builds on the case of the closing of the birthing clinic and maternity ward in Sollefteå hospital in January 2017, and the ongoing occupation that started in the hospital lounge thereafter. The clinic was closed by a political decision to cut down on spending in the county council of Västernorrland, and resulted in increased travel time for hundreds of people living in the region (Dahmoun, 2016). With dismantling of public welfare services in rural areas of Sweden being a common phenomenon, it is interesting to ask why Sollefteå BB (Sollefteå birthing clinic) ended up being the spark that lit the fire.

To be able to fulfil the purpose of the study, I use the following research questions:

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

1.1.1. Structure of the Thesis

The thesis consists of seven chapters; Introduction, Background, Theory, Methodology, Empirical Results, Analysis and Discussion, and Conclusion. Background and Theory make up the necessary foundation for analyzing the collected data as well as providing a review of relevant literature, and the information presented in these chapters is especially useful to understand the othering of the rural citizen. The theory of othering is then tried in the discourse analysis presented and performed on my empirical data in Methodology and Analysis and Discussion. In Methodology, I first present my ideological and political standpoint, using feminist, activist research. In this chapter I next present the data that was collected and the method of analysis used to answer the research questions. I also discuss positionality and limitations in the Methodology chapter. Empirical Results is used to present field notes and extracts from my interviews in an effort to bring the material from the field to the reader. The interviews are then systematically analyzed in the following chapter, using discourse analysis to unpack the construction of the rural citizen as the Other. In the Analysis and Discussion chapter, I reflect on the results of the data collection and the discourse analysis by applying my theories and draw conclusions to answer the research questions. In the Conclusion I summarize the findings of the study questions and evaluate the study as a whole.

2. BACKGROUND

In this chapter, I give context to the case of Sollefteå BB by describing the state and organization of the Swedish welfare system in general, and the situation for women in particular. I describe the political organization and the investments in rural politics and a living countryside in Sweden, and then move forward to the specific situation in Västernorrland and Sollefteå, and I entangle the political process that lead to the closing of the birthing clinic. The purpose is to understand the political organization in Sweden, the national ambition to make the Swedish countryside flourish, and what challenges are addressed and which ones are not. I also give an introduction to what is lacking with the existing politics in terms of gender perspectives and intersectional feminism. In this section I draw on a review of both academic and popular literature as well as policy documents.

2.1. RURAL POLITICS AND WELFARE IN SWEDEN

In the documentary series *Resten av Sverige* (The Rest of Sweden)(SVT, 2016), journalist and author Po Tidholm travel around rural Sweden to try and answer the question of why the countryside is “dying”. Tidholm speaks to politicians, geographers and other experts about the negative trend and what causes it. The answers vary, but neoliberalization, a free market that believes in the survival of the fittest, and a stigmatization of rural dwellers are all mentioned as factors. The situation portrayed in the documentary is a dismantling of state services, depopulation, and increased challenges for the Swedish welfare system and its future, especially with an aging population, and an urban norm that attract the younger generation to migrate to the bigger cities.

A living countryside is a hot topic in Swedish politics, and along political initiatives, organizations such as *Hela Sverige ska leva!* (All of Sweden shall live!)(Hela Sverige, 2018) are putting rural politics on the agenda. As mentioned in the Introduction, the Swedish government established *Landsbygdskommittéen* in 2015, with the mission to investigate rural development in Sweden, and to formulate suggestions on how to move forward to enable a positive future for the Swedish countryside (SOU, n.d.). This arguably shows ambition from the government and that there actually is a willingness to admit to challenges in rural areas, and to try and find ways forward. The committee ended up presenting 75 suggestions on measures to enable a living countryside in Sweden. The suggestions are focused on innovation and the ability to start and run private businesses in rural areas, develop digital and physical infrastructure, provide an adequately educated labor force, provide service and culture, increase the state presence (police and other authorities), provide housing, and to stimulate club activities and organizations. Gender equality is mentioned twice, in equal support for men and women in private business, and enabling equal ability to be active members in society (SOU, 2017). In the analysis section, I delve deeper into the discussion about these suggested measures by relating them to the goals and regulations regarding gender equality and equal rights to health for all Swedish citizens.

2.1.1. What is Rural/Countryside?

The definition of what constitutes as countryside and as rural varies depending on many factors. In Sweden, the definition has changed throughout history due to what measurements are used. In *For a Living Countryside* (2018), Bo Nilsson and Anna Sofia Lundgren refer to the countryside as: “[...] geographic areas outside of urban centers and their surrounding areas, primarily municipalities with populations of fewer than 30,000 people [...]” (Nilsson & Lundgren, 2018: 72). With Sollefteå municipality inhabiting a little less than 20,000 people (Sollefteå Kommun, 2018), this definition would qualify Sollefteå as countryside. However,

the main focus in this study is not numbers, but rather personal experiences, and media and political discourse regarding life in Sollefteå, Västernorrland county, and Norrland in general, and how this affects identity and expectations of and on dwellers in these areas. When speaking about countryside and rural areas in this thesis, the term first and foremost refers to self-identification and social discourse.

2.1.2. Swedish Healthcare for Pregnancy and Birthing

In December 2017, the organization Sveriges Kvinnolobby (Sweden's Women's Lobby), in collaboration with unions and 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 how well the Swedish government's budget proposition for 2018 actually facilitate the outspoken goals to enable gender equality and improve maternity healthcare and the working environment for midwives. The report provides good insight of the state of the maternity healthcare in Sweden today, and the message is alarming. The number of midwives per delivery has decreased in the last ten years (also, statistics does not tell if midwives actually work as midwives, only the total number of trained midwives), the number of induced births and caesarean sections have increased, as have the reported birth-related injuries. In addition to this, many midwives are approaching retirement, and the time to educate the next generation is running out, especially as the working conditions are so poor that many quit, or have to work part time in order to manage. This of course limits the number of midwives that can supervise those in training.

Apart from the general challenges, the report acknowledges the centralization of maternity healthcare, and how the closing of thirteen birthing clinics since year 2000, of which a majority is located in rural regions, has had a negative effect on accessibility to healthcare for women in rural Sweden. Apart from Västernorrland, another five counties inhabit women that live up to 300 kilometers away from the closest birthing clinic. These counties make up two thirds of Sweden's total land area (Alm Dahlin, 2017: 44). Throughout the whole report, Alm Dahlin reiterates that birthing is an acute event, and hence it requires emergency care. Not only does this mean that an overcapacity is necessary, but it can also be interpreted as an argument for the importance of proximity. However, the report also states that women's healthcare is currently and historically less prioritized than men's healthcare due to men's bodies being the norm. Alm Dahlin refers to former reports from Sveriges Kvinnolobby that show how: "[...] in times of economic crisis, the pressure of saving requirements is higher on fields and sectors dominated by women." (my translation from Swedish)(Alm Dahlin, 2017: 64). This of course is relatable to the situation in Sollefteå and Västernorrland, where the birthing clinic was one of the first things to suffer from budget cuts.

Regarding the gender equality facilitated by the budget proposed by the government, Sveriges Kvinnolobby argues that they still have a long way to go. With the budget aspiring to be "gender neutral" it ends up being gender blind. With men's lives and experiences being the norm, the investments will automatically cater to men's needs. Women are mentioned more times than men in the proposition, but most times it is to acknowledge women as a vulnerable group, and as a further othering of women from the male norm. With an unfulfilling report system of what actually happens with the money that is directed explicitly to women, it is impossible to evaluate if women are actually benefiting from these investments, and how (Alm Dahlin, 2017: 12-23).

2.1.3. Woman as an Analytical Term

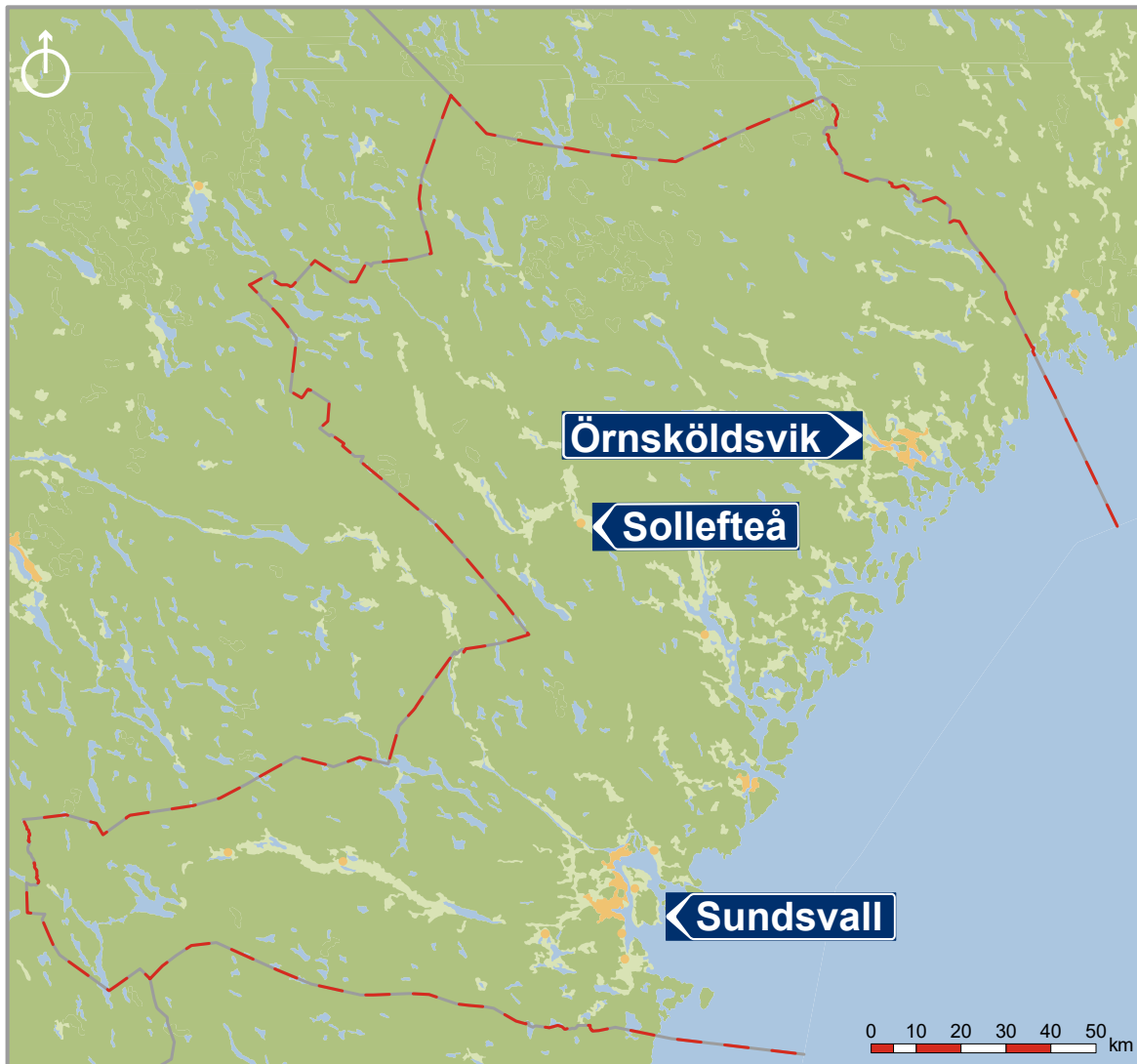
In this study, I have chosen to use the analytical term woman/women to describe the group of people that need healthcare specialized for bodies that have a uterus. Although I am aware that not all women have uteruses, and that not all that have a uterus are women, as the focus of this thesis is access to Sweden's "women's healthcare", or "kvinnosjukvård", and as this healthcare applies to most people that have a uterus, the term woman/women is deemed appropriate. The use of the term women does follow a binary division of gender, and the only reason I do this is that collection and presenting of statistics and medical practice in Sweden still use this binary, and that my study focuses on feminization rather than assigned gender or genitalia. I am fully aware of the existence of other gender identities.

The reason I put emphasis on women's healthcare is that it connects to the closing and occupation of the birthing clinic and maternity ward in Sollefteå, and also due to the male body being the norm in the field of medicine, and hence a majority of research has been performed on men (in this case cis-men) and male animals or cells. In a collection of research reports from *Jämställdhetsutredningen* (the Investigation on Gender Equality), a study ordered by the Swedish government in order to unravel inequalities and identify further strategies to reach Sweden's goals of gender equality, the part that focuses on gender and healthcare reveal historical and contemporary inequalities between women and men in treatment and research (SOU, 2015: 413-443). In the report mentioned earlier, *Med Rätt att Föda*, Johanna Alm Dahlin states that: "Women's health and illnesses, and the care that women consume, have lower priorities and get poorer economic preconditions." (my translation from Swedish)(Alm Dahlin, 2017: 64). This information makes the cutbacks on maternity and reproductive healthcare particularly interesting in terms of gender equality within medicine, and may help explain why it seem right to save money on behalf of women's healthcare, as women's bodies are seen as an exception and men's bodies as the norm.

2.2. THE CASE OF SOLLEFTEÅ BB

In this section I go into detail about the case of Sollefteå BB. I describe the political activity that led to the closing of the birthing clinic, and how the different political parties interacted throughout the process. I then move on to the story of the occupation. At the time of writing this thesis, not much academic literature is written about the occupation which is why this section mainly refers to popular media and other sources of information.

2.2.1. The Demographic and Socio-Economic Context of Västernorrland



Detailed map of Västernorrlands county

— Västernorrlands county

Figure 1. Map of Västernorrland County

Geographical data from Lantmäteriet (2018a), edited by the author and Wösel Thoresen.

Västernorrland county is a geographical area located in southeast of Norrland, and consists of the two provinces Ångermanland (in which Sollefteå and Örnsköldsvik municipalities and hospitals are located) and Medelpad (in which Sundsvall municipality and hospital is located),



and seven municipalities in total (Länsstyrelsen, n.d.). Even though Sweden’s geographical midpoint is located in Flataklocken in Ånge municipality in Västernorrland (ibid.), and Norrland makes up more than half of Sweden’s total land area, only 11-12% of Sweden’s population live in Norrland (SCB, 2017a), which arguably makes the area sparsely populated compared to the rest of the country. Circa 258 000 people live in Västernorrland, and the population is relatively old according to demographic pyramids from 2017 (SCB, 2017b). The county is an important site for industries such as forestry and energy, but also for tourism and winter sports (Länsstyrelsen, n.d.). Of course there is also an important public, female dominated, sector of healthcare and education (SCB, 2016), but that is not mentioned on Länsstyrelsen’s website as it is either taken for granted or is simply not seen as important (this is my personal comment but it also matters to the purpose of the thesis as I get further into in the analysis).

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 in the county as it went from Landsting to Region. When mentioning Västernorrland in this thesis, I refer to the political organization Västernorrland Region.

Figure 2. Map of Sweden - Stockholm in relation to Sollefteå

Geographical data from Lantmäteriet (2018b), edited by the author and Wösel Thoresen.

2.2.2. The Political Decision to Close Sollefteå BB

The economic situation in the county council of Västernorrland is strained, and the reports foregoing the decision to close the birthing clinic and maternity ward showed unsatisfactory numbers and unreached goals. Meeting protocols and statements produced by public servants show disappointment with the organization and the ability to steer the development in the right direction. The message is clear; great changes are needed in order to reach an economy in balance (Landstinget Västernorrland, 2016b: 15-18, Landstinget Västernorrland, 2016a: 4-5).

Enabling economic balance was hence the main argument for closing the birthing clinic and maternity ward in Sollefteå. In a conversation with midwife Annika, former employee at Sollefteå BB, I hear about a well functioning, popular birthing clinic with one of the best results in the country regarding such things as patient safety and security, and low levels of caesarean sections. There was usually one midwife per patient, and close personal contact between those involved (Annika, 2018a). This picture was confirmed by almost all the people I spoke to during the period of this study. Every person whom I asked about the birthing clinic either told personal stories of how safe they felt at Sollefteå BB, or referred to it as a great example of how reproductive and maternal healthcare should work (Field notes, 2018).

Still, the region came forward with three options for a so called "*Omstrukturering av kvinnosjukvården inom landstinget*" ("Restructuring of women's healthcare within the county council"). The options were to either close the birthing clinic in Sollefteå, or Örnsköldsvik, or both, and in order for the politicians to make an informed decision, the county council carried out what they claim to be a "multiprofessionell riskanalys" ("multi professional risk analysis") where the task was to evaluate the possible consequences of either option (Landstinget Västernorrland, 2016b: 23). The analysis is 14 pages long and goes through the necessary organizational changes, and how those might affect staff, patients and transportation quantitatively. For most parts, the evaluations look similar for all three options, with a reservation for the option of closing two clinics, as that option has some greater consequences than the other two. Increase in transportation, increased need for information and communication with patients, and marginal increase in feelings of insecurity among staff and patients are some of the effects mentioned in the analysis. The report recommends the option where the birthing clinic and maternity ward in Sollefteå hospital closes, and this is also the option that is advised to the politicians in the county council (Dahmoun, 2016).

On 26 October 2016, the ruling political majority in the county council of Västernorrland voted in favor of the option of closing the birthing clinic, and the surgical and closed maternity ward in Sollefteå. The majority of Socialdemokraterna (the Social Democrats), Miljöpartiet (the Green Party) and one member of Vänsterpartiet (the Left Party) voted according to the proposition. (Landstinget Västernorrland, 2016b: 28)

Moderaterna (the Right Conservative Party) called for an investigation of alternative organization and privatization of healthcare in the whole county of Västernorrland, similar to the claim from Liberalerna (the Liberals) to investigate the possibility of having an entrepreneur run the birthing clinic and maternity healthcare. Centerpartiet (the Center party) dismissed the proposal, referring to the lack of information regarding the assignment of the region executive director to develop cooperation between the municipalities in Västernorrland. The majority of Vänsterpartiet dismissed the proposal with the motivation that the benefits of the savings did not exceed the negative consequences. Kristdemokraterna (the Christian Democrats), being the only party with a clear feminist analysis, dismissed the proposal with a reservation saying that:

Healthcare specialized for women have long been less prioritized than healthcare specialized for men. In a time when national investments and investigations are carried out in the sector in order to even out these inequalities, the majority still decides to go in the other direction. (my translation from Swedish)(Landstinget Västernorrland, 2016b: 25).

The decision taken by a majority of Socialdemokraterna and Miljöpartiet caused a rift in Socialdemokraterna, as three of their commissioners voted against the party line, with the motivation that the negative consequences of the closing would exceed the benefits (Landstinget Västernorrland, 2016b: 22-30).

There has been an ongoing internal conflict in Socialdemokraterna regarding the dismantling of healthcare services in specifically at Sollefteå hospital, and in Västernorrland in general. In April 2016, the vice chairperson of the county council board, and board member of Socialdemokraterna in Västernorrland, Linnea Stenklyft, decided to leave all her commitments in the party and in Västernorrland county council. The reason for her resignation was her refusal to vote according to the party line regarding the closing of the emergency orthopedics in Sollefteå hospital (that preceded the closing of Sollefteå BB). Her party colleagues argued that a member that does not follow the party line either has to abstain their vote, or resign (Leffler, 2016; Lunneborg, 2016). Stenklyft's comment to Sveriges Radio (Public Service Radio, Sweden) were: "I have to follow my conscience." (my translation from Swedish)(P4 Västernorrland, 2016). Another social democrat, My Larsson (daughter to Linnea Stenklyft and one of my interviewees), was also excluded when she decided to vote against the closing of the ward. As the decision about the birthing clinic and maternity ward in Sollefteå was brought to date, My Larsson told Sveriges Radio that she was ready to vote against the party line once again, saying she was supporting continued reproductive and maternity healthcare in Sollefteå hospital (Öhman, 2016). As the protocol tells, My Larsson and two other members of Socialdemokraterna voted against the party line in the final decision about Sollefteå BB (Sundin, 2016; Hånell, 2016)(Landstinget Västernorrland, 2016b: 27-28). In our conversation, My tells me she is not nominated as a candidate for Socialdemokraterna in the region's council (former county council) in the 2018 election (My, 2018).

2.3. THE OCCUPATION

The occupation of Sollefteå BB started on Monday 30 January 2017. A spokesperson from the organization Ådalen 2017, Sollefteå BB Ockupationen, Sebastian Gunnesson, said to the local newspaper Allehanda (Ivarsson, 2017) that the occupation is the last resort in the fight for Sollefteå BB:

It is a peaceful occupation where we will not take any device. An occupation is the last thing one does when democracy does not work. There have been demonstrations, fights and writing about this but the politicians have not been listening. This is a natural step that no one really wanted to take. (my translation from Swedish)(Ivarsson, 2017)

On the occupation website, Ådalen 2017, Sollefteå BB Ockupationen (Ådalen 2017, 2017), the organization 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 from Swedish)(Ådalen 2017, 2017). The sense of sadness from being run over and forgotten is present throughout the text. There are several mentions of the betrayal from Socialdemokraterna, a party with a strong historical position in the county of Västernorrland, the county that raised today's prime minister, Stefan Löfven, Socialdemokraterna (Assarsson & Zocherman, 2018). This betrayal seems to be central to the anger that resulted in the massive movement of resistance that is the occupation of Sollefteå BB. In the protocols from some of the occupation meetings that can be found on the occupation Facebook page, a group consisting

of more than 10 200 members (Facebook, 2018), the reader can see how the occupation grows, as more and more sponsorship, media attention, celebrity support, and grass root engagement gets added to the list (Sollefteå BB Ockupationen, 2017 a-e).

The fight for Sollefteå hospital started long before the actual occupation, as did the dismantling of the fully functioning hospital. Already in October 2015, there was a massive manifestation in Kramfors (neighboring municipality to Sollefteå and one of the hospital's catchment-areas) against the suggested cuttings. Around 15 000 people came to show their support for equal access to healthcare (Degerström, 2015). One of the occupants, I call her Karin as she wants to remain anonymous, tells me how there was a queue of cars for several kilometers to go into Kramfors, and people parked all around the city center as so many had come to join the protest (Karin, 2018). Another interviewee, Carina, a leading figure in the occupation, tells me that she and a group of activists fighting for Sollefteå hospital had been working on the issue long before the final decisions were taken, attending political meetings, supporting the hospital staff and forming opinion around it. When nothing worked, the group gathered up on the symbolic power of the birthing clinic and called for an occupation only days before the closing. And as Carina says: “[I]t went well.” (my translation from Swedish)(Carina, 2018).

The occupation of Sollefteå BB has undoubtedly led to an active discussion about the state of maternal healthcare in Sweden. Together with other actors and voices for safer deliveries and better care for women and other birthing such as *Födelsevrålet* (the Delivery Roar)(2018), the fight has resulted in the government investing 1.8 billion SEK in maternity healthcare in 2018 (regardless of the direct connection to the occupation, it is a victory for the movement)(Regeringen, 2018). However, there is no promise of a reopening of the birthing clinic in Sollefteå, and as no clinic in Sollefteå exist, there is no point in giving any of the 1.8 billion to Sollefteå hospital. With the government delegating the distribution of the money to the regions and county councils (ibid., 2018), it is once again up to the politicians of Västernorrland to dictate the faith of Sollefteå BB.

Apart from the media attention and political discussions that has followed the dismantling of Sollefteå hospital and the occupation of Sollefteå BB, local citizens have taken matters in their own hands. In December 2017, the cooperative care center Voon opened in Sollefteå, and the initiative has been both popular and successful, according to occupants Karin (2018) and Carina (2018). Voon is still not equipped to assist births, but midwife Annika tells me that since the closing of Sollefteå BB, the research project called *Barnmorska hela vägen* (Midwife all the way) has been established as an attempt to make pregnant women feel safe and secure, and offer assistance in births despite the longer distances to clinics, as one midwife (ideally) can travel with the patient. However, the project is still new and not evaluated (Annika, 2018).

2.3.1. Other Examples of Resistance

The occupation of Sollefteå BB is not the first of its sort. In Dorotea, a small town in the county of Västerbotten, the local care center and its emergency reception was threatened by budget cuts in 2011. Activists started an occupation in order to protest against the closing, and demanded that the decision would be made by popular vote. After three years of occupation, the fight finally gave results. A great majority of Doroteans voted in favor of opening the care center, and the center reopened in 2016 (Wengberg, 2016). Another example is the occupation of the women's house in Umeå in 1983. A group of women squatted a condemned house in the city of Umeå to manifest the need of a place for a women's organization. The occupation continued for a few months, with meetings, hangouts, demonstrations and other activities, along with persistent lobbying towards local politicians. The activists kept a diary, and the reader can see how much the movement meant to the participants, and how quickly the house became a

loved and cherished place. In the end, the occupants were evicted, but the women's organization continued in another building as the politicians responded to their requests (Norlander & Larsson, 2017).

3. THEORY

This chapter is dedicated to the theories I use as a framework for the study. I start with Judith Butler's theories of identity and performativity, with the intention to prepare for the analysis regarding the life of a rural citizen, and how that identity is affected by the use of language, and how language acts upon the individual. I use theories of othering, originally coined by Simone de Beauvoir, and developed by Butler, to make sense of the identity of being a rural citizen and a woman, and how that identity relates to vulnerability and resistance. I relate this to geographic theory of urban and rural and how identity relates to space, its dialectics and interdependency. I also discuss cultural and economic rationality, using Val Plumwood's theories about what constitutes as rational and logical in terms of economic distribution and social organization, as a foundation for analyzing the priorities within Swedish politics. I then relate this male-oriented decision making to Tora Friberg's time-geography that explains women's adjustment strategies in a society designed for men's needs. I move on to describing the identity in relation to vulnerability, a state that Butler, together with Zeynep Gambetti and Leticia Sabsay, claim to go hand in hand with resistance, a theory I use when studying the occupation of Sollefteå BB. I finish by describing occupation as a means of resistance, and how the simple act of not removing one's body can manifest power.

3.1. PERFORMATIVITY AND IDENTITY - OTHERING

An important component in my study is to understand the construction of identity. I build my analysis on the hypothesis that being defined and identified as a rural citizen comes with certain expectations on that person's way of living, how others define us, and how we identify ourselves, but also on what expectations that person is allowed regarding everyday life in general, and public welfare services in particular. In other words, how a person's constructed identity relates to the material environment in terms of restriction and enabling. In order to make this process understandable, I use Judith Butler's reflections on linguistic identity and vulnerability in *Rethinking Vulnerability in Resistance* (Butler, 2016), and follow up using Butler's reading of Simone de Beauvoir in *Sex and Gender in Beauvoir's Second Sex* (Butler, 1986) to evolve the understanding of performativity and identity and the becoming of gender (Beauvoir's theory is further discussed later in this chapter). The aim is then to relate the general theory of the Other to the rural citizen as the Other in relation to the urban citizen.

Butler describes the understanding of identity, and the effects of identity on a person's living conditions with what she calls linguistic vulnerability in *Rethinking Vulnerability and Resistance* (Butler, 2016). She describes language as not only a means through which we act, but also as something that acts upon us. According to Butler, our identities are created as we are given names, are placed in discursive categories, and taught what norms are rewarded in our social context. These names and discursive categories that Butler call gender performativity through gender assignment, are easily mistaken for the essence of our being, and hence lead to expectations on our acting.

Regardless of the actual process of the construction, both Butler and Beauvoir base their theories on the understanding that patriarchy, and hence male privilege, is the powerful mechanism in constituting the conditions within which the individual is able to construct their gender. 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 the understanding of the power relations between urban and rural within human

geography. To enable this understanding, it is necessary to include other categories than sex in the construction of one's gender and identity. Ethnicity, physical ability and religion are some examples, and so is place of birth and living. In other words, if a person is born in, and/or lives in a rural area, that person is ascribed Otherness in relation to an urban citizen, as urban is the norm in this context. The same can also be said about space and place. With urban space being the norm, rural space experience othering as it is described as passive, embodied and feminine (Mother Nature).

3.1.1. The Urban Norm and Rural Identity

As I touch upon in the former section, place is an important factor in the construction of identity. The construction of the rural identity in Sweden is investigated in an article written by Madeleine Eriksson (2010). Despite the article mainly focusing on rural representation in films and other expressions of culture, Eriksson thoroughly describes the othering mechanisms of the construction of the rural identity. She describes a long tradition of portraying the rural north in Sweden as backwards and conservative in an otherwise progressive and liberal country. Whilst cities are usually associated with a sophisticated middle class, the countryside is constantly portrayed as being home of an uneducated, often racists, working class. She explains the relational production of space and place that construct identity and hence how the construction of the rural identity connects to the othering of sparsely populated areas in Sweden, and those areas being everything that the urban cities are not. She stresses that the cultural stereotypes do not necessarily correspond to the self-identification of rural citizens, but that it can still affect material life in the countryside as politicians and other holders of power are exposed to, and affected by these impressions.

Eriksson (2010) also mentions the effects of internalized racism, classism and sexism, which might affect rural identity. This observation could explain why, for example, female politicians in Västernorrland voted for a closing of the birthing clinic, and hence voted "against their team". This phenomenon is explained by Gabriella Nilsson in *Kampen om Kvinnohuset* (2010), where she tells the story of how S-Kvinnor (the Social Democrats' women's organization), in the joint campaign for a women's house, distanced themselves from the more radical and separatist activists of Lesbisk front (Lesbian front) and Grupp 8 (Group 8), and supposedly their allies, in order to gain support from their male party colleagues. Nilsson writes that women tend to ally hetero-socially, as men are the holders of power and hence can decide to share that power. However, she makes it clear that:

In the long run, the adjustment to the rules of a certain field means an acceptance of the existence of the relation of dominance, which contributes to reproducing society, not changing it. (my translation from Swedish)(Nilsson, 2010: 93)

The same mechanisms of othering the rural is identified by Bo Nilsson and Anna Sofia Lundgren in their study of political rhetoric regarding a living countryside in Sweden (2018). Nilsson and Lundgren specifically discuss how political bills coming from all ideological directions are part of the construction of the rural identity by either portraying the countryside as idyllic or backwards, but almost always problematic and in need of change, and "aid" from the centralized state. Another joint observation from Nilsson and Lundgren (2018), and Eriksson (2010), is that whilst the countryside is always the Other in relation to the urban cities, it is also presented as a necessary commodity for the urban areas to use, which of course enables the exploitation of rural areas for the sake of urban growth (as mentioned in the Background chapter). Nilsson and Eriksson notice that economic growth seem to be the unproblematized solution to all the problems that are ascribed rural areas. This adds to the identity of rural place as passive, and exploitable for the urban actor, but also as something that is vulnerable and in

need of rescue, or as simply a burden. This is recognized in the 75 suggestions for a living countryside, as the focus is mainly on starting and running businesses in the countryside (see Background).

3.1.2. Time Geography and Rationality

With the understanding of the construction of gender and identity, and how assigned and performative identity have consequences for the individual in everyday life, and also to space and place in terms of othering of rural space, I now present Val Plumwood's theory of rationality to show how understanding of the othering of rural women can explain why certain political decisions in Sweden and Västernorrland might have seemed reasonable and unavoidable. Plumwood (2001: 31-37) bases her theory on the dichotomies mentioned before; active/passive, masculine/feminine and so forth, and to this she adds: "[D]ualisms of reason versus the body and nature, and especially that of reason versus emotion" (Plumwood, 2001: 31). Plumwood argues that in our western society, driven by ideas of neoliberal market economy, masculine, economic rationality is the highest valued form of behavior. By playing according to the rules of the gender regime, taking "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:

Before long these ideals of rationality spill over into other parts of life; egoist maximisations of monetary values become the normal model, even in regions where they are irrational, destructive of trust or go against important cooperative or altruist traditions, such as social infrastructure provision, medical practice and the helping professions. (Plumwood, 2001: 33)

This theory is highly applicable to the closing of Sollefteå BB, where the main argument of saving money by centralizing, "taking responsibility" (for the economy, not vulnerable bodies), and the preceding investigations clearly lacking a human, emotional perspective (see Background).

An unavoidable consequence of a patriarchal, male-oriented society, where decisions are taken by men, or due to hegemonic masculinist values, is that women are forced to adjust their lives accordingly. Tora Friberg has studied women's so called time-geography thoroughly in *Kvinnors Vardag* (Friberg, 1990). Time-geography focuses on the relation between time and space, and how physical and social factors affect a person's ability to move through time-space. The ability to move is enabled or restricted by qualities connected to our identities (this is similar to observations made by Butler), and Friberg argues that in patriarchal society, women are consequently restricted in their everyday lives (ibid., 1990: 11-14). In Sollefteå, this is obvious in the increased travel time to a birthing clinic, but also in adjustment projects such as cooperative care center Voon, and the project "*Barnmorska hela vägen*" (see Background). In summary, being a woman in a patriarchal society puts one in a vulnerable position, and will consequently make one less able to move through time-space. The patriarchal restricting of women's lives is also a global phenomenon, with a recent and grave example being the "Global gag rule", signed by every republican president in the US since 1985, but now in a stricter version by Donald Trump on his first day as president. The gag rule forces NGOs receiving US funding to promise not to perform or advice on abortions or they will lose their funding (Boseley, 2017), with the consequence being that a white, powerful man is violating women's rights globally.

3.2. VULNERABILITY IN RESISTANCE

As mentioned before, Judith Butler claims the understanding of social and material relations to be necessary for fully grasping bodily vulnerability. It is important to be aware of our assigned

gender in relation to social norms in order to understand what we as individuals are vulnerable to, and what infrastructure is needed to help us reach personal freedom (which relates to Friberg's time geography). For example, if you are assigned female, rural dweller, and working class, you might be vulnerable to a lack of accessibility to healthcare specialized for women, and to affordable public transport that reach rural towns and communities, and hence your personal freedom would increase if you did have access to this infrastructure. In this sense, Butler means that 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 (ibid., 2016: 19).

In Butler's reading of Beauvoir in 1986, the focus lies on understanding Beauvoir's infusion of emancipating possibilities into the *becoming* of gender. Butler starts by problematizing 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 the becoming of a certain gender, and hence a possibility to resist the predetermined rules of womanhood as fixed to the ascribed female sex, otherwise there would be no point in separating sex from gender. By stating this, Butler says that the cultural construction of gender, as described by Beauvoir, consist of volitional and appropriative acts.

To be a gender, whether man, woman, or otherwise, is to be engaged in an ongoing cultural interpretation of bodies and, hence, to be dynamically positioned within a field of cultural possibilities. (Butler, 1986:36)

This discussion arrives in the understanding of gender as consciously constructed, but that the construction process is constantly restricted and contested by social norms and structures. The acknowledgment of potential agency within the construction of identity is important to this study as it focuses on how the activists at Sollefteå BB in some sense use their rural identity as a means of resistance, meaning that there is emancipatory potential in "taking charge" of your identity.

With Butler's development of Beauvoir's theories of gender performativity, agency and the possibility of emancipating resistance to reification of gender norms in mind, I now move on to describing the theory of mobilizing resistance through vulnerability. In the introduction to *Vulnerability in Resistance* (2016: 1-11), Judith Butler, Zeynep Gambetti and Leticia Sabsay present their ambition to step outside the gendered binary of vulnerability and resistance. The agenda is to question the idea that being vulnerable would automatically lead to passivity (similar to the way that Beauvoir use the agentic term "becoming", when she describes the process of gendering), and rather claim that active resistance could be mobilized through vulnerability itself. The authors describe the denial of vulnerability as stereotypically masculine and powerful, and hence being vulnerable as stereotypically assigned feminine, which then 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 women and minorities as vulnerable, in order to demonstrate that vulnerability can also hold agency.

Butler continues to develop the theory in the first chapter (Butler, 2016: 12-27), as she evolves on the notion that resistance is not about overcoming vulnerability, but rather to resist by being vulnerable. She claims that the very act of 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* (ibid., 2016: 24-25). In this sense, simply existing can be an act of resistance. By being in a space, our own bodies can work as powerful resistance to oppression and discrimination. This of course relates well to occupation as a strategy of resistance.

3.2.1. Reclaiming Space - Occupation

As Butler argues, simply existing as a vulnerable body in a certain space is resistance. As I argue earlier in this chapter, political decisions based on male-oriented, economically rational, and emotionless groundwork, women and other vulnerable groups face restrictions in their ability to move in time-space. If society becomes increasingly inaccessible for certain bodies, one way of reclaiming that space is through occupation. Paul Chatterton and Stuart Hodkinson (2012) argue that squatting and occupation is a way to fight against capitalism and the privatization of public space. The authors deem that reclaiming space, especially when the accessibility to public commons is restricted, is a form of fighting for survival. This is seen in Sollefteå, but also in Dorotea and Umeå (see Background), as the reclaiming of space became a way of manifesting how important safe spaces are for vulnerable bodies.

3.3. SUMMARY OF THEORIES

The theories presented in this chapter are used to understand the othering and feminization of the rural citizen in relation to the urban citizen. Butler's and Beauvoir's (2016; 1986) understanding of the becoming of gender, and gender performativity, describes how identity is constructed through conscious and unconscious environmental and discursive performances. Paired with the theories of rural space and identity described by Eriksson (2010), and Nilsson and Lundgren (2018), the understanding of the rural citizen as the Other is clarified. Plumwood (2001) and Friberg (1990) may help us understand how the identity as the Other, and the privileging of masculine reasoning and lifestyle affect life for women and rural citizens. Butler, Gambetti and Sabsay (2016) then provide understanding for the emancipatory potential in mobilizing resistance by being vulnerable as they argue that admitting vulnerability can be interpreted as an act of feminism. Finally, Chatterton and Hodkinson (2012) explain how occupation is a way of claiming space by placing vulnerable bodies in a certain place. These theories will be used to help answer my research questions regarding the construction of the rural identity and the effects of that identity to rural politics and everyday life in rural areas, and how the occupation of Sollefteå BB is an example of vulnerability in resistance.

4. METHODOLOGY AND MATERIAL

In this chapter, I present my methodology and material, and relate it to my theoretical framework in order to motivate why I decided on this research design. I begin by presenting my ideological standpoint as a feminist, qualitative researcher, and why a clear political standpoint is substantial. I discuss my positionality and my ethical considerations as a researcher. I further present how I use participatory action, and semi- and unstructured interviews to collect empirical data, and how that data is analyzed in a critical discourse analysis and how I thereafter elaborate in relation to my theory and background. I finish with a brief discussion of the limitations to the study, and how further research can be done to develop the research topic.

4.1. QUALITATIVE, FEMINIST AND WITH AN AGENDA

The reason I chose to study the occupation of Sollefteå BB, and the effects of rural politics in Sweden, is a genuine engagement in women's rights, and the will to critically unpack the power relations and structures at work when urban becomes the norm and rural becomes the Other. I was also caught up in the moment when I first came to the occupation and experienced the power of the community, and I wanted to further study the potential of this kind of activism. For this reason, I have decided to use qualitative, feminist methodology and activist research. In *Qualitative Methodologies for Geographers* (2001: 3), Melanie Limb and Claire Dwyer describe how feminist geographers started using qualitative methodologies as a critical reaction to the quantitative, rational approach that is characteristic of geography and urban planning in the 60s and 70s. The argument used by feminist scholars was, and is, that human geography must be based on human experience. Katarina Schough (2002: 13-14) and Susanne Johansson (2002: 131, 133) present similar critiques towards "gender neutral" human geography in *Svensk Kulturgeografi och Feminism*, as they argue that quantitative geography and planning has been blind to gender and gender power structures in space and place. They further explain that the binary categorization of sex and gender as male/female, man/woman, and the gendered division of labor and gender stereotyping that follows, has been accepted as true human nature, and that this has affected production of space and place throughout history.

The aim is hence to use feminist methodology in order to reveal how this gender blindness and masculine rationality has led to the increased vulnerability for women living in rural parts of Sweden, as a lack of human perspective in terms of emotions and individual experience has reduced lives to statistics, economy, and masculinist rationality. My methodology is closely related to the theoretical framework I use in the study, arguing that male-oriented decision making has negative consequences for women in everyday life. It explains the construction of identities that shape the expectations of, and on rural women, and hence the order of the political landscape. With this seemingly being the case of Swedish rural politics in general, and Sollefteå BB in particular, the use of feminist methodologies is a way of fighting against these norms. This way of closely tying theory and methodology together, is also an attempt to actually live as I learn. By applying feminist methodology and theory to the study of rural politics, and the opposing movement in Sollefteå, I intend to create an example of how rural development can be critically unpacked and reinterpreted in a different way. By focusing on personal experiences, actually lived by the people who are directly affected by the political decisions in Västernorrland, I go in the opposite direction of the claimed rational economic reasoning that preceded the closing of Sollefteå BB.

With these methodological standpoints, I have no reason to hide the fact that this thesis is written with a political agenda, in fact, it would be contradictory to claim objectivity. In *Doing*

Qualitative Research: From Interpretation to Agenda (2001: 25-27), Susan Smith criticizes the common notion of research as supposedly objective, and that the good scholar avoids the influence of personal values in their work. Smith means that the whole point of doing feminist qualitative research is to highlight the perspectives of oppressed groups, and hear the voices of those usually not heard. To try being objective and apolitical while actively revealing power structures is counterproductive if not impossible. The same argument is posed by Charles R. Hale in the introduction to *Engaging Contradictions* (2008: 1-28). Hale means that all knowledge is produced in a political context, and hence that claiming objectivity is pointless. As a scholar activist, Hale suggests that the combination of political activism and academic research can be mutually beneficial, and this assumption is the reason why I have chosen to carry out this study through activist and action based research. In the following section, I go further into detail about activist research methodology, and why it is suitable for my research.

4.2. ACTION BASED RESEARCH/ACTIVIST RESEARCH

The choice to use activist research methodology for my study came naturally, as my support for the occupation of Sollefteå BB started with my personal engagement in women's rights, and the fact that I first came to the occupation site as an activist and not as a scholar. The moment my friends and I decided to travel to Sollefteå to support the occupation, we realized the power of the movement, and how important and engaging the fight is to the people of Västernorrland. Soon after our first shifts at the occupation in the summer of 2017, I realized that the broader perspective on accessible healthcare specialized for women has strong theoretical ties to critical, feminist human geography, and then and there I decided to put Sollefteå BB Ockupationen at the center of my thesis.

I've chosen activist research as it aims towards producing knowledge in collaboration with the activists, in order to be of use for the political fight that is studied. In the foreword to *Engaging Contradictions* (2008: xiii-xxvi), Craig Calhoun writes that it is impossible to change the world merely through technical knowledge, and that activism is necessary in order to practically set a social movement in motion. This is also the reason why I have chosen to study both the power structures that cause vulnerability theoretically, and also how that vulnerable position is turned into powerful material resistance by the group itself. It would have been easy for me to just write a very critical thesis about the lack of intersectional analysis in rural politics, and I wanted to add a study of how this critique can actually be transformed into constructive actions. It is therefore crucial to me that I understand the agenda and the tools used by the activists to demand equal rights for rural citizens, and their own reasons for showing resistance. As Hale states: "[...] social movements are carriers of unique knowledge [...]" (2008: 21). Through the process of writing, I have constantly reminded myself of this as the study has consisted of a constant back and forth between arguments coming from all sides of the debate. By choosing feminist, activist methodology, my mission has been to listen to, and make visible the unheard voices and in every way possible empower the voice of those people, but as a scholar activist, I also aim towards putting this knowledge at the center of my thesis, and make it useful for the movement.

Feminism has not always been included in activist research, but as Jennifer Bickham Mendez writes in *Globalising Scholar Activism* (2008), using feminist arguments can be effective in meeting skepticism regarding the controversial choice of positionality and collaboration between politics and academia. Feminist scholars are critical towards traditional academic dichotomies of researcher and researched, and objectivity and subjectivity, and they question careless categorizing of some groups as more vulnerable and powerless than others, as it increases the risk of reproducing power structures. This relates to my theoretical framework of

vulnerability in resistance, as it challenges the common idea of vulnerability as equal to passivity and powerlessness. Bickham Mendez also highlights gender awareness as previously missing from activist research. As I have written in previous paragraphs, gender blindness in research often leads to gender blind decision making, and as the aim of my research is to study the intersection between rural identity and womanhood, gender awareness is inevitable in order to understand the complexity of the situation for women in Sollefteå and other rural areas. The aim is to use the theoretical understanding of othering and stereotyping, as I reflect on my experiences from my engagement in the occupation, and use that to highlight the emancipating power of resistance in vulnerability.

4.2.1. Positionality and Ethical Considerations

The issue of ethics and positionality is handled a bit differently in activist and feminist research, as the whole point of the project is to be political and take a stand. However, a scholar activist is not in any way less obligated to reflect on the issue than any other scholar. Scholar activist Laura Pulido has made an attempt to answer some frequently asked questions about how to be an activist scholar (Pulido, 2008). Regarding positionality, Pulido discusses some challenges such as not agreeing with the agenda of the studied activism, or the issue of engaging in research with activists of different background such as ethnicity and class. I personally agree fully with the agenda of Sollefteå BB Ockupationen, but I reflected a lot on my positionality as not being a citizen of Sollefteå, not even of Västernorrland or Norrland. Instead, I come from an urban city in the very most southern part of Sweden (though I grew up in a rural county that borders to Norrland). However, I never felt rejected or experienced any suspicion due to my relative foreignness, rather very warm and genuine happiness that people travel so far to support the occupation. I think the broadness of the movement works to my advantage, as the occupation is constantly visited by people coming from all corners of the country, and politicians from a variety of parties.

I did struggle a little over the attention paid to my visits, and how open I should be about my agenda. As the occupation attracts media attention, and media likes spectacular events, visiting occupants are targeted, so one challenge was to not take too much space in the occupation as my presence is merely a drop in the ocean of the occupation as a whole. Another issue is that I am an elected politician in Lund municipality, and during the time I spent writing this thesis, I was nominated as a candidate for the national elections. As I am representing the party Feministiskt initiativ (Feminist initiative) that openly supports the occupation, I decided that my position was rather an asset than a problem, especially if I can use the experiences from the occupation in political contexts. In one sense, this can even add to the experience of being an activist scholar. However, I decided not to speak about it too much as I was careful not to turn my participation in the occupation into a campaigning tour.

Apart from this, I tried to balance the amount of time I spent talking about my study, and I mostly started doing it before my last visit, as I began looking for interviewees. The main reason I did this was an insecurity about how to talk about the thesis without seeming too important, or creating an unnecessary distance to me as a researcher. In hindsight, I think this was a mistake, as I would have wanted to figure out together with the other occupants how my research can be of use in their struggle, and it would have been better to have an ongoing conversation about the process. Laura Pulido (2008) raises this issue as she argues for the necessity of reciprocity. She claims that one of the most important tasks of an activist scholar is to figure out how the research can be of use for the activism. In my case, I thought I would figure it out along the way, but I realize that I need more time and experience in order to do this properly. Pulido also shares her experiences of exhaustion from traveling and engaging in

activism while simultaneously working academically. This is something that I identify with as I found the traveling very wearying, and I felt that the energy I needed to spend on reciprocity was lacking. I evolve on this issue later when I reflect on the limitations to the study.

In summary, I experienced both advantages and challenges in my work as an activist scholar. I found it easy to gain access and acceptance from the occupants, and my experience is that we share personal attributes to the point where I did not feel like too much of an outsider. The most difficult part, and the one I am least happy about is the reciprocity, as I have not yet figured out how to make my work beneficial for Sollefteå BB Ockupationen. I would want to continue this work in the future in order to properly involve in the occupation, and involve the occupants in my study in a way that can actually result in a fruitful collaboration. However, as the occupation continues, so does my support for, and engagement in it.

4.3. MATERIAL

In this section, I present my material and methods of data collection. I present the empirical study, performed through participatory action and deep-interviews.

4.3.1. Participatory Action - Field notes

A large part of my fieldwork is made up by my own participation in the occupation, and hence a big chunk of my material consist of field notes from the time I've spent in Sollefteå. When practicing participatory research, taking field notes helps the researcher remember environments and social situations that appear, but it is also used as a way to reflect on the experience, and on the researcher's own positionality as a part of it. Notes are usually taken both in the field, and right after the observation (Buch & Staller, 2013: 132-134). In my case, taking field notes does not follow the common rules exactly. When I first came to the occupation in August 2017, I did not know that Sollefteå BB would be the focus of my master's thesis. Therefore, I started taking notes only in January 2018, and hence had to trust my memory regarding those days spent occupying in the passed summer. Since January 2018, however, I have made sure to take notes regularly during the process, more or less intensely depending on what stage of the study. However, I have tried to primarily visit Sollefteå as an ally and an occupant, and not as a researcher, simply because I have tried to distance myself as little as possible from the occupation movement. Therefore, my notes are mostly taken after a visit, and usually not in the field. João H. Costa Vargas (2008: 175-176) calls this observant participation, as the participation is the main activity and observation comes in second, and field notes are taken at the end of a day instead of whilst in the field and are used primary to reflect backwards.

In total, I have visited Sollefteå three times, 3-4 days each, and have carried out 9-10 shifts at the occupation³. I have also had ongoing conversations with gatekeepers, friends and other acquaintances along the way, together with reflections, discussions and other engagements in rural politics and reproductive rights movements that has influenced my work and added to my study (Field notes, 2018).

4.3.2. Interviews

With the methodological approach to this study being activist, qualitative and feminist, in-depth, unstructured interviews and spontaneous interviews (alongside participatory action) were the most suitable tools for collecting empirical data. Sharlene Nagy Hesse-Biber (2013: 182-132) describes in-depth interviewing in feminist research as: “[...] uncovering the

³ The occupation is organised in four shifts each day, with at least two activists present at each shift.

subjugated knowledges of the diversity of women's realities that often lie hidden and unarticulated." (Hesse-Biber, 2013: 184). She continues to argue that feminist in-depth interviewing is used to give voice to oppressed groups that usually will not have their voices heard. This approach is suitable for the purpose of my study, as it aims to uncover the mechanisms that lead to ignorance of women's rights and the rights of Sweden's rural population, and also to hear the voices of those who are mobilizing in this vulnerability to resist the oppressive powers.

I have tried to use unstructured interviews throughout my study as I believe it is the most suitable design for activist research. As I wanted to minimize the distance between me and my interviewees, the aim has been to have the interviews be as much like any conversation as possible. Hesse-Biber (2013: 186) argues that an interviewer using unstructured design should let the interviewee take the lead, and, while having an overall topic in mind, use follow up questions to support their story. The unstructured interview is therefore not following any set structure of questions. When I started making appointments for interviews, I began writing ambitious guides containing all the questions I wanted answered in those interviews. However, as I realized I wanted to use unstructured interviews, I ended up using them only as a way to prepare myself, but in the end I did not bring them to the meetings. Once the process of finding interviewees proceeded, I sometimes ended up doing spontaneous interviews with no preparation time at all (Interview guides are found in Appendix A.).

The relation between the researcher and the research participants is an important issue in feminist methodology. Reflecting over power structures is necessary to enable a safe space for the interviewee (Hesse-Biber, 2013: 199-200) As I use activist research, I allowed myself some bias in the interviews made with occupants or others that I interpret as allies of the occupation. The reason is simply that by choosing activist research, I personally believe that the very point is to create that sense of community with the other activists. Due to this approach, the interviews sometimes ended up in rants about the political landscape, which I felt was both a nice bonding experience, and also eliminated some of the distance between my interviewees and I. Once again, this thesis is in no way aspiring to be "objective", and hence, I welcome a bit of fighting spirit in the conversations. All participants are informed about the terms and conditions of the interviews, and their rights to remain anonymous and to withdraw their participation at any time. This is guaranteed by written or oral consent (see form in Appendix B).

The sampling process for this study has been a so called purposive, which means it is: "[...] based on the particular research question as well as consideration of the resources available to the researcher." (Hesse-Biber, 2013: 192). I was lucky to already share acquaintances with Carina Hellström, a leading figure and one of the founders of the occupation movement in Sollefteå. Carina quickly became an indispensable gatekeeper and she provided me with more information and contacts than I could ever have wished for. With Carina as a base, I carried out the sampling process mouth to mouth and I found a great willingness to engage from most people I spoke to. Another important contact was Håkan Berthas, a documentary film maker I met at the occupation. Håkan gave me access to all the material he has from filming the occupation in Sollefteå and through these films I was able to find out about key persons and events that led me forward in my process. Unfortunately, none of Håkan's work about Sollefteå is published at the time I write this thesis, and hence I do not use his material as references.

I ended up doing seven interviews in total, with three occupants, one regional politician from Socialdemokraterna, one municipal politician from Centerpartiet, one midwife formerly working at Sollefteå BB, and one journalist. All participants are supporters of the occupation, but not all share the same ideas about how to tackle the challenges ahead. I think this mix of

viewpoints is suitable for the study as the idea is to support the occupation and to discuss constructive ways to do so (the purpose and contribution of each interview is found in the guides in Appendix A). Five of the interviews were recorded and transcribed, four in total and one partly (due to the conversation being a bit too unstructured and therefore not entirely relevant). The two remaining were not recorded due to request from the interviewee, or due to practical circumstances. Four interviews were performed face to face in Sollefteå, and three were phone interviews. All participants have been offered to read their transcriptions or notes after the interview. I decided from the beginning to only interview women, primarily because I thought the conversations would be more specifically concentrated around women's lives and perspectives. However, the focus ended up being more concentrated on the lives and perspectives of rural citizens, but I still stand by my choice to put women's voices in the front of my thesis regardless of the topic they speak about. Since the study focuses on women's lives and experiences it simply makes a lot of sense to speak to women. My theoretical framework and methodological design that aims at questioning gender blind, male-oriented and "rational" reasoning further justifies this choice in sample.

Name	Position	Date and place	Recorded	Transcribed
<i>Carina</i>	Occupant	Phone, 2018-03-25	Yes	Yes
<i>Karin</i>	Occupant	Sollefteå Hospital, 2018-03-24	Yes	Yes
<i>Ewa</i>	Occupant	Sollefteå Hospital, 2018-03-25	Yes	Partly
<i>Annika</i>	Midwife	Sollefteå Hospital, 2018-03-26	No	Notes taken
<i>Maria</i>	Municipal politician for Centerpartiet	My hostel in Sollefteå, 2018-03-26	Yes	Yes
<i>My</i>	Regional politician for Solcaldemokraterna	Phone, 2018-04-07	Yes	Yes
<i>Katarina</i>	Local journalist	Phone, 2018-04-09	No	Notes taken

Figure 3. Table of Participants

4.4. THE PROCESS OF ANALYSIS

In this section, I describe how I relate my theory and methodology to my empirical data. An important part of my thesis is the Background chapter, and how it makes a foundation for the theoretical and methodological standpoints. The Background and Theory chapters are the foundational work that formulates the help unpacking the rural identity, the othering of rural citizens, and how that othering enables the neglecting of the rights to health for rural citizens. In the following chapters, I present and analyze the results of my empirical study using discourse analysis. I then attempt to take a step forward in analyzing how this Otherness and vulnerability is used to resist the oppressive structures that put rural women in a vulnerable position.

4.4.1. Discourse Analysis

When I started working with this study, I already had evidence that there is a constructing and reconstructing discourse at work in the creation of the identity of the rural citizen and the female rural citizen. I present some of this evidence in the Theory and Background chapters, where I also use the theories of Judith Butler to further explain what identity means and how it is created, and more is added when I present my empirical results. Based on this evidence, my thesis aims at taking a next step as it focuses on the consequences of this discourse regarding the expectations of, and expectations on people living in rural Sweden, and how this affected group in some sense fight for emancipation. In *An Introduction to Discourse Analysis*, James Paul Gee describes how discourse analysis is always used for “formulating and gaining some confidence in hypothesis” (Gee, 2011:20). The discourse analysis I exercise in this study is therefore used to unpack the oppressive structures at work, constructed and reconstructed by an active discourse regarding the identities of rural citizens in Sweden. Hence, my discourse analysis is to be seen as a part of a broader analysis of my empirical data, as it is supposed to work as a foundation for the next step of analysis. In this section, I give a brief presentation of the tools I use to analyze the construction of the rural identity and present the discourse.

Similar to Butler’s arguments about how we act through, and are acted upon by language, discourse analysis focuses on the social rules made up by spoken and written language, and how those rules shape our identities and structure our lives. In the introduction to his book, Gee (2011: 1-14) attempts to explain the way language determine social order. Gee argues for the use of critical discourse analysis (as opposed to descriptive discourse analysis), as he claims that language is political:

Politics is not just about contending political parties. At a much deeper level it is about how to distribute social goods in a society: who gets what in terms of money, status, power, and acceptance on a variety of different terms, all social goods. Since, when we use language, social goods and their distribution are always at stake, language is always ‘political’ in a deep sense. (Gee, 2011: 7)

This view of language as a political force relates to the theories of Butler, and to how life of rural citizens in Sweden is highly affected by discursively constructed identities in the way that the language that is used when speaking about the countryside and of rural citizens set the limits for life in these areas.

Gee further explains how language is used to make sense of the world in a specific context. He uses what he calls “seven building tasks” (Gee, 2011: 17-20) as a framework for analyzing discourse within language, and hence argue that there are seven questions that can be asked regarding how a certain language build reality. The seven building tasks are:

1. Significance
- *Refers to the use of language to mark that some things are significant in the given context. The analyst asks what and how some things are made significant or not.*
2. Practices (activities)
- *Refers to the mentioning of practices (activities) to enable understanding of what is going on in the given context. These are practices that are supported socially, culturally and institutionally, and is what Gee calls a “chicken and egg-situation” in the sense that it is impossible to tell if we practice due to language, or if language is shaped by practice. This means that there is a constant reshaping of reality through the entangled use of practice and language.*
3. Identities
- *Refers to the use of a certain piece of language to create a certain identity for*

oneself or for others. The power of shaping these identities, and what identities are valid, varies through use of language depending on the context.

4. Relationships
- Refers to the use of language to establish what kind of relationships exist between certain actors in a given context.
5. Politics (the distribution of social goods)
- Refers to how language is used to make up rules for what is normal, appropriate, expected etc. in a given context.
6. Connections
- Refers to how language is used to make certain things connected or disconnected, or relevant or irrelevant to one another.
7. Sign Systems and Knowledge
- Refers to how language is used to privilege certain signs and certain knowledge within a given context.

In my result section and my analysis, I use these seven tasks to analyze my data (interview notes and transcriptions) in an attempts to unpack the oppressive discourse shaping rural life and rural politics. I thereafter use this evidence to further reflect on the consequences of this discourse.

4.4.2. Analyzing Empirical Data

After I perform the discourse analysis, I move on to analyzing the empirical data in order to understand how the occupation works to show resistance and demand political changes in Västernorrland. In *Forskningshandboken* (Denscombe, 2008: 367), the analyzing of empirical data is described as a process where the researcher reflects upon the material in order to answer the research questions. The principles for analyzing qualitative data is that it can not speak for itself, and therefore needs to be interpreted. It also need to be rooted in reality, or in research terms; grounded. My data collection and analysis follow these principles as I engaged personally in the occupation of Sollefteå and spent a lot of time collecting data through participation and personal interviews, and thereafter use my theoretical framework to interpret these results in order to arrive at conclusions that answer my research questions.

4.5. LIMITATIONS

Two very obvious limitations of this study have been time and money. The travel from Lund to Sollefteå by train takes about 12 hours one way, and there is of course a cost added to that. As I was not granted any of the scholarships I applied for during the process, I had to adjust the number of hours spent at the occupation to my personal economy a bit more than I had planned for. In the best case scenario, I would have spent much more time in Sollefteå, at the occupation, activist meetings, protests and other activities.

Besides these very practical issues, activist research is different from other research methods in the sense that it requires social skills in a different way. While I was aware of this before I decided on activist research, I was not prepared for the social exhaustion I experienced after each visit. The traveling, meeting new people, and at the same time trying to figure out how to perform a good job as a scholar wore me down to the point where I almost fell ill. Similar to what Laura Pulido writes about her experiences as a scholar activist (Pulido, 2008) I had to face the fact that I was in over my head. As I mention in my reflection about ethics, the work of reciprocating is added to the to do-list of the activist researcher, which arguably makes the process more demanding compared to some other methodologies. As activist research is very personal and emotional, the fear of failing also becomes a heavier burden for the researcher.

Apart from my personal struggles, the frustration mainly comes from not accessing the proper resources (time and money) to perform a study that does justice to the occupation of Sollefteå BB. As I argue in my analysis and conclusion, very important social change is happening in Sollefteå and other movements, where oppressed and neglected groups have started to mobilize against the power holders. I think this is just the beginning of the rural uprising in Sweden, and I would love to further engage in the movement as a scholar activist.

5. EMPIRICAL RESULTS

In this chapter, I present the results from interviews and participatory action. In order to do this in a clear manner, I first present the data collected through participatory action, and then each interview separately. The reason I chose to present the interviews in this way is that I believe it corresponds to my methodological standpoint where an important component is giving voice to those not usually heard, and also to the activists involved in the occupation. The intention is to give proper space to each person that has contributed to this study. After presenting the interview results, I move on to analyzing the data in relation to the discourse analysis framework and the theories presented in chapter three.

5.1. EXPERIENCES FROM SOLLEFTEÅ BB OCKUPATIONEN

Getting first hand experience of the occupation as an activist has been an important part of this study, as the use of activist research calls for such practice. This part of the study has helped me understand the context of the movement, establishing relationships and creating an idea of what the occupation means to those involved. I only include a brief summary of my field notes in the thesis, as the main significance of the notes has been to help me reflect back when analyzing my data (Costa Vargas, 2008: 176).

I first came to Sollefteå BB together with two friends in August 2017. At that time, the occupation celebrated its 200 days' anniversary, and our impression was that there is a great sense of community around the occupation. We had a terrific time sleeping on the donated mattresses in the hospital lounge for three days. After I decided to write my thesis about the occupation, I visited Sollefteå hospital two more times, in January and in March of 2018. The first time, my dad and I drove from my hometown Falun (mid Sweden) to Sollefteå, and we experienced the stress of driving in the worst possible weather conditions. Additionally, there was a massive blizzard that kept us stranded in Sollefteå for another 24 hours, and the drive south was nothing but unpleasant. This experience was important in order to understand the conditions for those that have to reach a birthing clinic in an emergency situation. (Field notes, 2018)

My general experience from visiting the occupation in Sollefteå BB is a town coming together. Observing the activities on the occupation's Facebook page itself illustrates a great deal, but actually being in the physical space immediately makes you feel the great sense of community and fighting spirit among the occupants. Even though the mood was a bit dampened in mid winter, everyone I spoke to was certain that the occupation would last until the 2018 elections at least. What really strikes one is that the occupation seems to be about much more than the birthing clinic. It is about bringing people together in a fighting spirit, and joining forces to stand up not only for accessibility to healthcare, but also for life in the countryside and in Norrland. No matter whom I spoke to about the occupation, all seemed to contribute in their own way. When I called the hostel to book a room I was told that I, as an occupant, had a 20% discount. This was the hostel owner's way of supporting the occupation despite not having the time to be there in person. (ibid.)

To sum up, the time I have spent at the occupation in Sollefteå has both provided a first hand experience of the possible isolation of living in a rural region in times of centralization, but also of the potential for change when people join together in a fight against oppressive powers. (ibid.)

5.2. ACTIVISTS IN CONVERSATION - INTERVIEW RESULTS

In this section, I present short versions of my interviews, bringing forward what I think is the most important information gathered through this method. The interviews are presented in no particular order and they all stand independently. The interviews were unstructured and made on a one-to-one basis, and the purpose was to collect qualitative data from people involved in the occupation and in regional politics in Sollefteå.

Carina

On my first visit to the occupation in August 2017, I first met Carina, one of the founders and a leading figure of the occupation of Sollefteå BB. In March 2018 she called me for an interview. Carina was raised in Junsele, a smaller town in Sollefteå municipality. She identifies as a rural citizen, and she recognizes the picture of smaller towns fighting against centralization, as she remembers the three banks that used to be located in Junsele. Now, they are all closed and you are supposed to travel 70 kilometers to Sollefteå to run an errand: “[T]here (in Junsele) we had to fight against Sollefteå, to survive” (my translation from Swedish)(Carina, 2018).

Carina tells me how she herself became sick in 2015 and came in contact with a broken healthcare system, and how that experience made her want to fight for a better future for hers, and others’ children living in Sollefteå and Västernorrland. The movement started with a Facebook group that supported the maintenance of the emergency hospital in Sollefteå in which Carina became active. The group members attended county council meetings and supported the staff at Sollefteå hospital when the dismantling started. Carina tells me that the actual occupation went from idea to reality within weeks as the decision to close the birthing clinic and maternity ward attacked what Carina calls the very heart of the hospital:

[M]any asked why we didn’t do anything earlier when they closed the orthopedics for example. But so, the birthing clinic is the heart of a hospital. And like, the beginning of life. Everyone’s been there sometime. (my translation from Swedish)(Carina, 2018)

Carina also expresses a great frustration and disappointment in how politicians have handled the situation. Before the election in 2014, Socialdemokraterna promised to save Sollefteå hospital if they were elected, and Carina remember telling her partner to vote for them as they were the guarantee for the hospital. However, it was not long before the cuts started, and Carina says Socialdemokraterna have always been keen on centralization, and that the arguments for closing are nothing but excuses:

Well, none of the arguments they’ve had are solid. 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 from Swedish)(Carina, 2018)

She says that if there was solid evidence then she might not feel as betrayed, but when there is an obvious lack of reason she will not settle. For the elections in 2018, she has joined Vänsterpartiet, and we talked a little about why there seems to be a blind spot about Sollefteå in the regional politics. She says there is a centralization of political power as well, with most of the decision makers living in more urban cities in the region. The same goes for the hospital management, as a reorganization a few years ago resulted in the establishment of so called clinic executives, with one executive for each clinic, typically sitting in Sundsvall, managing the clinics at all three hospitals in the region. Carina thinks that this concentration of power creates an inability to understand, and what she sees as a lack of interest in the experience of people of Sollefteå, which enable politicians to make these decisions. They do not know how badly managed the roads are, how bad the cell reception is, and how far the distance is,

especially if you are in pain. The paramedics in Västernorrland call the roads between the three hospitals “the death triangle”. Also, Carina does not exclude the possibility of envy, as Sollefteå used to be a high ranked hospital with a good working environment. She also mentions an ideological rigidity in the regional committee council, as she sees that one party hesitated to vote for the common good only because an opposing party formulated the proposal. She also expresses great frustration that national politicians from Socialdemokraterna neglect the crisis in Västernorrland, with the excuse that they cannot rule regional politics nationally:

[H]e (the Prime Minister Stefan Löfvén) has started an investigation about Karolinska (the scandalous building of a new hospital in Stockholm, initiated by regional politicians from the right wing alliance) but what about us? Isn't that also ministerial rule? (my translation from Swedish)(Carina, 2018)

We also speak about the consequences for people living in Sollefteå municipality, and what the dismantling and centralization of welfare services means. Carina mentions the irony in the fact that the region council just became responsible for regional development:

[T]here's no regional development to close it so there will be, so people are disappearing from here, but unfortunately the region executive didn't see that as problem, or one didn't even see that it had any connection so (laughs) no. (my translation from Swedish)(Carina, 2018)

When I ask about the unequal access to public welfare in correspondence to tax rates (poorer accessibility usually, and arguably contradictory, equals higher tax rates), she says that it is bitter, and that the argument usually is that if you choose to live in a rural area you will have to live with it. Carina also says that she thinks access to schools and healthcare is crucial when people decide to settle or stay in a certain area, but that there is also a strong tendency to want to stay, and that staying is almost a statement. She mentions that not many have moved to Sundsvall or Örnsköldsvik, not even hospital staff, and that all kinds of measures are taken to deal with the situation. Expecting couples rent cabins or stay with relatives or in hotels before the birth, and the new cooperative care center Voon opened recently with great support from local citizens. Generally, when public service shuts down, local citizens are forced to take matters in their own hands, and they do. Carina says it shouldn't have to be that way:

Healthcare must be allowed to cost money, especially with the distances we have here in Norrland. (my translation from Swedish)(Carina, 2018)

Karin

I meet Karin in the hospital cafeteria on a Saturday in March 2018. She is just finishing a shift at the occupation, and she tells me that she has been taking shifts weekly since the start. I came in contact with Karin through Carina, and it is obvious that Karin is an experienced occupant. She tells me that she has travelled along with other occupants to Stockholm twice to speak to national politicians and hand over petitions. She understood the success of the movement for Sollefteå BB when their logo was recognized at a hotel where they stayed on their way to Stockholm once. It seems that Karin finds it not only important to fight for Sollefteå BB, but also that she experiences great joy and sense of community in the movement. She keeps telling me funny anecdotes, and we have a great time together. She says that she doesn't need a birthing clinic herself:

But I have a darn great need for those that need a birthing clinic because they run service in shops and other healthcare (laughs) and such, and I need them. (my translation from Swedish)(Karin, 2018)

I ask Karin what she thinks is the reason why the closing of the birthing clinic has generated such engagement. She says that the threat towards Sollefteå hospital in general has been a driving force, and she brings up the massive demonstration in Kramfors (neighboring

municipality to Sollefteå) in the fall of 2015 when circa 15 000 people marched against the dismantling of Sollefteå hospital. She says that it is the growing distances that worry people, that the risk of bleeding to death on the way to the hospital will increase. She mentions that every year in Sollefteå there are one to three extremely acute deliveries, where caesarean section is needed within 15 minutes. With several hours travel time on poorly managed and heavily trafficked roads, both the baby and the mother will die before reaching a birthing clinic. She tells me that right before the closing of Sollefteå BB, one of these acute deliveries happened, and only because they were treated at Sollefteå hospital, they both survived. In Kiruna, another rural town in Norrland, infant mortality has increased since they closed their birthing clinic. Karin thinks this situation moves people, and that it probably explains why so many people support the occupation. (Karin, 2018)

When I bring up the political managing of the countryside in Sweden, Karin's opinion is quite clear: "The countryside doesn't exist to them. They don't know what it is." (my translation from Swedish)(Karin, 2018). She tells me that she, and many others, react when they hear politicians saying that the countryside need support to survive, especially since the countryside provides lots of natural resources and agricultural goods:

[I]f you take all power plants, there's real estate tax on those, but that doesn't stay here, they get that in Stockholm you know, it goes there, even if the building is here. This nature is ruined. But they get paid for it. (my translation from Swedish)(Karin, 2018)

She also mentions the situation in Västernorrland region, and that she thinks politicians and hospital management based in Sundsvall make sure all resources go to them as they want to be the center of Norrland. She is certain that the hospital in Örnsköldsvik will meet the same destiny as the one in Sollefteå, as resources are sucked into Sundsvall. She says she thinks the number of potential voters might be an explanation:

[T]here's more people living there, there's a greater chance to get votes if you contribute more to them. That's how simple it is. [...] Then they have to invest in, big city voters. (my translation from Swedish)(Karin, 2018)

When I ask Karin about the threat against Sollefteå hospital she says that it has been present for a long time, and that politicians from both left and right has contributed to the dismantling. She thinks the right wing alliance is probably happy that it is Socialdemokraterna that have to take the punch, and hope it will generate votes for them. She says that alternative management forms might be the only way forward now, and mentions the successful opening of the cooperative care center Voon. Apparently the establishing of clinic executives created such a bad working environment that many staff members left their jobs at the hospital, and that many of them are now working at Voon instead. (ibid.)

We speak a little about the future, and Karin is not so sure about what will happen to Sollefteå BB. She's hoping that there will be a new mobilization of occupants in the summer, as the winter has been a little slow. She thinks the most important period will be the months after the elections in September 2018, as that will really be the time for the politicians to show what they want for Sollefteå. However, even though there has been a debate around maternity healthcare in Sweden due to the occupation, she is quite certain it will not benefit Sollefteå:

[W]e won't get anything. It will go to Sundsvall and there are many black holes there that it can disappear into. (my translation from Swedish)(Karin, 2018)

Ewa

I met Ewa for the first time when I came to occupy in January 2018. We took a shift together and have stayed in touch since then. I meet Ewa for a spontaneous interview in the hospital cafeteria in March 2018. We end up speaking mostly about the practical consequences of the dismantling of Sollefteå hospital. Longer distances are the obvious problem, but Ewa also mentions the poor organizing of healthcare services as Sollefteå hospital, for example, no longer holds the competence to treat all kinds of patients. Apparently, sick patients end up being sent from one hospital to the other, as they might receive different treatment depending on where they live and what service is provided at each hospital. Patients with contagious infections are stuffed in the same car as patients recovering from surgery, and patients that just had strokes are put under great stress due to the trading of patients between the hospitals. Another consequence is that people that need help hesitate to call for an ambulance because of the lack of resources. What if someone else needs it more? (Ewa, 2018)

Ewa has roots in Härnösand, another town in Västernorrland region. A few years ago, Härnösand hospital closed, and Ewa remembers following the dismantling in which she sees many similarities to what is happening in Sollefteå. She says people trusted the politicians to do the right thing, but that what is different with Sollefteå is that now people with knowledge and insight have reacted in time. Ewa says that she of course would accept the cuts if they were unavoidable, but that there seem to be enough evidence of a mismanaged economy that she thinks what is happening is wrong. Ewa keeps returning to the conclusion that there was a well functioning hospital that did not need to be closed, and that despite the promise that a raised tax rate would save the hospital the centralization just kept going. She also mentions the so called “support” from the state to small businesses in rural towns as artificial respirations. She says what is needed is bigger workplaces like hospitals and state administrative agencies, but those have been moved from Sollefteå to bigger cities. (ibid.)

I ask Ewa if she experienced a flight of people from Sollefteå due to the dismantling of the hospital. She says there is some turbulence, and that many are worried. She understands that some people decide to move due to the uncertain situation, and also that people with serious illness choose to live closer to a hospital that provides the treatment they need. However, she also experiences that people choose to stay because they like living in Sollefteå, and she thinks that the occupation has been great for the community and that it has manifested peoples’ displeasure. She is grateful that people use their time and knowledge to fight for Sollefteå BB and hospital. (ibid.)

Annika

Annika is a midwife formerly working at Sollefteå BB. I meet her for an interview at the hospital in March 2018, and she tells me about working at Sollefteå BB, and how they were requested and awarded for the quality of their work. They could offer one midwife per patient, and a closeness that Annika had not experienced at other hospitals. She says there was no other reason to close the birthing clinic despite Sundsvall wanting all the resources. The arguments are not solid as the money saved is eaten by increased costs in other places, patient security is definitely not better, and the well functioning organization of handling complicated births among the three hospitals is shattered. The argument that not enough children are born in Sollefteå is false as the number of births per midwife is the same in Sundsvall. Annika says the mantra is that “You can travel far for what rarely happens”, but what happens rarely is that you are in a life threatening situation, and then proximity is completely essential. (Annika, 2018a)

Annika stresses that poor management is the causal factor of the chaos. She says Socialdemokraterna and Miljöpartiet have run Sundsvall’s errands, and that it has caused a rift in Socialdemokraterna. She mentions the clinic executives as a problem, and that bad working

environment and expensive rented staff has spiraled into an unsustainable situation. Annika, who has lived in Sollefteå for 30 years, with her family living in Ångermanland for generations, says Medelpad is favored by Västernorrland region despite a bigger population in Ångermanland. Regarding national support, she says politicians from almost all parties except Socialdemokraterna have visited the occupation, and that the absence of Prime Minister Stefan Löfvén from Socialdemokraterna is extreme⁴. She thinks the reason why healthcare is not part of the national investments in a living countryside is due to fear of critique against Socialdemokraterna for closing Sollefteå BB and not taking full responsibility for it. (ibid.)

When I ask about the power of the occupation, Annika says that she thinks it is the symbolic value of the betrayal of women and children that has engaged so many people. She also mentions patience and endurance as characteristic for the people of Ångermanland (both in the sense of endurance and patience when times are rough, but also in the sense of endurance in protesting), and she brings up a course in car-seat deliveries that was initiated by an educational association in Sollefteå and that generated great attention both nationally and internationally. People could not believe this was happening in the welfare capital Sweden. Annika says that if we teach CPR we might as well teach people to deliver babies in cars. (ibid.)

Annika says the political engagement has grown in the region, and that if only there is political will, Sollefteå BB can reopen. She is certain that the staff will come back, and since the occupation and the movement for maternity healthcare in Sweden has generated historical amounts of money, the circumstances are good. Most people did not decide to go to Sundsvall or Örnsköldsvik. Annika herself first chose another position at the hospital, but since she wanted to stay in her profession, she is now working with the research project *Barnmorska hela vägen*, which is an attempt to find alternative organization for midwifery in rural Sweden. However, as a midwife, her mission is to do what is best for her patients, and she is more than willing to organize the future maternity care in Sollefteå. (ibid.)

Maria

Through my acquaintance with Annika, I made contact with Maria, local politician for Centerpartiet. She is willing to meet me for an interview about Sollefteå BB, and she comes to visit the hostel where I'm staying during my third visit to Sollefteå. Maria is from Sollefteå and has lived here off and on. She has also delivered one of her three children at Sollefteå BB, and she describes it as a great experience. She tells me that Centerpartiet critiqued the closing of the birthing clinic on both municipal and regional level, but she also acknowledges that it might be too late to turn the situation around:

During this period since the decision to close there's been a flight of doctors and midwives, one has demolished and damaged, [...] it takes time to build this up. (my translation from Swedish)(Maria, 2018)

She agrees with the picture of Sollefteå as an attractive workplace, but that the poor managing of the dismantling and the clinic executives has scared staff away, which has spiraled into higher costs due to rented staff, and lack of competence and ability to perform advanced procedures. She says there might be a harmful competition between the region's hospitals that rule out certain cooperation. (ibid.)

Centerpartiet is in opposition to Socialdemokraterna, and Maria says she thinks there is a good chance of a shift of power in the 2018 elections. When I ask her what she thinks about the way

⁴ Right before the submission of this thesis, I find out that Stefan Löfvén is visiting the occupation in August 2018. (Annika, 2018b)

Socialdemokraterna have refused to listen to the people of Sollefteå she says it is simply the way representative democracy works, and that if you do not please the voters you will not get elected next time. She says it has always been Socialdemokraterna's intention to centralize, as opposed to Centerpartiet that have always argued for decentralization. She admits that the region has a mission to make ends meet, but that the economic cuts has gone wrong, and that politicians have failed to see the whole picture as the three hospitals in the region work together inseparably. However, Maria does not necessarily think it is a bad idea to privatize parts of the hospital:

[W]e won't be able to be delivered the same service any longer, and we have to find new solutions to like, look at people getting more engaged themselves and like, we won't be able to have the same society as we're used to. (my translation from Swedish)(Maria, 2018)

She argues that we have such advanced healthcare today and that not every hospital can afford all expensive equipment. She says that with a private organization there can be better solutions for administration, better use of the wards and the staff. I ask her if it is fair to leave the citizens to depend on private actors:

Well you don't do it for free.. [...] [I]t doesn't have to be the Sollefteans, but someone else that start a business [...] you don't just leave, well 'now you're on your own', but you do something and then you get like, well the financing is coming from the state. (my translation from Swedish)(Maria, 2018)

She says it is more expensive to run a small hospital, but that the situation is not that great in Stockholm either, with overcrowded wards and such. She mentions the general problems in women's healthcare, and she stresses that it is not just rural women that suffer. With women's healthcare lacking in general, women are suffering on the countryside as well as in cities, it is just a difference in what kinds of problems. However, she does recognize the picture of the countryside as in need of "aid" from the state, and she also sees that politicians fail to show that there is a mutual dependency between rural and urban Sweden:

[I]t is also a political, well, political responsibility one can say to understand that one is dependent on each other. (my translation from Swedish)(Maria, 2018)

She mentions all the natural resources coming from Västernorrland, but also the frustrating situation where more and more businesses move or is closed as the population decreases. She says the military have been discussing a reopening of the regiment in Sollefteå, and that it might be a reason to save the hospital. However, it might also be that they reject Sollefteå due to the dismantling of the hospital. Maria keeps returning to the need of a balance, and the necessary interdependence between rural and urban places. She seems positive that there is a bright future ahead of Centerpartiet and hopefully Sollefteå hospital. (ibid.)

My

My is a regional politician for Socialdemokraterna, and one of the opposing members that has been excluded from her party group due to the conflict around Sollefteå BB. I read about My in news media long before I reached her through my contact with Carina. My lives in Junsele, and although she says she doesn't mind driving the 70 kilometers to meet me in Sollefteå, we settle for a phone interview. My is raised in Sollefteå municipality, but lived a few years in Göteborg (Gothenburg) before she got homesick and returned to Junsele to live in a house and enjoy the quiet countryside life. It is clear that My loves living in a rural town, and she says the only thing she misses is going to concerts, but that it is a small sacrifice in relation to the benefits. We quickly move on to talking about the access to healthcare, and she tells me about

a time when her partner got injured when they were living in Göteborg, and how they spent at least eight or nine hours in the emergency room:

[I] said to Markus that now is, now we should've lived at home because if it had been Sollefteå then we would've gotten it patched together and home again in half the time. (my translation from Swedish)(My, 2018)

She does admit that the accessibility in Göteborg was better than in Junsele, but she rejects the argument that “you choose it yourself”, as the distance from Junsele to Sundsvall or Örnsköldsvik is considerably longer than that to Sollefteå. She says that there is still a number of people living in Sollefteå municipality and that they deserve the same access to healthcare and service as anyone else. (ibid.)

I ask her about her political engagements and she tells me that she has been a member of Socialdemokraterna for a long time (she mentions her mother Linnea that had to leave her mandate for Socialdemokraterna when she opposed the closings), and that she was attracted to the idea of paying taxes and sharing welfare costs together as a community. She says Socialdemokraterna in Västernorrland has been good and strong for a long time, but that she disagreed with the dismantling of Sollefteå hospital from the start:

Then I don't think anything in the county council and the decision regarding the hospital in Sollefteå has looked like anything that S stands for[...] (my translation from Swedish)(My, 2018)

She tells me that after the elections in 2014 there was a budget shortage that needed to be adjusted, and suggestions were quickly presented to the political administration. The cuts, or restructurings as they were called, did not worry My at the start as they were only suggestions, and due to critique and lack of information they started over:

[T]hey changed so that Erik Lövgren went up as chairperson, and then my mum, Linnea Stenklyft, went up as vice chairperson. And I know that at least she really thought that there would be a proper restart, that this would be thrown in the trash [...] But there wasn't long at all before a more or less similar proposal came up. (my translation from Swedish)(My, 2018)

After that, opposing members were forced to leave their mandates. Those that questioned the decisions were accused of not trusting the staff. My says that of course it is important to have trust, but it is also important to have all the information. (ibid.)

My is not nominated for any regional missions for the 2018 elections, and she says she has been critiqued for sitting in the wrong chair, and that as a regional politician she cannot only see to her own municipality. She does however say that she was ready to kill her political career for what she believes to be the right thing; seeing to the whole county:

[T]hey claim that you don't stand the pressure of the voters so that you do this because one is like, scared that people will be angry and disappointed in one's home town. [...] [B]ut I live here too! I know what consequences this has for for us that live here. (my translation from Swedish)(My, 2018)

She asks what the point is to have representatives from all parts of the region if they aren't allowed to represent their voters. (ibid.)

I ask her if there have been any discussions of alternative ways forward for the region, except cutting costs. My says that she was looking for that, and that she is sick of the constant need for budget cuts. She says there was always an agreement that Socialdemokraterna should be a strong majority and stick together, an argument that was used against those that opposed the dismantling. My says she has a different view of a strong majority:

And then I thought, well it's then we have to do something different, because it's always like this. There's always a savings demand! Here. And that, we just shut down and shut down and shut down. I mean Sollefteå it will not be the last thing that goes [...] That's why I thought that if we are that strong we need to kick upwards [...] then you'll have to join the other, the other counties up here, join Jämtland 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 from Swedish)(My, 2018)

She says that the cuts are coming from a situation of distress, and that she was ready to start working for a change in the countryside, but that that was never part of the picture. She says that there will probably be tax raises anyway, and that Sollefteå has the highest tax rates in the whole country. She says she is more than willing to pay taxes, but then she wants accessible welfare in exchange. (ibid.)

My says that Sollefteå BB has become a political throwing bat, but that the right wing alliance and Sverigedemokraterna (the Sweden Democrats) always wanted to get rid of Sollefteå Hospital: “[T]he other parties are just happy now that Sossarna has taken the punch for this.” (my translation from Swedish)(My, 2018). Now they are trying to attract votes by arguing for a privatization, but My says that it would never have worked (ibid.).

I ask her what she thinks about the tendency that local citizens take over the running of welfare services when public service closes. She says it is both very positive but also kind of negative:

Well there's a very positive thing that there's people that take over gas stations and shops and all kinds of stuff, because it's still here for us that live here, we have to be grateful for such a thing. Then at the same time we're always showing that we carry everything ourselves. There aren't any grave consequences when the state back out because there's always someone else. [...] We run errands for higher powers in some sense. (my translation from Swedish)(My, 2018)

She admits that she is becoming a bit cynical, and that she sometimes thinks politicians would prefer if no one lived above Gävle (mid Sweden) since then all natural resources in Norrland would be up for grabs without any protests from local dwellers. But she also says that the centralization is not sustainable, and that not all people can live in urban cities. (ibid.)

I ask her what she thinks is the reason Socialdemokraterna in Västernorrland keep dismantling the welfare system. She thinks it is partly old habits, but that in some sense it also has to do with an idea of what is responsible in the given situation:

[O]ne shall walk through all political gates, one shall be responsible [...] You don't run around the city with torches hunting (laughs) [...] Had I, had I been the boss we'd done a bit more like that (laughs). (my translation from Swedish)(My, 2018)

When I ask her about the occupation she says it is extremely important in the way it has brought people together. She is carefully hopeful that the countryside is awakening, that there will be a more powerful fight for rural rights in the future. She says she hopes that if people choose to stay in the countryside, they will also fight for the future. (ibid.)

When I bring up the suggestions from the countryside committee, she is quite clear about her opinion:

I'm so sick of support! [...] Because Sollefteå municipality produce such massive amounts of money each year. 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 from Swedish)(My, 2018)

My says she thinks healthcare is important for all people, and especially if you have children or plan on having them. She also stresses that we cannot get stuck in negative thoughts because people will leave. We have to think ahead and believe in the possibility of a change so that people stay in Sollefteå. She says that life is really in the countryside, and when I ask her if she wants to add something she exclaims: “No. Go countryside!” (my translation from Swedish)(My, 2018).

Katarina

Katarina is a local journalist who has been writing a lot about the troubles of the countryside, and the political neglect of the rights of rural citizens. I call Katarina for a chat and we end up talking for about an hour. It is obvious that rural politics is something that engages Katarina, and she says it is time for a revolution regarding centralization, neoliberalization and the capitalist order that suck all resources and citizens out of the countryside and into the cities. (Katarina, 2018)

Katarina argues that today, we are moving in the complete opposite direction of a living countryside, and she calls for radical political measures to turn things around. She recognizes a lack of interest and reaction among politicians, and that there is a manifesto for self sufficiency regarding rural areas that enable the drawback of public welfare. Rural citizens are left to stand alone. (ibid.)

When I ask her about the situation in Västernorrland she says the region is prioritizing Sundsvall at the expense of Sollefteå. She calls the clinic executives as a big mistake, and the centralization a huge problem, and that Sundsvall is also in the process of extinguishing itself. She says BB is just a piece of a global capitalism, a symbol of a dying countryside, and that we have probably already reached the point of no return. The discussion is polarized, and the thought of a different system is so far away we give up before even formulating the thought. (ibid.)

We talk a little about rural politics in Sweden, and Katarina says that until recently, the state was still present in people’s lives. Now it is disappearing faster, and privatization is a blind spot to people as it is hard to see the long term consequences of it. She says the suggested investments presented by the government won’t change much as we need much more radical changes. The Prime Minister’s neglect of Sollefteå is due to a fear of criticism as it was his own party that messed up. Katarina also says the countryside is not that interesting to politicians as there aren’t that many voters there. (ibid.)

Katarina is clear when she talks about the destructive divide between rural and urban. She says Sweden is segregated, and that cities are a by-product of the countryside, on respiratory 365 days a year. Still, Katarina says there is a tendency to ridicule the countryside. The same way a man can make a joke by dressing as a woman, an urban citizen will make a joke by pretending to be a rural citizen (see Theory). She says the city is masculine and the countryside is feminine and that it is the same with the countryside being nature, fertile, life giving and so on. It is feminine and hence not worth as much. (ibid.)

Finally, Katarina says it is almost biblical the way we get punished for our actions. She says we have to reach the point where people have had enough, if we haven’t already. (ibid.)

6. ANALYSIS AND DISCUSSION

In this chapter, I analyze the data collected through interviews and participatory action. The chapter is divided into three sections where I start by presenting the discourse analysis and the different discourses that are presented, and then move forward to analyzing the discourses' effects on rural identity and life in rural areas using Butler's theory of gender performativity. I continue with Plumwood's theory of masculinist reasoning and Friberg's time geography, to analyze the practical effects of this identity. This allows me to answer my first two research questions regarding the rural citizen as the Other, and the effects of that othering to rural life and rural politics. I finish by exploring the emancipatory potential of the acts of resistance in Sollefteå BB using the theory of vulnerability in resistance formulated by Butler, Gambetti and Sabsay. In doing so, I respond to my third and fourth research questions regarding the power of this resistance in the case of Sollefteå BB in particular, and the countryside in general.

6.1. DISCOURSE ANALYSIS

Using James Paul Gee's (2011) seven building tasks for discourse analysis, I have identified pieces of language appearing in my interview notes that can be used to examine the discourse regarding life in rural Sweden shape and reshape rural identity, and everyday life of rural dwellers. This analysis provides an understanding of the social relations and power dynamics that are present in discourse and practice. Many of the building tasks interlink, and the same piece of language can fit in several categories. However, in order to make sense of the analysis I present this evidence under each building task.

1. Significance

In terms of significance, I find three themes in my interviews. First of all, there seem to be a mutual understanding that the hospital in Sollefteå, and the birthing clinic in particular, used to be a very well functioning healthcare unit. There was a closeness between staff and patients, and a good working environment for the employees (Annika, 2018a). Secondly, my interviewees all mention a malfunctioning political organization and hospital management, and a line of inaccurate decisions and poorly supported arguments seems to have led to this situation. Many also mention the seemingly general (political and popular) idea that the countryside is dependent on urban centers of support, despite the situation actually being the opposite:

[I]f you take all power plants, there's real estate tax on those, but that doesn't stay here, they get that in Stockholm you know, it goes there, even if the building is here. This nature is ruined. But they get paid for it. (my translation from Swedish)(Karin, 2018)

Thirdly, there is a lot of evidence that the situation for people living in Sollefteå and Västernorrland has become precarious since the closing of the birthing clinic, and the other units, with traveling long distances and being bounced from one hospital to the other (Ewa, 2018). To sum up, the significance of the situation for Sollefteans in particular, and rural citizens in general, is that a functioning organization has been ruined by poor management and decision making which has led to distress for affected citizens. (My; Ewa; Carina; Karin; Katarina; Maria, 2018; Annika 2018a)

2. Practices

The most frequently mentioned practice that describe the situation in Sollefteå and in rural Sweden is abandonment from politicians. Most of my interviewees mention the lack of political support for Sollefteå, regionally as well as nationally. Local Socialdemokrater in Sollefteå that

have protested have been excluded from the party (My, 2018). Another practice that is mentioned throughout the conversations is the dismantling of welfare services and the chain of reactions that it causes:

During this period since the decision to close there's been a flight of doctors and midwives, one has demolished and damaged, [...] it takes time to build this up. (my translation from Swedish)(Maria, 2018)

The retraction of public welfare leads to the organizing of local initiatives to back up for the loss of these services:

Then at the same time we're always showing that we carry everything ourselves. There aren't any grave consequences when the state back out because there's always someone else. [...] We run errands for higher powers in some sense. (my translation from Swedish)(My, 2018)

Hence, the lack of support, or intentional neglect from politicians, strip rural areas of welfare services and leave the local citizens to try and take care of the situation. (My; Ewa; Carina; Karin; Katarina; Maria, 2018; Annika 2018a)

3. Identities

Regarding identities, there is a frequently mentioned divide between *us* (my interviewees, more or less), and *them*. In this divide, *us* are those who are affected by, or tried to oppose the political decisions and the malfunctioning healthcare management in the region, and *them* are being the regional politicians (either former colleagues or the power holders), or executives and leader in the healthcare organization: "The countryside doesn't exist to them. They don't know what it is." (my translation from Swedish)(Karin, 2018).

Another identity that connects to those opposing political decisions, and the victims of the precarious situation in Sollefteå is that of rural citizens as survivors in some sense. Many mention the ability to organize locally in order to manage in a poor situation, and there is also frequent mention of the ability to resist by protesting (Katarina, 2018). Generally, there seems to be a distrust of politicians, especially those located in urban centers, and a communal identity of the people of Sollefteå as patient, independent and stubborn. (My; Ewa; Carina; Karin; Katarina; Maria, 2018; Annika 2018a)

4. Relationships

In the analysis, I identify two types of relationships. One is that between smaller and bigger towns and cities, in this case Sollefteå as smaller than Sundsvall, and Sundsvall as smaller than Stockholm, with the relationship being that the bigger cities drain the smaller ones of resources and population:

[W]e won't get anything. It will go to Sundsvall and there are many black holes there that it can disappear into. (my translation from Swedish)(Karin, 2018)

The second relationship connects to the first one, but exists of the relationship between the people (implicitly rural dwellers) and the politicians (implicitly the politicians that sit in urban centers and decide over rural regions (Carina, 2018). This building task is seemingly similar to that of identities, with the two opposing parts and the unequal power relation. (My; Ewa; Carina; Karin; Katarina; Maria, 2018; Annika 2018a)

5. Politics

Regarding politics, or how language shapes and decides what is reasonable and rational in terms of who gets what and how, the most frequent explanation is the strained economy in Västernorrland region. Most of the interviewees mention the never ending demand for budget cuts, and also that there seem to be an idea that saving is a political act of responsibility. Also, when lack of money did not make any sense as an argument (as costs increased due to the stripped organization), other problems were mentioned such as not enough births, and no staff. Centralization was presented as the universal solution (see Background). In this building task, I can also identify differences in the argumentation depending on the ideological standpoint of the respondent. For example, Carina, member of Vänsterpartiet, My, member of Socialdemokraterna, and Katarina, local journalist, argue that taking responsibility would be to stand up against the national government and demand that they provide safety and security for all people regardless of location. On the other hand, Maria, member of Centerpartiet (that is part of the right wing alliance) opens up to the possibility that today's welfare is too expensive and that privatization might be the only solution:

[W]e won't be able to be delivered the same service any longer, and we have to find new solutions to like, look at people getting more engaged themselves and like, we won't be able to have the same society as we're used to. (my translation from Swedish)(Maria, 2018)

Regardless of ideological standpoint, all interviewees criticize the false accusation of the countryside as a parasite that needs aid from urban cities:

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 from Swedish)(My, 2018)

6. *Connections*

Regarding connections, most of my interviewees mention the connection between bad management and political neglect, and the gradual dismantling that lead to a chain reaction where hospital staff quit and citizens move to bigger cities. Obviously, there seem to be a connection between the feeling of safety and security, and the willingness to invest in a life in the countryside. There also seem to be a connection between a centralization of power and a dismantling of public welfare on the countryside. What is mentioned as *not* connected, is the working environment and service at Sollefteå hospital and birthing clinic and the reason for closing down hospital wards, as it seems to have been a great workplace until the organization changes and the start of the closings. ((My; Ewa; Carina; Karin; Katarina; Maria, 2018; Annika 2018a)

7. *Signs, Systems and Knowledge*

I identify two privileged knowledges mentioned several times in my interviews. The first one is a description of what seems to be expected from you as a politician. Both Maria and My mention the cuts as a consequence of what is considered "responsible" politics:

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

There seem to be an understanding that if a politician is pressured by a budget deficit, there is not so much you can do. However, the other kind of knowledge that is mentioned is the lack of knowledge in rural life among urban politicians. Most of my interviewees mention the problem of the countryside being politically represented mostly by urban dwellers, and that they lack understanding of the mutual dependency between cities and the countryside:

[I]t is also a political, well, political responsibility one can say to understand that one is dependent on each other. (my translation from Swedish)(Maria, 2018)

	Example 1	Example 2	Example 3
<i>1. Significance</i>	Well functioning hospital and birthing clinic	Malfunctioning political organization	Precarious situation for Sollefteans since the closing
<i>2. Practices</i>	Political abandonment	Dismantle of welfare services	Local organization to make up for dismantle
<i>3. Identities</i>	<i>Us</i> – local citizens, victims	<i>Them</i> – politicians, ignorant, oppressors	Rural citizens – fighters, survivors
<i>4. Relationships</i>	Between rural towns and urban cities	Between people and politicians	Between rural citizens and urban citizens
<i>5. Politics</i>	Constant demands for budget cuts	Welfare as too expensive in rural regions	Political rite of passage to meet savings demands
<i>6. Connections</i>	Between bad management and political neglect, and the gradual dismantle of service	Feeling of safety and security, and willingness to start a life in the countryside	<i>Not</i> a connection between working environment and service and reasons to close the birthing clinic
<i>7. Signs, systems and knowledge</i>	“Taking responsibility” as a politician	Knowing the political playfield	Experience (or lack thereof) of living in the countryside

Figure 4. Summary of Discourse Analysis

6.2. OTHERING - THE URBAN NORM AND RURAL IDENTITY

In this study the focus has been on understanding the constructed gendered identity of the rural citizen, with an emphasis on rural womanhood, and how that identity dictates life expectancy and conditions for rural citizens. Judith Butler (2016, 1986) calls the linguistic construction of identity performativity, and refers to how categorizing and name calling works as a dynamic shaping of what is interpreted as a person’s essence. In a patriarchal society, where the male, healthy, urban body is the privileged norm, the female, rural body in need of healthcare becomes the Other. This construction of identity is evident in both my Background chapter, and in my empirical data. The discourse analysis and the findings from Background and Theory shows how politicians on national and regional level repeatedly paint the picture of the countryside as too expensive, too inefficient and too sparsely populated, and hence push for centralization in order for the urban to “afford” the rural. My interviewees frequently mention a political mantra that the countryside needs “support” from urban cities, whilst there is a mutual understanding

amongst them that the situation is actually the opposite. This contributes to what Katarina calls the feminization of the countryside in relation to the city, and hence the countryside as passive, vulnerable and in need of rescue. Also, the suggestions from Landsbygdskommittén (2017) are the one-sided focus on male oriented private business and economic growth, and the lack of suggestions that regard access to welfare services such as healthcare, and primary and secondary schools. Not only is this the biggest working sector in Sweden (especially within healthcare services), it is also a sector with a labor force heavily dominated by women and hence coded female (see Background).

Madeleine Eriksson (2010), Anna Sofia Lundgren and Bo Nilsson (2018) specifically speak of rural otherness by showing how it on the one hand has a tendency to depict the rural stereotype as uneducated and lazy, and on the other hand that political strategies for a living countryside always focus on the potential productivity of the countryside, hence the potential for the countryside to “be of use” for urban centers. This is exemplified in my discourse analysis in several of the building tasks. My mentions in her interview that she thinks national politicians would prefer it if no one lived in Norrland, as it would mean a freeway for exploitation of natural resources. When I spoke to my interviewees about the political decisions to dismantle welfare services, most of them answer that they think it is expected of you as a politician to make “uncomfortable decisions” to save the economy, and that rural citizens either don’t know what is best for them, or have themselves to blame for choosing to live in the countryside. Many also mention the centralization of power, and how decision makers don’t know what effects the closed wards actually have on people’s lives as they haven’t experienced rural life themselves.

To sum up, my study shows evidence of a construction of the rural citizen and the countryside as the Other. As Eriksson (2010) says, the stereotypical picture of the rural citizen might not be true, but it can have material consequences for rural dwellers. Gabriella Nilsson (2010) also writes about the tendency for women to ally hetero-socially in hope of getting a share of the power. This can be applied to the tendency for politicians in Västernorrland to blindly follow the demand for budget cuts, and, as many of my interviewees perceive, run the errands of the urban cities in order to stay in power or be “responsible” as a politician, hoping to be accepted by power holders. In this case, not as much hetero-socially as the othered allying according to the norm, hoping it will benefit them.

To summarize, the construction of rural identities as illustrated in the discourse analysis can be seen to construct an otherness of some citizens based on their geographical location in space. This constructed otherness leads to material consequences for rural citizens as their needs and rights are valued as less important in political decisions and prioritizations.

6.2.1. Rational Adjustments

Val Plumwood (2001) speaks more about rationality as she argues that in a patriarchal society, 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. This line of thought is highly represented in my study. It connects to the constructed identities presented in the former section, and works as another binary that separates people. As many of my interviewees mention, the main argument for closing the birthing clinic (and other wards) was to save money. Still, as many witness, the situation for people living in Sollefteå has become precarious due to the centralization, and sick people are shipped around instead of being treated with care and respect. Still, as mentioned in the interviews, there seem to be a political

rite of passage to make “uncomfortable decisions” of what is “best”⁵. As Plumwood (2001: 33) writes, masculinist rationality becomes especially dangerous when it starts weighing on reasoning that has to be made based on human values, such as medical practice. This scenario seems to be true for Västernorrland. It also reflects what Butler calls performativity, and how we both act through language, and are acted upon by language. As (in this case) a rural citizen you are fed a picture of what your life is and what you can expect of, for example, public welfare. This, in turn leads to the justification of political decisions such as those in Västernorrland are justified. As Ewa says, the same happened in Härnösand (see Empirical Results). The only difference is that this time, the limit was reached and the ugly business was dragged out of the shadows.

Another effect of performative identity is adjustments to a situation based on what a rural citizen is supposed to accept. As Tora Friberg (1990) writes about women’s time-geography, people that do not follow the norm in a patriarchal society (women, rural citizens, people suffering from illness) are often forced to adjust their everyday lives to structures built for a normative body. For example, the “multi professional risk analysis” (see Background) shows the inability to include human values in the evaluations, which completely reveal the ignorance of those affected by this decision. For the case of Sollefteå and Västernorrland, and rural areas in general, adjustments to masculinist rationality is evident on several levels. As many of my interviewees mention, the closing of the wards in Sollefteå has led to a massive increase in travel time for those seeking healthcare, and some have chosen to move, or are thinking about moving. Another tendency is that of local citizens making up for the lack of public welfare. Most of my interviewees verify that private businesses and cooperatives are frequent elements in rural towns. The care center Voon is an example, and My, among others, says that it is great that people come together when the state fails, but that there is also a danger in covering up as the negative effects of state failure are concealed. The research project *Barnmorska hela vägen* is another example of an attempt to cover for failed infrastructure, but it is by no means a substantial substitute for a birthing clinic at the local hospital.

My study shows that the constructed identity of the rural citizen affects both decision makers and citizens in terms of what is expected in terms of public welfare service, and what measures are to be taken in cases when the political organization cannot “afford” to deliver adequate service to certain groups. Masculinist rationality is evidently valued in the reasoning that preceded the decisions to close the birthing clinic, and other, human values, are left out. Quite literally, politicians in Västernorrland (and in national parliament) prioritize short sighted monetary savings over people’s sense of safety and security, health, and even lives (as illustrated by the fact that paramedics call the roads connecting the three hospitals in Västernorrland “the death triangle” (Carina, 2018). People living in Västernorrland adjust their lives accordingly, joining cooperatives, driving for hours to see a doctor, or moving to bigger cities.

6.3. VULNERABILITY IN RESISTANCE

The construction of the rural identity as the Other is not a completely negative one. This study has focused on the emancipatory potential in vulnerability, building on a theory formulated by Judith Butler, Zeynep Gambetti and Leticia Sabsay (2016), and Butler’s reading of Simone de Beauvoir (Butler, 1986). Butler argues that the body is in relation to its surrounding environment, in the sense that the existence or lack of supporting infrastructure enables or restricts a person’s ability to move through time-space. As infrastructure of public welfare fails

⁵ For the economy, not for people.

in Västernorrland, people become restricted and more vulnerable. As many of my interviewees mention, the closed wards increase travels in the region, and with roads and collaboration between the hospitals being of inferior standard, life in Sollefteå has become more inconvenient and less safe.

As Ewa says in her interview, the hospital in Härnösand was shut down in a similar manner to what is happening in Sollefteå. However, the closing of Härnösand happened quietly, whilst the dismantling of Sollefteå hospital has generated strong opposition. I relate this 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 the construction of gender identity is partly voluntary and conscious, the performativity of a rural identity is open for change. As many of my interviewees say, the stereotype of the countryside is that of a passive, inefficient, expensive place where people are left to either blame themselves for living in a rural area, or in need of "rescue". People living in rural areas are hence, according to this stereotype, vulnerable to decisions taken by centralized power units. However, in the case of Sollefteå (and Dorotea, see Background), people have come together in resistance to the structural violence caused by politicians in Västernorrland (and Västerbotten). As Annika says in her interview, people in Ångermanland are patient in times of distress, but when they are treated wrong, they show endurance in protesting.

As Butler, Sabsay and Gambetty (2016) argue, stepping out of the binary of vulnerability and resistance is a feminist act, as it opposes the masculinist ideal of showing power by dismissing vulnerability. I relate this argument to that of Val Plumwood, and her theory of rationality and reason as masculinist. In Västernorrland, the decision to close the birthing clinic and delivery ward was based on a masculinist "rational" decision to save money. The decision put hundreds of women in a vulnerable position, and thousands of Sollefteans to an insecure future. As My says, Socialdemokraterna in Västernorrland wanted to present themselves as a strong majority, not admitting their vulnerable position and not, as My also says, allying with other vulnerable regions in Norrland to ask for help and real change. This arguably shows that there is a fear of being vulnerable among politicians in Västernorrland (as most of the opposing parties suggested privatization rather than a demand for change), and that the rural identity arguably becomes stronger and more rigid in a power position as the stakes to showing vulnerability are higher. I can see this in my interview with Maria (opposing politician), as she advocates for private alternatives and in some sense argues that Socialdemokraterna have done nothing wrong by ignoring the voice of the people, but that they will lose power for not fulfilling their promises. This indicates an acceptance of the faulty system.

Whilst politicians in Västernorrland and Sollefteå still seem to dismiss vulnerability, things are happening among the citizens, as the movement in Sollefteå (and before them in Dorotea) arguably is a case of resistance mobilized through vulnerability, and a reclaiming of the rural identity. The occupation and the protests in Västernorrland is both a manifestation of a vulnerable situation caused by decades of destructive rural politics, but also a reshaping of a stereotype of the countryside as passive and helpless, as the resistance highlights the unfair exploitation of rural regions and the lack of adequate sharing of these resources. In the case of the occupation in Sollefteå BB, supporters of the occupation put their vulnerable bodies in a space as a protest and a manifestation. According to Paul Chatterton and Stuart Hodgkinson, occupation is a way of fighting against capitalism and privatization of public space. As Katarina says, the centralization of power, people and resources is a logical step in a capitalist society, and in that case, claiming that space by occupation is an act of resistance. Additionally, some of the activists in Sollefteå have joined political parties and are running for chair in the 2018 elections, and some of my interviewees mention an increased political engagement in the area.

This also shows potential for a change within the political system, as the emancipatory potential of mobilizing resistance through vulnerability might take place inside parliament as well.

To summarize, the strategy for politicians in Västernorrland has so far been to dismiss vulnerability and align with masculinist rationality and claiming power, strength and “taking responsibility” by cutting down and dismantling welfare systems. The occupation movement in Sollefteå is now taking charge of the emancipatory potential in performative rural identity, mobilizing resistance by being vulnerable, placing their vulnerable bodies in a space in order to demand infrastructure that will enable the fulfilling of human rights and personal freedom. This is also showing in the cracks of a malfunctioning political strategy, as more and more activists join political parties in order to change the system from inside.

7. CONCLUSION

In this chapter, I conclude this thesis by summarizing my findings in response to my research questions, drawing from the analysis and the discussion. I have divided my four questions into two categories where the first considers the construction of rural identity and its effects on rural life. The second concentrate on the mobilization of resistance in Sollefteå and the effects of that mobilization.

7.1. LIFE AND IDENTITY IN RURAL SWEDEN

1. *How does the construction of the rural identity affect the politics, and the individual's expectations on everyday life in the countryside in Sweden?*
2. *How does this constructed identity affect the human rights of women, and other people living in these areas?*

I have studied the construction of the rural identity in Sweden using Judith Butler's theory of gender performativity. My engagement in the occupation movement in Sollefteå, and the conversations I have had with activists, politicians and other people engaged in this issue has shown that the rural identity is clearly constructed as the Other, in a patriarchal society where the male, urban, healthy body is the norm. The countryside is framed as feminine, passive, vulnerable and inefficient, an identity that is also reflected in the stereotyping of rural citizens. The study was initially focused only on rural womanhood, due to the large number of closed birthing clinics in rural towns since year 2000 affecting access to reproductive healthcare for rural women, and the fact that a male norm in medicine and politics repeatedly neglect women's rights. During the process I discovered that there is more to weigh in, and the centralization of healthcare has intersectional consequences that affect people differently, cutting through categories such as gender, class, state of health, birth place, and so on. This became especially evident in my interviews, as the conversations ended up other places than expected. In the end, I landed on the conclusion that it is not so much about individual assigned gender and category of healthcare, but rather about the feminization of the rural identity, and hence Otherness.

The study has shown that there are grave consequences to the construction of rural identity in terms of centralization of public service, of population, and of power. As I write in the Background chapter, national politicians in Sweden are eager to centralize healthcare and other public welfare services in the name of patient security and economic efficiency. This phenomenon is further explained by my empirical findings regarding the constructed identity of the rural citizen and how that identity affects the expectations on, and expectations of life in rural areas. It seems to be that the rural citizen is expected to accept less accessibility to adequate healthcare due to the choice (free or not) of living in the countryside. In political attempts to turn urbanization around (which honestly might just be empty words), the solution is often to give "support" to rural businesses, which completely ignores the fact that rural regions provide urban centers with food, electricity and other necessities without being properly compensated. Not only do these suggestions paint the picture of the countryside as passive and in need of rescue, and only as a potential contributor to the national economy, it also ignores the equal rights to public welfare regardless of place of birth and living. On the other hand, there is a tendency to leave it to local citizens themselves to cover services abandoned by the authorities, as these services are "too expensive" to run publicly. As I write in the Theory chapter, and what is confirmed in the empirical study, several discursive dichotomies are applicable to the identities of urban/rural. Active/passive, masculine/feminine, powerful/vulnerable, subject/object are some, and I would like to boldly add valuable/worthless, and future/history, as I think they help the understanding of how these discursive dichotomies affect people's lives

in rural regions. The understanding of these categories uncovers the oppressive mechanisms that we desperately need to break down.

The cost of the othering of rural citizens and the centralization that follows is increased sense of insecurity and unsafety for rural dwellers, and poor accessibility to adequate healthcare in the countryside. It also increases pressure on healthcare in general, as more patients seek help at fewer and fewer care units. Even more alarming is the witnessing of increased events of death and badly treated injuries due to organizational chaos and long distances between hospitals in sparsely populated regions. With the male body being the norm in medical research and treatment methods, and women being the Other in distribution of budget posts and political prioritizations, women suffer from a double punishment as healthcare specialized for women is viewed as an extra that can be withdrawn when times are rough, hence the closings of birthing clinics and maternity wards in rural towns (punished for being women and for living in the countryside). The dismantling of public welfare is also a tough strike for women's ability to support themselves, as the public sector is female dominated.

7.2. VULNERABILITY IN RESISTANCE

3. *How do rural citizens mobilize resistance against oppressive politics from a vulnerable position?*
4. *What are the effects of this mobilization?*

The case studied in this project, the occupation of Sollefteå BB, show the emancipatory potential in resisting by being vulnerable. The occupation started in the hospital lounge in January 2017 when the birthing clinic closed. The movement grew quickly, and attracted support from all corners of the Sweden (and internationally). The occupation in Sollefteå is not unique (activists in Dorotea occupied their care center for three years before it was reopened), and it is not isolated to opening the birthing clinic in Sollefteå. Rather, it is a very important piece of a puzzle that is the countryside starting to protest against decades of political neglect and deconstruction. Sollefteå is an example of resistance mobilized through vulnerability. People in Sollefteå became vulnerable as healthcare infrastructure started disappearing, and in this vulnerability they found a way to resist by placing their bodies in a space as a manifestation of their existence, and hence right to a hospital and a birthing clinic. The act of vulnerability in resistance becomes even more powerful in relation to the acts of regional politicians, as there still seem to be a strong tendency to dismiss vulnerability within the political organization, as My mentions the unwillingness to admit that cuts will not solve the problem, and that bigger measures are needed. Instead, politicians turn to aligning with traditionally masculinist acting of opposing vulnerability by being "rational", which evidently enables continued oppression of rural citizens, and rural women in particular.

The occupation of Sollefteå BB has had effects in the sense that it has raised the issue of reproductive health care for women in Sweden. The debate has echoed in national politics and historical amounts of money have been marked to develop maternity health care and support midwifery as a profession. The massive protests in Västernorrland, and the general roar coming from rural areas regarding the unsustainable situation of urbanization initiated by political ambitions to centralize, has pushed rural politics to the top of the agenda. By openly viewing their vulnerability, rural citizens are showing resistance and demanding change. Along with other movements such as Hela Sverige ska leva! (Hela Sverige, 2018) and Födelsevrålet (Födelsevrålet, 2018) the questions is raised and actualized.

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. The support from local businesses, national politicians, artists, musicians and activists all over the country and even internationally is what makes me believe in the power of the movement and the potential for real change. In this case, a strong common identity that is in charge of those that internalize it, can have emancipatory effect as it helps bringing people together to demand respect for their human rights. As My says, there is potential in allying with other rural regions to kick upwards, and if more and more activists join political parties, this line of thought can be carried out from within the system. As most of my interviewees mention, the countryside is providing urban regions with essential goods, which in theory makes urban centers more vulnerable than the countryside. In practice however, rural regions are vulnerable as power is concentrated and centralized. What is beautiful in this arrangement is that it can be changed. Not necessarily by running around with torches, as My suggests, but if enough people occupy the power plants to stop the production of electricity, or if enough people occupy the mine in Kiruna, stop timber trucks from delivering their goods or food produce from leaving rural farms, the effects would be tremendous and immediate.

It is not an easy task to summarize the experience of this thesis project, and as I write in Limitations, the work is not nearly done. Without actually knowing what my future engagements in the occupation movement and its connecting fights for human rights in general, and women's rights in particular, is, I still feel inspired, empowered and hopeful for the future, and I am grateful for the experience and the friendships I have made in this process.

Whatever use this study will be to the activists at Sollefteå BB, I would like to argue that the way I have used feminist, qualitative methodology and scholar activism is a contribution to the debate, as my study focuses on other values than economic, measurable distances and numbers. I am particularly bothered by the "multi professional analysis" that decided that closing Sollefteå BB was "the best option". This is exactly the weighing of masculinist rationality on decisions that need to be taken based on human values and emotions that Plumwood (2001) warns us about, and I would like to think that my approach to this study is an attempt to follow her recommendations. By having these conversations with activists and opposing politicians, and by spending time at the occupation, listening to stories about living in Sollefteå and writing them down in this thesis, I hope that I can contribute to a necessary change in the future. In this sense, I hope for activist potential in the methodological design of this study.

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8.2. INTERVIEWS

Annika (2018a-03-26) Personal interview.

Annika (2018b-08-16) Email correspondence.

Carina (2018-03-25) Personal interview.

Ewa (2018-03-25) Personal interview.

Karin (2018-03-24) Personal Interview.

Katarina (2018-04-09) Personal interview.

Maria (2018-03-26) Personal interview.

My (2018-04-07) Personal interview.

8.3. FIELD NOTES

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

8.4. MAPS

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

Lantmäteriet (2018b) *Map 2. Map of Sweden – Stockholm in relation to Sollefteå*. Geographical data from Lantmäteriet, edited by the author and Wösel Thoresen.

APPENDIX A

Interview guides

Interview - My, politician, former member of the Social Democrats

This is the interview guide for the conversation with local politician My, the commissioner from Socialdemokraterna who was excluded from the party when she voted against the party line in the decisions about the orthopedics and the delivery ward in Sollefteå hospital.

In this interview I would like to find out what My thinks of being a rural politician, what expectations she places on herself, what decisions she believes her party should make in light of being the power holders for decades. I want to know about the conversations and the dynamics within the party, and why she felt she had to oppose her own party.

This interview is important in order to understand the identity of a rural politician, and how an individual resists a majority when personal ethics are stronger than the party line (according to former interviews with My).

Theme: Relation to Place

Could you tell me about yourself and your relation to Sollefteå and Västernorrland?

Would you identify as living in the countryside?

What do you think is the difference in terms of expectations on access to service if you live in rural areas compared to urban areas? Do you think it affects the policies? How? How do you feel about this?

Theme: Relation to Political Party

What is your history with Socialdemokraterna?

When, and what made you join the party?

Why do you think the party has had such strong power position in Västernorrland?

How would you describe being a politician in the rural parts of Sweden?

Do you think there are other expectations on the acting of rural politicians compared to urban ones? Do you think either is easier?

How is the local party's relation to the national party? Do you feel pressured?

How do you think the national party balances the needs of rural versus urban citizens of Sweden? Is there a dominance to one grouping over the other? Why is this so?

Theme: Closing of Sollefteå Hospital

Could you tell me about your relation to the closing of Sollefteå hospital and BB?

Is there a difference between you as a person and you as a politician?

What were the discussions in the party before the decisions were made?

What made you oppose the party line? What were the reactions to this?

Would you say the acting of the party is typical, or was it surprising to you?

Has your opposition affected how you are viewed within the party?

What are your thoughts about the occupation of Sollefteå BB?

What would you say was the last drop for the citizens?

Why do you think the movement is so powerful and engaging?

What do you think will be the results of the occupation?

How do you think the occupation has affected how people think and talk about rural issues of service delivery?

Has the occupation united people in a common identity and if so, how would you describe this?

Theme: Way forward

What do you think is the best steps forward for both the political party and the citizen occupation?

Interview - Carina, leading figure in the occupation movement

This is the interview guide for the conversation with Carina, one of the leading figures of Ådalen 2017, Sollefteå BB Ockupationen. Carina is an active voice in debates and forums, and she has been interviewed in newspapers and TV broadcasts several times since the start of the occupation.

This interview is important for understanding the occupation from a citizen perspective. The aim is to find out more about what was the tipping point for the citizens of Västernorrland county, and how the movement formed after the decision was made about closing the delivery ward. Hopefully, the conversation will shed light on rural identities and the citizens' expectations on public service, safety and security.

Theme: Individual story

Could you tell me about yourself and your relation to Sollefteå and Västernorrland?

Theme: Rural Identity

What do you think about being a rural citizen?

Would you identify as living in the countryside?

What do you think is the difference in terms of expectations on access to service if you live in rural areas compared to urban areas? Do you think it affects the policies? How? How do you feel about this?

Theme: Occupation of Sollefteå

What is your role in the occupation?

Could you tell me a little about the occupation?

What were the concerns and topics discussed before the occupation started?

What made you come to the decision to occupy Sollefteå?

Why do you think the closing of the delivery ward caused this reaction?

What are the political reactions to the occupation? Is there a difference if the politician is local, regional or national?

What results do you see the occupation has led to?

How, if at all has the occupation changed the way people identify themselves and connect to each other?

Do you think the occupation led to a greater awareness of the concerns of women and rural citizens? Did this happen locally or also at national level?

What are your expectations for the future?

Interview – Maria, local politician, Centerpartiet

This is the interview guide for Maria, a politician in Sollefteå municipality who I got in touch with through a conversation I had with another interviewee.

This interview is focusing on the experience of being a local politician in a rural area, and the aim is to find out what pressures are on, and how the municipality stands in relation to the regional and national politicians.

Theme: Personal story

Could you tell me about yourself and your relationship to Sollefteå and Västernorrland?

Theme: Political story

What's it like being a local politician?

For how long have you been engaged in politics?

What is your party's role in the politics of Sollefteå and Västernorrland?

What are your experiences regarding the expectations of and on rural politician and citizens?

What is the relation between the municipal politician and the regional?

Theme: The Occupation

What are your thoughts about the occupation?

How do you feel the closing of BB and the occupation has affected the life of people in Sollefteå and Västernorrland?

How has the occupation affected the political conversation about healthcare, a living countryside, and women's rights?

What effects do you think the occupation will have in the long run?

Interview – Annika, midwife at Sollefteå hospital

This is the interview guide for Annika, a midwife formerly working at Sollefteå BB and now part of the project Barnmorska hela vägen.

This interview is important in order to understand the situation for midwives working at the hospital before and after the closing of the delivery ward. The aim is to understand the experiences of being in a vulnerable situation as one's working situation and profession is at threat, and what it is like to be a midwife in a rural region.

Theme: Individual story

Tell me about yourself and your relation to Sollefteå and Västernorrland?

How long have you been working as a midwife? At what hospitals?

How has it been working at Sollefteå hospital?

Theme: Rural identity

How do you experience working as a midwife in a rural region?

Do you think there are different expectations on midwives working in rural area compared to those working in urban areas?

How do you experience the profession's relation to politicians and rural politics?

What are your thoughts about the situation for birthing and pregnant people in rural regions compared to urban ones? Difference in expectations on and of?

Interview – "Karin", occupant

This in the interview guide for Karin, one of the occupants I got in touch with through Carina. Karin has occupied several times and various shifts at the hospital.

This interview is important in order to understand the perspective of the occupants. With Karin being a woman in her 60's, and not originally from Sollefteå, it is interesting to have a conversation about the reasons for her engagements, and her thoughts about the closing and the occupation.

This interview is completely unstructured, and hence, there is no manuscript.

Interview – Katarina, journalist

This is the interview guide for Katarina, a local journalist that has written a lot about the situation for rural citizens and the ignorance of the countryside by Swedish politicians. I was advised by another interviewee to contact Katarina.

This interview is important in order to get the perspective of someone who is an active voice in the debate regarding rural politics in Sweden. Katarina has great experience in the neglecting of rural citizens, and how the conversation is carried out in media.

This interview is completely unstructured, and hence, there is no manuscript.

Interview – Ewa, Occupant

This is the interview guide for Ewa, one of the occupants I got in touch with while occupying. Ewa has occupied several times and various shifts at the hospital.

This interview is important in order to understand the perspective of the occupants. With Ewa being originally from Västernorrland, it is interesting to have a conversation about the reasons for her engagements, and her thoughts about the closing and the occupation.

This interview is completely unstructured, and hence, there is no manuscript.

APPENDIX B

Form of consent

**A ROOM OF ONE’S OWN DELIVERY
CONSENT FORM**

Information about the study

The purpose of this study is to analyze the identity of the rural citizen in Sweden, and how that identity relates to rural politics in terms of expectations and prioritizations. I pay special attention to the intersection of being a rural citizen and being a woman⁶. The aim is to understand the construction of urban and rural, and male and female, and how this construction effect expectation on everyday life in the countryside in Sweden. With urban life, and male gender being the norm, the situation for female rural dwellers can become increasingly vulnerable due to political decisions and policies that are lacking an intersectional analysis, and the second point of this thesis is to see how that vulnerability can be turned into resistance and the defending of one’s rights.

Informed consent

If you wish, I will guarantee anonymity around your identity and the opinions you express in this study, and I will be happy to share the results with you if you’re interested. It is your choice if you want to be recorded during the interview or not. You can withdraw this consent for any reason and at any time during this study. The data collected through this interview will be stored safely so that it can not be used in the future without your consent.

If you have any questions regarding the study and your participation you’re welcome to ask them at any time.

Form for consent

I consent to participate in this study.

The purpose of this study has been explained to me in writing (see information above).

I participate voluntarily, and I understand that I can withdraw this consent without any consequences for any reason, at any time before, during and after the study.

I am informed that on my request, confidentiality and anonymity regarding my identity will be guaranteed during all stages of the study.

Signature

Location and date

Clarification of signature

⁶ In this form, the analytical term woman is used for persons that need healthcare specialised for bodies with uteruses. See further information in the completed study.

Do you wish to be anonymous?

Yes

No