

# **Biopolitics without Borders: An Intersectional Re-reading of the Abortion Debate in (Un)democratic Czechoslovakia (1920-1986)**

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## **Abstract**

This dissertation analyzes the political and expert discourses behind the legalization of abortion from the first attempt to decriminalize it in 1920 when democratic Czechoslovakia was established to 1986 when the institution of abortion commissions was banned during socialism. Drawing on biopolitical theories and critical feminist and disability studies that problematize the liberal understanding of rights, choice and autonomy, I shed a new light on reproduction policies by drawing parallels between the socialist and democratic regimes. Instead of assuming the mutual exclusiveness of the two systems, my inquiry starts from a different position and destabilizes the boundaries between East and West, active and passive, liberal and totalitarian. My main research question explores what sustains the continuity of the 1986 law, which allowed abortion on demand, in the new post-1989 capitalist and allegedly more democratic system. The aim is not to answer *why* the law was enacted, but rather what it unleashes in terms of citizenship practices. Through a genealogical intersectional lens, I go back in Czechoslovak history and follow the simultaneous paths of women's liberation from a patriarchal order of things and their subjection to the ableist desire to achieve a nation full of strong and capable citizens. I deconstruct how the ideal female citizen-subject – the white, bourgeois, healthy, well-off modern woman of reason who individually plans her reproduction and has children only when and if she can – was constructed throughout the different historical discourses; and with what effects for the “other” categories of women – the poor, young, old, sick, the disabled, ethnically different. I argue that from their onset abortion rights were conceptualized as a regulatory strategy of power aimed at maintaining a certain population optimum by redefining women's responsibilities as mothers who were to deliver a healthy child into a healthy environment. I am thus concerned with a certain type of biopolitical rationality, which defied tradition and religion and started to fear the degeneration of a collective more than its depopulation. Hence not every pregnancy was

desirable, especially when seen as a threat to women's or children's health. I identify three stages of this epistemological shift when women's health and sexuality collided into law and children's health: its building efforts after WWI, developing spasms after WWII and functioning as a normalized structure of recognition from the 1960s onward. I demonstrate how eugenics trespassed into population politics and together with planned parenthood created a complex system of socio-biological classes of (un)desirability, determining who should belong to the nation, who should reproduce, whose life is worth living, loving and thus worth of protection. By elaborating on what I have termed female biological citizenship – that *women* function as civilizational identifiers and (self-)regulators of the quality and health of the nation, I suggest they are never free in regard to reproduction regardless of the political system. I conclude that this focus on the biological erases the distinction between socialism and capitalism, integrating women's will as a governing tool to achieve societal progress.

For my imperfectly perfect family who made me believe that I can dream big.

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## Introduction: Abortion and the Imagined Post-socialist Czech Nation State

The imagining of the nation as a space in which ‘we’ belong is not independent of the material deployment of force, and the forms of governmentality which control, not only the boundaries between nation states and the movements of citizens and aliens within the state but also the repertoire of images which allows the concept of the nation to come into being in the first place (Ahmed 2000: 98).

In 2003 Minister of Health Dr. Milada Emmerová defended – with the support of several political parties – in the Czech Parliament the inherited socialist law No. 66/1986 that had legalized abortion and had recently come under yet another attack by the Christian Democratic Party. It is important to see these developments in the context of the political changes that happened during the previous decade. In the 1990s the entire region of Central and Eastern Europe,<sup>1</sup> including former Czechoslovakia,<sup>2</sup> underwent yet another *transition*.<sup>3</sup> This time, it was from socialism to a neoliberal capitalist democracy, a system that was to grant the former socialist and Czechoslovak citizens new and full freedoms they had been allegedly denied for the past forty years under the communist regime.<sup>4</sup> The transition towards a market economy and privatization was accompanied by a heated debate on abortion, which was questioning and negotiating “proper” reproductive behaviour and more specifically, the desirable forms of gender relations as these were considered of crucial importance in the constitution of the *newly* emerging democratic states (Gal and Kligman 2000). After 1989 it had to be made at least

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<sup>1</sup> In the present dissertation, I am using the term Central and Eastern Europe (CEE) as an umbrella term that encompasses countries from so-called Central Europe, Eastern Europe but also South-East Europe. This way, I attempt to challenge the binary division of a less-developed and often orientalized East versus a civilized and developed West, a rhetoric that took on new meanings with the Cold War.

<sup>2</sup> The Czech Republic was created as a sovereign independent state on 1.1.1993 by the division of the former Czechoslovak country into two entities. The partition was peaceful and a matter of signing a contract.

<sup>3</sup> I put this term in italics for its contested and mystifying connotations.

<sup>4</sup> In a nutshell, between 1526 and 1918 the Czech lands were ruled by the Austrian Habsburg Dynasty. After the First World War the first independent Czechoslovak Republic was established and ceased to exist in 1938 when the country was occupied by Nazi Germany. In 1945 Czechoslovakia was liberated and subsequently occupied by the Soviet Union. Between 1948 and 1989 the country was lead by the Communist Party while belonging geo-politically to the so-called Eastern Bloc. The interpretation of Czech history often reproduces the models of domination, i.e. of Czechs always being ruled instead of ruling.

rhetorically clear that the new *democratic* states distinguished themselves in opposition to their communist past<sup>5</sup> that now became equated with all things negative, including, quite ironically, also what that regime had offered women in terms of reproductive rights. Abortion thus provided a template through which the new imagined national community was projected, to paraphrase Benedict Anderson.<sup>6</sup>

Throughout the *transition*, each country, depending on its historical and cultural past, re-appropriated a slightly different form of the post-socialist neo-liberal democracy. For example, Romania during Ceausescu's reign<sup>7</sup> was characterized by strict pro-natalist measures. As soon as the regime started to fall apart, the discussion on abortion was re-opened with the aim to attribute women their bodily rights, as the absence of these was what had characterized the communist regime. In Hungary, Poland,<sup>8</sup> former Yugoslavia, and Germany the discussion on abortion was

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<sup>5</sup> Communism relates to the socio-political and economic ideology derived from the writings of Karl Marx and Friedrich Engels, aimed at changing the structural order in society by completely abolishing private property and establishing a class-free society, in which everybody should be treated in the same way, not based on his or her access to the means of production (owned by the state). This ideology became very strong after WWII in parts of Central and Eastern Europe where communist parties took hold over most of the governments. Even though the governments of the states of Central and Eastern Europe between 1945 and 1989 are often labeled communist, the term socialism describes better the reality of the ideological conditions pertinent to the countries of the former Soviet Bloc. Communism as a state ideology represents the final (and utopian) stage of a classless society all socialist countries were supposed to reach at some undefined point in the future. Socialism is thus a more pertinent term to use, representing a middle stage between capitalism and communism. As a state form, communism never existed. Socialism represents a socio-economic system that opposes the principles of capitalism while securing access of all individuals to all basic public goods. It does not necessarily abolish all private property as communism is supposed to and can coexist with different political systems. In my dissertation, I only stick to the term communism when used by the authors I am referring to. However, it is important to remember the two terms are not exactly the same and my work is interested in researching the socialist conditions of reproductive life particular to Czechoslovakia between 1948-1989.

<sup>6</sup> Benedict Anderson characterizes the concept of the imagined modern nation-states as follows: "It is *imagined* because the members of even the smallest nation will never know most of their fellow-members, meet them, or even hear of them, yet in the minds of each lives the image of their communion" (Anderson 1983: 49, emphasis in the original).

<sup>7</sup> For more information on the politics of reproduction in socialist and post-socialist Romania see for example Gail Kligman's book *The Politics of Duplicity: Controlling Reproduction in Ceausescu's Romania* (1998), in which the author presents the genealogy of the different and drastic pro-natalist measures in the formerly socialist country while emphasizing the tragic consequences these had on women's health and lives, resulting in astonishing numbers of illegal abortions, abandoned children, and the highest infant mortality rates in Europe.

<sup>8</sup> Professor of law Eleonora Zielinska discussed such unfavourable tendencies in her article concerned with the analysis of the post-socialist discourses of reproductive rights in Poland. She argues that "[t]he rhythm and shifts of the abortion debate have closely followed major political changes and can be charted according to the rise and fall of

also re-visited but went in the opposite direction: it aimed at restricting women's rights, as these were interpreted by those in power as remnants of the old regime. These debates disclosed the fragility of women's rights that can be revoked under different circumstances of power.<sup>9</sup> Many scholars thus concluded that the transitory and supposedly liberating processes were not as liberating for women as they were for men, especially due to the re-emergence and strengthening of the power of both the Catholic and Orthodox Church and their conservative discourses in the new democratic space.<sup>10</sup> Even though the debates were not as noisy as elsewhere, they also appeared in the Czech Republic. However, as I will elaborate, nothing but the price of the service was changed in the formulation of the law after 1989.

### Abortion as a Free Choice: So, What Is the (Research) Problem?

As anywhere else in the CEE region, the space of Czech lands was also invaded by pro-life discourses – very much in a neo-liberal democratic manner – that imagined a “proper” former Czechoslovak state without women's reproductive rights<sup>11</sup> by putting forward the rights

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three presidents, four Parliaments and eight governments” (Zielinska 2000: 23). With the rise of anti-communist sentiments after 1989, abortion in Poland<sup>8</sup> was first delegalized, then liberalized and then restricted again. Kligman re-affirms this by stating that “in Poland the question [of abortion] has become virtually a permanent feature of the parliamentary agenda” (Kligman and Gal 2000: 15).

<sup>9</sup> Tanya E. Watson (2014) in her PhD thesis “Hungarian Representations of Motherhood and Childlessness: An Analysis of Post-communist Developments with a Focus on *Nők Lapja Magazine*” demonstrates how women's reproductive choices were constrained and molded along the different stages of the Hungarian nationalist project. Watson pinpoints that debates on reproductive rights emerge in times of economic restructurizations, i.e. when women are either needed as workers (the case of legalization of abortion under communism) or when there is need for them to be pushed back into the home, as became the case during the neoliberal *transition* towards “democracy”.

<sup>10</sup> Julie Hemment commented on the post-1989 situation by claiming that “[i]n reality, post-1989 states have engaged in an open repositioning, where some groups such as children, the elderly, the sick, women, or people with different degrees of abilities, who had previously been provided with fiscal and service support through state institutions, began to see a rapid erosion of their resources and rights” (Hemment in Lukic, Regulaska, Zavrsek 2006: 7). Many scholars also pinpointed the higher rate of unemployment for women and the pushback of women to the private sphere as consequences of the transformation processes. For a further discussion on the ambiguous character of the post-1989 CEE transition, see for example Einhorn (1993), Funk and Mueller (1993), Gal and Kligman (2000a; 2000b), Einhorn and Sever (2003), Lukic, Regulaska, and Zavrsek (2006), or Havelková (1996; 1999).

<sup>11</sup> Alena Heitlinger commented on this by stating: “The communist past has been so utterly rejected that many political leaders and ordinary people in Czechoslovakia today reject women's equality as a goal, oppose

of the fetus and by the same token, a couple of attempts to restrict women's access to abortion. The first of these attempts happened at the beginning of the 1990s and the second one in 2003.<sup>12</sup> Abortion was first legalized and decriminalized in Czechoslovakia, like in most CEE countries very soon after WWII, thus decades before women had the same rights in the so-called West. In 1950, health and eugenic reasons were used to legitimize these changes whereas in 1957 social reasons were also added. In 1986 the law was liberalized even further banning the institution of abortion commissions that had been put in place in 1957. Since 1986, abortion in the Czech Republic has been accessible up to 12 weeks of pregnancy on the demand of a woman, and up to 24 weeks if any medical condition is indicated (in case of the endangerment of the woman's health, the development of the fetus or when the fetus is genetically malformed). This law sparked a debate in Parliament after 1989, which was led, just like in any Western country, along the traditional pro-life versus pro-choice discourse.

According to those fighting for the unborn lives more so than for the lives of the pregnant women, this abortion law was a totalitarian invention, dangerous to democracy. This law should have been abolished in order to make the Czech Republic "properly" democratic (Burešová 1993). However, even though the feminist movement did not exist during socialism in the same way as in the USA, France or Great Britain at the time, according to some scholars the feminist voice was "expropriated" (Havelková and Oates-Indruchová 2014) by the socialist state.<sup>13</sup> But at

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reproductive freedom, and advocate a significant reduction in women's labour force participation" (Heitlinger 1993: 96).

<sup>12</sup> There was another attempt to modify the abortion law after the Czech Republic joined the European Union in 2004. However, the proposal was not religiously motivated. In 2008 Minister of Health Tomáš Julínek attempted to introduce a new reform aimed at maximizing profits for the Czech Health system. This provision was to be even more liberal and allow access to abortion for foreigners while allowing young mothers to bypass parental consent for the procedure. I am not referring to this attempt fully here as it was not meant to ban abortion.

<sup>13</sup> Květa Jechová (2008) argues that a strong first wave feminist movement was present in the 1920s and 1930s Czechoslovakia (and can be dated back to the first half of the 19<sup>th</sup> century) that based its existence and principles in the 1920 Washington declaration. However, according to Denisa Nečasová (2014), "there was no stable mass women's organisation active for the entire 1948-89 period" (Nečasová 2014: 61). The (dis)continuity with the

the beginning of the 1990s the religious discourse aimed at changing the legality of abortion was refused in Parliament and by the majority of Czechs. We can thus say that a certain form of feminist thinking is pertinent to Czech society.<sup>14</sup> Alexandra Burešová refers to a poll from April 1991 in which “61% of citizens recognize women’s right to choose, while only 4% favour absolute prohibition. Among women aged 18 to 39 as many as 93 % support the right to choose” (Burešová 1994: 53). Along the same lines, in 2003 the Minister of Health strictly refused to ban abortion by arguing that “[t]he 1986 law is definitely not any totalitarian genocidal regulation, as indicated by the proponents, but it is a regulation comparable to any modern regulation in any other democratic state” (Emmerová in the Parliamentary Debate: 26.3.2003).

It was the new Democratic Liberal Party, Social Democratic Party and Communist Party that univocally agreed that abortion must remain legal. For example, according to Soňa Marková, a member of the Social Democratic Party, banning abortion was “medieval” (Marková in the Parliamentary Debate: 30.3.2003), a position supported by her colleague from the Civic Democratic Party Jaroslav Zvěřina. According to Zvěřina: “The phenomenon of unwanted pregnancies is really complicated, and I reckon that nobody has a right to interfere during the short time when a decision has to be made” (Zvěřina in the Parliamentary Debate: 30.3.2003). The evident difference in the number of women who underwent the procedure before and after 1989, i.e. from 113,730 abortion procedures in 1988 to 31,142 in 2002, made many believe that the problem was sorted out and “abortion was taken care by itself” (Tallmanová in the Parliamentary Debate: 30.3.2003). Hence, following the emphasis on the economic neo-liberal

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previous regime(s) is described as follows: The communist state “expropriated” (Havelková and Oates-Indruchová 2014) feminist voices, attempted to disrupt any continuity with the previous interwar democratic Czechoslovakia by abolishing the “old” women-oriented organisations while establishing new ones that were explicitly connected to the new political role and aims of the Communist Party. For further information on the development of women’s organisations during socialism see for example Denisa Nečasová’s (2011) “Buduj vlast, posílíš mír/ Build the Nation, Strengthen Peace!”.

<sup>14</sup> Some authors call this phenomenon “latent feminism” (Hanáková 2014; Zábrodská 2014).

transition, the Czech state withdrew itself from the responsibility to subsidize abortion for social reasons right at the beginning of the 1990s while continuing to exempt women for health and eugenic reasons from the duty to pay for the procedure. What is noteworthy is that since 1989 only the price of the service changed<sup>15</sup> despite the two attempts mentioned above to ban the provision. Abortion was maintained after 1989 (as in any other democratic country that legalizes abortion) as a woman's free choice and a difficult personal decision with which no one should interfere.

What is striking about this debate is the fact that the newly established democratic parties and the old Communist Party defended the socialist law in Parliament together against the religiously motivated opponents. I remember from my teenage years the heated debates in Parliament and the ridicule the religious discourse was met with among many, and also in our middle-class liberal family. The attack on women's reproductive rights was perceived as a bad joke. It was the Polish women, or women in Ireland who lived in religiously blind totalitarian regimes, not us modern Czechs who had their full rights in the new capitalist system, Czechs who always thought about themselves as more progressive than any other CEE country, always keeping their eyes on the West that did it the best, being just a few steps behind it (or maybe not?). The imagined Westernized Czechs could join the post-Berlin Wall world after 1989 previously cut off along the Cold War division lines. Now we could drink Coca Cola, eat burgers

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<sup>15</sup> It was the 467/1992 regulation of the Ministry of Health that exempted non-therapeutic abortions from the subsidized procedures paid for by the health care system. Ever since, women who do not have any health reasons to terminate their pregnancy have to pay for the procedure fully by themselves while also having to pay for contraceptives. The price of the procedure varies since every hospital or clinic can set their own fees. On average, the price is around 3000 Czech Crowns, i.e. CAN \$150 (keeping in mind that the average income is around CAN \$1500). In comparison, during socialism non-therapeutic abortions also had to be paid for by women, however the procedure was still subsidized by the state and the price of the service was estimated by the 126/1962 provision to be between 200 and 500 Kč (between CAN \$10 and \$25 while also making sure that the most disadvantaged groups could be exempted from paying altogether).

and fries at McDonald, read porn,<sup>16</sup> magazines like *Cosmopolitan* and *Bravo Girl*. We all were to learn how to be *properly* democratic, how to live like those in the West. Now we could also travel without any official approval, the walls between the East and West were destroyed – finally we could live like any other Westerner, those that could always do whatever they wanted. At least that’s what we always said to each other, except the few comrades that were to be laughed at for they still lived in the past. The democratic future lay in looking forward and to the West – what a surprise then, that when we started travelling into the long-forbidden landscapes of freedom we could see with our own eyes that not everyone was as free in the West as we had imagined.

But the previous system was something bad, that’s what I and most of my fellow country people grew up thinking. Something that should be forgotten, a shame that will always taint who we are as Czechs: backwards, not modern, not progressive (but still always more than those behind our eastern borders). However, as a white middle-class girl I also knew that abortion was my free choice, my fundamental bodily right. I *could* have an abortion – I *only* needed money. So, I began to ask myself the following questions: How could this right be socialist? What does its continuity disclose about reproduction in socialism and capitalism? How can a socialist law function in a capitalist system? How was this transition from one system to another enabled?

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<sup>16</sup> For example, Alena Heitlinger mentioned that porn magazines became symbols of the new regime as the past socialism was characterized by “strong norms of conventional heterosexuality and parenthood” (Heitlinger 1993: 103). Therefore, in the post-1989 milieu porn magazines, strip clubs, or beauty contests represented the apparently newly achieved democratic freedoms. Along the same lines, Jiřina Šiklová (1993) showed how right at the beginning of the 1990s Coca Cola advertisements and McDonald logos started replacing the communist symbols of red flags. Paulina Bren’s and Mary Neuberger’s *Communism Unwrapped: Consumption in Cold War Eastern Europe* brings a more nuanced perspective on the imagery connected with the consumerist exchanges between the East and West. In the publication, the scholars elaborate on a consumerist culture under socialism from various parts of “Eastern” Europe and challenge the assumption that Eastern European consumption would only mimic the Western one. Rather, the approach taken in the book “illuminate[s] the region’s complicated engagement with the ‘West’ – a West both real and imagined” (Bren and Neuberger 2012: 5). The authors claim that Western products that existed (as both real and imagined) in late socialism represented “unparalleled propaganda for the West and capitalism” (Bren and Neuberger 2012: 6). These products were symbols of the idealized West, and became one of the most important signifiers of the post-1989 transition.

Why does the state continue to pay for abortion only for health and eugenic reasons? If the law was socialist and the previous regime was all bad, how could it be defended by the new democratic parties in Parliament? What is democratic about the socialist provision and what is totalitarian? How come that I felt liberated by a law that was produced in a system that was to be utterly different from the new one? Gradually, I began to reflect on the apparent contradiction that a socialist law can continue to function satisfyingly in the new capitalist system, which inspired me to embark on the research leading up to this dissertation.

In my thesis, I delve into the question of the continuity of the 1986 abortion law, because this apparent contradiction, i.e. that a socialist law functions in a capitalist regime, has gone unnoticed in most recent Czech scholarship concerned with the politics of reproduction in both communist and democratic Czechoslovakia. The way gender relations were imagined through the political debate on abortion does not signal any change in the governmentality – leading rationality – through which women’s reproductive rights were framed during socialism as their free choices. I suggest that these can be understood as a continuation of certain citizenship practices. As I show in the following literature review concerned with reproduction in Czechoslovakia, despite the continuity of the law, some Czech scholars argue that abortion rights during socialism were different from those in capitalism, being imposed from above on the demand of Russia (Soviet Union) and were, therefore, a product of a specific socialist governmentality that aimed to control women’s lives rather than empower them individually. Hence, to use Sara Ahmed words, “the repertoire of the images which allows the nation to come into being” (Ahmed 2000: 98) further supports the vision of women’s full reproductive rights in the new Czech capitalist state, which overshadows what other boundaries exist between and within nation states and their non-citizens. It is an epistemology my research challenges since it

overlooks the liberalizing and totalizing practices both systems might actually have in common, as it will be explained later.

### Literature Review: The Importance of Studying Abortion during Socialism

The scholarly debate surrounding the history of reproductive and mainly abortion rights in Czechoslovakia was sparked recently by quite a few contributions by Czech historians, some feminists and sociologists. They all attributed an importance and incredible value to the fact that abortion was legalized in Czechoslovakia decades before it was in the West. Some of them argue, however, that the way reproduction was managed under socialism must be studied differently from the way it was managed in the capitalist systems and that the rights under socialism represent tools of state control, not of women's liberation. By the same token, some reproduce the so-called totalitarian thesis, i.e. "a popular notion which conveys communism/socialism as a tyrannical centralized political force, usurping the rights of its citizens by controlling every aspect of their lives and by imposing a rigid ideology, which deprives them of their true consciousness" (Melegh 2006: 42).<sup>17</sup> As I will argue later in this section, this understanding of abortion rights is limiting and leaves it up to other researchers to fill in the niche and grasp how abortion rights actually work regardless of the political system in which they operate, which is also what some other Czech scholars suggested.

The post-socialist scholarly debate was opened by Czech historian Květa Jechová's (2009) study devoted to the issue of unwanted motherhood in socialist Czechoslovakia, which according to her "led to the achievement of women's reproductive rights in an undemocratic

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<sup>17</sup> Věra Sokolová defines the totalitarian thesis in relation to communist Czechoslovakia as follows: "Up to 1989, the Czechoslovak party-state continued to exert absolute control of a passive, 'privatized' Czechoslovak society by punishing dissenters, pacifying people through consumer goods, deploying constant surveillance, preventing access to education for ideologically unfit subjects, and using party membership as the access to social mobility" (Sokolová 2008: 46).

regime” (Jechová 2009: 2). The scholar gives a comprehensive historical account of the evolution of different regulations concerning women’s reproductive lives that were enacted during socialism, highlights the work of Czech female sociologists devoted to analyzing the situation of women’s lives, and discloses how population politics were framed mainly through different expert discourses. Even though the main focus of Jechová’s work is on how women gained a certain level of emancipation during socialism, she nevertheless claims that there is a crucial difference between the politics of reproduction between capitalist and socialist states. She argues that “the socialist state took the responsibility of demographic growth on itself while assuming that the birth rate can be influenced by different social provisions, whereas capitalist states in Western Europe considered the reproductive behaviour of their citizens a private matter, not a matter of public interest” (Jechová 2009: 18). Her main argument regarding the socialist approach to reproduction is double-edged: on the one hand women were endowed with certain rights, but on the other hand the level of intrusion into their private lives is incomparable to that in the West.

The work of Czech-Canadian sociologist Alena Heitlinger (1979; 1987) has had a monumental impact on Czech scholarship in matters of abortion history. In a comparative study devoted to the analysis of reproduction policies and healthcare standards in socialist countries, Heitlinger gives an impressive sociological account of the different processes of reproduction typical for the socialist state – fertility rates, discussions on abortion, contraception and family. Even though, overall, she does not agree with characterizing reproduction as a private phenomenon, she claims that the question of abortion was discussed differently in North America than in the so-called “Eastern bloc”. In the former she characterizes the issue of abortion as debated in moral terms and as a matter of women’s individual rights. According to

her, the debate was realized in a democratic manner, negotiated by several different actors existing in a civil society, feminism being the main one. On the other side of the Iron Curtain, Heitlinger claims, the debate was pursued in medical terms, without the participation of a women's movement, and with different intentions. The socialist state was to control women whereas the capitalist states allow for women's free choices and active agency. This interpretation was re-appropriated by Jechová and also by another Czech scholar when assessing the character of socialist and capitalist states in relation to reproduction.

Czech feminist sociologist Radka Dudová (2009; 2010; 2012; 2013) contributed to the scholarly debate with four studies devoted to the issue of abortion in socialist Czechoslovakia. Her research is an example of a Foucauldian analysis that offers a potential avenue to explore the ways women's bodies were regulated/shaped/disciplined by and through legal bio-political discourses during the communist era. Through this biopolitical lens she examines legal and political regulations, medical and other expert discourses of abortion between 1950 (when abortion was legalized for health and eugenic reasons) and 1986 (when the institution of abortion commissions was abolished) and claims that these represent instruments of a specific socialist governmentality (2009; 2012). According to her, women were granted reproductive rights during socialism. However, it was just after 1989 that they could start enjoying them as active citizens. Even though Dudová claims that bio-politics is something not inherently totalitarian, she makes a distinction between democratic and socialist approaches to reproduction, entrenching these as two strict dichotomies. According to her, it is the absence of individual rights, the different purpose of the provisions, and the lack of an open democratic discussion propelled by a feminist movement that characterize the specific socialist rationality regulating and controlling Czechoslovak women's decisions in regard to abortion.

She argues that the legalization of abortion in socialist states preceded the legalization in the West. However, the intentions of these provisions were constructed differently than in so-called Western Europe and North America (Dudová 2012; Dudová 2013). In Western Europe, the model could be described as indicative,<sup>18</sup> i.e. abortion was first allowed under very strict conditions which were more liberalized due to pressure from civil society and particularly from the feminist movement. In socialist countries, the changes in abortion laws were imposed from above without any public discussion and with the intention to maximize women's capacity to participate in the workforce (Dudová 2012: 123). Therefore, according to her, abortion was "not [framed as] an issue of women's rights or bodily citizenship" (Dudová 2010: 945) but rather as a medical concern. If these rights were not framed as a women's rights issue, then how could they be understood as such in Parliament where they were defended against the religiously inspired demand to deprive women of their bodily rights? Instead of reflecting on how medical discourse is preventing a change in the law, I propose to explore how the very same medical discourse allows the continuity of the law in post-socialist Czech society.

One of the most recent contributions to the topic comes from Czech lawyer and scholar Barbara Havelková (2014) who dedicated a chapter to the analysis of gender justice under state socialism, which was published in the edited volume *The Expropriated Voice* that in the introduction promises to re-evaluate socialism and proposes different analytics as to how this ideological system should be studied. In her text, Havelková reviews the various reproductive

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<sup>18</sup> Despite the fact that Dudová attributes the indicative model to Western states only, her conclusion is dubious given the succession of abortion laws in socialist Czechoslovakia. First, the conditions under which abortion was allowed were strict (e.g. even though abortion was legalized 'fully' in 1957 the institution of abortion commissions was not abolished until 1986) and further liberalized due to the pressure from women and experts in 1986. True, a visible organized feminist movement can be hardly found in times of socialism in Czechoslovakia. Nevertheless, if it is only the existence of a feminist movement that creates the distinction between how abortion was approached in the so-called West and East, we have to ask whether a different analytical approach to assess the historical period of the Cold War would be more appropriate. It seems that Dudová left possible parallels between the two seemingly mutually exclusive systems unexamined.

measures that were enacted during socialism and puts forward a new categorization of the period of Czechoslovak socialism. Even though she gives credit to the fact that abortion was legalized already in the 1950s, she is hesitant to perceive these provisions as positive. She states, “[t]hese measures were adopted in the interest of improving the population development (...). Although presented as pro-women, they had at their basis the collective interest of increasing the birth rate” (Havelková 2014: 43). According to her, “by the end of the 1980s, the East had noticeably fallen behind” (Havelková 2014: 44).<sup>19</sup> She claims that in comparison to the West, “what appeared to be ‘rights’ under socialism were more policy pronouncements” (Havelková 2014: 42). However, if the reproductive rights under communism were just pronouncements, how can Havelková recognize the 1986 law as a “fully fledged liberalization of abortion” (Havelková 2014: 46) and why does she not criticize its accessibility for different ethnic, racial, class etc. categories of women? On the one hand, she claims that the socialist state did a lot for women, but on the other, she also says that gender equality was a “mere mirage” (Havelková 2014: 48). Her conclusion is compatible with her arguments made elsewhere, where she ponders the character of modernization of socialist states in terms of “modernization without liberalization”<sup>20</sup> (Havelková 2009: 185).

Contrary to this position, Dudová in her analysis paid some attention to the sterilization abuse directed at Roma women during communist Czechoslovakia. She claims that the bodily citizenship of Roma women was seriously limited and doubts that the coercive sterilization practices ceased with the fall of the regime (Dudová 2012), emphasizing that the communist

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<sup>19</sup> By this she follows the thinking of Hilda Scott who at the end of 1970s concluded that even though socialism gives many promises to women, by having the continuity of the patriarchal order “socialism has not yet succeeded in making women free and equal” (Scott 1974: 212).

<sup>20</sup> In a manner similar to Hilda Scott, Havelková shows that the status of women was modernized in many ways in socialist Czechoslovakia. Yet unlike for Scott, for Havelková it is the “unfree” character of society that does not allow her to accept the possibility of having rights and freedoms under socialism.

system had an immense power to influence and regulate who had the right to be born and who did not.<sup>21</sup> By this she implies that in the new system we are dealing with an inheritance from the past. Dudová makes the same conclusion about the contemporary prenatal screening practices, which she links to the “eugenic orientation of the communist regime” (Dudová 2012:126). According to her, the official support for what can be seen as eugenic policies ended with the political change in 1989. That’s where the criticism related to reproductive justice concerns ends.

Věra Sokolová’s analysis challenges the liberal understanding of choice and rights. In her book *Cultural Politics of Ethnicity: Discourses on Roma in Communist Czechoslovakia* the Czech feminist scholar analyzes the discursive practices directed at the Roma during communism with the aim to explain the inherited structures of perception that inform ethnic sensibility and racism in the Czech Republic today. While analyzing how ethnically-neutral sterilization provisions<sup>22</sup> were translated into discriminatory practices she defies the analytical dichotomy of “people” vs. “regime” by highlighting the role of local actors in implementing the policies. According to her, the exclusionary practices embodied in the neutrality of the 1972 sterilisation laws continue in the new democratic regime quite unnoticed when it comes to how the regimes of reproduction – the desirable vs. the undesirable – are normalized in the Czech Republic. She states: “Although democracies are in principle premised on rights and freedoms and authoritarian countries on coercion, these simple axioms do not express how power is exercised through the politics of race, class and gender in each type of country” (Sokolová 2008: 51). According to Sokolová, a discursive intersectional analysis can disclose that certain practices are exercised in both communism and democracy by which the totalitarian thesis that

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<sup>22</sup> More specifically, she is analyzing two sets of laws: the 1958 ban of nomadism (affecting the traditional lifestyle of the Roma) and the 1972 Sterilization Decree, which was to prevent involuntary and ill-informed sterilization. Despite the ethnically neutral language of both these laws, Sokolová looks at how these provisions were used to severely limit the rights of the Roma in communist Czechoslovakia.

depicts the communist regime as evil, violent and usurping can be challenged. Her work suggests that certain “evilness” is pertinent to democratic systems as well, especially when we look at the “[i]ntricate relationship between official beliefs, institutional policies and popular consciousness” (Sokolová 2008: 213).

Similarly, when analyzing the discourses informing the different policies aimed at segregating the Roma and the disabled from “normal” society, Victoria Schmidt (2015) in her PhD dissertation “Child Welfare Discourses and Practices in Czech Lands,” defended at Masaryk University in Brno, stresses the continuity of eugenic thinking and practices that informed most of the policies directed towards the undesirable from the late 19th century up to now. Also, Jaroslava Hasmanová-Marhánková (2008) in her article “The Construction of Normalcy, Risk and Knowledges about the Body: The Case of Prenatal Screenings” discloses how normalized the procedure is in contemporary Czech society and how women who decide to refuse the procedure are looked down upon even today (Dudová 2012: 128). Sokolová and Schmidt as much as Hasmanová-Marhánková highlight how eugenic-ableist thinking is well-embedded and widely accepted in Czech society, a fact on which other Czech authors would also concur.

The publication, *Games of Life* by Czech sociologists Iva Šmídová, Eva Šlesingerová and Lenka Slepíčková (2015), brings a critical perspective to the realm of biomedicine, more specifically reproductive medicine in contemporary Czech society. These authors pay attention to the processes of normalization and the boundaries of the possible and moral by drawing on the concept of biopower, as conceptualized by Michel Foucault, by which they problematize the concept of Czech women’s autonomy and free choices. Their work strongly highlights the importance of using a biopolitical framework for analyzing reproduction even in the former

socialist countries – a framework that defies the classic philosophical categories of sovereignty and hence, discloses how power operates through one’s subjection. These authors suggest that the Western theories are applicable to the Czech experience whose discursive fields of power do not seem to be too different from the rest of the “developed” West (Kolářová 2014). A critical lens dismissed by the liberal understanding of abortion and reproductive freedoms concerns the lack of reproductive justice and the insistence on the fact that abortion rights during socialism and capitalism are intrinsically different.

As the above literature review shows, the historical research regarding the issue of abortion rights during socialism has left parallels between the two systems quite unexamined. In this sense, by making a clear distinction between the way abortion rights were articulated in the imagined West (symbolized by an open democratic space of civil society and a strong feminist movement) where every woman can exercise and enjoy individual rights and liberties, as opposed to their formulation in the so-called East – which many scholars characterize by its totalitarian past, the inexistence of individual rights and the lack of a civil society – the commonalities between the two systems become unnoticed; i.e. the question how socialism can be liberating and capitalism totalizing and vice versa does not get raised. Thereby the old Cold War paradigm is reproduced, and possible totalitarian practices of the new democracies remain unnoticed. If the two regimes were fundamentally different, how could the abortion law in the Czech case continue to function after 1989? The question is then how to write about the history of abortion in socialist Czechoslovakia without falling into the totalitarian trap that upholds the notion of abortion rights during socialism as a product of a specific socialist governmentality and of women as pure objects whose decisions were controlled by abortion commissions. I am challenging this dominant interpretation and will look at the question via a different approach.

## Beyond the East and West Binary: De-totalizing Epistemologies of Socialism

The East-West binary constructed in some of the reviewed scholarship reminded me of the power relations and their construction that Chandra Mohanty (2003) analyzed in her essay poignantly titled “Under Western Eyes”. In this study, Mohanty critiques the ethnic universalism and the discourse of hegemonic feminism, which conveys and constructs the difference between the First and Third World by taking the West as its main reference point in a homogenous manner – as if the subject of woman was singular and not differently structured according to class, ethnicity, age etc. In the writings of many “Western” feminists Third World women are described as dependent, backward and victims of the traditional patriarchal system as opposed to their Western counterparts where all women are imagined as free and active agents pursuing their personal life choices. According to the author, these constructions reproduce unequal geopolitical relations and sustain Western hegemony over the rest of the world. In regard to women and their reproductive rights, women from the West are imagined as having all the reproductive freedom whereas women from the Far East have to struggle over them with their male counterparts, conveyed as old patriarchs.

Even though Mohanty refers to the debates between the so-called First and Third World, I propose to extend her thinking onto the analyses of the power relations between Western and Eastern Europe. The same effects can be deduced from the writings of Czech scholars that defined socialist women as pure tools of the socialist Czechoslovak government who could not exercise their rights during socialism. It is not only Western thinkers who create such ideological distinctions; Mohanty claims that “the critiques I offer also pertain to Third World scholars who write about their own cultures and employ identical strategies” (Mohanty 2003: 18). I read the discourse of communist particularity as a form of orientalism (Gal and Kligman 2000a: 118) in

which the East-West opposition forms the basis for understanding certain cultures and identities positioned on a scale ranging between two poles from progressive/free to backward/unfree (Melegh 2006).<sup>23</sup> In the same way as Edward Said (1978) in his classic work *Orientalism* defies the discursive practices of creating the oriental Other as the primitive and savage, the way the new Czech capitalist space has been imagined reproduces the East-West binary. Women from the West are imagined to be freely enjoying their rights as opposed to the oppressed Czechoslovak women during socialism whose will was under the control of abortion commissions. I suggest that such discursive distinctions are imagined but they nevertheless create solid borders between different regions and people while hiding the similarities between the two.

Gal and Kligman (2000) argue that a proper feminist analysis assessing the histories of the CEE region should avoid these simplistic dichotomies as East and West are often represented as important actors for each other: “By assuming a categorical difference between them, Cold War discourse (...) took largely for granted, and therefore unexamined, the fact that ‘East’ and ‘West’ constituted politically important audiences for each other; as such, ‘East’ and ‘West’ reacted to each other’s actions” (Gal and Kligman 2000a: 9). We can thus say that rather than being in a categorical opposition to each other, they complemented each other. Gal and Kligman hail the researchers to ponder the parallels between the two systems without falling into the trap of the totalitarian thesis. The categories of East and West are social constructs embedded in the uneven

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<sup>23</sup> In his book *Inventing Eastern Europe* Larry Wolff (1994) argues that the concept of Eastern Europe was invented by geographers, scholars and other intellectuals in the 18<sup>th</sup> century. He claims that “Eastern Europe was not located as the antidote of civilization, not down in the depths of barbarism, but rather on the developmental scale that measured the distance between civilization and barbarism” (Wolff 1994: 13). For more information on how different concepts/stereotypes serve global power relations and how Eastern Europe is endowed with orientalist fears and desires see for example Glajar and Radulescu (2004). For a discussion on whether the opposition East and West can be perceived as a form of orientalism see also Slavova (2006). A very interesting thesis regarding orientalism in relation to South-East Europe was developed by Maria Todorova (1997) in her book *Imagining the Balkans* where she introduces the term Balkanism arguing that the Balkan Other, unlike the Oriental Other, is an abject part of one’s own community and thus of one’s own self.

dichotomy represented by what Stuart Hall (1992a) poignantly called “the West and the Rest”. The West in such an imaginary represents civilization, and the rest of the world is the Other that has to catch up with its more developed counterpart if it does not want to be left behind. The West as an imagined concept provides a standard for comparison. It provides a template for how different countries should be evaluated while also attaching different moral categories (good/bad) to the constructed scale of progress. Eastern Europe represents a position somewhere in between the civilized West and the barbaric Orient, its position sliding on the “East-West slope” (Melegh 2006: 14).

Along the same lines, Allaine Cerwonka (2008) in her article “Feminist Thought: Difference and Transculturation in Central and Eastern Europe” scrutinizes the East and West binary, i.e. the distinction between countries with a continuous democratic regime and countries with a communist past, and ponders the consequences of such an analysis. According to Cerwonka, the discursive East and West distinction is problematic mainly because it reproduces the mutual exclusiveness of West and East thereby replicating the uneven hierarchical positions of the two. She argues that ideas rather have a travelling character and “by uncritically continuing to use national and/or regional categories for their analyses of gender, feminists uncritically reproduce the Cold War paradigm that continues to haunt academic knowledge production and institutionalization” (Cerwonka 2008: 821). According to her a difference gains its value when it is not put into the opposition to what was happening in the West.

This statement could also be supported by Donna Harsch’s (1997) analysis of reproduction policies in former East Germany. I find Harsch inspiring for my own thinking about reproduction in socialist Czechoslovakia. In her article that deals with abortion in East Germany between 1950 and 1972, Harsch disproves that the early legalization of abortion in East Germany should be

interpreted as a communist provision, i.e. that the abortion laws were something specifically pertinent to socialism only. To her the process of the legalization of abortion in East Germany was similar to the one in the West and the same actors stood behind its legalization hoping to achieve the same effects.<sup>24</sup> Some other scholars from beyond the CEE region also pinpointed that in the so-called West, abortion rights were not achieved mainly as a result of pressure from the women's movement but rather as a result of lobbying efforts from experts to decriminalize abortion.<sup>25</sup> What this suggests is that in order to understand the character of abortion regulations, we must stop perceiving socialism and capitalism as mutually exclusive. As another Czech scholar, Hana Havelková pointed out in various places, certain phenomena might be also persistent and transitory throughout cultures.<sup>26</sup> She states that it is necessary to research gender history as a continuum, from the Czech National Revival of the 19<sup>th</sup> century to socialism (Havelková 1997).

In this sense, I also perceive history as a continuum of ideas, which can reveal that some borders are mainly built on the ideological level and among different cultures and function as real walls allowing some to belong more rightfully in a nation than others. I follow the same line

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<sup>24</sup> She argues: "Although the drama played itself out behind closed doors and within an authoritarian framework, its central players, its tempo and stages, and the domestic dilemmas that lay behind reform resembled those in the West. Most important, doctors and health officials who favored reform and women who wanted a repeal of restrictive measure used the same arguments as their Western counterparts" (Harsch 1997: 54).

<sup>25</sup> As Dorothy McBride Stetson in her book dedicated to the comparative study of abortion politics and women's movements in democratic states argues: "[i]n most countries, abortion came to the public agenda, not as a women's movement demand, but as a response to demands from doctors and progressive politicians to respond to the increase in abortions outside the law. (...) [T]he debate was seen primarily as a problem for doctors who wanted less outside control over their use of the procedure against moralists and religious groups who considered abortion to be immoral, even murder" (Stetson 2001: 4). What this statement implies is that regardless of the geo-political context, the ideologies informing of the politics of reproduction might be shared across the East and West boundary.

<sup>26</sup> For example, in her essay titled "Is there a Central European Model of Marriage?" Havelková convincingly analyzes the development of the institution of family, which according to her resembles the development of the institution in the West. Therefore, a patriarchal structure of relations was pertinent for communism as well. In another article dedicated to the specificities of Czech society after the fall of communism, Havelková (1999) states that "[w]ith respect to the advancement of women, one can even say that communist policies not only did not contradict some pre-communist trends, but even supported them" (Havelková 1999: 72). To understand the specificity of the region, according to the scholar we have to have a look at what phenomena are transitory and what are persistent in a certain culture, i.e. to ponder the continuity of certain institutions and thinking patterns.

of thinking as Mohanty regarding the ways of going beyond the East-West binary by destabilizing the homogeneity of the female subject and offer a more nuanced perspective that would challenge the ideologies of division. In my “herstory” she – *a woman* – is not one and capitalism and socialism represent competitors rather than rivals, an argument I am pursuing based on the theoretical and analytical apparatus of biopolitical theories and of critical feminist and disability scholarship. These theories problematize the meaning of freedom and of one’s autonomy and choices outside of the classic liberal paradigm of sovereignty and power relations. In my brief discussion regarding the legalization of abortion in the so-called West (where everything is supposed to be the best) I tried to make clear that choices and rights often belong only to those who decide right. In the following section, I will explain the main theoretical concepts, the method, objectives and questions that allowed me to formulate my arguments and theoretical contributions. The final section will summarize my thesis chapters.

### Theories Without Boundaries: Critical Feminisms, Biopolitics and Free Choice

In my analysis, I am drawing on the analytical tools of biopolitical theories as represented by Michel Foucault, Giorgio Agamben, Nikolas Rose, Penelope Deutscher and Ruth Miller and the knowledge drawn from critical feminist and disability scholarship that problematizes and offers analytical tools to study the politics of bodies – that of reproduction – in modern advanced liberal democracies that are focused on life itself, to use Rose’s term. As I argue more in detail in my theoretical chapter, these two theoretical perspectives lead towards a productive thinking about how abortion rights and the discourses surrounding (un)desirable reproduction can be analyzed for their refusal of the classical liberal understanding of autonomy, choice and rights. They both allow for the normative feminist analysis to go beyond the boundaries of the private

and public, active and passive, liberal and totalitarian. The aforementioned authors challenged the liberal paradigm of women's free choices and highlighted the importance of intersectionality to understand how reproduction is organized. According to the critical scholars, women's *free* choices are illusionary, ideological constructs that serve the purposes of white able-bodied societies since the reproduction of certain women – the black, the young, the disabled, the poor – continues to be connoted as undesirable (Lublin 1997; Meekosha 2010; Petchesky 1990; Price 2010; Roberts 1999; Samerski 2009; Solinger 2001; Smith 2005). Hence, these authors invite us to understand that what some women perceive as a choice can be a painful duty for others. They propose a new paradigm, that of reproductive justice, and remind us that the many feminist fractions should collaborate on delivering more realistic choices and possibilities to those identified as women than offered by the liberals. In my work, I am also using the intersectional lens to understand how the differently interlocking systems of oppression such as race, class, age and disability influence and (in)form women's choices.

Biopolitical theories contributed to the study of bodily politics with a new concept of power, which defies the classic negative juridical connotations of sovereignty and redirects our attention to how we are produced by power relations – the different discourses and the knowledge/power dyads – as (un)desirable citizen subjects, i.e. to the fact that the same power relations that aim to restrict us are constitutive to our being. Foucault named this power biopower and according to him it developed in two forms. One was disciplinary and concerned with the disciplining of individual bodies that were to be made docile like prisoners in his famous *Discipline and Punish* (1977); the other one was biopolitics – a type of governing rationality, the “conduct of conduct” that “deals with the population, with the population as political problem, as a problem that is at once scientific and political” (Foucault 1990: 245). These two were

conjoined during the 19<sup>th</sup> century in various technologies and discourses – such as healthy procreative sexuality for example – with the aim to produce strong and healthy populations. In my work, I am using this concept of biopolitical governmentality – a dominant rationality that structured the fields of the possible with regard to life itself – and I am exploring how abortion discourses like sexuality represent a technology of power aimed at producing a healthy population by redefining the boundaries of the (im)moral and (im)possible.

I find Foucault's *History of Sexuality* (1990) and *Society Must be Defended* (2003) both instructive in understanding the ways modern democracies operate and the role of racism within them – i.e. the exclusion of various Others from the national body. As Foucault claimed, nowadays wars are not waged in the name of the sovereign but rather in the name of the nation, i.e. certain populations that must be secured and protected from an “enemy”. In his lectures that were so well interpreted by Anne Stoler (2005), racism functions as a structure of oppression that legitimizes to put certain lives to death in a society of normalization – one collective body that should be the same and connected through blood. Along the same lines, I understand ableism as a certain framework of recognition as well (Mitchell and Snyder 2015), as a system of oppression that makes it acceptable to exclude certain lives from the general well-being, and thus justifies to “let them die” in so-called normalizing societies. As explained by Giorgio Agamben (1995), these bodies function as “Homo Sacer” – the figure from the old Roman law, banned from the collective, but always included as its reminiscent, the one that can be stripped down to “bare life.” According to Agamben, such bodies function as a structural necessity of post-modern states – the included exclusion – in times when the political becomes inseparable or indistinct from the biological, thereby creating further indistinctions between the totalitarian and liberal. Applied to the notion of reproduction and the politics of life, the elimination and exclusion of the

Other and hence a certain form of eugenics is, according to these thinkers, embedded in the norms that structure women's and men's reproduction along the lines of desirability.

Some feminist scholars re-appropriated these Agambenian and Foucauldian notions of power in a recently growing field of what I would call "feminist biopolitics." Deutscher (2011) and Miller (2007) would agree that reproduction in the same way as sex is the locus of biopower where the individual intersects with the collective and where the totalitarian and liberal, the public and private, active and passive cease making sense. According to Miller "the opposition between the post-eighteenth century liberal and the post-eighteenth century authoritarian is a fantasy" (Miller 2007: 5) and she names the womb as a particular biopolitical space. It is the limits of what is (un)desirable that represent the limits of what is (im)possible. As Mary Poovey claimed, women are never fully free in regard to reproduction since it is the interest in future generations that sets limits to women's choices (Poovey 1992). Women in biopolitical understanding become the main depositors of the health of the nation, their behaviour and choices become the borders of the nation itself (Miller 2007; Deutscher 2011), they become the Homo Sacer that can be stripped off their rights, as suggested by Deutscher.

The case of prenatal screenings (that have become a normalized procedure in the West, and also in Central and Eastern Europe and implemented with the developments in reproductive medicine from the second half of the 1970s onward) exemplifies well the functioning of the contemporary bio-power that Nikolas Rose called "ethopolitics." In this regime, we are becoming the governors of our souls, however somehow governed from a distance (Rose 2007: 6). Rose claims that "modern individuals are not merely 'free to choose' but obliged to be free" (Rose 1999: 87). Similarly, Dorothy Roberts, Helen Meekosha and others questioned to what extent one can actually choose freely under the ideology of the "perfect child" (Meekosha 2010;

Roberts 2009) in which defectiveness is a curse to be fixed (Clare 2016) and thus “to choose is compulsory” (Samerski 2009). According to this ideology, only certain choices are deemed appropriate (Samerski 2009; Waldschmidt 2005; Weingarten 2012) and only certain lives are worth of living, to use Judith Butler’s words. These authors then similarly abandon the notions of the abstract and autonomously deciding citizens by drawing on Rose’s concept of biological citizenship – the construction of women as responsible and self-regulating citizens who want the best for the biology/health/well-being of their children. Their analysis unveils how the individual is connected to the collective goals and those who do not choose according to what is considered the “correct” choice will be punished – morally, politically, economically. Claire E. Rasmussen (2011) argued that the processes of exclusion from the national body are directed at those who cannot exercise this kind of self-governance – those who do not make the right choices. And according to Barbara Cruikshank, it is important to understand the mechanisms of contemporary modern democracies and study “how power works to make subjects out of citizens and citizens out of subjects” (Cruikshank 1999: 24).

In my dissertation, I explore both how modern citizens are made and the simultaneous processes of inclusion and exclusion that are inseparable from the questions of reproduction – the questions of the norms that define who belongs to a modern nation and under what conditions. I extend these critical frameworks that were based on the study of Western democracies onto a socialist democracy of an “Eastern European type”, of a certain system that after WWII was to deviate from the ideological paths in the so-called West, as some scholars (Heitlinger 1987; Dudová 2012) suggested. In order to gain a historical perspective and a thorough understanding of the development of reproduction politics in Czechoslovakia, I begin my analysis of the realities and moralities surrounding the issue of the de-criminalization of abortion in Czech and

Slovak lands after WWI to expand it over the period of post-WWII socialism. I am interested in finding out and disclosing the rationality – its constitutive discourses – that framed the politics of abortion in (un)democratic Czechoslovakia and turned women into biopolitical citizen subjects.<sup>27</sup> In the following section, I will elaborate briefly on my methodology, my research objectives and questions that guide my exploration of the management of life in (un)democratic Czechoslovakia.

### Methods, Main Research Objectives and Questions

Drawing on the de-totalizing/de-colonizing post-structuralist biopolitical approach, in my work I ponder the similarities and differences between capitalist and socialist reproduction more in depth, and propose a different point of inquiry than that of any absolute distinction between the socialist East and the democratic West, active and passive citizenship, private and public, liberal and totalitarian as conveyed in some of the literature review. Rather than assuming the mutual exclusiveness of these classic binaries, I look at their intersections – the intersection of liberal and totalitarian, active and passive – and explore what capitalism and socialism have in common with regard to reproduction. Through the intersectional bio-political lens, I analyze the various political and expert discourses – the sets of arguments and subject positions – that framed the legalization of abortion, from the first attempts to decriminalize and legalize the practice in 1920 when democratic Czechoslovakia was established to the abolition of abortion commissions in 1986 during socialist Czechoslovakia. I describe my work as a genealogy of

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<sup>27</sup> In this regard, I follow the work and thinking of Czech historian Daniela Tinková (2004) who dedicated her book to a comparative study of how the concepts of sin and madness changed in relation to what was considered a crime in Czech lands and France during the period of the Enlightenment (in the 18<sup>th</sup> century). By drawing on Foucauldian theories of discourse and biopolitics, the scholar disclosed the genealogy of crime while pointing out the constructed character of the phenomenon. Beside other elements, her study of infanticide analyzes how politics, which recognizes life as its main object, creates and draws on norms of what is considered normal and moral, thus constituting a desirable cultural order.

women's reproductive rights in (un)democratic Czechoslovakia – of how the ideal female citizen-subject was constructed throughout the different historical discourses and with what effects for different categories of women. Genealogy as a “critical diagnosis of the present” allows me “to question ... what is postulated as self-evident ... to dissipate what is familiar and accepted” (Foucault 1988: 265).

Taking into account that since 1986, the abortion law has remained the same with the only difference of the cost, I ask the following questions: Is it possible to draw such a clear line between the two systems, capitalism and socialism? How is it possible that Czech women miraculously started enjoying their rights in an active manner after 1989 when actually the last formulation of the law dates from 1986, thus still from the period of socialism? What truths are embedded in the abortion discourses that surround its creation and implementation, truths that were accepted in capitalism as well? Are these laws communist? If yes, what is totalitarian about them? Can they be perceived as imposed from above? How was abortion legalized and what does it mean that it was legalized “fully”? How do socialists and capitalists understand reproduction? What does the continuity of the law disclose about the binary of active democratic citizenship and passive totalitarian subjectivity? My main research question is thus the following: what is the sustaining logic behind the 1986 abortion law that allows its continuity even after the fall of socialism in 1989?

To understand the continuity of the law and thus the present situation – the way reproductive rights operate also in capitalist democratic systems and the interest of the state to subsidize abortion for health and eugenic/therapeutic reasons – I believe it is important to go back in history and trace the sets of arguments that framed the legalizing provisions before abortion was first legalized in 1957, then subsequently slightly modified in 1986, and the

citizenship practices these have unleashed. As Feinberg (2006), Jechová (2009) and Musilová (2007) pointed out, even though abortion was first legalized in the 1950s, already back in the 1920s and 1930s the first initiatives were taken by some feminists, doctors, lawyers, social democrats and communists towards decriminalizing abortion in Czech and Slovak lands. However, at that time abortion represented “an attack on the entire gendered structure of society” (Feinberg 2006: 153). By comparing and critically analyzing various subject constructions characteristic for these different discourses that were generated in the 1920s and 1930s with those in the 1950s, then again those from the 1950s with those from the following period, I can question whether it is possible to perceive these provisions enacted during socialism as specifically totalitarian, as implemented from above and by that unveil the functional logic behind these regulations.

I will read the laws themselves, the parliamentary debates surrounding any of their amendments, medical journals and other expert publications on the topic of family, abortion or reproduction published during the specified time through the lens of a post-structuralist feminist critical discourse analysis. I divided my analysis of the emerging themes – women’s health, the control of the undesirable and individual sexual responsabilisation – along three chapters. These chapters genealogically permeate each other and thus overlap to a certain degree. Without exploiting the full textual production of each time period, my aim is thus not to answer *why* certain laws were enacted but rather *what* the different discourses can disclose about the politics of reproduction in capitalism and socialism as illustrated by the case of (un)democratic Czechoslovakia. I am interested in how these discourses operate, i.e. the hidden ideologies that structure the fields of the possible and thinkable, to paraphrase Foucault. I look at what the different discourses unleash in terms of citizenship practices, i.e. what it means to be a female

citizen subject with a potential to reproduce. My thesis intends to answer the main research objective(s), i.e. the continuation of the law and the comparison between the socialist and democratic governmentality, by exploring the following questions: How is the ideal female citizen subject made and represented? What types of subjectivities are constructed by the various abortion discourses and what desired order of things do they imply? Who is the ideal citizen and who is excluded from the citizenship project, i.e. whose life is deemed worth living and whose is not? How is the discourse of desirable motherhood constructed along the intersection of class, age, gender and (dis)ability? What does it mean to have the right to choose for different categories of Czechoslovak women, i.e. the young, the old, the sick, the ethnically/racially others and the poor?

I will argue that it is a certain type of governmentality, i.e. biopolitical rationality, which in socialism as much as in capitalism is obsessed with the health and capability of its citizens; and that it is this rationality that allows the continuity of the 1986 law. In this regard, the discourses framing the legalization of abortion unleash, in a liberal manner, the construction of women as autonomously deciding citizens while relating their *free* choices to a moral citizenship responsibility and duty to deliver a healthy child in a healthy environment. I argue that this rationality gained its prominence already after WWI but became the leading governing rationality after WWII when the need to have a nation of capable citizens became even more important with the new Cold War era. In my work, I map the first building steps of this rationality, its developing processes after WWII and its functioning as a normalized discursive structure from the 1960s onward, a rationality that replaced the old governing structures guiding sexual conduct and reproduction until then.

I suggest that from their very onset abortion rights were neatly tied to population concerns and for that reason were conceptualized, and that they still satisfyingly function even in the new democratic regime as a regulatory strategy of power aimed at maintaining the desirable population optimum by disciplining women along the ageist, classist and ableist lines as responsible citizen-subjects. Elaborating on what I have termed female biological citizenship, I analyze how women's sexual choices and sexual conduct were constructed as the main civilisation identifiers and hence women became the main self-regulators of the quality of the Czech(oslovak) nation. I will suggest that the contemporary bio-power can be described as "make live and let die" (to borrow Foucault's phrase) but also as "let live and let die" when one does not make the right choices.

My work thus interrogates into the period in European history when, I argue, women's health, sexuality and the health of their child(ren) collapsed into the category of women's individual reproductive rights and when reproduction was stratified into different socio-biological classes according to one's citizenship/biological (un)desirability. Throughout the main course of the 20<sup>th</sup> century, I follow the simultaneous path of women's liberation from a patriarchal order of things and their subjection to the ableist regimes of normalcy regarding the question whether they can be pregnant or not. I reveal how women's will was mobilized as a strategic political tool and how protection was turned into control and regulation of the individual/collective citizenship body that had to be strong and healthy in all regards, ready to compete with the enemy, real or imagined, which can potentially always be moved and reconstructed. In this respect, I study the principles that sustain the functioning of modern democratic citizenship.

My argument is thus three-fold: 1. I claim that abortion rights liberate as much as they control and regulate and that the active and passive concepts of citizenship cannot be applied to the concept of abortion rights; 2. socialism did not develop a governmentality different from capitalism regarding reproduction; and 3. abortion rights are material rather than abstract, delineating the borders between people and nations, i.e. the developed and the developing, the civilized and the savage.

My research hence contributes to the contemporary biopolitical and feminist literature concerned with reproduction and citizenship by: 1. showing that the conclusions made mostly about so-called “advanced liberal democracies” by Foucault, Agamben, Rose, Miller and other critical scholars can also be applied to a country whose past is “tainted” by a socialist regime; 2. deconstructing the binary of the active citizen-passive subject so as to potentially disclose the totalitarian practices of contemporary capitalist regimes; 3. showing that ableism and racism remain at the root of any biopolitical system and function as categorizing structures of oppression mobilizing gender as their technology of power; and 4. strengthening the potential of the reproductive justice critique. I thus suggest that those who are oppressed can be oppressors as well and that socialism and capitalism share more than what we may have ever thought.

## Review of Chapters

In my first chapter, “Biopolitics of Reproduction: Abortion and the Limits and Possibilities of Women’s Reproductive Freedoms”, which represents the theoretical framework of my dissertation,<sup>28</sup> I explore the connection between the politics of life and the limits that

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<sup>28</sup> This chapter was partially published in my article titled The Ideology of Choice: Abortion Bio-Politics, Prenatal Screenings and Women’s Liberation in *Pulse: A History, Sociology and Philosophy of Science Journal* (3), 2015, pp.145-160.

structure women's choices and possibilities regarding their reproductive lives by considering the relationship between biopolitics and the critical feminist scholarships that problematize abortion as an individual right to choose. I claim that both these scholarly positions, which often parallel each other, can lead to an enriching relationship that deepens our understanding of how abortion rights operate and function as a part of reproductive politics that is interested in the effectiveness and productivity of bodies, their biological/human (in)capacities and (in)capabilities. Biopolitical theories thus allow for a normative feminist analysis to go beyond the simplistic binaries of free and unfree subjects – the liberal subject and her totalitarian counterpart – by highlighting the impossibility of escaping discursivity and therefore by problematizing the classical concepts of choice and autonomy. Through what I have termed a feminist biopolitics, I suggest that discourses framing abortion rights operate as ideological constructs, regulators of the quality of populations by subjecting women to the desirable sexual order of things and by dividing their pregnancies along the normative ideals of (un)desired motherhood. This phenomenon is well-documented by critical scholars who emphasized that under the contemporary medical and ableist systems of governance women's choices are mere illusions. I conclude in this chapter that only a good mother has children when she can, always wanting the best for them.

In chapter two, “Deconstructing Abortion as a Discursive Practice: Genealogy, Intersectionality and Critical Discourse Analysis”, I elaborate on, and explain in detail, the methodological tools that I have used to analyze the political and expert discourses surrounding the abortion debate in Czechoslovakia between 1918 and 1986. I elaborate more in depth on the concept of discourse and what history as genealogy is. I explain my ontological understandings of gender as an intersectional structure of oppression and reality and how these relate to my research objectives and questions. Reflecting upon my own positionality unveils my limits of

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thinking and being and how this could have potentially influenced this dissertation in both a positive and negative way. Since my analysis is qualitative, I use the means of a poststructuralist feminist critical discourse analysis and the method of deconstruction to understand how meaning around reproduction is constructed and with what effects. This section includes an overview of the data I have collected during my research trips to Prague and their categorization into three discursive segments: 1. protection; 2. control; and 3. self-regulation. Even though my method is genealogical and the data were organized according to the emerged themes, I also kept the chronological order of the periods. This will allow for an easier comparison and the emphasis on the continuity of ideas/practices/discourses from one system to another.

The following three chapters are empirical chapters onto which I am applying the aforementioned methodological frameworks. Chapter three, “Building the First Democratic Czechoslovakia: Women, Eugenics and the Right to Choose between 1920-1938” brings us to the early twentieth century – following WWI – when first proposals to amend the criminalization of abortion were made in Czechoslovakia where illegal abortion rates were disturbingly high. By analyzing the legal discourses of the 1920s and 1930s, I explore the arguments and subject-constructions used by the proponents to justify the legalization of abortion under certain conditions and situate these into the medical debates at that time. For the first time in modern history, society started to fear not its depopulation but rather the degeneration of a collective which troubled the leading elites and hence not every woman was expected to become a mother. The experts constructed the category of women's health as a national priority and criminal abortion as a disease that must be taken care of to achieve a proper modern nation. Eugenics as a science served to justify their arguments for the nation that was to consist of the best possible stock. I demonstrate that even in the first Czechoslovak allegedly more democratic regime than

in the post-WWII years of socialism, abortion rights, though not legalized, were conceptualized as a regulatory strategy of power aimed at maintaining, reproducing and controlling a certain societal order by subjecting women's will to the responsibility to deliver healthy citizens and by setting new – modern and hence rational – moral standards for a desirable sexual conduct.

The fourth chapter, “Developing the New Super-Ableist Czechoslovak State: Women's Health and The Right to Choose between 1945-1962”, brings us to the years after WWII when the Communist Party took over the Czechoslovak governing system. It is dedicated to the establishing processes of the new rationality that stood behind the decriminalization and legalization of abortion in socialist Czechoslovakia in the 1950s and which, I argue, follows from the previous system. The arguments used by the communists resemble those from the first democratic regime. This chapter thus defies the totalitarian thesis that abortion rights were imposed on Czechoslovak female citizens at the demand of the Soviet Union. Rather, it explores the continuity of ideas and eugenic practices from one system to another, and how these reproductive policies were aimed at building a super strong, ableist Czechoslovakia that would proudly fight from behind the rising wall against the “corrupted” capitalist West. Here I demonstrate that even though depopulation mattered after WWII and the demand for human capital was high in the new regime (and many of the enacted policies were thus clearly pro-natality), the provisions legalizing abortion were issued in 1950 and 1957 nevertheless. I argue that legalizing abortion was part of the post-1945 preventive reforms that were to imbue Czechoslovakia with strength, thereby providing a much needed and wanted healthy and work-able population.

The fifth and final chapter, “Normalizing the Normalizing Society: Women's Right and Responsibility to Choose and the Unwanted between 1962-1986” is focused on the period from

the 1960s onward when abortion politics were becoming normalized, newly connecting and dividing the two supposedly different worlds of people: the modern and progressive ones from the primitives. Departing from the dominant historiographic conceptualization of Czechoslovak socialist history through political events, I identify a different rupture in Czechoslovak history and different walls that were erected between people and the two worlds, a different period of normalization that commenced at the end of the 1950s but found its peak in the following decades. I describe a normalization of the Czechoslovak collective and individual body along the socio-medical truths of desirability for which the inclusions of individual women's choices and bodies – their biology – mattered on the governing level. Even though the Czechoslovakia of the 1960s was ahead of any Western country that legalized abortion, a decade later this statement stopped being plausible. The demand for women to be even further emancipated and self-regulating with respect to their pregnancy became loud in the last two decades of socialism. I explore the simultaneous effort to protect women's health (and the health of their children), the need to ban abortion commissions and the attempt to regulate and control the undesirable. This chapter is concluded with the depiction of the new sexual morality and the role of the institution of planned parenthood in the politics of reproduction. I conclude that the concept of ableist love and the construction of the Enlightened bourgeois self based on the masculine modes of individual responsabilisation had survived throughout socialism as the guiding principles of gender relations.

In my conclusion, I summarize the main arguments of the thesis and answer the question: what stands behind the continuity of the 1986 law? I suggest that socialism did not develop an ontologically different governing rationality with regard to reproduction when compared to capitalism. What connects the two is the incessant and obsessed focus on the biological, the

constant commitment to progress which is to be achieved by the culturedness and capabilities of its citizens who are to be healthy in all respects. The genealogical analysis of abortion rights allows me to critically understand the present Czech milieu. In this sense, I disclose what we can learn about how abortion rights operate regardless of the political system and propose a new critical approach that can enhance women's lives in contemporary democratic systems. Even though the necessity to have abortion rights is indisputable, it is also unassailable to give rights and protection to those lives that under the new regimes of normalcy are not worth of living while all responsibility for these choices is placed on the female individual. This dissertation thus problematizes the dominant liberal and First World understanding of women's freedoms and rights. It opens with the post-1989 context and concludes with it as well. My work does not feed into religious discourses defending the criminalization of abortion, but rather critically explores the means to enhance women's rights to (not) be mothers while securing a possible good life regardless of the choices they do or do not make, regardless of what their class, ethnic, educational etc. background may be. By this I suggest that socialism and capitalism share more than what we would have ever thought, namely the ableist orientation – the focus on the biological, and women's *individual* choices and responsibilities bridge both of these syste

## Chapter 1: The Biopolitics of Reproduction: Abortion and the Limits and Possibilities of Women's Reproductive Freedom(s)

In this chapter, which represents the theoretical framework of my dissertation,<sup>29</sup> I explore the connection between the politics of life and the limits that structure women's choices and possibilities regarding their reproductive lives by considering the relationship between biopolitics and the critical feminist scholarships that problematize abortion as an individual right to choose. I claim that both these scholarly positions that often parallel each other can lead to an enriching relationship that deepens our understanding of how abortion rights operate and function as a part of reproductive politics obsessed with the effectiveness and productivity of bodies, their biological (in)capacities and (in)capabilities. On the one hand, the critical feminist and disability scholars disclose the splitting and cutting practices of modern nation states focused on the exclusion of the other from the social, political, economical and cultural order, and highlight the importance of intersectionality to understand how choice operates in a neoliberal context for different categories of *women*, the modern female citizen subjects. In the against-mainstream-abortion-agenda writings, women's *free* choices are conveyed as illusory ideological constructs which serve the purposes of white able-bodied societies since the reproduction of certain women – the black, the young, the disabled, the poor – continues to be connoted as undesirable (Lublin 1997; Meekosha 2010; Petchesky 1990; Price 2010; Roberts 1999; Samerski 2009; Solinger 2001; Smith 2005). These authors thus invite us to comprehend that what is a choice for some women can be a painful duty for others.

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<sup>29</sup> A shorter and modified version of this chapter was published as an article titled The Ideology of Choice: Abortion Bio-Politics, Prenatal Screenings and Women's Liberation. In *Pulse: A History, Sociology and Philosophy of Science Journal* (3), pp.145-160.

On the other hand, biopolitical theories as represented for example by Foucault or Agamben and others provide a new template to how to analyze this bodily politics and highlight that the classic dichotomies between the private and the public, the inside and the outside, the active democratic citizen and passive totalitarian subject became irrelevant during the 20<sup>th</sup> century. By departing from the classical concept of sovereignty, these theorists propose a new concept of power – biopower - in which power is deemed in relational and productive terms transcending its pure negative connotations. This perspective shifts our attention from the realm of laws to the realm of norms, to the fact that the same power relations that aim to restrict us are constitutive to our being and hence the impossibility to escape them. When applied to reproduction/abortion discourses, the discourses around sex(uality) function as a technology of (bio-)power subsuming an individual (will) under the collective and political aims. The question is then not *why* somebody has power/choice/freedom but rather *how* we are produced by power relations, by the different discourses and the knowledge/power dyads as (un)desirable (female) citizen subjects –hence why some *women* do or do not have certain power/freedom/choices as mothers.

First, this text will introduce the readers to how the concept of biopolitics, the new politics of life, can be understood and mobilized in the context of abortion discourses in (un)democratic Czechoslovakia. Mainly through the writings of Michel Foucault and Giorgio Agamben I will explain what biopolitics and biopower are; I will pay special attention to racism in the functioning of modern nation-states. Following Agamben, I will suggest that nowadays we are dealing with the legacies of eugenics in modern nation states and that ableism might be understood to work along the same lines as racism. In this respect, I am applying the perspectives of critical disability studies on the issue of dis-ability in so-called modern democracies which,

according to Nikolas Rose, operate through the concept of biological citizenship. This segment will be concluded with the review of the concept, which I neatly tied to that of *ethopolitics* – the contemporary form of biopower, of how one’s body/mind is governed in the 21<sup>st</sup> century, which some critical scholars re-appropriated to understand the character of women’s reproductive rights as well. This section will be followed by an overview of critical feminist/social justice scholarship, which frequently parallels or complements biopolitical theories and discloses how the “normal” order of things is structured along ageist, classist, racist, and ableist lines. I will claim that especially the case of prenatal screenings exemplifies well the contemporary biopolitical strategies made possible by new technological developments, disciplining/controlling/manipulating/forming women’s decisions regarding what is defined as the “well-being” of their future offspring and the “quality” of one’s life. These critical scholars claim that the autonomy and freedom of many women – the young,<sup>30</sup> the sick, the disabled, the black etc. – is seriously limited under the contemporary medical and ableist systems of governance.

The final part of this chapter is concerned with what I have termed “feminist biopolitics,” i.e. a theoretical perspective which unifies the two aforementioned positions by making them communicate with each other. This perspective departs from either Marxist or liberal notions of personhood and identity. Feminist scholars and philosophers Ruth Miller (2007) and Penelope Deutscher (2011) interrogate the otherwise gender-neutral biopolitical theories and imply that it is women’s bodies that represent the paradigmatical biopolitical spaces where the liberal and totalitarian intermesh. Their analyses operate along a different concept of rights, citizenship and freedoms. They perceive these as carnal, material rather than abstract, situating the battles for the

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<sup>30</sup> By young I mean the adolescent or under-age population, those still considered “children” that are supposed to first get their education at least in a form of high school so that they can provide for themselves later on in their lives.

health of a nation directly into women's wombs and naming the fact that rights are always pronounced in a language of moral responsibility. Based on this, I propose a new concept of freedom – freedom that cannot be possessed but is rather discursively negotiated – its limits ideologically structuring the field of women's possibilities and choices, of how *she* can be as a female biological citizen subject. Hence, I will suggest that the contemporary sovereign right can be better described as much as “make live and let die” (to borrow Foucault's phrase) also as “let live and let die” in an ideology supporting no direct state interference regarding reproductive justice concerns. As this chapter concludes, only a good mother has children when she can, always *wanting* the best for them.

### What is Biopolitics and Biopower?

The concept of biopolitics came into being mainly in the writings of two philosophers, Michel Foucault (1977;1990; 2003) and Giorgio Agamben (1995). It serves to conceptualize a break in the political order as an emergence of a specific political knowledge and governing rationality and various scientific disciplines concerned with regulating and administering the body of a population and its citizens. According to Agamben the ancient Greeks had two words for describing what we nowadays understand as “life”: *zōē* (bare life), “a living common to all living beings “such as animals, men or gods” (Agamben 1995: 1); and *bios*, a human way of life particular to individuals and groups. These two concepts can roughly be understood as representing a biological and political existence. In modern times, the modes of government have been changing by including bare life, a pure biological existence, into the calculations of State power. As Foucault writes, “[f]or millennia man remained what he was for Aristotle: a living animal with the additional capacity for political existence; modern man is an animal whose

politics calls his existence as a living being into question” (Foucault 1990: 143). Hence, during modernity these two become inseparable, focusing on bare life as the object of state power.

Biopolitics departs from the classical juridical understanding of sovereignty that conceptualizes power as negative, repressive, usurping and diffused from one center top down, as if an individual’s life were "pure" and separate from the legal and political system of its geo-bio-political belonging. The analysis rather highlights the productive effects of any power relations – of how we are produced as citizen subject of certain regimes of truth. It is Foucault's famous *The History of Sexuality* that informs my understanding of how power over life changed in the last two hundred years. According to the philosopher, around the end of the 18<sup>th</sup> century, the old right of sovereigns to decide over life and death was complemented<sup>31</sup> by the right “to make live and let die” (Foucault 1990: 138). The old sovereign right, which was exercised only by taking somebody’s life in situations when the sovereign life was endangered, was replaced by the idea of cultivating life, making certain beings live while letting others die. This turn and focus on making life better was, according to Foucault, enabled by the turn to an industrialized and capitalist society organized according to the Enlightened principles of liberalism. Therefore, from the time of modern democracies and first Constitutions it is the survival of the population or one could also say the nation (given the emergence of the ideology of nation states around the same time) and its cultivation, not the sovereign himself that is at stake for modern politics. Modern nation states for the first time in history became troubled with the following questions: How to preserve life and enhance it? How to exploit the maximum from what is being invested? How to justify killing? Whose life is worth living and whose is not?

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<sup>31</sup> It is tempting to say that the old right was replaced by the new one, but Foucault himself highlights that this wasn’t the case. Rather the new right “does not erase the old right but penetrates it, permeates it” (Foucault 2003: 241).

When analyzing the power that subsumed the biological life under the political and collective aims – “power over life”, i.e. biopower,<sup>32</sup> Foucault recognizes its two basic forms: one individualizing and the other one with totalizing effects. The first appeared already during 16<sup>th</sup> century Europe, the “anatomy-politics” of the human, which was focused on the discipline of individual bodies, making them docile towards the outer powers through the course of different institutions such as family, school, hospital, and conscious of the limits and possibilities of their behaviour, positioning any citizen-subject as a recipient of the knowledge of what is good and what is bad to do. The forming of the practices then takes the form of punishment when one transgresses the borders of what is accepted as a norm – and therefore what is good to do – in a certain society. The limits of the thinkable then vary depending on the context, time and space into which one belongs.<sup>33</sup> In *Discipline and Punish* Foucault illustrates the functioning of discipline on the example of Bentham’s Panopticon and he describes it as follows:

[i]t is a generalizable model of functioning; a way of defining power relations in terms of the everyday life of men (....) [ I]t is the diagram of a mechanism of power reduced to its ideal form ... it is in fact a figure of political technology that may and must be detached from any specific use. It is also an organization of space and human beings, a visual order that clarifies the mechanisms of power which are being deployed

(Foucault 1977: 8).

As we can see in the quote, this individualizing technology of the body works through an efficient organization of space as well and through the understanding that I am being constantly watched even though there is not a clear figure that *I* could clearly see – the State, the new God, as exemplified by the idea of Panopticon, an idealized 18<sup>th</sup> century penitentiary space. The “prisoners” are constantly under surveillance, however they can never be sure whether somebody

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<sup>32</sup> For further discussion on the distinction between biopower and biopolitics see Rabinow and Rose (2003).

<sup>33</sup> Every society has mechanisms to control. This is nothing new in modernity. However, what according to Foucault changed was that the Sovereign – at that time the slowly emerging democratic nation-state – was to absorb this kind of control in the 19<sup>th</sup> century. Opposed to that, Agamben situates the break with the past into the second half of the 20<sup>th</sup> century when the totalitarian and liberal cannot be distinguished anymore.

is watching them or not. For that reason, they internalize the outer control, which becomes their own standard from which they evaluate their behavior. This model then helps us analyze how we are turned into commendable forms of lives/citizenship or not if discipline is not possible, as I will elaborate later on.

The other pole of the bio-power represents its regulatory spasms, something Foucault called the biopolitics of population, which developed later in the 18<sup>th</sup> century along with the emerging modern science, its classificatory system and allegedly invincible truths. Differently from the first technology of power, biopolitics is focused on the population as a whole and deals with life mechanisms such as birth, morbidity, mortality, and longevity.<sup>34</sup> According to Foucault, biopolitics is a type of governing rationality that “deals with the population, with the population as political problem, as a problem that is at once scientific and political” (Foucault 2003: 245). He put the concept into the framework of the emergence of liberalism<sup>35</sup> and therefore the question of “too much government” (Foucault 1997: 77). By governmentality, he understood the “conduct of conduct” (Foucault 1997: 221), i.e. the calculated ways embodied in different norms that direct us how to behave and act. As a type of governmentality biopolitics is thus embodied in the different practices as a way of knowing/thinking/doing and by that enhancing/regulating/managing/controlling/molding the subjects into their desirable citizenship forms. It is a “form of activity aiming to shape, guide or affect the conduct of some person or persons” (Burchell, Gordon and Miller 1991: 2). It is an “art of government,” which as much as it is individualizing, it is also totalizing.

According to Foucault, the disciplines of the body and the regulation of populations were conjoined throughout the course of the 19<sup>th</sup> century in many different technologies that aimed to

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<sup>35</sup> Foucault understands it as “a principle and a method of rationalizing the exercise of government, a rationalization that obeys (...) the internal rule of maximum economy” (Foucault 1997: 74).

produce remarkably progressive modern nation states full of healthy (white) and capable citizens. Foucault gave the example of sexuality, which is permeated by both modes of power. His analysis of the creation of the Victorian bourgeois self discloses how by acting upon the healthy reproduction of society, the state enacts different disciplining techniques (e.g. control of masturbation which is deemed unhealthy) to ensure good and healthy heterosexual relationships of its citizens leading to procreation; specifically, Foucault was interested in how the different discourses on sexuality that appeared in the 19<sup>th</sup> century served as confessional incentives producing the bourgeois selves.

From this perspective, the bodies of citizens are not just regulated and controlled but through the productive power they are constituted as subjects of certain ideological practices, which he calls discourses. Foucault understood discourses as “practices that systematically form the object of which they speak” (Foucault 1972: 49), i.e. as sets of statements/assumptions and expectations that guard/guide what is sayable and what is not, whose being is recognized by who is deemed normal and who deviant etc. Discourse is the locus where knowledge and power intersect thus delimiting the options of our livability by setting the limits of the imaginable. Sexuality was thus not limited or repressed during the Victorian era and throughout the 19<sup>th</sup> century in Europe and North America but formed into commandable forms of recognizable categories of identity. And even though Foucault did not theorize reproduction or abortion as such, abortion discourses that developed later also represent these technologies of power, the ideological sets of statements delimiting the possible for women by setting the limits for their desirable sexual conduct, as I will elaborate more deeply in the methodological chapter. The discourses on abortion unleash a certain norm about how to be a woman with a potential to reproduce, which is a manifestation of a certain biopower.

Biopower has and produces normalizing effects over individuals, which can be as much liberating as oppressive. Focused on the biology/health of a certain population it uses the gathered knowledge about certain categories of people with the aim to rule over them through correction, exclusion, therapeutic intervention or optimization. The scientific disciplines of statistics, demography, biology, medicine, and political economy were mobilized to help administer this kind of sovereign rule of the new modern nation states on the aggregated level of a society,<sup>36</sup> proposing the new notions of “normal” and of the “average.” This approach to life was built opposed to the divine narrative of creation discovering the “nature” of certain species. As Thomas Lemke stated: “A society defined by natural law is superseded by ‘normalizing society’” (Lemke 2011: 39). Since then, this rational and efficient administration and management of bodies took many different forms: “from the management of cities, space and sociality in the name of minimization of disease, to attempts to maximize the quality of the race through the administration of life and death” (Rose 2007: 54).

In these modern societies that became equated with normalization, everything started to be measured and properly categorized, and life was distributed according to an average, a norm. Hence, to understand how modern nation states operate it is important to consider these normalizing processes – how law sets the norm – and the different scientific discourses that sustain them. Since it is the translation of the knowledges produced by the modern human sciences – medicine, psychology, anthropology – that distinguishes the two forms of sovereignty the character of life becomes pertinent to them. In modernity, the legal and political systems absorb and reproduce the different and always changing scientific truths of what is “normal” and hence desirable. As Foucault states:

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<sup>36</sup> By this I mean at a higher governmental level.

[A] power whose task is to take charge of life needs continuous regulatory and corrective mechanisms. It is no longer a matter of bringing death into play in the field of sovereignty, but of distributing the living in the domain of value and utility. Such a power has to qualify, measure, appraise, and hierarchize, rather than display itself in its murderous splendor (...) it effects distributions around the norm (...). [The] juridical institution is increasingly incorporated into a continuum of apparatuses (medical, administrative, and so on) whose functions are for the most part regulatory

(Foucault 1981: 144).

Foucault called this shift in governing the “State control of the biological” (Foucault 2003: 240) and connected it to the emerging State racism as a structuring principle of the modern sovereign nations. His lectures are then very important resources to understand how exclusion and normalization of a society are two sides of the same coin. In the following subsection, I will elaborate on what exactly this turn to normalizing society means for different categories of people. I will show that biopolitics often turns into necropolitics – the brutal exclusion of the other from the moral, economical and moral order – for it is only certain lives that matter and hence are worth grieving, only certain lives that represent the ideal biological citizens for the white supremacist (Western) modern nation states.

### State Racism, Eugenics and Homo Sacer

In *Society Must Be Defended*, Foucault (2003) theorizes about the role of racism (and, I would argue, also of ableism) in modern biopolitical states. Foucault was troubled by the question of how modern nation-states can justify killing when the main function of biopower is to improve life. According to him it is at this break with the past, signalled by the imposition of Enlightenment ideas onto modern societies that racism intervenes and forms one of the basic biopolitical mechanisms defining whose life is worth living and whose is not. For Foucault, racism introduces “the break between what must live and what must die” (Foucault 2003: 254) as it brings categorization between different races, treating them as different species and subspecies,

devaluing some as deviant while presenting others as the norm. Foucault thus recognizes two main functions of racism. The first is to “fragment, to create caesuras within the biological continuum addressed by biopower” (Foucault 2003: 255). The second function of racism can be described through a quantifying logic. It assumes that if you let more die, you will live more. This logic reminds us of a war-like relationship: you must kill to survive, which is reformulated through the biological vocabulary. “... [T]he death of the other, the death of the bad race, of the inferior race (or the degenerate, or the abnormal) is something that will make life in general healthier and purer” (Foucault 2003: 255). As one can deduce, those labelled as enemies, the other, the abnormal, or defective must be eliminated to secure the healthy development of those deemed “normal” to secure the healthy development of a society. In a “normalizing society” racism represents a precondition for the justification of killing; it allows exercising the sovereign right to kill. By “killing” Foucault did not mean just murder but any other instance when the other is recognized as unrecognizable, i.e. “political death, expulsion, increasing the risk of death for some” (Foucault 2003: 256). Or by extrapolation, it can also be any case of ethnic cleansing when entire populations or their non-citizens are expelled from their homelands, etc.

It can thus be said that modern politics is based simultaneously on the exclusion<sup>37</sup> of those who are considered unfit and the inclusion of those deemed normal or fit, in times when race and other “pathologies” are understood as natural, essential and biological traits (therefore inheritable). These processes of the heightened biologization of race can be illustrated by the

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<sup>37</sup> For more information on how exclusion represents the structural logic of modern sovereignty see Agamben (1995). The philosopher pinpointed that the sovereign paradoxically stays outside and inside the law and therefore he can anytime decide on the so-called state of exception, i.e. a state which still exists but the legal system has been suspended while other norms are being accepted. By demonstrating the structural logic of law that defines what is excluded through inclusion the philosopher discloses the immense power modern nation states have over people’s lives.

example of eugenics,<sup>38</sup> a movement and an old pseudo-scientific theory aiming to improve the biological stock of the population in two basic forms. Positive eugenics refers to policies which promote the breeding of the best people, i.e. their inclusion. Negative eugenics refers to policies which discourage breeding of those deemed unfit, i.e. their exclusion. These strategies, which at the end of the 19<sup>th</sup> century spread all around the world, were directed at maximizing the fitness of the nation by limiting the number of lives of those deemed inferior or a threat to the health of the population. According to Foucault, the peak of this thinking was exemplified in Nazi Germany (1933-1945).<sup>39</sup> Nazi eugenics made a cautious and explicit effort by using pseudo-scientific arguments and the promise of a better life for selected people, the allegedly superior Germanic (or what they called, Aryan) stock, and as a consequence exterminated a big portion of populations all over Europe labelled undesirable. This included not only those deemed racially “inferior” (such as the Jews and the Slavic people) but also Germans who were mentally or physically disabled and even homosexuals. However, for Giorgio Agamben the peak in biopolitical history of modern nation-states was demonstrated right after WWII when the totalitarian collapsed into the liberal and these two have become inseparable since then.

According to the Italian philosopher, eugenic practices continue to exist in a form of so-called “thanatopolitics,” or necropolitics, i.e. a politics of death, which is the very ethos of biopolitics, not its pre-modern counterpart – something that could have been forgotten with the Nazis as for example Nikolas Rose assumed. In his famous *Homo Sacer* Agamben (1995) claims that the permeation of the biological and the political creates the very category of a modern

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<sup>38</sup> Eugenics literally means “well-born”. In the late 19<sup>th</sup> century it was defined by Francis Galton as “(...) the science of improving stock, which is by no means confined to judicious mating, but which, especially in the case of man, takes cognisance of all influences that tend in however remote a degree to give the more suitable races or strains of blood a better chance of prevailing speedily over the less suitable than they otherwise would have had” (Galton in Rose 2007: 55).

<sup>39</sup> For more information on the racial policies during the Nazi Germany see for example Proctor (1988).

citizen who cannot escape his/her political destiny. This *homo sacer* or “bare life,” i.e. “life that can be killed but not sacrificed” (Agamben 1995:133), is the one that is included in the legal system while being excluded at the same time with the potential of always being stripped off his or her rights. This category inscribes the inclusion of one’s biology into the political calculus of the power over life, which has dissecting and often as much as normalizing also mortalizing effects. Once we are born we are immediately subjected to the political machinery that molds the biological into its desired ‘human’ form while excluding some from these processes of humanization – some whose lives will never be worthy enough. If one is not protected as an ideal citizen of the state, he or she/they can lose their rights. Modern states, be they socialist or capitalist<sup>40</sup> are characterized by this kind of indistinction of the political and biological, which in post-modern democracies creates further indistinctions such as that of private and public, active and passive, liberal and totalitarian and so on. As Agamben argues:

[o]nly because biological life and its needs had become the politically decisive fact is it possible to understand the otherwise incomprehensible rapidity with which twentieth century parliamentary democracies were able to turn into totalitarian states and with which this century’s totalitarian states were able to be converted, almost without interruption, into parliamentary democracies. In both cases, these transformations were produced in a context in which for quite some time politics had already turned into biopolitics, and in which the only real question to be asked and to be decided was which form of organization would be best suited to the task of the care, control, and use of bare life

(Agamben 1995: 121-122).

It seems that in the contemporary nation-state systems it is hard to make a clear distinction between totalitarian and democratic regimes since in the second half of the 20<sup>th</sup> century we have witnessed how categories of freedom/unfreedom, public/private collapse into

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<sup>40</sup> Foucault would agree with Agamben. In the *Birth of Biopolitics* Foucault (2010) stated his uncertainty about the convergence of socialism and capitalism while concluding his 1976 lectures at the Collège of France by claiming that biopolitics is pertinent to any modern nation state regardless the political system (be it fascism, socialism, capitalism etc.). As we can read: “One thing at least is certain: Socialism has made no critique of biopower (...); it has in fact taken it up, developed, reimplanted, and modified it on certain aspects, but it has certainly not re-examined its basis or its modes of working” (Foucault 2003: 261).

each other in times when “emergency became the rule” (Agamben 1995:11). Agamben’s theory thus invites other scholars to further analyze the blurring characteristics of the two systems and ask questions whether states of exception create spaces of exception while considering what happens when the otherwise gender-blind theory is used by other critical and feminist thinkers. These processes of the exclusion and biopolitical administration have been often illustrated through the heightened biologization and politicization of race and less by the regulation/creation of the “unfit” or the “disabled.” Racism, however, as I suggest, operates similarly as ableism – as a certain structure of oppression or recognition which makes certain lives less grievable or worthy. It is a point Foucault (2003) made in his lecture series titled *Abnormal*. According to him, the figure of the abnormal draws on the old concept of the monster and is intertwined with the notions of heredity, racial purification, and the idea of fixing the desired order. In this series of lectures, Foucault follows how psychiatry at the end of the 19<sup>th</sup> century gave birth to “racism against the abnormal” that was combined with the older version of “ethnic racism” (Foucault 2003: 342). He then signals a clear connection between heredity, degeneration and racism, a link many other authors drew on when analyzing who is made to live and who is let to die in contemporary democracies.

### State Ableism and the Medical Model of Disability

In her book, *Race and The Education of Desire*, Ann Stoler (1995) is concerned with how the collaboration of medicine and politics creates a biopolitical matrix in which killing certain life is justified by racist assumptions. She states that “racism is the condition that makes it acceptable to put [certain people] to death in a society of normalisation” (Stoler 1995: 54) and pinpoints the role of medicine in seizing the biological (Stoler 1995: 83). Stoler’s book thus

complements Foucauldian understanding of racism and extends it onto the colonial realities that gave shape to the new biopolitical strategies while stressing the intense interest in controlling women's reproduction as the main concern of the ruling colonial governmentality. Along the same lines, I suggest that ableism can be understood similarly in a society of a "compulsory able-bodiedness" (McRuer 2006) – as a certain structure of recognition and oppression that deems some lives to be worth living and others not. Robert McRuer (2006) showed that able-bodiedness is as compulsory as heterosexuality in American society and that queerness represents the opposite mandatory pole of how the "normal" is constructed. Able-bodiedness, operates similarly to whiteness as a system of intersecting hierarchical norms of inclusion and exclusion that define who legitimately belongs to a nation and who does not. Racism and ableism share the same focus on "making live" and "letting die."

Some scholars have been concerned with what we could call the racialization of disability. For example, Alfredo Artiles (2013) argues that it is important to notice how "disability has always been racialized and how race has been conceived as disability" (Bolaki in Artiles 2013: 330). According to Artiles, disability and race have been entangled since at least the 19<sup>th</sup> century when they were both linked to the evolutionary ideologies deciding on an appropriate human form. Similarly, Jasbir Puar (2017) is interested in unraveling the intertwined processes of degeneration and racialization. In her latest book *The Right to Maim: Debility, Capacity, Disability*, Puar explores the contemporary biopolitical matrix that organizes the imperial, neoliberal, and racialized politics of life. She analyzes how some people get recognized as being encapacitated and others as debilitated, and how so called "rubbish people" become the objects of disposability (Puar 2017: 103). Puar suggests that racialized, class-based and other differences are still seen as defects (Puar 2017: 111). Hence, she deduces that the contemporary politics of

free choice and disability rights obfuscates how the system marks certain populations as disposable by relying on the eugenic medico-industrial complex which produces debility and disability as a condition for its functioning.

Puar brilliantly demonstrates how some disabled identities get included in the national body and celebrated as “proper” citizens while the system simultaneously works towards debilitating certain populations. She gives the example of the situation of African-Americans in the US and the ongoing genocidal politics of Israel towards Palestinians. According to her, these precarious populations are being oppressed and continuously harmed by the right to maim while the state proudly celebrates individual disability rights, as expressed in The Americans with Disabilities Act (ADA) that was enacted in 1990 and that prohibits any discrimination towards people with disabilities in any arena of life. Under the rhetoric of risk and the logic of security and protection, the right to maim, to aim for death but keep alive, is closely linked to the sovereign right to kill. What this rhetoric highlights, is that in an ableist society only productive bodies, or those whose productivity can be extracted, deserve to be made alive.

Drawing on Jasbit Puar’s (2007) concept of “homonationalism,” in which some queer identities get included in the nation by aligning themselves with the dominant heteronormative norms, the term “ablenationalism” coined by T. Mitchell and Sharon L. Snyder (2010) similarly reflects the idea that only certain people deserve to have access to full citizenship rights in societies divided along the ablebodied-disabled binary. According to these two scholars, ablenationalism is “the implicit assumption that minimum levels of corporeal, intellectual, and sensory capacity in conjunction with subjective aspects of aesthetic appearance are required of citizens seeking to access the ‘full benefits’ of citizenship” (Mitchell and Snyder 2010: 124). This concept is especially useful because it helps us understand how treating some people with

disabilities as an exception and including them in the national body valorizes the able-bodied citizenship norms that are set in the first place. For example, some people may be marked as “too impaired” to be considered for full citizenship and meaningful labor while the so called “able-disabled” identities of a few are being celebrated and included in the nation, i.e. the “super-crips”, as they are called in disability studies, who try to overcome the impairment or those who can somehow live up to the standardized notions of beauty, physical appearance and productivity. Their inclusion reifies and supports the dominant able-bodied norms that are set in the first place, and underscores that some people will be ultimately excluded from the citizenship project for their bodily incapacities.

Along the same lines, in the introduction to the volume called *Foucault and the Government of Disability*, Shelley Tremain states that the “critical work on biopower to analyse disability cannot be overrated” (Tremain 2005: 5). According to the scholar the history of biopolitical governing is induced with unjust racist practices as much as with the exclusion of those deemed abnormal – be it in Europe or North America. She states:

These (and a host of other) practices, procedures, and policies have created, classified, codified, managed, and controlled social anomalies through which some people have been divided from others and *objectivized* as (for instance) physically impaired, insane, handicapped, mentally ill, retarded, and deaf (...). Indeed the power of the modern state to produce an ever-expanding and increasingly totalizing web of social control is inextricably intertwined with, and dependent upon, its capacity to generate an increasing specification of individuality in this way

(Tremain 2005: 6).

According to Tremain, biopower operates by setting the limits of the imaginable conduct, i.e. by delineating the possible actions and their consequences guided by a certain set of norms, one of which is able-bodiedness that operates as a “totalizing web of social control”. Tremain

disputes the binary of impairment and disability<sup>41</sup> and discloses its illusionary exclusiveness. She claims that a just social analysis would entail and explain the possibilities of conduct as a powerful exercise of power, which naturalizes certain practices through the acts of individual choices. As she continues: “the production of these seeming acts of choice (the limits of possible conduct) on the everyday level of the subject makes possible the consolidation of more hegemonic structures” (Tremain 2005: 8). Hence what seems to be normal or a natural thing to do or choose is truly not so since the limits of how one can be are prescribed and somehow pre-programmed by the unfair systems of recognition that have been put in place to dominate/govern since the 18<sup>th</sup> century.

Rosemarie Garland-Thomson (1992) in her essay, *Integrating Disability, Transforming Feminist Theory* argues that disability is not a natural condition but rather an ideologically fabricated one. According to the scholar, disability is a social construct that serves to justify the concepts of “health” and “beauty” in our societies while categorizing people in a hierarchical manner and legitimating the unequal distribution of resources among them. As she states: “(...) *disability* is a broad term within which cluster ideological categories as varied as *sick, deformed, crazy, ugly, old, maimed, afflicted, mad, abnormal, or debilitated* – all of which disadvantage people by devaluing bodies that do not conform to cultural standards. Thus, the disability systems function to preserve and validate such privileged designations as *beautiful, healthy, normal, fit, competent, intelligent* – all of which provide a cultural capital to those who can claim such status (...)” (Garland-Thomson 1992: 18, emphasis in the original). According to Garland-Thomson, the different components of the cultural system work together, and their meanings are interdependent as ability does not exist without disability and vice versa. The bodies that are

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<sup>41</sup> For more information on the invalid and troublesome distinction between impairment and disability see for example Tom Shakespeare’s *Disability Rights and Wrongs* (2006).

*rejected*, to paraphrase Susan Wendell (1996), are then to be eliminated. And as one can easily deduce, it is predominantly women, people with disabilities, the different racial and queer others that can be potentially subjected in our societies to various cultural practices such as selective abortion, sterilization, police checks, lynching, genocide etc. As Margrit Shildrick notes in this regard: “From the late 19<sup>th</sup> century the notions of the monstrous, the feminine, and the racial other were highly intertwined” (Shildrick 2002: 30). Denaturalizing the different systems of representations that uphold these contractions is a goal, critical scholars should aim for.

This is a theme Judith Butler has been concerned with in most of her work – considering the questions of which or whose lives do or do not matter, refusing the pre-discursive possibility or an essentiality to one’s being.<sup>42</sup> In *Bodies that Matter* (1993), Butler extends Foucault’s analysis to consider the impact of subjection on the bodily materiality of the subject. As she puts it, “power operates for Foucault in the constitution of the very materiality of the subject, in the principle which simultaneously forms and regulates the ‘subject’ of subjectivation” (Butler 1993: 34). Thus, for Butler, power understood as subjection is implicated in the process of determining which bodies come to matter, whose lives are livable and whose deaths grievable. According to her, speech has an interpellative function (Butler 1997) and given the “fact” that our ontological essentiality is primarily constituted as linguistic, language produces material consequences to our lives/bodies. In her book *Frames of War* (2009) she further elaborates on the notion of language as performative and argues that different affective responses are enacted by different interpretative frames of recognition. Butler does not perceive the body as a mere surface upon which meanings are constructed, rather she understands it as a responsive and affective materiality. In her writing, the different discourses operate as interpellating biopolitical strategies of subjection since the value of life is not assumed to fall on each symmetrically. Applying this

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<sup>42</sup> This is a theme I will elaborate more in detail in the methodological chapter.

onto the realities of the marginalized ones, we can see how problematic then certain frames/discourses can be for certain categories of people – for those that can be eliminated without pity but with fear of what happens if we let them live and reproduce.

The medical model of disability, which perceives disability as something that should be pitied or feared (Clare 2009) and any difference as a reason to be fixed (or not) is then a truly problematic one. It situates “defectiveness” or any “imperfection” as a burden or a problem for a life of an individual in a modern society. As Bill Hughes argued: “The history of impairment throughout modernity has been a history of pathologization and supervision” (Hughes 2005: 80). Along the same lines in *Brilliant Imperfections* Eli Clare brilliantly deconstructs how the discourses surrounding the bodies recognized as defective produce brutalizing effects over them. He states: “Defectiveness wields incredible power because ableism builds and maintains the notion that defective body-minds are undesirable, worthless, disposable, or in need of cure. (...) The ableist invention of defectiveness functions as an indisputable justification not only for cure but also for many systems of oppression” (Clare 2017: 23). Being recognized as defective or abnormal connotes the same biopolitical effects like being different from whites – the norm.

As some scholars have pointed out, the contemporary practices of prenatal screenings enabled by new technological developments detecting the “abnormal” or “disabled” are but a continuation of the old eugenic practices typical for the first half of the 20<sup>th</sup>-century Europe and North America. According to Bill Hughes, these visualizing technologies, “such as amniocentesis that discriminate between the normal fetus and the pathological fetus produce disabling information and knowledge in utero” (Hughes 2005: 81). Similarly, Anne Waldschmidt (2005) starts her essay by critically re-evaluating what it means to live in a normalizing society and asks: who does not want to be normal nowadays? The scholar pinpoints that being “normal”

is a goal most of us aspire to as it is the norms rather than laws that orientate our choices and actions in contemporary cultures. Waldschmidt thematizes the new concept of “flexible normalization” which works through one’s responsabilisation and exemplifies its functioning on the case of prenatal screenings and genetic counselling. She highlights the impact statistical notions of normality have on our day-to-day lives as these interject the notion of risk into how pregnancy is evaluated and experienced. She sees these technologies as a continuation of eugenics:

(...) even in the society of flexible normalization, selection through prenatal diagnostics continues to be routine practice. It is eugenics that remains on the agenda – a concept of eugenics that has undergone a fundamental transformation, because now it governs by means of normalization strategies, and appeals to one’s freedom and autonomy in an “insuring” way

(Waldschmidt 2005: 205).

The scholar thus elaborates on the new regime of the self, which is intertwined with the contemporary biopolitical strategies regulating the population on the aggregate level. Nowadays, according to some scholars, biopower operates through one’s self and hence certain regimes of morality as well. In the next section, I will explain more in depth this new regime called by Nikolas Rose “ethopolitics”. I will define the category of biological citizenship as it describes poignantly the character of how we are situated in this world as bio-political subjects. This section will be followed by an overview of critical feminist scholarship concerned with the meaning of “reproductive choice”. As I will show, many critical feminist scholars disclosed the dividing and splitting mechanisms of the modern biopolitical states, emphasizing that different categories of women are webbed into contrasting reproductive expectations according to the idea of who is considered a potentially good mother and who is not. I will come back to the case of prenatal screening, as it exemplifies well that the reproductive choices women have are

influenced by the socio-political matrix they are positioned into, and structured along the ableist, ageist, classist, and racist axis.

### Biological Citizenship, Ethopolitics and the Somatic Individual

According to Nikolas Rose (2001; 2007) biopolitics today differs from the biopolitics of the first half of the 20<sup>th</sup> century. The development in biomedicine became conjoined with technologies of the self and therefore the contemporary biopolitics is *ethopolitics*, “the politics of life itself and how it should be lived” (Rose 2001: 18). He considers the difference between the contemporary and previous biopolitical regime to lie mainly in the emphasis on the self – techniques by which one is making himself/herself/themselves into a proper citizen-subject: “If discipline individualizes and normalizes, and biopower collectivizes and socializes, ethopolitics concerns itself with the self-techniques by which human beings should judge themselves and act upon themselves to make themselves better than they are” (Rose 2001:18). It is a politics that is enacted on the very molecular level, on the level of body cells and DNA. Rose states the development in science not only reshaped the biopolitical strategies but also the ways in which authorities think about individuals as potential citizens. By this he conceptualizes a new form of citizenship, i.e. a biological citizenship – how each of us is responsabilized to take care of our health, and hence the ideas about good government are linked to the regimes of the self. Rose thus discloses the principles of how we are made up into good and responsible citizens, how we are made up as biological consumers in the name of our *own* destiny.

For Rose the political meanings of health and disease have changed in so called “advanced liberal democracies”. He argues that nowadays we do not imagine an overly competent state that would manage and re-shape all the conditions for a good and healthy life in

a society. Rather the politics in the name of one nation/race/collectivity has entered a crisis, as Rose argues. Today the legitimization of political interest in national health is not framed by terms of achieving the best fitness of the population considered *en masse*. Instead, it is framed by economic and moral terms, focusing on individual bodies, their habits and predispositions. The state upholds certain responsibilities gained throughout the 19<sup>th</sup> century to secure a certain level of national health (e.g. taking care of organizing pure water) while at the same time attempting to free itself from certain responsibilities that are further passed down on every individual separately. The (post)-modern biopolitical strategies have thus become individualized and privatized. As Rose states: “Every citizen must become an active partner in the drive for health, accepting their responsibility for securing their own health-being” (Rose 2001: 6). Doctors, advisors, midwives then become a new pastorate inciting us to confess our history of disease and through that direct/control our actions.

Thus, the new biopolitical regime works through our individualized selves. We are supposed to exercise our autonomy and freedom within the range of available options. Rose comments on the situation by claiming, “the new pastors of the soma espouse the ethical principles of informed consent, autonomy, voluntary action and choice, and non-directiveness” (Rose 2001: 9). At the same time, these ethical principles are translated into various micro-technologies that manage communication and information between the new pastors and their clients. These strategies “blur the boundaries of coercion and consent” (Rose 2001: 10). These encounters are affective, potentially causing shame and guilt and reshaping the subjectivities of those who are to confess. Thus, in the center of post-modern biopolitical strategies it is the consenting individual who is expected to make responsible choices. Each citizen is required to take care of their health in the name of their own biological destiny.

Rose calls this desire to be healthy a “will to health”, which is further supported by the developed marketing and advertising for health products. We are becoming somatic individuals, responsible citizens and consumers who take care of their bodies (or the body of their baby) and therefore of their futures. As Rose put it: “Selfhood has become intrinsically somatic – ethical practices increasingly take the body as a key site for work on the self” (Rose 2009: 18). We ourselves are becoming the experts of our body and health; we are becoming masters of our destiny and therefore it is us who can be blamed for not acting responsibly. As modern citizens, we practice our autonomy by reflecting upon choices we make based on the available information. The mechanisms of normalization are repressive but also formative and shaping our desires/choices to certain ends. In this biopolitical paradigm certain choices are labelled as good and others as bad, some people are seen as making good choices others bad ones, which is what most critical feminist scholars disclosed when theorizing about choice and women’s liberation. How can biopolitics be enhanced by feminist theories that conceptualize choice and vice versa? What happens when we look at the biopolitical processes from a gendered perspective? In the next section, I will disclose that much of critical feminist scholarship concerned with the right to choose identified and disclosed the exclusionary and dividing biopolitical practices without often explicitly naming them.

### Critical Feminist Scholarships, Reproductive Justice and Women’s Right to Choose

In the 1970s, the legalization of abortion was a key issue for many women’s liberation groups in North America and in Western Europe. It was believed that access to a reliable form of contraception and safe abortion would make women the main judges of their reproductive lives. Feminists argued that the right to control one’s body is an integral part of women’s full citizenship and autonomy (O’ Brien Hallstein 2010: 12-13). It was the attribution of this right

that made many white and mostly heterosexual second-wave feminists believe that the struggle over women's freedom was over and that the dilemma was resolved for all women (Solinger 2001: 4). They believed that abortion recognized as a negative right, as a right to privacy,<sup>43</sup> would emancipate women from the dominant masculine ideology and that motherhood/reproduction will become a matter of *free unlimited choices*.<sup>44</sup> However, already the Roe decision set clear limits to women's freedom by defining fetal development and therefore the state's "legitimate" interest to intervene in women's private lives.<sup>45</sup> Further it was the Hyde amendment in 1977, which abolished all public funding for abortion, that raised attention between many critical and mainly non-white feminist scholars and activists who pinpointed its discriminatory character.

From the very beginning of the legalization of abortion in North America it was clear to many that abortion access wouldn't be absolute and the "right to choose" came to be criticized, I argue, from two directions. First, it was the neutrality principle based on privacy claims and the utopian egalitarianism of all women that evoked a response from feminist scholars and activists (Lublin 1997; Petchesky 1990; Price 2010; Roberts 1999; Sethna 2012; Smith 2005; Solinger

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<sup>43</sup> As Lublin argues, a right to privacy is a right to be free from unwarranted state intrusion. Applied to reproductive rights it is a right that should secure individual autonomy (Lublin 1997: 83). As many critical scholars disclosed, the concept of choice troubles one's autonomy rather than allowing it.

<sup>44</sup> Rickie Solinger showed that in the 1960s and 1970s the promoters of the legalization of abortion used the language of "rights" rather than of "choice". The "rights" language did not last long. Already Justice Blackmun referred to abortion as "this choice" and in a country born on the idea of private liberty the language of choice was logically more convincing. "Many people believed that 'choice' – a term that evoked women shoppers selecting among options in the marketplace – would be an easier sell; it offered 'rights lite', a package less threatening or disturbing than unadulterated rights" (Solinger 2001: 5). Lublin comments on the capitalist approach to "choice" by claiming that capitalism is not always woman-friendly. More choices do not necessarily mean the improvement of the quality of alternatives (Lublin 1997: 97).

<sup>45</sup> Roe v. Wade is a landmark decision by the US Supreme Court announced on the 22<sup>nd</sup> of January 1973. It recognizes a woman's decision to have an abortion as a right to privacy, founded in the Fourteenth Amendment of the American Constitution. The right to personal privacy allows women to have an abortion during the first trimester of a pregnancy. However, abortion can be prohibited after the point of viability except in the cases where a woman's life or health is threatened.

2001). Second, it was the emerging of fetal rights, the shifting of the living threshold facilitated by technological development that became challenged by many feminist critical thinkers (Asch 1999; Duden 1994; Lublin 1997; Meekosha 2010; Petchesky 1990; Roberts 2009; Rothman 1985, 1993; Samerski 2009; Waldschmidt 2005; Weingarten 2012). First, I will disclose the critique aiming at dismantling the neutrality principle while pondering choice as a social construct. Second, I will demonstrate the impossibility of decisions many critical scholars pinpointed when confronting the newly emerging fetus rights and the dominant discourse of a “perfect child”, which draws explicitly on the new concept of ethopolitics and biological citizenship as theorized by Rose. All the scholars disclose the splitting and cutting mechanisms of modern biopolitical states.

### Feminism(s) against the Neutrality Principle

In the first case, feminist scholars made clear that abortion access cannot be defended through the articulation of reproductive freedom understood as a woman’s right to choose because such a strategy overlooks the complex socio-cultural context in which such choices occur. J. Silliman commented on the choice paradigm by arguing that:

[Ch]oice is rooted in the neoliberal tradition that locates individual rights at its core... [thus obscuring] the social context in which individuals make choices, and discounting the ways in which the state regulates populations, disciplines individual bodies, and exercises control over sexuality, gender and reproduction

(Silliman in O’Brien Hallstein: XXVII).

In the logic of the law, women can have abortions, but the state is not responsible for securing the access to it (Lublin 1997; Petchesky 1990; Roberts 1999; Sethna 2012; Solinger 2001). This logic springs from the fact that the law is based on a neutrality principle through which every citizen is perceived on the same bases without considering the broad structural

elements that either limit or facilitate one's choices. Rosalinda Petchesky (1990) argues that "minimizing government involvement can also mean indifference, or outright opposition, to positive state interventions to fund or secure access to services" (Petchesky 1990: 25). In her comprehensive work devoted to the question of why abortion is still a hot button issue in North America, she sheds a light on how abortion debates represent an ideological conflict, "in which the very meanings of the family, the state, motherhood, and young women's sexuality is contested" (Petchesky 1990: 11). She shows that abortion in the USA is mainly a phenomenon of young, unmarried women in their twenties who are often students or poor. Therefore, according to Petchesky, the contested meaning of abortion is much about contesting young women's sexuality and independence. The state promise of non-intervention complemented by the anti-abortion climate made these scholars question choice and reproductive rights in terms of women's access and possibility to exercise them.

The inaccessibility of the regime was analyzed in a study by Christabelle Sethna and Marion Doull (2012) concerned with abortion tourism, i.e. the travel women undergo to access abortion services, in which the scholars show that despite its legality in Canada abortion remains inaccessible for many women due to so called extra-legal impediments. By these they mean the cost of the services, the geographical distance to obtain abortion, the time-consuming parental referrals or approval policies, but also the anti-choice harassment. The extra-legal impediments complicate access to abortion even in places where abortion is legal. As these scholars pinpointed: "While there is no doubt that some women want to journey away from their home communities to protect their anonymity, the geographical distance to abortion services remains one of the major barriers to abortion access" (Sethna and Doull 2012: 164). State non-intervention then creates a social division of a society according to wealth and geographic

location (Lublin 1997; Sethna and Doull 2012; Solinger 2001).

Rickie Solinger (2001) in her book *Beggars and Choosers* demonstrates that the *Roe v. Wade* decision cannot be perceived as a triumph of women's liberation since its neutrality principle masks that some women have choices while others do not. She situates the possibility of choice in a broader historical and socio-economic context arguing that choice has become a consumer privilege<sup>46</sup> enjoyed mostly by white middle-class women. The author compellingly criticizes the concept of "choice" by making a distinction between "rights", understood as "privileges or benefits that one can exercise without access to any special resources"; and "choices" for which one needs to possess some resources (Solinger 2001: 6). In the dominant discourse of unlimited choices women who have some financial resources are labelled as good choosers (and responsible mothers) whereas poor mothers who depend on welfare are perceived as burdens of society, as beggars who did not make the right choices. According to the scholar, choice and privacy is something that poor women do not have: a poor woman (especially if she lives in a small and remote community) can hardly afford to pay for the service let alone travel to the closest location where she could access it.

The mainstream feminist pro-choice agenda is deeply intertwined with white supremacy and for that reason it fell under criticism since it overlooked that race has been a dividing factor between the experiences with regard to abortion for women of colour and white women (Roberts 1999; Smith 2005; Solinger 2001). Many critical scholars pinpointed eugenics and genocide as effects that the state's commitment to non-intervention has had on the lives of women of colour. These critical scholars identify that what is perceived as a right for some can be a duty for others.

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<sup>46</sup> She states that "(...) the selection of choice as women's special guarantee underlay – or was deeply compatible with – the transition from abortion as a woman's right to abortion as a consumer privilege" (Solinger 2001: 32-33).

For example, mainstream feminist agenda celebrates the emergence of safe birth control as a sign of women's liberation and a symbol of feminist achievements. But it was African American women long before other women who had sponsored access to birth control. They were the target of early population control policies which kept an eye on those whose reproduction was deemed undesirable (Roberts 1999). These practices, based on racist attitudes and depicting women of colour as in need of control do not belong just to the first half of the twentieth century. Solinger demonstrates how many poor African-American women were forced to opt for sterilisation when abortion funding was cut down immediately after *Roe v. Wade*.<sup>47</sup> She argues that “[f]or many poor women after Roe, perhaps especially for poor women of color, reproductive choice came to mean deciding between an abortion they didn't have the money to pay for and a sterilisation they also did not have the money for, but for which the federal government would pick up the tab” (Solinger 2001: 11).

Dorothy E. Roberts (1999) in her book *Killing the Black Body* gives a thrilling account of how the stereotypes of black mothers have informed contemporary social policies, which, she argues, “degrade Black women's reproductive decisions” (Roberts 1999: 3). By disclosing the racist practices/policies which historically structured Black women's experiences of reproductive

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<sup>47</sup> Similar sterilisation abuse is reported by Andrea Smith (2004) in relation to Native women. Native American women were targeted by Indian Health Services in the 1970s for fully federally funded sterilisation. Smith recalls a situation when a twenty-year old Native woman requested a “womb transplant” and was given a complete hysterectomy without being informed that the procedure was irreversible (Smith 2004: 79-80). It is estimated that 40 percent of Native women and 10 percent of Native men were sterilized in that decade. According to Smith, such practices are an on-going process giving the example of CRACK in the USA, an organisation that aimed supposedly to help mothers with drug abuse. However, this institution stigmatizes the mothers rather than helping them. See also Stote (2015). For more information on the history of the sterilisation abuse in Canada see for example the book *Facing Eugenics: Reproduction, Sterilization, and the Politics of Choice* by Erika Dyck (2013). The scholar investigates the eugenic practices in Alberta that had “the longest and most aggressive sexual sterilization policy in the country” (Dyck 2013: 3) opened by the Sexual Sterilization Act in 1928. Whereas the period before the 1970s is characterized by an explicit coercion to the procedure, the rhetoric of free choice and autonomy commenced to be pertinent for the following decades. Facing eugenics thus provides a peek into how the reproduction of those considered “feeble-minded,” “mentally defective,” or “moron” (often actually immigrants in Canada) was recognized by the medical staff as dangerous and therefore in need of intervention.

freedom,<sup>48</sup> she shows that reproductive politics in the USA inevitably connote a racial politics and that controlling Black women's reproduction serves the aims of white supremacy. The scholar states that in the 1980s and 1990s a new discourse on poverty emerged in the context of neoliberalism, in which poor women/women of colour were constructed as defective "welfare queens"<sup>49</sup> and drug addicts who do not deserve any state support, their children representing an infelicitous bio under-class. Therefore, it is not just the mothers who are corrupted but also their "children are predisposed to corruption" (Roberts 1999: 17). Rather than seeing poverty as being caused by socio-historical contexts, the dominant discourse makes people believe that it is the inherent characteristics of these groups that cause their miserable situation. What these stereotypes fail to notice, the scholar claims, is how material conditions structure the limits of one's choice and possibilities: "The traditional concept of privacy makes the false presumption that the right to choose is contained entirely within the individual and not circumscribed by the material conditions of the individual's life" (Roberts 1999: 21).

Another critical scholar Andrea Smith (2005) gives a unique account of why the pro-choice vs. pro-life paradigm should be abandoned in favour of a more just framework through which one's reproductive freedoms could be defended. She argues that the binary paradigm "marginalizes women of color, poor women, women with disabilities" and that "[it] serves to both reify and mask the structures of white supremacy and capitalism that undergird the

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<sup>48</sup> Roberts discloses how the denial of Black women's reproductive freedom has been institutionalized throughout US history: from the early birth control policy to sterilisation abuse in the 1960s and 1970s to the recent campaign on inserting dangerous contraceptives such as Norplant and Depo-Provera into Black women's bodies (Roberts 1999: 4).

<sup>49</sup> "[T]he lazy mother on public assistance who deliberately breeds children at the expense of taxpayers to fatten her monthly check" (Roberts 1999: 17).

reproductive choices that women make” (Smith 2005: 120). Even though the pro-choice paradigm should be a pro-women paradigm, the scholar criticizes it by arguing that neither camp supports the “real” choices women make. She is building her critique on the anti-prison industrial complex movement perspective, and argues that both pro-choice and pro-life groups assume that a certain regime of criminality is acceptable. Both positions would criminalize women of colour who are drug addicts without realizing the conditions and context which made them miserable in the first place. Neither of those endows women with inherent rights while reifying the hierarchical structure due to race and class.

Smith’s arguments thus remind us of the approach of other critical scholars to abortion rights. These critical scholars state the same, that without taking the complicated historical and socio-economic context into account and by framing abortion through the rhetoric of free choice we cannot understand the decisions certain women make (Petchesky 1984; Roberts 1999; Smith 2005; Solinger 2001). They thus lead us to a new paradigm, the one of social justice, which does not abandon the notion of liberty but attempts to make it stronger and blind-less to different systems of oppression that form who we are. As Roberts states “[t]he abstract freedom to choose is of meagre value without meaningful options from which to choose and the ability to effectuate one’s choice” (Roberts 1999: 309). It is believed that the social justice framework, by employing the positive notion of liberty and racial equality, can enhance one’s autonomy and self-determination. According to these scholars, this concept of liberty would not only secure the governmental non-coercion but would also enable the state to take affirmative steps when one’s options and freedom are limited, i.e. the state would not just make sure that women have rights to not have children but that they also have rights to have them and parent them (Price 2010; Roberts 1999). As Kimala Price put it: “The focus on life should not be concerned just with the

birth of children, but also about the quality of life for those who already exist, (...). The ‘right to life’ is an empty rhetorical phrase if it is not also focused on addressing social issues such as poverty and drugs that contribute to poor living conditions and crime-related activity, all of which have a significant impact on reproductive freedom” (Price 2010: 55). Hence, as one can deduce, choice is an illusion in our contemporary cultures, a privilege for some, which overlooks the negative effects implied by certain state policies and discourses surrounding them. What also became clear from the above discussion is that the fight for abortion includes the struggle for women not only to have the rights to not keep the pregnancy but mainly also to a certain standard and quality of life no matter what decisions they make. In the next section, I will elaborate on another set of critique that problematizes even further the stratifying practices of modern nation states.

### Feminism(s) against the “Perfect Child”

The second main critique of abortion rights articulated through the rhetoric of choice can be read as a response to the emergence of new technologies of power and the invention of the “perfect child”.<sup>50</sup> Many scholars criticized the newly emerging discourse of the fetus as a living organism on its own, as an entity that is separable from women’s bodies, as an autonomous subject endowed with rights and therefore in need of protection. As Barbara Duden demonstrated, “[t]he noun ‘fetus’ (...) has assumed imperative connotations. It now refers to an

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<sup>50</sup> It is a critique that defies reproductive liberalism as for example vocalized by John A. Robertson’s book *Children of Choice*, in which so-called procreative liberty, i.e. “an individual’s freedom to decide whether to have children” (Roberts 1995: 1007), should be the only principle guiding one’s autonomy. As many scholars showed, the exclusion of social justice issues limits the procreative freedom of many women in North America.

object in need of care that demands tests, diagnosis, protection, and management, if not transplantations and abortions” (Duden 1994: 134). The changing discourses regarding reproduction complemented by the development of new technologies have re-signified how we understand child-bearing, pregnancy and reproduction in general. Children are seen as products, as planned products of conception (Rothman 1985: 188) whose quality depends on their mother’s behaviour and actions. Women are hailed by the scientific, medical and popular discourses in becoming responsible parents who want the best for their children, and the responsibility to decide is placed upon them (Samerski 2009; Roberts 2009). The focus on the “perfect baby” (Dumit and Davis-Floyd 1998: 5) is thus a recent tendency that treats pregnant women only regarding the outcome, i.e. the baby whose quality is assessed by different genetic prenatal tests, amniocentesis being one of them. We can see that the new meanings of reproduction are based on a technocratic model which, like the Cartesian mind/body split, allows for the separation of the mother and her child. Even though the new technologies have brought new possibilities of controlling the undesirable outcomes of pregnancy, they have also, according to many, posed a threat to women’s freedoms and rights (Lippman 1999; Petchesky 1990; Roberts 2009; Rothman 1985; Samerski 2009; Weingarten 2012).

Genetic technologies have changed how we think about pregnancy by dissecting the fetus from women’s bodies. As Barbara Katz Rothman argued, pregnancy has been reconceptualised “in men’s image” (Rothman 1993: 262). For women, pregnancy represents a slow process of separation, as if a part of them was coming out. For men, babies are “expected” and “delivered” and mothers bond with their children after they are born. Instead of seeing the process in a way that one becomes two, the dominant masculine frame perceives labour the other way around, as two becoming one while reifying the masculine notion of reproduction, from separation to

intimacy. According to Rothman, such a perspective has detrimental consequences, separating the baby from his/her/its mother and from the pregnancy itself. Women are seen as empty containers, their fetuses as separate beings implanted in their wombs – by a man or a male-dominated medical establishment – which must be controlled by the newest technologies to achieve the highest quality. The scholar makes a point that in the era of genetic testing every pregnancy is lived as a “tentative pregnancy,” a pregnancy without a baby unless the genetic tests give a green light (Rothman 1985; 1993). Women nowadays cannot just wait for the baby to come; instead they have become managers of fetal risk profiles (Samerski 2009).

Duden (1994) showed how from the 18<sup>th</sup> century on the private space of the womb was transformed into a public arena, open to control and surveillance. Gradually with the developments in science, women became subjected to the modern regimes of truth, subordinated to the hegemony of obstetrical personnel, and positioned in “the decisional trap” (Samerski 2009) to choose what is *right* to do. As Silja Samerski (2009) pointed out, “freedom, choice and autonomy are being redefined in a way that requires scientific input and guidance services for them to be appropriately exercised” (Samerski 2009: 755). The multiplicity of options offered by the spawning of technologies presented women with more choices. Yet, these choices made in the context of scientific truths and the calculus of risk, seem more to be limiting women’s autonomy and self-determination than allowing it. Even though no procedure can be done without *informed consent*,<sup>51</sup> according to Samerski such professionally imposed self-determination disempowers patients rather than empowering them (Samerski 2009: 735).

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<sup>51</sup>Carolyn Ells (2003) shows that the concept of informed choice as it is understood in classic bioethics is unacceptable and must be replaced since it relied on a false assumption of personhood. Also see Sethna and Doull (2009) for more information on false autonomy and the need to re-conceptualize the traditional notion of “informed choice”.

The scholar reminds us that for a woman, saying ‘no’ to the genetic testing is almost impossible. Women find themselves in “the decisional trap” (Samerski 2009) since they find out that being pregnant means making decisions and calculating with risk. A woman either accepts the risk of delivering a disabled child – a risk that increases only marginally with the mother’s age –, or she agrees to the (however small) risk of induced miscarriage that can be caused by the invasive technique of amniocentesis. If the test does not provide a green light, she must decide whether to terminate the pregnancy (Samerski 2009: 735-736). Under such conditions “to choose is compulsory” (Samerski 2009: 736). Women are not obliged to fight for their rights, but they are expected to exercise them in a certain way, as responsible citizen-mothers who want the best for their child according to the standards of what is considered normal:<sup>52</sup> “Only those who submit to the rationality of fetal development and manageable risks are asked to make free decisions” (Samerski 2009: 737). Therefore, Samerski considers genetic counselling a new social technology through which one is governed, a technology dividing good choosers from the bad ones and shows that choice is reserved only for those who comply with the norm of responsabilisation, not for those who exceed it. As Karen Weingarten puts it: “Choice is granted based on assumptions of well-disciplined subjects” (Weingarten 2012: 277). Similarly, just like the poor or the racially marginalized, even those whose lives are deemed disabled and defective are to be controlled and regulated.

Most of the feminists concerned with fetal quality assessment have emphasized the eugenic consequences<sup>53</sup> that the liberal understanding of “choice” puts in place (Asch 1999;

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<sup>52</sup> For more information on how we govern ourselves according to the standardized genetic notions of normalcy see for example Waldschmidt (2005).

<sup>53</sup> For example, D. E. Roberts (2009) disputes N. Rose’s argument that biopolitics today departs from the eugenic thinking of the first half of the 20<sup>th</sup> century. According to her the eugenic approach, understood as “a belief that reproductive strategies can improve society by reducing the births of socially marginalized people” (p.796), can be

Meekosha 2010; Roberts 2009). It is at the intersection of gender and (dis)ability where critical scholars join their efforts while disclosing the strategic practices of the state focused on making/maintaining the hierarchical order between different groups of people based on their (un)fitness. The critical scholars criticize the advances of bioethics and show that in matters of disability “choice for many (...) becomes an illusion” (Meekosha 2010: 1). The feminist researchers tied the practices focused on the production of a “perfect child” to the functioning of the neoliberal state, individualist ideologies of privatization and punitive governance (Meekosha 2010; Roberts 2009). By identifying women’s bodies as the sites of self-governance in the name of a healthy child, the critical feminists pinpoint how the medical model of disability promotes eugenic elimination of those deemed unfit instead of ending discrimination against disabled people (Asch 1999; Meekosha 2010; Roberts 2009).

Roberts (2009) convincingly argued that despite the non-directedness of counselling, there is a pressure on women to model their decision according to certain unwritten standards, which is proven only by the “fact” that in states that do not provide funding for abortion women do not have to pay for the genetic testing that is sponsored by the state (Roberts 2009: 793). All these analyses then turn our attention to how the gender-neutral bio/ethopolitics, defined by Foucault and Rose, find their concrete form when looking at the politics of reproduction. They all analyse what happens to women’s freedom when “our very biological life itself has entered the domain of decision and choice” (Rose 2007: 40). It is something that Minhea Panu (2009) aptly touched upon in his book *Contextualizing Family Planning: Truth, Subject, and the Other in the U.S. Government* concerned with the liberal underpinnings of the American welfare

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found in the state’s treatment of social problems by locating them in reproduction rather than social structure. Therefore, this approach prioritizes the strategies of elimination of the unfit rather than offering a solution for the elimination of social inequalities.

provisions, which construct a special category of “sociomedical pathology” (Panu 2009: 1), a distinct and undesirable condition/subject to reproduce. It is the irresponsible mothers – the under-age, single, poor, Black or Native – and their unplanned pregnancies that represent a dangerous situation, an internal threat for the U.S. Government. For that reason, Panu states that “(...) family planning is a eugenic effort – that is, a governmental effort to prevent the reproduction of the Other” (Panu 2009: 5). The irresponsible mother, the dangerous subject of reproduction, defines another entity, the one of a good mother and citizen. The “other” other is affluent, white, rational, in short, the “good liberal/bourgeois” self, the one to which women with a potential to reproduce should aspire (ironically, an effort is in many cases not enough because how to achieve whiteness for example?).

Panu further claims that these processes of exclusion and selection are not atypical nor rare, but rather represent the systemic principle of the American liberal ideological system. “(...) [T]he marriage of liberalism, racism, and eugenics seems to be this particular game of inclusion and exclusion that forms identities as Other and projects them *outside* the boundaries of the society proper while also representing them as an *inside* threat, lodged within the majority and harming it with their pathological behaviours” (Panu 2009: 50, emphasis in the original).

Drawing on biopolitical theories, Panu claims that the rhetoric of free choice hides the systemic barriers and ideological preconceptions that structure the moral order of a society. In the following quote, he defines the intricacy of the contemporary welfare system and it is possible to change the word liberalism for that of biopolitics:

The great governmental innovation of liberalism [biopolitics] might be neither reflexivity nor securing the freedom of its citizens, but fixing as true and natural a representation of reality in which the private and the public appear as distinct domains and in which freedom is predicated on this distinction (...) Through this maneuvers, liberalism [biopolitics] erases from view its most important political strategies, tactics, and technologies: those shaping “private” identities and power relations. As long as the liberal [biopolitical] individual persists in imagining her

“private” life as apolitical or, at most, as defined exclusively by the politics of personal choice and desire, she will remain impervious to the power and knowledge relations through which liberalism molds reality and her selfhood

(Panu 2009: 31).

Panu then, similarly to other critical scholars, emphasizes how problematic the concept of free choice is in advanced liberal democracies since it veils the “important political strategies, tactics and technologies” that shape who we are as women and citizens and the decisions that we can make. Hence, it is important to pay attention to the dividing and splitting mechanisms of the modern nation states since acting as an autonomous individual is an illusion overlooking the socio-political matrix one makes her decisions from. In the next section, I will thus focus more in depth on what happens when otherwise gender-blind biopolitical theories are informed by critical scholarship that defies the rhetoric of free choice and vice versa. I will argue that most of critical feminist scholars disclose or complement the biopolitical grasp on the functioning of modern nation-states by highlighting that women’s choices are structured along the ageist, ableist, classist and racist lines. On the other hand, from the biopolitical concept of power/personhood one can deduce – as some thinkers already did – a new concept of women’s reproductive rights and freedoms, freedoms that cannot be only lost or possessed but in which their limits represent the ideological/discursive foundations of the possibilities for one’s (sexual/reproductive) conduct. An intersectional biopolitical analysis can then lead to our better understanding of how abortion rights and reproductive rights will operate in modern nation-states, i.e. – I claim – as regulators of the desirable order of a population through the rhetoric of free choice. Women are not only limited by what they do not have, but also by what they can or cannot do.

## Gendering Biopolitics and Biopoliticizing Gender

Biopolitical theories and the critical feminist frameworks that defy the understanding of reproductive freedom as a “right to choose” lead to a productive relationship. The critical feminist voices contribute to the theories of biopolitics by showing that the effects of the different disciplining and regulatory discourses are not neutral but rather have different – negative, positive or sometimes both – effects on women’s lives, differentiating women’s responsibilities as mothers along the ageist, ableist, gendered and racialized lines. On the other hand, biopolitical theories enhance the critical feminist positions by proposing a new concept of power in which power is not perceived as a possession but as a productive mechanism through which women are constructed as desirable/undesirable beings/mothers in the nexus of regulatory and disciplinary mechanisms. Biopolitical theories thus offer feminism a new concept of personhood that does not rest on the humanist notion of autonomous and freely deciding individuals. By departing from the classical juridical concept of power, biopolitical theories transgress the traditional dichotomies of freedom/unfreedom, public/private, outside/inside, liberal (having a choice)/authoritarian (lack of choice).

First, I will elaborate more deeply on the Foucauldian understanding of power and relate it to the analysed feminist critical scholarship. This section will be concluded by something that I call “feminist biopolitics”. I suggest that particularly women’s reproductive freedoms cannot be understood through the binary logic of free/unfree subjects, the liberal subject and its totalitarian counterpart, otherwise it will always become an illusion, one based on the assumption of autonomous, active and free subjects exercising their unlimited choices. Understanding women’s liberation through this binary logic further sustains that the power to decide ultimately rests in the freely and autonomously deciding individual, not in her interactions and negotiations with the

ideological frameworks that form the possibilities of how she can recognize herself and the actions she can take.

### The Productivity of Power: Foucault and Critical Feminists

As I have demonstrated in the literature review concerned with the problematization of the “right to choose” rhetoric, these feminist scholars disclosed that reproductive rights have a troublesome history and because of that are to be rather enjoyed only by some women, especially the white affluent ones. By that they analysed the contemporary biopolitical strategies of modern North American nation-states that divide good mothers from the bad ones along the ageist, racialized, and ableist lines – the processes of what Rayna Rapp called stratified reproduction, “the hierarchical organisation of reproductive health, fecundity, birth experiences, and child rearing that supports and rewards the maternity of some women, while despising or outlawing the mother-work of others” (Rapp 2001: 469). What thus became clear in their writings is that what can be perceived as a right for some can imply a duty for others. In Rickie Solinger’s (2001) words, somebody has a choice and somebody does not, i.e. somebody has the power to make decisions over their reproductive lives and have an abortion because she has the money for it and somebody else is coerced to do so. Along the same lines, by stressing the value of liberty, Dorothy E. Roberts proposed that the meaning of liberty must change so that women of colour can gain the same level of autonomy as white middle-class women. According to her it is necessary to maintain the notion of liberty in the fight for women’s freedoms since “liberty stresses the value of self-definition, and it protects against the totalitarian abuse of government power” (Roberts 1999: 302). According to these authors some women’s autonomy is limited

since the liberal paradigm of choice leaves out their experiences and prevents or facilitates very easily its access to different services aimed at controlling the population.

Biopolitical analysis of abortion discourses also engages a concept of power, one in which *all women* are understood to be subjected to a certain regime of truth that subscribes some as good or bad depending on their identity/positionality; all of them are understood to not be outside of power relations however with different effects, which is exactly what was shown through the intersectional lens. Especially perceiving risk as a social technology (Samerski 2009) and women's bodies as the sites of self-governance (Roberts 2009) highlighted the biopolitical functioning of the contemporary biopower. The notion of authenticity – as it appeared in some of the feminist texts concerned with women's reproductive choices, an authenticity that can be usurped by the state or its elites – was often attributed to affluent white women and as such might not be sufficient to understand women's liberation as it leaves some women outside of power. By upholding the strong notion of autonomy, we create the distinction between liberal and totalitarian subjects, between active and passive citizenship and neglect that the affluent white woman also must do her femaleness and citizenship to belong and hence she also must (not) choose certain things and is subjected to the same ideal of being and life (however, often with more so-called positive effects when one's values are aligned with the dominant paradigm). I argue that women's reproductive freedom cannot be understood through the binary logic of free and unfree subjects, the liberal subject and its totalitarian counterpart, otherwise it will always be an illusion, an illusion based on the assumption of autonomous, active and free subjects exercising their unlimited choices. Understanding women's liberation through this binary logic further sustains that the power to decide ultimately rests in the freely and autonomously deciding individual rather than in her interactions and negotiations with the ideological frameworks that

form the possibilities of how she can recognize herself and the actions she can take. Therefore 'her' reproductive freedom is not only about what she *has*, but also about what she *can do*.

As Clare Chambers (2008) reminds us, even if there are no repressive mechanisms that would coerce us to make certain decisions, the productivity of power stays intact and our decision is molded according to the dominant social norms. "Even if we were to eradicate all repressive power we could leave creative power untouched" (Chambers 2008: 44). Therefore, as much as it is important to challenge the dominant liberal paradigm of choice by pinpointing the repressive character of different juridical sanctions, it is also important to deconstruct the dominant norms that structure our desires and beings, i.e. it is important to connect the intertwined negative and positive effects of biopower. Jana Sawicki distinguishes three main points in which Foucault's proposition of power differs from the traditional one: "1. Power is exercised rather than possessed. 2. Power is not primarily repressive, but productive. 3. Power is analyzed as coming from bottom up" (Sawicki 1991: 21).

Hence what we can deduce about women's reproduction is that even if everybody had a secure access to abortion services, there would still be the dominant social norms guiding women's decisions how to be a mother and a lawful citizen of a modern nation-state. For example, being a sixteen-year-old mother still carries a stigma in our advanced liberal democracies, since these women are considered too young and hence not having the capacity to care for their children. In the same way, bringing a disabled child into this world stigmatizes the mother while putting her and her child in a constant battle with the dominant liberal or socialist models of normalcy, often with quite deadly effects for both their lives if the woman does not choose what is considered right to choose. These 'mothers' despite having potentially the means to keep the child, will be pressured by society and the dominant medical community to abort, for

only certain choices are deemed correct under the neoliberal paradigm of choice. As Silja Samerski brilliantly disclosed, under the contemporary regimes of truth, to “choose is compulsory” (Samerski 2009: 736).

Biopolitical theories then draw our attention from the realm of law to the realm of norms by highlighting that the individualized aims of national happiness are achieved through one’s subjectification into the “normal” order of things. They invite us to ponder how autonomy is structured and produced by the different power relations and norms and to analyse the simultaneous inclusionary and exclusionary practices aimed at those who do or do not fulfil the expectations of how to behave as a good citizen. Claire E. Rasmussen (2011) argued that the processes of exclusion from the national body are directed at those who cannot exercise the expected kind of self-governance – those who do not make the right choices – the young mothers or the sick, poor, black or disabled. According to Barbara Cruikshank, it is important to understand the mechanics of contemporary modern democracies, and study “how power works to make subjects out of citizens and citizens out of subjects” (Cruikshank 1999: 24).

It is something that recently a few scholars have done in the growing field of what I would call feminist biopolitics as they apply Agambenian and Foucauldian theories onto the notion of reproduction. They stress, similarly to Foucault, the impossibility of escaping power relations, and represent women’s choices/wombs/bodies as the reservoirs of a nation’s health, as the nation itself. Penelope Deutscher and Ruth Miller would agree that reproduction in the same way as sex is the locus of biopower where the individual intersects with the collective and where the totalitarian and liberal, the public and private, active and passive cease making sense. In their analyses, the proposition of freedom and reproductive rights is material, carnal rather than abstract and citizenship flesh-bound, indeed biological. Therefore, even though freedom operates

as a construct, it is a construct that has detrimental material consequences for one's life as it was demonstrated by the different cases brought up by the critical feminist scholars who in a Foucauldian way resisted with the paradigm of reproductive justice and commenced the fight to not only have the right to abort but also to keep the child. Feminist biopolitics further strengthens these claims and asks for a united fight against the different systems of oppression that form the experiences of how to be a female citizen subject.

### [Feminist Biopolitics: Carnalizing the Materiality of Women's Reproductive Freedoms](#)

In the field of biopolitics a growing number of feminists have contributed to the topic, as both Foucault and Agamben have been criticized for proposing a gender-blind theory. The work of these feminists overcomes both the liberal and Marxist grasp on identity/sovereignty since it reiterates that women's freedom cannot be perceived through the binaries of free vs. unfree subjects and liberal subject vs. its totalitarian counterpart and highlight that it is women's bodies that function as paradigmatic examples of the modern biopolitical governance (Deutscher 2012; Miller 2007; Weir 1996). As Ruth Miller (2007) claimed, it is the focus on the biological that makes the traditional binaries irrelevant. In her ground-breaking work, *The Limits of Bodily Integrity*, Miller departs from the liberal conception of citizenship and perceives rights and citizenship as tools in the construction of the physical, flesh-bound citizen, rather than in the construction of the abstract, law-bound citizen. She disputes the binary of free and unfree subjects, maintaining that "the opposition between the post-eighteenth century liberal and the post-eighteenth century authoritarian is a fantasy" (Miller 2007: 5). According to her, it is

exactly the process of granting rights<sup>54</sup> that creates bio-political spaces out of women's wombs while subjecting the physicality of the womb to politics. Her work offers the potential for other scholars to research how women's wombs/bodies are turned into spaces where boundaries between the inside and outside, public and private, totalitarian and liberal are blurred. Miller claims that "it is in the womb that the bio-political subject is formed, in the womb that liberalism and authoritarianism collapse into each other, and in the womb that distinctly modern and post-modern sovereignty is articulated" (Miller 2007: 6).

Elaborating on Foucault and Agamben's biopolitical theory, Miller stresses that it is the womb rather than the camp that represents the paradigm of modern-nation states. She opposes the classical liberal theory and argues that instead of women who should supposedly be endowed with artificial penises, it is men who gain artificial wombs in modern nation states. Giving the examples of the Ottoman Empire, post-Ottoman Turkey, France and Italy, she shows how these different (due to their geopolitical location) modern nation states conceptualized the issue of abortion, rape and adultery. According to Miller, the intersection of politics, reproduction, and collision of law into sexuality does not only produce flesh-bound political citizens. It also places Europe into a constant process of redefinition and negotiation of its identity. In this sense, women's bodies function as "civilization identifiers" (Miller 2007: 48), the concept allowing for different countries to be measured against each other due to whether and how they grant women their rights. The implication of such a discourse is that some countries are more progressive than others and abortion is fully legalized or not. However, this is a very troubling understanding of

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<sup>54</sup> She disputes the idea of informed consent by claiming that it is also the strategy of a consenting individual that subjects her to the biopolitical machinery. Miller understands consent as delimiting the space of sovereign power as a space where the political and the biological collapse into each other (Miller 2007: 52).

abortion rights dividing the world into two: the civilized that grant rights and the primitive that do not.

Miller proposes three main narratives through which first the criminalisation, decriminalisation and subsequently the legalisation of abortion was accomplished, i.e. from the “race suicide” to the “fear of depopulation” and finally, in the second half of the 20<sup>th</sup> century, the orientation towards the discourse of human rights. Miller points out that “both the criminalization of abortion, with its attendant placement of the health of the nation or the race in the womb, and the de-criminalization of abortion, with its placement of the rights of the individual in the same location, assumed that “reproductive space” was a separate, political, public arena, in which the modern sovereign subject relationship would be articulated, and which renders “the womb a biopolitical space” (Miller 2007: 22). The womb is a space where the inside and outside collide. Miller identifies consent as an efficient biopolitical tool through which one becomes a subject to biopolitical reasoning – by consenting to and making certain choices one becomes the desirable biopolitical subject.

In this regard, another text is instrumental for my thinking about women’s bodies as biopolitical spaces. In the article “The Inversion of Exceptionality: Foucault, Agamben, and ‘Reproductive Rights’”, Penelope Deutscher (2008) draws on the theories of Foucault and Agamben and argues that “abortion has relentlessly and internationally been its own state of exception” (Deutscher 2008: 60). According to the scholar, exceptionality has provided the form through which modern European states have accomplished legal and political regulations of abortion throughout the 20<sup>th</sup> century, in many cases including an “if” clause of certain conditions that have to be met for the service to be provided. What her text implies is that principally abortion is outlawed and therefore its legalization represents its own state of exception. The

exceptional character of abortion rights delineates the relationship between the sovereign and its subjects, the limits of one's freedom and expected behaviour. Further in her article, she fiercely challenges the anti-abortion rhetoric which is always ready to re-appropriate Agamben's vocabulary and designate women's wombs as camps, in which the decision about the bare life of the fetus takes place, thus representing the fetus as a pseudo *homo sacer* (Deutscher 2008: 66). Deutscher defies such a position and claims that we should rather think of women's wombs and bodies as representing lives whose humanity can be stripped. Thus, it is rather women than the unborn fetuses that can be deprived of their rights and potentially reduced to the form of bare life when the state has 'legitimate' interests to interfere. Both Deutscher and Agamben essentially state the same: a biopolitical regime is a regime that complicates our understanding of liberalism and totalitarianism, inviting other scholars to ponder how exactly women become subjected to the "normal" order of things.

If it is true that abortion represents an inverted state of exception, then the question is if this creates some spaces of exception, taking the laws as the site of the production of a certain biopower. Along the same lines and with Deutscher I suggest that the inverted spaces of exception are that space of the inverted *homo sacer*, i.e. the concept of a (fe)male citizen with reproductive rights whose biology is precious for the building efforts of the state. Mary Poovey brilliantly emphasized that abortion law (and in this case *Roe v. Wade*) reconfirms the state's readiness to intervene, and argued that "a woman's right to terminate her pregnancy is not absolute" (Poovey 1992: 245). What is implied by this quote is that the state understands itself as having "legitimate" interests in safeguarding women's health, in maintaining proper medical standards and in protecting potential human life (provided it is desirable). The legalization of abortion means that one element stays untouched, i.e. that abortion as such is illegal and the State

will always have a right to change it or keep it, depending on the legitimization. What can be deduced from this, is that it is women's bodies that represent the inverted spaces of exception, being granted rights that the state can remove if it has a "legitimate" interest. Reproduction – abortion – then similarly to sex(uality) represents a biopolitical technology of power, securing a certain population optimum. Women, given their biological role in reproducing the human species, play a crucial role in such politics.

In another article titled "Foucault's History of Sexuality, Volume I: Re-reading its Reproduction," Penelope Deutscher (2012) is concerned with the role of reproduction in the intersection of life and politics. Problematizing the void of the Malthusian couple in Foucault's work – the procreative ideal relation of those who rationally limit their reproduction according to the available resources to survive –, the scholar maintains that sex is a biopolitical technology of power, a vector through which the politics of the body of the nation is exercised through an individualized disciplining into what is considered normal, healthy or desirable. If the focus from the 18<sup>th</sup> century onward was to ensure a certain quality of the population (hence the emphasis on health), then the modern nation states became troubled with how to achieve and maintain an "economically useful reproductive sexuality" (Deutscher 2012: 122), which brought the old Malthusian couple into the discussion. Identifying the borders of the normal and pathological, drawing the lines between the different perversions and degeneracy, the biopolitical governmentality started to strategically exploit the potential of its citizens who were to be responsabilized regarding the wealth and well-being of the nation to which they belong, and it was the female citizens who stood in the focus. As Deutscher continues: "At the turn of the century [from the 19<sup>th</sup> to the 20<sup>th</sup>] the vital individuality of the woman was also often associated

with and expressed in her role in reproduction, not only in terms of what she could potentially transmit, but in terms of the lives and the contested futures that she bore” (Deutscher 2012: 133).

In her text, Deutscher stressed the moral obligations that couples, and especially women, have had from that time on to secure the desired development of their communities and whose bodies commenced to be perceived through the commodity logic, i. e. as tools to create a product. As we have seen, Ann Stoler elaborated on the role of race in the politics of sexuality, and how certain sexualities (=white) were to be protected from mingling with bloods considered not as pure (the colonial beings). It was the connection of races to their allegedly inner biological traits and the language of degeneration that framed the politics during the colonial 19<sup>th</sup> century. In the same way Deutscher is theorizing what is missing from Foucault’s work, namely how women’s bodies are mobilized in contemporary racist/eugenic politics by feeling morally obliged to comply with the “female reproductive duty, for example towards the nation: the equivalent, in terms of subjectivation, of the biopoliticized concerns with birthrate” (Deutscher 2012: 129). As the scholar continues: “[w]ith the advent of ‘population’, the protagonists are not individual and Church but individual and collective, present and future, aggregate and the abstract ‘human mass.’ The language will be that of justice, but also that of moral obligation and claims” (Deutscher 2012: 130).

What we can learn from this is that as citizens belonging to certain nation states we are socialized into caring and feeling morally obliged towards an entity granting the rights that protect our bare lives. It is not a choice. However, as we have seen in the case of prenatal screenings, when the decision of a woman does not comply with the dominant norms of “healthy” reproduction, her living being can be reduced to that of *homo sacer* – she can stay unprotected and stigmatized, as it was demonstrated by the critical scholars. A woman’s will is

thus aligned to the collective through the idea of a good/healthy/happy life. With the state promise of non-interference and its limited support to other than *normal* lives, the politics nowadays can be described not through the logic of “make live and let die” but rather of “let live and let die”. The intrusion of the totalitarian, as noted by Dorothy Roberts, seems to function as a structural necessity in how modern-nation states operate.

Lorna Weir (2006) in her work *Pregnancy, Risk and Biopolitics: On the Threshold of the Living Subject* pinpointed that this kind of governing logic nowadays blurs the boundaries between liberalism and authoritarianism regarding reproduction. When analysing the threshold of the living subject in modern times she distinguishes between two biopolitical strategies: “security-law-liberal governance” and “discipline-law-authoritarian governance” (Weir 2006: 15). According to her, pregnant women who fall into the category of high risk (perceived by Weir as a “technology of governance” that calculates the future harm or danger) are subjected to intense surveillance by doctors and midwives. By stating that the living subject is now considered to pre-exist the law and giving the examples of practices or court-ordered detentions aimed at securing the best for the unborn, Weir emphasizes that in these cases “biopolitics [has] gone authoritarian” (Weir 2006: 16). This situation is documented in many places by other critical scholars.

Feminist biopolitics thus understands the concept of liberty outside of the active and passive citizenship, emphasizing that there are not just limits to one’s freedom, but rather that freedom is structured and formed by the limits. It is an understanding that we cannot escape power relations, we can only mold them and make them liveable. The limits of bodily integrity construct the bodily integrity itself, they form the possibilities of how to be. Therefore, Miller states that the question for feminism is not what kind of juridical identity one has (whether

passive or active) but rather to what extent is one's life inscribed in the juridical and political order, i.e. what sorts of bodily borders one bears (Miller 2007: 9). It is because the borders represent the borders of the thinkable, the borders of one's self, ideologically structuring how women can be. In this sense, women's citizenship is truly a contested area (Lister 1997) where we see different interests being expressed and negotiated, the constant play between the inclusion and exclusion that is pertinent to modern democracies in which the most intimate became public (Berlant 1997; 2007). Women's freedoms are not only about what they are but also about what they can possibly do as women and mothers, being always judged by whether they are keeping in mind the health of their child and by extension, their own. Therefore, a biopolitical understanding of reproductive politics fluctuates between the positive and negative effects of power. Such analysis should ask: What kind of exclusion/inclusion does the discourse of choice delineate? Which and whose choices are deemed (ir)responsible? What is good and bad motherhood and according to whom? How can I as a woman resist and refuse who I am supposed to be? What kind of (bio-)ethics should be proposed that would take the relational character of our being into account? How to think of an ethics that would acknowledge the interdependent character of our being? What is the role of emotions in the contemporary *politics of life*? What these theories imply is thus that abortion discourses operate as biopolitical constructs, sites of the production of biopower, maintaining a certain desirable optimum by stratifying reproduction and motherhood according to the medical axes of desirability; by disciplining women's will towards the societal. These are some of these questions I will be asking in my thesis. By using the aforementioned framework, the well-entrenched dichotomies between outside/inside, freedom/unfreedom, the distinction between liberal and totalitarian will become even more problematic and unsustainable.

In the following chapter, I elaborate in depth on the methodological tools I use to analyse the discourses surrounding the legalization of abortion in (un)democratic Czechoslovakia. I argue that the same tools can just as well be used and applied onto the reality of a country “tainted” by a socialist past as those with the uninterrupted capitalist flow. Special attention will be paid to my ontological and epistemological assumptions that entrench the choice of my method (critical discourse analysis), the definition of discourse for this purpose and my approach to the analysed data.

## Chapter 2: Deconstructing Abortion as a Discursive Practice: Genealogy, Intersectionality and Critical Discourse Analysis

In this chapter, I elaborate more in detail on the methodological tools by which I analyze the various political and legal discourses of abortion from the first attempts to decriminalize and legalize the practice in 1920 when democratic Czechoslovakia was established, to the abolition of abortion commissions in 1986 during socialist Czechoslovakia. I am using the term methodology over an explanation of a single method since my research project entails more than just a choice of a concrete technique through which the data are analysed. Rather, methodology encompasses the broader theoretical frameworks and epistemologies (Fairclough 2010; Harding 1987) that guide my historical and philosophical exploration of the political and expert texts that help me analyze abortion as a discursive practice. The method is then a narrower concept and more specific and deduced from the way I structure the research object. My starting point of inquiry is framed through poststructuralism and biopolitical theories that offer the methodological tools to overcome the absolute distinction between East and West, active and passive citizenship, private and public, liberal and totalitarian as conveyed in some of the texts in the literature review. In a qualitative poststructuralist manner, I analyze the intersection of liberal and totalitarian, active and passive, deconstruct the binary and show what capitalism and socialism have in common with regard to reproduction.

My work could be described as a genealogical history of ideas/discourses that in a way similar to Foucault (1970; 1972; 1977; 1990) in *The Order of Things*, the *Archeology of Knowledge, Discipline and Punish* or *History of Sexuality* traces the different connections and disconnections in *episteme* – the knowledge/power apparatuses that define the limits of the possible and thinkable regarding the (re)-production of (un)desirable citizen-subjects. Through a

Neo-Foucauldian intersectional critical discourse analysis, I am exploring how the ideal female citizen-subject was constructed throughout the different historical periods in Czechoslovak history with different sets of statements, arguments and discursive formations. By the same token, I am also looking at the effects this had on different categories of Czechoslovak women. My aim is to ponder on the similarities and differences between capitalist and socialist reproduction and what these two systems traditionally described as rivals might have in common. In this sense, I am using the genealogical approach as a “critical diagnosis of the present”, which allows me “to question ... what is postulated as self-evident ... to dissipate what is familiar and accepted” (Foucault 1988: 265).

First, I will introduce the reader to my ontological understanding of reality and what constructivism and genealogy signify in terms of a historical analysis. Special attention will be paid to that of discourse as it delineates my understandings of reality promptly and represents one of the main concepts through which my analysis operates. Subsequently, I will elaborate on the connection between poststructuralist feminism and intersectionality. Based on that, I outline my research objectives and questions. This section will be followed by the epistemologies that guide my research and the reflection upon my own positionality and the possibilities of how it could have influenced the way I approach the research subject. Further, I explain the temporal and spatial time of my research, the collection of the data and the potential of a critical discourse analysis and that of deconstruction as suitable methods for the analysis of reproduction in Czechoslovakia between 1920-1986. This section will be concluded with an overview of the identified binaries and discursive segments that became apparent in the analysis and a brief reminder of the following three empirical chapters.

## Constructivism, Discourse & History as Genealogy

As I have demonstrated in the previous chapters, my project is profoundly influenced by biopolitical theories and poststructuralism. These theories as well as my research are entrenched in the constructivist understanding of reality, which does not dispute the materiality of objects and the possibility to represent. It however places the main focus on language and the impossibility to understand the world without its role in the construction of meaning. Hence, this approach highlights that “the world has to be made to mean” (Hall 1982b: 62). Already in the 1960s the positivism of science and true facts as evidence of the biological and real came to be disputed by some scholars. In *The Social Construction of Reality* Peter L. Berger and Thomas Luckmann (1966) claimed that the essence of being human can hardly be described merely in terms of biological processes and one’s core or essentiality. According to them what characterizes all humans is rather their “world-openness” (Berger and Luckmann 1966: 65). By that the philosophers meant that we are becoming human in relation to the environment – to the culture and society we are born into and that form the boundaries of how we can be as a living being. Unlike research that is entrenched in biological essentialism and positivism, they argue that “[w]hile it is possible to say that [wo]man has a nature, it is more significant to say that [wo]man constructs his [her] own nature, or more simply, that [wo]man produces [herself] himself” (1966: 67). Hence, the true selves of our identities that we often call our deepest characteristics that evolve from childhood to adulthood with specific and rigid stages are culturally constructed and not something unveiling itself from one’s core.

By the same token, history does not represent a linear chain of events whose true meaning is hidden and can be objectively stated as it is. Along the same lines, I am rather concerned with the disparity of events, the interconnectedness of certain performative sets of statements that

have made certain phenomena come to be in the present. For this purpose, I re-appropriate the Foucauldian notion of discourse which I would define in terms of the different ideological practices that form the meaning of the (im)possible. Discourse stands structurally above the sentence and the concept is no longer restricted to its pure linguistic connotations, trespassing also the interpretative frameworks of hermeneutics. In the Foucauldian analytics, discourses are understood as sets of statements that enunciate the possible and by that structure a societal order of things (Foucault 1970; 1972). They are the limits of what we can think, do, see or even desire. They delineate the structures of the world that seem natural and if not given by God then indisputably guided by one's biology and genes. They are the site of power that for Foucault was mainly productive – producing the forms of the possible existence. Discourses then convey the “practices that systematically form the object of which they speak” (Foucault 1972: 49), i.e. as sets of statements/assumptions and expectations that guard/guide what is sayable and what is not, whose being is recognized and how and whose is not, who is deemed normal and who deviant, etc.

In *Discipline and Punish* Foucault (1977) states that “we must cease once and for all to describe the effects of power in negative terms: it ‘excludes’, it ‘represses’, it ‘censors’, it ‘abstracts’, it ‘masks’, it ‘conceals’. In fact, power produces; it produces reality; it produces domains of objects and rituals of truth” (Foucault 1977: 194). Power is everywhere, and one can imagine it as a net-like organization, as a relation, as

[t]he multiplicity of power relations immanent in the sphere in which they operate and which constitute their own organization; as the process which, through ceaseless struggles and confrontations, transforms, strengthens or reverses them as the support which these force relations find in one another, thus forming a chain or a system, or on the contrary, the disjunctions and contradictions which isolate them from one another; and lastly, as the strategies in which they take effect, whose general design or institutional crystallization is embodied in the state apparatus, in the formulation of the law, in the various social hegemonies

(Foucault 1981: 92).

Hence, each of us is entrapped in these ideological systems of representation – these matrixes of power that make us perceive the world and our existence within it through specific frames: somebody as normal or deviant, something as true (or likely not), possible (or likely not) or not desirable (you wish), etc. Foucauldian analysis then allows to study how we are produced as the desirable or undesirable objects/subjects of power and it focuses the analysis on a subject that is de-centered – not having a stable and rigid core. Ideology in this regard does not signify a false consciousness as for Marxists, but rather it is a system of ideas that are produced in certain historical epochs that inform the definition of a subject. History then consists of these various ideological discourses gathered in what Foucault called episteme, always defining the rules and order of a certain time and place, of the relations between the subjects and their sovereign. As Foucault claims in *The Order of Things*:

[W]hat I am attempting to bring to light is the epistemological field, the episteme in which knowledge, envisaged apart from all criteria having reference to its rational value or to its objective forms, grounds its positivity and thereby manifests a history which is not that of growing perfection but rather that of its conditions of possibility

(Foucault 1970: XII).

History understood as a genealogy explores the order of statements that influence the default of the present, the conditions of possibilities how to be as a (wo)man. It is a “diagnostic history of the present” (Gatens 1996: 77). According to Foucault genealogical analysis discloses that “the concept of liberty is an invention of the ruling classes and not fundamental to man's nature or at the root of his attachment to being and truth. What is found at the historical beginning of things is not the inviolable identity of their origin; it is the dissension of other things. It is disparity” (Foucault 1977: 79). Basing myself on Foucault's approach, my work also traces the different disparities and interconnectedness that form the truth of the present while

extending the focus of the analysis and nuancing it by inserting the category of women – gender – as one of the main concepts and problematize women’s freedoms by the deconstruction of abortion discourses.

Moira Gatens in her chapter *Contracting Sex: Essence, Genealogy, Desire* (1996) refers to the ubiquitous feminist concern of how to analyze history from a non-masculine angle and how the category of women should be used for the analysis. She disputes that one can just insert women in the canonic orthodoxies of our past and emphasizes the importance of a genealogical approach. According to her the main question of such an analysis is “how has ‘woman/women’ functioned as a discursive category throughout history?” (Gatens 1996: 76). Gatens thus invites scholars to assume a different perspective when analyzing the past. She states: “[r]ather than enquiring: what is the ‘origin’ or ‘cause’ of any particular state of affairs or way of life, genealogy as critical history asks what form of life has been supported or made possible by this conception of a people, a culture, a body politic” (Gatens 1996: 76). This approach focuses on the various narratives and their formations in history and their relation to the present, which does not necessarily follow a clear chronological line. It is concerned rather with “how we became who we are, not in order to live what we have become not as our ‘truth’ but rather as our conditions of possibility for which we may become” (Gatens 1996: 77). It is a perspective that reveals the ontologies behind any societal order. It allows for a further critique of the contemporary societal practices of how to be a (wo)man in politics, which focuses on *life itself*.

In the Czech context Daniela Tinková (2004) applied a similar type of genealogical analysis onto the study of crime and law in Czech lands during the 19<sup>th</sup> century. In her chapter dedicated to the infanticide and criminalization of abortion she discloses how the morals of that time and the strong presence of the religious discourses set the limits of the possible for women,

constructing women as mothers who must deliver their baby at any cost. In her historical exploration, the historian analyzes how biopower was changing over time, from a fairly loose system of outer control to the meticulous system of prevention. Abortion was slowly being released from the traditional spasms while being relegated to that of doctors.

Similarly, in my work I am interested to explore the connection between science and politics and how these represent the governing ideological systems in the contemporary capitalist and supposedly more democratic system. My analysis is not guided by the question of the origin. Rather I want to know how abortion came to be understood as a women's free choice, how women became constructed as free subjects of choice and with what purposes. I am guided by the analysis of the strategies and effects of biopower while including gender as one of the main analytical concepts and thus extending the classic genealogical analysis from sex, prison and medicine onto that of abortion rights and women's reproduction. My analysis of the construction of the ideal female subject – that of *women* – was also particularly influenced by poststructuralist feminism. Inserting gender into analysis is an important corrective to the mainstream and masculine oriented versions. As it will become clearer from the following section, in my “herstory” she is not one and it is her relations that allow her to make herself in a certain way (or not); and in this regard intersectionality guides my research as well.

### Poststructuralist Feminisms and Intersectionality

I find a poststructuralist feminist lens productive for how the subject of women can be understood. I use multiple subject positions fractured along the ageist, ableist, classist, heterosexist, and racist lines (the positions the category of “woman” can occupy) unlike the essentialist or positivist understandings of identities, which assume biology to be the singular

defining factor behind any personhood. Poststructuralist feminism reconceptualizes and builds on the main methodological and analytical approaches towards studying power relations as developed during second-wave feminism. Chris Weedon (1997) in her book *Feminist Practice and Poststructuralist Theory* defines this approach “as a way of conceptualizing the relationship between language, social institutions and individual consciousness which focuses on how power is exercised and on the possibilities of change” (Weedon 1997: 19). In this sense, a poststructuralist feminist theory allows to address concerns absent from mainstream poststructuralist theories, i.e. the questions of how social relations of gender, class, and race (perceived as plural and multidimensional) are formed by certain types of power and vice versa. Judith Baxter (2003) argues that “individuals are not uniquely positioned, but are produced as a ‘nexus of subjectivities’, in relations of power that are constantly shifting, rendering them at times powerful and at times powerless” (Baxter 2003: 27). One can deduce then that the same individuals can be empowered in some contexts yet disempowered in others, or that some contexts can be powerlessly empowering at the same time. The poststructuralist grasp on power does not dispute that somebody has power and somebody does not` rather it emphasizes that the structures of power are fluid and that how “powerful” one is depends on the timely by-elites-approved possibilities of one’s conduct.

Poststructuralist perspectives focus the attention on language where “actual and possible forms of social organization and their likely social and political consequences are defined and contested” (Weedon 1997: 2). Then similarly in a poststructuralist way, language nuances the functioning of power and the subject itself. In this sense, living as a gendered being is socially and linguistically/discursively constructed and it exemplifies how the different social norms form who we are, as was for example stated already by Simone de Beauvoir (1953) in her classic *The*

*Second Sex*. As her followers further expanded the notion of becoming, including also the Foucauldian notion of discourse, there is no reality that would pre-exist the discursive one and gender thus seems open to different interpretations fixated in a certain time and space. One of Beauvoir's most famous readers, Judith Butler, noted in this regard:

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. Gender must be understood as a modality of taking on or realizing possibilities, a process of interpreting the body, giving it cultural form. In other words, to be a woman is to become a woman; it is not a matter of acquiescing to a fixed ontological status, in which case one could be born a woman, but, rather, an active process of appropriating, interpreting, and reinterpreting received cultural possibilities

(Butler 1986: 35).

According to post-structuralist feminists gender is a form to be appropriated during one's life; it is culturally produced, and it gives one a recognition (or not) for simply existing; however, the form of how one is, depends on the series of constitutive acts which might enable a person to enact them or not. To be means to constantly reproduce oneself according to the dominant and available (thus known) sex-gendered and other societal forms/norms, to align oneself (and be aligned) with the possibilities of her or his conditions made available by a certain cultural system. The possibilities of her condition represent the limits of her liveability. As Butler (1993) states in *Bodies that Matter*:

The category of 'sex' is, from the start, normative, it is what Foucault has called a 'regulatory ideal'. In this sense, then, 'sex' not only functions as a norm, but is part of a regulatory practice that produces the bodies it governs, that is, whose regulatory force is made clear as a kind of productive power, the power to produce – demarcate, circulate, differentiate – the bodies it controls

(Butler 1993: 1).

The category of woma-e-n as unleashed by the various discourses regarding abortion and reproduction is thus, I will suggest, a technology of power, achieving its meaning in spatially,

timely, and culturally specific conditions that define how to be a good (wo)man/citizen. To be recognized either as a woman or a man still remains an existential necessity in the 21<sup>st</sup> century, according to postfeminist<sup>55</sup> scholars. Being interpellated<sup>56</sup> by the system to become a “good” woman (thus a good human if one’s genitals are recognized as female), one does her/his gender accordingly to the dominant norms since without the doing there is no being.<sup>57</sup> In *Undoing Gender* Butler (2004) talks about the importance of analyzing the limits of one’s potentiality given by a particular culture/system. If we are denied the access to the existential conditions of one’s doing, our identity/being is not recognized in the system and our life loses any protection (Butler 2004: 27). And if the system does not recognize us as liveable and grievable beings our existence becomes vulnerable and open to violence and death, which is a topic I have touched upon in more detail in the previous theoretical chapter.

In my work, I thus emphasize the unsingularity of the subject ‘woman’. She is not one, however her story is my story too (Probyn 1993). Becoming human, doing one’s gender is inseparable from the structural matrix of the differently locked systems of oppression (Razack 2005) often unified under the term of intersectionality (Crenshaw 1989; 1997; Collins 1998; 2013; Davis 2008), i.e. the sex-gender system, racism, ableism, classism, ageism, and sexism which subsume the assumed biological under the social and political. The experience of being a

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<sup>55</sup> By post-feminism I do not mean that the injustices existing in the world particularly towards women have been overcome. Rather, the “post” relates here to the poststructuralist theory and the nuances to how power operates and that it is an ideology that makes us believe there is no reason to fight for human/women’s rights anymore.

<sup>56</sup> It is a term coming from Louis Althusser’s theory of ideological apparatuses. The term interpellation describes the processes of hailing and thus becoming a subject, i.e. the responsiveness of one’s consciousness to the dominant apparatuses of power when one is being hailed to become a disciplined subject. In his famous essay “Ideology and Ideological State Apparatuses” Althusser (1971) gives the example when a person is being called by a policeman. The person recognizing herself as a subject of power turns to the idea of the authority. What Althusser’s theory made clear is the importance of linguistic practices in the processes of subject formations (Bunch 2013: 42). Along the same lines, women are being hailed/interpellated into becoming responsible-citizen mothers. It is the power that calls them into being because without the response, without the doing her being is unrecognized and open to the violent chains of not belonging and hence to the loss of protection.

<sup>57</sup> For more information on the non-essentialist concepts of identity see for example Hall (1996), Butler (1988;1990;1993). For a deeper understanding of how interpellation works through our psyche consult also Butler (1997b).

woman is influenced by these intersections of identity that represent the material conditions of her liveability, which differ from woman to woman. Kimberlé Crenshaw, who coined the term intersectionality in her 1989 essay “Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics”, uses the analogy to traffic to explain what is meant by the term:

Consider an analogy to traffic in an intersection, coming and going in all four directions. Discrimination, like traffic through an intersection, may flow in one direction, and it may flow in another. If an accident happens in an intersection, it can be caused by cars traveling from any number of directions and, sometimes, from all of them. Similarly, if a Black woman is harmed because she is in an intersection, her injury could result from sex discrimination or race discrimination. But it is not always easy to reconstruct an accident: Sometimes the skid marks and the injuries simply indicate that they occurred simultaneously, frustrating efforts to determine which driver caused the harm

(Crenshaw 1989: 149).

Applying intersectionality into one’s research thus means paying attention to how the different categories of women are constructed, i.e. how the subject of woman is structured along the ageist, ableist, classist, and racist lines. Using an intersectional lens when analyzing reproduction means to explore how the idea of good motherhood reproduces and recreates the different categories of women either as desirable or undesirable citizen subjects. An intersectional perspective underscores that although we consider the essence of reality/being as socially constructed, it has detrimentally different effects for different categories of women. My ontological understanding of a reality is thus entrenched in the paradigm of a critical realism which discloses the relations between the socially constructed character of the world and the real consequences it has on people’s lives. In regard to reproduction, what this means is that what is recognized as a right for some can be understood as a duty for others; it means bringing the materiality to the analysis by highlighting the different fields of possibilities of one’s experience.

I thus understand gender in its multifaceted fashion and like Teresa de Lauretis' (1987) as a social technology. In her essay, Lauretis defines gender as "a representation and self-representation, [which] is the product of various social technologies, such as cinema, and of institutionalised discourses, epistemologies, and critical practices, as well as practices of daily life" (Lauretis 1987: 2). By technology Lauretis means the various techno-social and biomedical discourses that produce gender as their effect. In the same way, I explore how the subject of women was constructed by the various medical and political discourses that legalized abortion in Czechoslovakia; how the various political and expert discourses (represented mainly by the medical one) produced gender as a technology of power, as a vector through which the desired societal order was to be maintained and enhanced. In this sense, it is the construction of the good/bad motherhood through which modern biopower is exercised. It is through this binary the desired societal order is reproduced along the ageist, ableist, classist, white and (hetero-)sexist lines. In the next section, I explain my main research objectives and questions. Then I reflect upon my own positionality and epistemologies that guide my exploration of the research subject.

## Research Objectives and Questions

Drawing on the de-totalizing/de-colonizing post-structuralist biopolitical approach, in my work I ponder the similarities and differences between capitalist and socialist reproduction more in depth by analyzing what sustains the continuity of the socialist 1986 abortion law in the new capitalist Czech system. The aim is to compare the ontologies of socialism and capitalism in regard to reproduction at various phases and thus trace the change of the governing relations. To understand the non-problematic functioning of the socialist law in a democratic system, I argue, we must trace historically the sets of arguments/discourses that were used to justify that very

same law and analyze what the different abortion discourses further unleash in terms of citizenship practices, what types of subjectivities they construct and with what effects for what categories of people. To answer the continuity of the 1986 law my analysis is therefore guided by the following questions:

- What subjectivities are constructed by the various abortion discourses and what sex-gender order of things do they imply? What is possible or desirable?
- What were the norms along which the ideal citizen was constructed and who was excluded from the desirable citizenship project? What is normal and what pathological?
- Finally, how has the narrative of good/bad motherhood changed over time and how do the intersections of class, age, gender and (dis)ability play in its meaning?

My aim is not to answer *why* certain laws were enacted, but mainly *what* the different discourses can disclose about the management of life and citizenship practices in (un)democratic Czechoslovakia. For this purpose, I will analyze the different subject constructions implied by the various abortion discourses. This will be explored mainly by the question how the ideal female citizen subject is constructed and by the exploration of the strategies that enact it. By comparing and critically analyzing various subject constructions characteristic for these different discourses that were initially generated in the 1920s and 1930s, with those in the 1950s, then again those from the 1950s with those from the following period, I can question whether it is possible to perceive these provisions enacted during socialism as specifically totalitarian, as implemented from above and by that unveil the functional logic behind these regulations.

I will argue that it is a certain type of governmentality, i.e. biopolitical rationality, which in socialism as much as in capitalism is utterly obsessed with the health and capability of its

citizens; and that it is this rationality that allows the continuity of the 1986 law. In this regard, the discourses framing the legalization of abortion unleash, in a liberal manner, the construction of women as autonomously deciding citizens while relating their *free* choices to a moral citizenship responsibility and duty to deliver a healthy child in a healthy environment. I argue that this rationality gained its prominence already after WWI when the first Czechoslovakia was formed, but that it became the leading governing rationality after WWII when the need to have a nation of capable citizens gained even more relevance with the new Cold War era. In my work, I map the emergence of this rationality, its establishing processes after WWII and its functioning as a normalized discursive structure from the 1960s onward, a rationality which replaced the old governing structures guiding the sexual conduct and reproduction until then. It is a rationality that draws on multiple sets of discourses and thus blurs the solid borders between the forms of active and passive citizenship. In the following section, I will elaborate more thoroughly on the epistemologies of my research and on the “how” this interpretation was created.

### Interpreting and Translating Abortion: My Epistemological Assumptions and Positionality

What the poststructuralist feminist grasp of reality epistemologically implies for my own research is that I do not perceive texts, discourses or statements as disembodied or ahistorical since they are born from certain contexts and serve certain purposes. Therefore, I do not believe that texts “speak” to me in some objective manner. This understanding of knowledge production presupposes that it is also my own position as a researcher that defies the objective standards of empirical analysis, as mostly accepted in the positivist paradigm. The first acknowledgment (i.e. that texts are not disembodied) turns my attention to the social, cultural and geo-political contexts in which certain texts were produced. As Chris Weedon reminds us: “Signifiers are

always located in a discursive context and the temporary fixing of meaning in a specific reading of a signifier depends on this discursive context” (Weedon 1997: 25). A better understanding of context, i.e. of the historical milieu in which ideas and norms at a certain time and place are embedded, can influence the way I interpret the data. Understanding the importance of context, my study situates the analysis within the socio-political context pertinent to each of the decades in which the changes to the abortion laws were made. My analysis is directed by Pierre Bourdieu’s notes on the importance of reflexivity in human sciences. According to him the “primary target is not the individual analyst, but the social and intellectual unconscious embedded in analytical tools and categories” (Bourdieu in Oren 2014: 315). For the researcher, it means paying attention to how the different categories of analysis are being used and with what purpose. Hence, for me it is crucial to find out how the meaning of abortion has changed over time – from the expulsion of the fetus to the artificial termination of pregnancy – showing what the different concepts imply about the understandings of a reality. Delineating the context in which the different changes to the abortion laws took place will help me uncover the purpose of the different statements.

By the same token, I have to take into account my own positionality given the values and positions I occupy as a white middle-class, able-bodied, educated, class privileged self-identified cis-gender woman and feminist from Central Europe who was brought up to accept the dominance of the “West” as legitimate. As Caroline Ramazanoglu and Janet Holland (2002) state: “[t]he problem for feminists (...) is that they too cannot be free of their social positions, their access to resources, their ambitions, their grounded and gendered experiences, their political commitments and the limits of their language” (Ramazanoglu and Holland 2002: 46). I do not view myself as impartially evaluating the meaning of a text as if only one interpretation

was possible. I believe that meanings cannot be just found, discovered and dug out like some old ruins. It is I as the researcher who constructs the meaning and interprets<sup>58</sup> the various texts through eyes which can hardly be characterized as neutral. I do not believe in “strong objectivity,” as proposed by Sandra Harding (1991), yet I do believe that it is the practice of self-reflection that can help moderate the tensions between one’s assumptions and the logic of the analyzed statements. I understand that research and the researcher are a “situated entity: [m]eaning making and the specific meaning(s) made by each one are contextualized by prior knowledge and by history and surrounding elements” (Yanow 2014: 13).

Understanding my own situatedness and the provisionality of my interpretations, I am open to challenge my working argument and careful not to apply my own personal experiences onto the textual analysis of the abortion discourses. As much as the concept of human rights within socialism may not be an oxymoron, I must be cautious and critical of the emancipatory potential of the various discourses, i.e. I have to entertain the possibility that rights for some can mean a burden for others; and look how the limits structure the possibilities of freedom for different categories of women. Having been brought up in a middle-class environment and as a child of the 1989 “velvet” revolution,<sup>59</sup> I was cautious not to re-appropriate the liberal understanding of reproductive rights, which perceives reproductive rights to be fully attributed to women without paying attention to the meaning of choice for different categories of women. I attempted to avoid another Cold War story, in which it would be that socialist Czechoslovakia was one of the first

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<sup>58</sup> In this regard, the methodology of my research falls into what social scientists called an “interpretative turn/paradigm.” Thus “turn” signifies an orientation to “‘taking language seriously’, but also an overarching appreciation for the centrality of meaning in human life in all its aspects and a reflexivity on scientific practices related to meaning making and knowledge claims” (Yanow 2014: XIV).

<sup>59</sup> By this I mean that during my childhood and still as a teenager I was conditioned by my family and the post-1989 environment to succumb to the West-is-best (to paraphrase Stuart Hall) ideology, which might have led me (given the current power relations and the ideological domination of the West) in adulthood to take an oppositional stance refusing what I have learnt when young while defending “communism” and the East as if not necessarily the best but at least not worse than the West. I have been very careful to avoid this interpretation and rather focus on what both systems actually have in common, which can shed a different light on the specificities of each.

countries in the world that recognized women's rights to bodily integrity and legalized abortion, as opposed to the backward West. In my analysis, I am avoiding these two strict dichotomies and nuance the meaning of rights for Czechoslovak women, following how ideas travel from one system to another (Cerwonka 2008). The interpretations presented in my study rather draw on the similarities between the two systems which I ponder as rivals and competitors. My analysis is thus partial and localized, communicating with existing interpretations of the Czechoslovak past, and aiming to present "a better story" (Holland and Ramazanoglu 2008: 49). As to whether and how much "better" the story is, this remains to be evaluated by the reader. It is just yet another story, open for others to recreate it from their own respective positions.

This story is written in English and hence a big part of my work consisted in translating from Czech and Slovak. According to Hans Gadamer (1960), translation is a process that is immersed in language and hence in one's culture, i.e. the arbitrary systems of meaning that characterize a certain time and space. The act of translation thus reflects the translator's position in the world and hence, the importance of understanding one's situatedness. Translation is an interpretation in the deepest meaning of the word. Just like a social scientist, as described by Pierre Bourdieu (Bourdieu in Oren 2014), a translator has to take into account the historical, political, and social context in which certain sentences or discourses were uttered and to which they are pertinent. Gadamer states: "[t]he translator must translate the meaning to be understood in the context in which the other speaker lives (...) This does not mean that [s]he is at liberty to falsify the meaning of what the other person says. Rather, the meaning must be preserved (...) Thus every translation is an interpretation" (Gadamer 1960: 402).

Along the same lines, I was aware of my situatedness between two (sometimes three, if I include Slovak) languages and cultures; I thus translated the quotes from Czech and Slovak in an

attempt to keep their original meaning as closely as possible. Regarding particular medical and legal terms, I consulted Czech doctors and lawyers who regularly travel abroad and present their research at international conferences. Sometimes, I used the translation of other Czech scholars who have published in English. Finally, some terms were simply untranslatable, as defined by Emily Apter (2006). In those cases, I still tried to find a possible equivalent in English rather than keeping the words in the original. Often, there was more than one way to capture the meaning of some terms. I was choosing from among several possible English equivalents. A good example is my translation of the Czech term “potratová komise”, which I translated as “abortion commission.” This translation was used by other Czech scholars during socialism. However, in English the term “abortion therapeutic committee” also exists. By opting for “abortion commission” instead, I wanted to emphasize the state-oriented and social character of the institution during socialism. Although the purpose of the institution was defined as therapeutic, its goal was mainly to solve a woman’s personal and social problems.

Another example would be the fact that I do not use the term “public health.” In Czech, the term “national health care system” (národní zdravotnický systém) is used as a private medical system did not exist during socialism. Hence my translation as “health of the nation” by which I imply “public health.” Another challenge I encountered were the nuances in meaning between a “malformation” and a “defect.” In Czech, they are often used interchangeably. My work as a critical scholar was to make sure that I do not reproduce the negative medical gaze that marginalizes and excludes the Other, and make sure that I explain the effects of these words within their context. In this regard, I kept the term “crippled” when used by the speakers themselves.

In the following section, I will outline the spatial and temporal scope of my project, introduce the materials and the methods that I will use to interpret them while focusing on the steps to be taken in analyzing the different abortion discourses.

### The Spatial and Temporal Focus of the Research & Data Collection

The main spatial and temporal scope for my research project is Czechoslovakia from the end of WWI to the end of socialism in 1989. However, without going into the analysis of the entire textual production related to abortion during the proposed seventy years, my analysis will focus on the texts that are linked to the changes or promulgations of the different abortion laws. As I show in more detail, the data I analyze in the subsequent chapters were all textual and consisted of laws, parliamentary debates, and expert articles related to the topic of abortion, family, reproduction and population that I have collected through two different resources. First, all of the Parliamentary debates and laws were accessible online from the Depository of the Czech Parliamentary library. I searched for any debates, proposals or legal regulations during the 20<sup>th</sup> century that were related to the topic of abortion. I found that 5 different proposals were made already in the 1920s and 1930s by some social democrats and communists. Abortion was legalized for eugenic and health reasons already in 1950 and in 1957 the social reasons were added on top of the medical and eugenic ones to terminate a pregnancy. The last formulation of the law comes from 1986 when the institution of abortion commissions was abolished. In my analysis which is genealogical in the sense that it draws on the multiple and different resources that are intertextually connected, I explore these legal texts in conjunction with articles written by experts on the topic of the legalization of abortion. As Foucault describes this method: “Genealogy, consequently, requires patience and a knowledge of details, and it depends on a vast accumulation of source material” (Foucault 1986: 76).

To get access to the expert articles I had to travel to the Czech Republic. In the summer of 2015, I spent two months in Prague and visited the depository of the Czech National Library. I identified the *Journal of Czechoslovak Surgery & Gyneacology* (after 1936 only as *Journal of Czechoslovak Gyneacology*) as an important source for analyzing the epistemological shift in how abortion was conceptualized throughout the delineated period of my research since the first issue of the Journal was released in 1920 (and has continued being published since then). Beside this medical journal, I collected other expert articles justifying the decriminalization of the abortion procedure. My attention was brought to some of them by reading closely the Parliamentary debates that included references to the prominent expert articles at that time (they are presented in more details below). Since abortion represents a biopolitical phenomenon par excellence, I also collected notable demographic publications from the studied period, which slowly started appearing from the 1920s onward, especially after 1950 when demography as a science was institutionalized, providing valuable data and theories for the governing elite concerned with “proper” population growth. In 1956 a research project was conducted in Czechoslovakian parenthood and contraceptives. This project was administrated three times during socialism (1945-1989) and thus served as a good information resource for my analysis.

To understand another epistemological change, which to me appeared at the beginning of the 1960s, I collected articles by experts related to the topic of the “unwanted”, as these clearly show that it was mainly explanations by psychologists that framed the 1986 abolition of the abortion commissions and provided a further justification for the liberalization of the procedure under certain social, medical and eugenic conditions. Despite the fact that my analysis is qualitative, it does make use of numbers and statistical data which I gathered from either the statistical reports published by the Czech(oslovak) Statistical Office or from the articles

themselves. I use numbers in my analysis since at a certain point of history numerical calculation and probability started to represent the main language by which the seriousness of a problem and by extension its meaning were assessed. Even in the case of abortion, statistics helps justify the need to make it legal especially for certain categories of people. For clarity's sake, I include the following materials in my analysis:

a) **Proposals to amend the abortion law(s):** in the 1920s there were 5 different proposals: in 1920, 1922, 1925, and 1927. Another proposal, released in 1926 from the so-called Committee of Professors in charge of creating the new Criminal Code, will be analyzed as well. In the 1930s it is the proposal made by the Minister of Justice Adolf Meissner that will constitute another resource to analyze the interwar political discourse aimed at decriminalizing abortion. I examine the formulation of these proposals while paying attention to the arguments used to justify the change of the old Austro-Hungarian criminal law. I situate the emergence of these proposals into a lively debate with other expert discourses which proliferated at that time. I compare these proposals with the actual laws issued in the 1950s, and with the most recent one. I am interested in finding out whether there is a difference between how the issue was framed both between the two systems (democracy and socialism) and also within socialism itself.

b) **The laws/regulations themselves:** I analyze the different laws as “inverted states of exception” (Deutscher 2008: 60) that endow women with rights, which are, however, conditioned and never fully granted. To better understand the historical context, I introduce the old Austrian criminal law (§144) (going back to the Austro-Hungarian Empire), which was only abolished by decriminalizing abortion in 1950. Abortion was further legalized by the 68/195 regulation. The 126/1962, 95/1964 provisions establishing the institution of abortion commissions are included in the analysis as well. The final changes of the law were

accomplished in the 1980s. Therefore, my focus will be on the 66/1986 law that abolished abortion commissions and the Ministry of Health provision (1981) related to the conditions under which women can undergo an abortion. Alongside a thorough analysis of the formulation of the laws and also the justifications, which follow each of the aforementioned documents, I will pay attention to how the framing of the term abortion evolved and what it could imply for epistemological changes over time. I will compare the different provisions and disclose the effects certain laws have in terms of citizenship construction(s), giving the right to some while responsabilizing others who had no real choice.

c) **Parliamentary debates:** each of the provisions/laws/regulations was surrounded by debates in Parliament. To better understand the purpose of the laws, these debates will also be included in the analysis. Moreover, these debates read together with the different laws and propositions to change them will help me illustrate how women's bodies were turned into inverted biopolitical spaces of exception – conditioned citizens endowed with rights – between 1920 and 1989, i.e. how they were turned from criminals threatening the nation into self-governing subjects, good mothers whose choices are evaluated in terms of their moral responsibility towards the Czech(oslovak) nation.

d) **Articles by experts:** I will situate the analysis of the political and juridical discourse into a conversation with the available expert knowledge in a given period. In the 1920s it will be mainly the publication by Alois Hajn (1921) on *New Malthusianism and Czechoslovakia*, a publication by Otto Wasserman (1921) concerned with the eugenic importance of the legalisation of abortion, the work by Tomáš Bartošek on the need to change the old Austrian criminal law, and the publication that resulted from the 1925 reunion of lawyers. Most importantly it will be the journal of *Československá Gynekologie* (the Journal of Czechoslovak Gynaecology) that will

guide my analysis. In the 1940s and the beginning of 1950s it is the 1947 collection of essays devoted to population growth entitled *Žena a Populace* (Women and Population), further František Pachner's 1946 demographic study on the Czechoslovak population and a publication by Hana Švarcová *Populace a Společnost* (Population and Society) from 1959. From the end of the 1960s and during the 1970s it will be the publications of lawyer Senta Radvanová (1964; 1978) concerned with the "ideal" socialist family, laws and parenting. Another important text to be analyzed is a psychological study on children that were born so called "unwanted" – to mothers who were refused the demand to abort by the commission – released in 1976 by Zdeněk Matějček and Zdeněk Dytrych, alongside with other psychological texts on deprivation in childhood and other related texts. These documents will help me follow how political and legal discourses were influenced by the contemporary scientific findings and "truths".

e) **Statistical data:** this source of information will not be analyzed but will help to sustain some of my claims or further the contextualization of my project. I will mainly be using the statistical data produced by the Statistical Office of the Ministry of Health (accessible online).

When closely reading the data, I have identified three periods relevant for the history of abortion in Czechoslovakia as a) 1918-1938; b) 1945-1962; and c) 1962-1989.<sup>60</sup> The first period to be analyzed starts when the first Czechoslovak state was established as a consequence of the aftermath of WWI when Czech and Slovak lands gained their independence from the defunct Austro-Hungarian Empire, i.e. the 1920s and 1930s when 5 different proposals were made to amend the old Austrian criminal law. The following important period that I identify is between 1945 (the end of WWII) and 1962 during which abortion was legalized for eugenic and health reasons (1950) and then decriminalized when social reasons were added as legitimate to

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<sup>60</sup> In my analysis, I am not concerned with the discourses of the Second World War. The reason is that it is a topic worthy of a separate study since it is a period when Czechoslovakia was occupied by Nazi Germany and Czech laws were suspended between 1939-1945.

terminate a pregnancy (1957). The period between 1945-1962 defines the first decades of the construction of a socialist Czechoslovak Republic. I set the final important period in regard to the abortion laws at the beginning of the 1960s with its peak in the mid-1980s when the institution of abortion commissions was banned. It is a period characterized by a new stage in healthcare prevention, i.e. by an increased medical focus on the fetus (rather than the female body) as a result of the development in human genetics and a shift of the emphasis from biological explanations of one's pathology to the psychological ones as the main reasons for terminating one's pregnancy. Since all the materials to be analyzed are textual, in the next section I explain the specific way I deconstructed the data and will identify the main discursive segments-fields for my analysis.

### [Analyzing the Silences: Critical Discourse Analysis and Deconstruction](#)

Given that I have appropriated the Foucauldian notion of power, a method of critical discourse analysis (CDA) that employs that of deconstruction best suits my purposes. Norman Fairclough (2010) defines a discourse analysis as “analysis of dialectical relations between discourse and other objects, elements or moments, as well as the analysis of the ‘internal relations’ of discourse” (Fairclough 2010: 4). He characterizes three main features of such an approach. According to him it is relational, dialectical and transdisciplinary. It is relational and dialectical because it mainly focuses on social relations and their dynamic – it looks at the signifying logic behind certain statements and the (power) relations these create. In this sense, it is also transdisciplinary since to understand these relations and how the different discourses structure reality the researcher does not draw solely on the means of linguistics but also on those of sociology and other social sciences disciplines. According to David Machin and Andrea Mayr (2012) the process of doing CDA entails “looking at choices of words and grammar in

texts in order to discover the underlying discourses and ideologies” (Machin and Mayr 2012: 20). Hence, this method guides my exploration of the way certain meanings are embedded in the legal and expert texts and the ideological underpinnings of the different statements – the ideologies that stand behind the legalization of abortion in Czechoslovakia between 1920 and 1986 and the order of things these unleash in terms of what it means to be a (female) citizen with a potential to reproduce in both capitalism or socialism.

One of the main aspects of a Foucauldian discourse analysis is to deconstruct binary oppositions through which meaning is acquired and which represent constitutive potentialities for each other. According to Jacques Derrida these two terms are hierarchical, i.e. one term is dominant or prior over the other, the opposite term being subordinated to the dominant one (men over women, able-bodied over disabled, heterosexual over gay, white over coloured etc.). What these seemingly fixed oppositions conceal is the interdependence of the two terms, the meaning of each one being dependent on what the other is not or in some other contexts might be. Who one is or is not is acquired through the dividing practice of difference. As Stuart Hall (1996) argued: “This entails the radically disturbing recognition that it is only through the relation to the Other, the relation to what it is not, to precisely what it lacks, to what has been called its *constitutive outside* that the ‘positive’ meaning of any term can be deconstructed” (Hall 1996: 17, emphasis in the original).

It is the method of deconstruction<sup>61</sup> which discloses that binary oppositions cannot be taken at face value. In my research, it is the focus on deconstructing the dominant discourses of abortion while also paying attention to how the subject of “woman” was represented as plural, often contradictory, yet serving certain purposes. I am interested in analyzing how other

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<sup>61</sup> Following the work of Jacques Derrida and his followers, Joan W. Scott claims that deconstruction is an analytical strategy that “involves analyzing the operations of difference in texts, the ways into which meanings are made to work” (Scott 1988: 37).

categories of oppression, i.e. age, disability, and class play in the meaning of the good mother/desirable citizen, and thus disclose the multiple positions of the subject construction, which rests on the construction of the excluded, i.e. bad mothers, men, disabled entities, “them” etc. Hence to understand who the desirable citizen is one also first and foremost must know who she is not. As stated in *Discourse, Theory and Political Analysis*: “[B]ecause social systems have a fundamentally political character, they are always vulnerable to those forces that are excluded in the process of political formation” (Howarth, Norval, Stavrakakis 2000: 9).

The structure of the text then functions in a way to suppress certain world views while aligning us with others through certain representational strategies. For the meaning to be full it has to construct something while hiding something else at the same time. It is when the analysis becomes critical when it focuses on what is not being said and also potentially normative – allowing for a different representational strategy to become possibility enacted as a tool of resistance. Paying attention to representational strategies, i.e. how people, things and events are represented uncovers the ideological thread of different statements and pinpoints what is implicit in the different texts. I am interested to know how the urgency around abortion rights was created – and women were first in history conveyed as autonomous citizen subjects with the rights to decide over their reproductive lives since the times of the first Constitutions. However, from its onset these sets of legal discourses were intertwined with those achieving a strong and fully-able bodied nation that would shun above the rest by its progressiveness. Using this approach and connecting intertextually the different sets of statements then show what different texts do ideologically without explicitly naming it; how these texts construct different categories of women in relation to the idea of good (and bad) motherhood and how the progress of one’s nation is neatly tied to the question of protection/security and that of risk.

My analysis thus deconstructs the representational strategies and dependent subject constructions creating the ideal female citizen-subject by focusing also mainly on the silences in the discourse and the relations between the different objects these unleash. By using CDA, I uncover how we are made into desirable citizens and what the different discourses that let these objects emerge are. I focus on the basic concepts made by the speakers, which signals a change in the understanding of a phenomenon, namely how abortion was constructed and how women are portrayed during different periods. I asked the following questions: What rhetoric and discourses were made to represent certain categories of women and abortion itself? What kind of world view do they represent? What characters-subjectivities are chosen to represent a certain story-order-morality? What is the effect of certain representational strategies? Who is “us” and who “them”? And what does the division serve? How has the meaning of good motherhood changed over time? What concepts were used to represent “the unwanted,” “good/bad motherhood,” or the “desirable citizens”?

### Identifying the Binaries, Discursive Segments and Themes

By focusing on these questions, I deconstructed the gathered data, looked at what words are close to each other to understand the logic of the order of the statements and found the binary logic inscribed in them. What became clear through the analytical process is that the relation between the different objects and concepts constitutes the limits and possibilities of their constituency. The limits of a certain concept signify its potentialities and possibilities – creating a discursive field in which a subject can constitute herself in a relation to or from. This discursive field is constituted by the statements, objects/actors and strategies/rhetoric to enable a certain purpose. According to Van Leeuwen and Wodak (1999) thinking about discourses should involve thinking about different participants, behaviours, goals, values and locations (in Machin

and Mayr 2012: 21). In the analysis, I focus on the different situations, moments, actors, but also the regularity of the statements – on what is being said but also what is left unsaid in the texts, which sheds a light on the ontological assumptions, structuring one’s existential potentialities of how to be. My story is about the women who were poor, sick, disabled, too young or too old to become mothers, women who reproduced too much, women who were taking their time to reproduce, women who could not care according to certain standards. My analysis also brings into focus their partners (or the lack of), the drunks from the 1920s and 1930s, the irresponsible husbands who never care about the health and well-being of their wives, so the state has to take this responsibility, and all the doctors and politicians who were troubled by this situation and considered it “unbearable”. I am curious to find out what made these experts so concerned and explore this particular moment. It is an interesting historical situation since throughout centuries before women found ways to get rid of unwanted children (as for example the case of infanticide shows), but nobody cared about these children nor the mothers’ health. What I am trying to demonstrate is that women always wanted to have a choice but that at some point the choice started to be regulated by the state.

I identified the following structural oppositions and their nodal points that are pertinent to the constituency of the abortion discourses and the construction of the ideal (female) citizen subject throughout Czechoslovak history: free choice and (ir)responsibility/duty (liberation); protection and control (regulation); tradition and modernity (self-regulation) which were tied to the binary of good and bad motherhood. The sick, the poor, the ethnically different, the immature and too old stood in binary opposition to those who “do” it better, who are “better” – the white, middle-class woman with a potential not only to reproduce but also to give her child the maximum in all regards. The closeness of certain concepts-words-ideas such as “reason”,

“consciousness”, “will”, “responsibility”, “love”, “care”, “protection” and “progress/development” to that of the health (of the nation) and (the biology of) certain type of bodies became apparent in the analyzed texts. It served as a basis for the three themes/discursive fields according to which I have structured the following empirical chapters – that of women’s health, the regulation of the unwanted and individual responsabilisation/planned parenthood. By the analytical separation of these concepts, their fragmentation and subsequently the reconstruction of their mutual co-dependence, I unpack the message of what it means for different categories of women to have the right not to have a child and what is missed out by such an understanding. I show the link between the liberalizing rhetoric of women’s rights and the deeply disciplining fear of degeneration, which both create a particular possible constitution for the (female) subjects in the field of scientific reason and moral responsibility, as opposed to that of traditional fear of depopulation, religion and criminality.

The first segment is the protection of women’s and children’s health and thus the formation of women as biological citizens. It analyzes the rhetoric of women’s bodily rights, which stood behind the decriminalization and legalization of abortion during socialism and its closeness to the protection of the health of the nation. I am curious to find out how women’s health was constructed as a state’s priority and how not every motherhood was perceived as desirable anymore. Hence, I look into how the undesirability of one’s reproduction represents legitimacy for one’s individual reproductive rights that are never granted “fully”, situating women into the fields of exceptions, possibilities, choices and responsibilities.

The second segment I define as the control and regulation of the undesirable. Here I situate the change to endow women with individual reproductive rights within a broader context of expert discourses aiming to achieve a certain population optimum, those who wanted

Czechoslovakia to be strong in all respects. I am showing how protection is turned into a tool of control and regulation of the undesirable since it was also the rhetoric of degeneration and that of risk that framed abortion rights as well and was reproduced in the many proposals and laws changing the criminality of the practice. I will argue that it is the closeness of women's and children's health and the collapse of these categories into each other in the second half of the 20<sup>th</sup> century that create the impossibility of the distinction between the classic liberal categories of freedom. In this analysis, ableism emerges as an important cognitive framework that organizes the order of life.

The last segment connects the previous two since it answers and looks more closely at the construction of the ideal female citizenship, the new sexual morality reproduced by these discourses and the individual modes of responsabilisation that fall mainly on those recognized as women. Here I elaborate on the simple fact that free choice does not exist in a vacuum and it is tied to that of a moral citizenship responsibility (of women) to care about the health of their children, protect themselves with modern contraceptives and thus to not deliver a child that would be "unwanted". Elaborating more in depth on the structural opposition between the white, self-regulating/disciplined, reasonable, civilized, cultured, well-fed (super able-bodied) and financially secure modern subject of free choice vs. the one who like in the Middle Ages (traditionally and under the influence of religion) reproduces uncontrollably, is sick, her health deteriorates since she does not protect herself and thus causes the decline of the nation, I deconstruct not only the walls of women's freedoms but also those between East and West, socialism and capitalism since it is in their womb that the totalitarian and liberal intermesh (Miller 2007). I would add, it is also in their womb that the Cold War paradigm of the developing vs. the developed world survives.

I map out these three themes chronologically while genealogically juxtaposing them from capitalism to socialism to capitalism. The subsequent three chapters represent the three stages of the new biopolitical rationality that destabilizes the categories between private and public, active and passive by endowing women with rights but also situating them in a discursive field of responsibility to deliver a healthy child. They represent the breaks and continuities in episteme that in the end gave women rights to have access to safe abortion during socialism and hence each of my following chapters is introduced by a certain situation or moment which every chapter aims to deconstruct by looking closely at the strategy by which “the situation” is to be fixed. The stages of this selective and corrective rationality are: its building process (1920-1938), development (1945-1961) and functioning as a normalized and dominant ideological hegemonic structure of recognition (1962-1986). The chronological order will allow the reader to draw an easier comparison between the allegedly different ideological systems by highlighting the continuity of ideas/practices/discourses from one system to another. I conclude these empirical chapters with a reflection on what sustains after 1989 the logic behind the 1986 abortion law that legalized abortion since the new democratic system is supposed to have brought about a situation where criticism and difference would be entailed as the main principles in the contemporary governing strategies of life and reproduction. As much as women should have the right to have an abortion, they also should have the right to not have it when their pregnancies are labelled “unwanted”. My work is thus a call to make more visible the different and disconnected frameworks through which abortion rights operate, i. e. unveil the structuring societal/cultural order induced by them with a hope to restructure the field of the (im)possible, create new coalitions between the marginalized and the privileged, which could potentially lead to a more just life in a (post-)modern society.

## Chapter 3: Building the First Democratic Czechoslovakia: Women, Eugenics and the Right to Choose between 1918-1938

### Historical Context

If we want to have a well-ordered state, we must make an effort for the valid, existing laws embodied in the jurisprudence to also carry a moral sanction; and there is none where there is a gap between the written law, inherited from the past, and the thriving conscience and consciousness of our times. Such a law is not a law [suitable] to a democracy (...)

(Bartošek 1921: 35).<sup>62</sup>

The progressive Constitution of 1920 granted Czechoslovak women rights to education and suffrage, rights that many women were still lacking in the Western world. The newly established country was born out of the hundred-year-old romantic dreams of national sovereignty and the turmoil of the First World War when, as a consequence of the four years of the first global war in history, many territories belonging to the former Austro-Hungarian Empire became independent states. Czechoslovakia was one of them.<sup>63</sup> In 1918, Tomáš Garrigue Masaryk (1850-1937) was elected as the first president of the newly established state. He had just returned from his final exile stop<sup>64</sup> in the United States where he was in negotiations with Woodrow Wilson about the righteousness of the separation of the Czechoslovak and other

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<sup>62</sup> All translations from Czech and Slovak to English are mine.

<sup>63</sup> Czech and Slovak lands were ruled by the powerful Habsburg dynasty since 1526 when Ferdinand I, the Holy Roman emperor, married princess Anna of Bohemia and Hungary, also known as Anna Jagellonica. Although the Holy Roman Empire officially ceased to exist in 1806, to be replaced in 1815 by the German Confederation, the Holy Roman Emperor Francis II abdicated from his previous functions in 1804 and founded the Austrian Empire to become its first emperor as Francis I. In 1867, following the so-called Compromise with Hungary, the Austrian Empire became the Austro-Hungarian Empire. During the almost four hundred years of Habsburg rule, Czech lands were never able to secure (or were never allowed to achieve) a certain level of independence, unlike Hungary in 1867. Thus 1918, the end of the First World War and the dissolution of the Habsburg Empire represents a symbolic year in the dominant historiographic (and nationalist) narrative for it was the first time that Czechs and Slovaks had the opportunity to mold their own visions of what their own democratic state should be.

<sup>64</sup> At the outbreak of the First World War Masaryk realized the possibility of the independence of Czechs and Slovaks and believed the best way to achieve it would be outside of the Austro-Hungarian Empire. He left the Czech lands with one of his daughters, Olga in December 1914 and first travelled to Rome, then Geneva, and then from London via Paris to Moscow and via Tokyo to the United States in 1918. As a curiosity, to get to Chicago he took a steam liner in Vancouver.

Central European states from the Empire. The philosopher and sociologist, who is often called “the father of the nation”, was also (in)famously known for his fearless defence of women’s rights and fierce convictions that men and women were created as equals.<sup>65</sup> The ‘equal rights of the sexes’ was incorporated as one of the main principles in the constitutional document that proclaimed to treat men and women equally in the new regime. Article 106<sup>66</sup> of the Constitution clearly stated that discrimination on the basis of sex or class was forbidden (Feinberg 2006: 5). And it was not a coincidence. Throughout the 19<sup>th</sup> and at the beginning of the 20<sup>th</sup> century a strong women’s movement thrived in Czech and Slovak lands represented by voices such as Eliška Krásnohorská, writer and founder of the first girls’ grammar school (*gymnasium*) Minerva (1890), or her successor politician and journalist Františka Plamínková, who had been lobbying for women to have the same rights as men. In the interwar period, it was their successors, mainly Luisa Landová-Štychová and Betty Karpíšková who together with other politicians and experts aimed to extend the women’s agenda also to that of reproductive rights and make the abstract principles of the Constitution a vivid reality. Their voices became loud at the same time as those of Irene Parlby, Nellie Mc Clung or Margaret Sanders who also on behalf of the marginalized

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<sup>65</sup> In 1878 Masaryk married the American Charlotte Garrigue whom he had met during their studies in Leipzig, Germany, and he took her family name as his middle-name. It was a revolutionary act at that time since even nowadays many men resist to accept their wife’s name as part of their own identity. Historian Melissa Feinberg in her book *Elusive Equality* recollects when Masaryk gave a lecture on modern opinions of women in the Girl’s Academy in Brno in 1904. She claims that “[h]e asserted that ‘women’s nature’ did not justify their subordination to men and set himself firmly against the notion that women’s inferior place in society stemmed from their womanhood itself” (Feinberg 2006: 13). In his thinking about women’s emancipation he was greatly influenced by his wife Charlotte Garrigue. In their book *Shaking the Empire, Shaking Patriarchy* Agatha Schwartz and Helga Thorson show how Charlotte was instrumental in this respect, and argue that Czechoslovak women owe their right to vote to her at least as much as to him (Schwartz 2014).

<sup>66</sup> However, article 126 was based on a different set of assumptions and ideals in regard to women. It proclaimed “marriage, motherhood, and the family under the protection of the law” (Feinberg 2006: 35) and recognized specifically gendered ways of citizenship whose protection was salient in the new democracy. The institution basically protected the roles of men and women as husbands (the providers) and wives (the mothers to be provided for) and thus reproduced the traditional gendered structure of the family. This ambiguity regarding egalitarianism vs. protectionism characterizes the whole interwar period in Czechoslovakia (1918-1938).

ended up fighting especially for white, able-bodied and middle-class women's rights in places of European expansion and colonialism over the Atlantic Ocean (Dyck 2013).

The departure from the old Habsburg rule thus led to the re-formulation of what the newly established Czechoslovak democracy should look like. A discussion was open to negotiate the proper gender order – a new sexual politics – characteristic for a modern democratic state that broke with the monarchy and the deep-seated religious discourses that assured the survival of the royal dynasties in power in Central Europe since the Middle Ages. Even though women were granted political rights in the 1920 Czechoslovak Constitution and women's equality – the so-called “woman question” – was prioritized by the new political agenda, what the document failed to include were women's personal rights over their bodies and reproductive lives. Abortion was criminalized since the 19<sup>th</sup> century in Czech lands, a situation that was found troubling. Being inspired by the new post-war ethos, some socialist politicians, communists, some bourgeois feminists fighting for the poor, and other experts believed that granting women personal reproductive rights was a cornerstone for the building efforts of the new Czechoslovak state. Their voices represent the new type of rationality – the new “consciousness” – concerned with women's reproductive rights, which as much as it was liberating also redefined new moral responsibilities and duties of motherhood and by that the borders of the new nation-state. They focused particularly on poor women since they were those struggling with the harsh realities of belonging to a so-called lower class in a capitalist system, their health destroyed by the many criminal abortions. These women stopped being asked to become mothers at any cost. Their pregnancies, together with the young and disabled, were started to be perceived as undesirable. They were recognized as spreading degeneration and as the new biological under-class, to use Dorothy Roberts' term. Abortion – and women's right to abortion – thus became a prominent

topic in the 1920s and 1930s within a society whose principles and structures, I will argue, were shifting and immersed into another epistemological change deeply embedded in modernistic and Enlightened principles of freedom.

Interwar Czechoslovakia inherited the old Austrian law<sup>67</sup> that criminalized anybody who would demand or provide abortion. The punishment for such an act was high and ranged from 5 to 10 years in prison; when attempted but unsuccessful, from 6 months to 1 year. In the inherited Austrian criminal law abortion was labelled an “expulsion of the fetus”. In the dominant thinking, guided/guarded by traditional and religious understandings, women were mainly perceived as mothers and thus any attempt to get rid of a potential future citizen was recognized as a criminal and violent act, which the terminology of “expulsion” communicated well. It was believed that a potential new life was being destroyed by women’s decisions to abort and that from its conception the fetus was endowed with a soul. Women’s blessing was their role as mothers and for that reason they also had a responsibility to provide enough citizens who would fight for the newly established independent nation. Refusing the duty to deliver a child transformed the pregnant woman into a potential criminal deserving punishment for threatening the future viability of the state and its competencies to function as a strong and growing nation. However, according to some of the leading elite such an understanding of the issue contradicted democratic principles on which the new Czechoslovak state was to be built. It was an obstacle in its development. The politicians interrogated the contemporary scientific findings on population and health as these became the main texts through which the state commenced to gather the strategies and ideas how to govern.

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<sup>67</sup> The criminal law was issued in 1852 and abortion was related to paragraphs 144-148.

In the 1920s and 1930s, five different (ultimately unsuccessful) proposals<sup>68</sup> to amend the old 1852 Austrian law were issued by some socialist and communist members of Parliament; one of the documents was released by Minister of Justice Adolf Meissner himself in 1932. Along these efforts, in 1920 a committee of experts was established to revise the inherited criminal laws also regarding abortion. In the discourses of the proponents of the change, women who intended to terminate their pregnancy stopped being perceived as criminals and were defined as autonomously deciding individuals in need of protection who cautiously care about their own health and that of their children. In the thinking of some of the leading experts and politicians, the fear of depopulation was replaced by the fear of degeneration, and eugenics as a science served to justify their arguments. They constructed the category of women's health as a national priority and concern, portraying women's bodies as a valuable procreative capital that had to be taken care of. The focus was mainly on poor women whose health was not only deemed to be damaged by the many criminal abortions, but also by extension causing a “damage” to the health of the nation. These women had to first learn how to take care of themselves and have the access to protect their health.

By analyzing the legal and medical discourses of the twenties and thirties, I explore the arguments and subject-constructions used to justify the legalization of abortion under certain conditions and demonstrate how the category of female biological citizenship was constructed – for women who are free in their reproductive rights yet never fully. Drawing on biopolitical theories, I show that even in the first Czechoslovak democratic regime abortion rights, although

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<sup>68</sup> The proposals were the following: 1. 1920 – signed by Louisa Landová-Štychová, Dr. Bohuslav Vrbenský, Dr Theodor Bartošek, Ludmila Pechmanová-Klosová and Františka Zeminová; 2. 1922: signed by Louisa Landová-Štychová and her aforementioned colleagues from the National Socialist Party; 3. 1925 – issued by the German Socialist Party, Dr. Holitscher, Irene Kirpal, Franziska Blatne and Marie Deutsch; 4. 1926 – issued by Louisa Landová-Štychová, also signed by Marie Vobecká, Gizella Kolláriková and 26 other members of the Communist Party; and 5. 1932 – issued by the Minister of Justice Adolf Meissner.

still non-existent, were conceptualized from their onset as a regulatory strategy of power, aiming to maintain/reproduce/control a certain societal order by disciplining women along the ageist, classist, heterosexist, and ableist lines into good, responsible citizen-mothers. In this respect, I argue, the Czechoslovak state was similar to what Ruth Miller said about France, Turkey or Italy at that time, namely, that their aim was “to regulate the most private activities of its citizens (...) and to turn the womb into a public as well as a political depository for the ‘health of the population’ and the ‘integrity of race/[nation]’ (...)” (Miller 2007: 17). I concur that it is through the protection of women’s biological capacity as mothers that the control and regulation of the Czechoslovak population were to be exercised and maintained so as to avoid a decline into what was considered a lower form of humanness.

This chapter is divided into three segments that communicate with each other. First, I will focus on the situation itself and how the problem of women’s health was created as an issue of state and political interest. I am interested in exploring the rhetoric behind the provisions, looking at how liberation works in tandem with the protection of bodies whose biology is not deemed desirable for reproduction and thus how the health of women is tied to that of the nation. In the second section, I analyze more in depth the expert discourses of the 1920s and 1930s concerned with the quality issue in regard to the Czechoslovak population and how these relate to the efforts of politicians to liberate women from the incessant duty to reproduce. I will highlight the role of eugenics in justifying especially the social reasons for terminating one’s pregnancy, which were still strongly contested in the old medical community at that time. This allows me to theorize about ableism as a structure of oppression, a framework of recognition that intersects with other categories of difference such as age or class that define certain bodies of citizens as (un)desirable. These were mobilized to keep the Czechoslovak nation pure of any

social and biological diseases and operated under the same “less is more” logic as conceptualized by Foucault in regard to racism in modern nation states. The third part is concerned with the strategies of disciplining and the creation of a modern female bourgeois self – the responsible-conscious woman – and with the subtle processes of dissection along the new desired and scientific ageist, ableist, classist, and (hetero-)sexist order of things. This section will disclose how gender operates as a technology of (bio)power, as a civilizational identifier intersecting with other systems of oppression to ensure a certain population optimum. Overall this chapter employs a biopolitical framework to understand how protection is turned into a tool of control thereby negating the classic liberal/totalitarian, active/passive dichotomy of citizenship.

### For Women’s Health: Abortion Rights as a New Governing Strategy and its Many Facets

We are passionate and determined defenders of a woman’s right to individually and freely decide about her pregnancy (...). For that reason, we demand an absolute prohibition of the criminal [abortion] law, which transforms motherhood into slavery and solely by existing, it insults the sovereignty of motherhood while producing an immense social evil. If we are free as citizens, we also want to be free as mothers in our state  
(Karpíšková 1932: 10).

It was 1932 and Betty Karpíšková,<sup>69</sup> an ardent socialist feminist, reproduced the voice and language of the new biopolitical rationality when defending Minister of Justice Adolf Meissner’s proposal issued the same year to abolish the Austrian law that continued to criminalize abortion in Czechoslovakia. The situation was unsustainable, “producing an immense social evil”. According to her, abortion and motherhood in general should have been a matter of

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<sup>69</sup> Betty Karpíšková was born in 1881 in Prague (Žižkov) and belonged to one of the most important and vocal female politicians of the Czechoslovak Socialist Democratic Party during the interwar era. Beside her political career in Parliament (1920-29) and the Senate (1929-39), she was also an active member of the Czechoslovak Childcare Institute and president of the Union for Childbirth Control. Her role in the women’s movement was no less significant and she often published her opinions in different news(papers), being herself editor-in-chief of *Women’s News*, an important weekly journal on educating women about different political, economic, and social issues related to their lives. During the Nazi occupation, she was killed in Osvětim (Auschwitz Birkenau) together with her husband and son in 1942.

individual choice, if women were free as citizens they were also to be free as mothers not slaves who reproduce on their master's demand and who cannot escape the chains of their destiny. But it was already more than a decade before when some of the leading experts and politicians expressed their discontent in a state where democratic freedoms of citizens should be proudly praised and in which democracy and health started to become synonyms. Several efforts to decriminalize abortion and endow women with rights to decide about their reproductive lives took place in Czechoslovakia in the 1920s and 1930s, as already mentioned. Although none of them went through during the interwar period, these politico-expert endeavours represent a breakthrough of a new rationality for which not every motherhood was desirable, one that argued with women's individual choices.

Like in some other countries, such as Germany where women's rights to motherhood were articulated strongly already before WWI, these politicians framed women's access to abortion through a liberal language of freedom of citizens, i.e. the rhetoric of women's individual rights to health and bodily integrity (self-determination). It was understood that the old criminal law does more bad than good, causing an immense damage to women's health and hence the need to reformulate the archaic provision "undignified for a modern human state" (1920 proposal). In the thinking of the proponents of the change the protection of women's health was indisputably linked to the development of a democracy. Only by attributing women with individual rights would the state protect their health and biological capacities as mothers and workers. By legalizing abortion, the state would protect the very needed lives of those who *naturally* deliver the new needed citizens. Hence, allowing women to decide *freely* about their motherhood and self-regulate their health, the state would secure the potential of its future wealth.

The debate around women's reproductive rights, i.e. the rights to health and self-determination, was from its very onset using arguments regarding the potential danger criminal abortion had onto women's health and well-being. Doctors were alerting the politicians about the undesirable effects of the criminal provision that did not abate the wide-spread demand for the service. In times of economic crises,<sup>70</sup> many women turned to unprofessional abortions or they attempted to abort themselves through any means, which could lead to fatalities. It was estimated that 60,000 criminal abortions took place annually in Czechoslovakia, and out of those, 50,000 affected women had permanent health damage while around 2,600 died (Wasserman 1921; 1922, 1926 Proposals). Tomáš Bartošek, one of the proponents of the second proposal (1921), writes in his notes in regard to the amendment of the paragraphs 144-148:

Women who became pregnant against their will, are getting rid of the fetus in plenitude even under the contemporary law. However, they choose illicit ways, looking for non-professional help; it is easy to deduce that the consequences are much harsher for the health of the affected women, their future possibilities to become mothers and for the health of the future generation than if such a woman had the opportunity to search for professional help

(Bartošek in Wasserman 1921: 36).

Women in Bartošek's speech were constructed as active and autonomous agents exercising their individual will as they were seeking abortion despite it being criminalized. According to him women should undoubtedly be able to choose freely and access professional health care. The legality of the practice could prevent the destruction of women's health. All proposals emphasized the detrimental consequences to women's health caused by the contemporary criminal provision as well (1920; 1922; 1925; 1926). Everyone who harmed women must continue to be punished and women's sexual behaviour should be exempted from

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<sup>70</sup> The Dawes plan from 1924 meant to restructure the economic and political relations after WWI. As its consequence, high rates of unemployment, disturbing levels of poverty, serious lack of housing and the increase of prices for many basic necessities (such as milk) occurred in Czechoslovakia as part of the increasing capitalist transformation of the region.

criminality.<sup>71</sup> Women were to be liberated and given more autonomy regarding the questions if they can be pregnant or not, which would subsequently ensure the well-being of the whole nation. As stated already in the first proposal issued in 1920 by socialist MP Louisa Landová-Štychová,<sup>72</sup> and in all subsequent proposals as well:

It is in the interest of the state to protect the health of its citizens as its most precious asset. Primarily mothers are in need of this kind of protection so that they can fully satisfy their responsibilities towards their children whom they have already brought into this world. For that reason, it is important to protect these women who cannot bring the motherly act to term for economic or health reasons, from the illicit, criminal manipulations

(1920 Proposal).

As we see in the above quote, according to Landová-Štychová, the state was supposed to act and protect women's health now defined as a valuable asset as women/mothers were citizens of a particular kind. If women did not have the capacity to care, if their health was shattered and weak, they were not to be demanded to become mothers anymore. According to Landová-Štychová, it was "in the interest of the state" to do so. The focus of this power was on maintaining or enhancing health and well-being, which was contradicting the situation of these women. This politics thus refused that a woman with a potential to reproduce should have an obligation to be pregnant at any cost, especially if she was poor, sick and did not have the finances and capacity to secure a good growth for her children. Keeping a child in unwelcoming

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<sup>71</sup> For that reason, also a different imprisonment sentence was inflicted on those who would provide abortion but were not health care providers, and as a consequence would inflict harm on women. The sentence for those who attempted to provide criminal abortions ranged from 6 months to one year. However, if a woman's health was endangered by it the person providing the procedure could be sentenced from 1 up to 5 years.

<sup>72</sup> Louisa Landová-Štychová, originally named Aloisie Vorlíčková (31<sup>st</sup> January 1885 - 31<sup>st</sup> August 1969) was born in a small bourgeois family who owned a shop in Ratboř, a small town in Central Bohemia. She attended a religious school and in her teenage years became a high school student specializing in economics and administration. After high school, she started working in Vienna where she met her future husband. Louisa was publicly active already from the turn of the 20th century. She joined the proletarian, anarcho-communist and feminist movements. In 1911, she became a member of the Socialist Party and in the spring of 1918, she joined the National Socialist Party that she represented in Parliament. However, in 1923 she refused to give her support to the law protecting the country; as a consequence, she was expelled from the party. She established by herself an Independent Socialist Party with which she joined the Communist Party in 1925. Beside her political career, Louisa was also at the head of the newspaper *Ženské slovo* (Women's Word), a female chief of scouts and she fiercely defended the Czech abolitionist movement (Musilová 2007:106). She is definitely one of the women who should not be forgotten in Czech history.

conditions was no longer perceived as moral and desirable. As mentioned in the final document elaborated on by the commission of lawyers led by August Mířička in 1926:

A conviction is still rooted in the broad masses that a pregnant woman has the moral obligation to bring a pregnancy to term and that refusing to do so, is an immoral act (...) regardless of the fact that what is protected by the criminal regulation is a fetus, hence a future human, even though what is protected is not a separate person on its own in that moment, but a “pars corporis” of the [pregnant] woman (...)

(The Expert Commission of Lawyers 1926: 155).

In the legal discourse, the criminal provision was inefficient, protecting what should not be primarily protected, i.e. any fetus without the consideration whether or not it was ‘wanted’. According to the lawyers, there was no viability of the fetus without a woman’s body – and thus in the name of health it was important to execute the abstract separation of the woman and the fetus also on the legal level. Attributing women with abortion rights would mean securing their well-being and motherly potential as new democratic citizens. And “[t]he ‘right’ to life, to one’s body [to self-determination], to health, to happiness, to the satisfaction of needs (...) this right – which the classical juridical system was utterly incapable of comprehending – was the political response to all these new procedures of power” (Foucault 1990: 145). As my analysis will demonstrate, especially certain women’s pregnancies and lives were deemed to be in need of protection.

Gradually, the focus in every proposal in the interwar period became poor women and their health. This tendency can be seen in those parts of the proposals that emphasized the necessity of subsidizing abortion for those who could not afford it. It was also suggested that doctors should be punished if they asked for more money than what was considered reasonable.<sup>73</sup>

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<sup>73</sup> For example, the 1922 provision emphasized that any private health care provider who would unreasonably charge women who could not afford the procedure should be strictly punished. Also, Adolf Meissner’s proposal was praised exactly for framing the issue through the prism of social justice, i.e. that class differences between women make access to the service easier/harder depending on how they are positioned in society. In one of her publications

It was estimated that 70% of all those demanding abortion were manual workers, agricultural workers and servants (Musilová 2007).<sup>74</sup> In the thinking of the proponents of the change, mainly poor and lower class women were most affected by the old criminal provision; any additional motherhood on their part was considered undesirable and the consideration particularly over their reproductive rights became the focus of the new rationality.

Landová-Štychová while fighting for the poor emphasized in many places that women with financial resources are exercising their rights despite the criminality. These women could obtain abortion in a private hospital, having the means to do so. In her narrative, one's health and good living standard were the characteristics desirable for good motherhood – the well-situated Czech women were thus a potentially great material for reproduction. But even these women were refusing to become mothers. She claimed: “Women who are wealthy and well-fed, who could potentially give life to many children, don't do so, their resources make it easy for them to avoid unwanted pregnancies and they deliberately limit the number of conceived children” (1922 Proposal). The underlying message was that women who had the financial means and were in good health chose to limit the number of their children nevertheless. These discourses thus unleash the normative expectations of what is good/desirable and bad/undesirable motherhood.

The logic behind the proposals was that by endowing particularly poor women with their rights, their life standard would increase. They struggled personally and financially the most, and another child would represent a threat and a burden for their life. Their lives were to be pitied

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dedicated to the defence of decriminalization, Betty Karpíšková called Meissner a “friend of women” and wrote: “According to the [Meissner] proposal the expulsion of the fetus should be carried out in public health institutions/hospitals; in emergency cases, also at the doctor's office and for poor women it will be for free or partially subsidized (...). The Meissner proposal can be thus wholeheartedly welcome as a solution for the most suffering poor women” (Karpíšková 1932: 12).

<sup>74</sup> In the document, it was stated that between 1925 and 1929, 711 cases of illegal abortions were registered, out of which 58% concerned manual workers, agricultural workers and servants, and 10.7 % of the affected women were wives of manual workers. It was concluded that 70% of all illegal abortions were demanded by poor women of the working class and hence the need for the provision (Musilová 2007: 80).

and in a particular need of help by the state. The discourses summoned a range of emotions around their lives seen as truly horrifying (and no doubt, many of them lived in very difficult conditions). It was understood that if women cannot access 'good', i.e. professional service, they were left to the cruelties of an abusive husband and the consequences of unwanted pregnancies fell onto their bodies and their ill-being. They were those who were sick and the protection of their health thus became a priority. Providing these women with reproductive rights, i.e. having safe access to abortion that would be also subsidized when needed, would mean making sure these women stay healthy and can work and provide for their children.

The 1926 proposal brought personal narratives of the women searching for (mostly) criminal abortions and included a couple of excerpts from interviews with women who ended up at the police station for having demanded the frowned upon practice. We can read the speeches of the criminalized persons through the intersection of class and heterosexist patriarchy as delimiting systems of oppression to their reproductive freedoms; however, the aspect of health upholds that of another oppressive structure, i.e. ableism. One of the criminalized women said when defending herself and the woman who provided the service for her:

I have five children, three of them have Angelman syndrome, scrofula and sore eyes, the first two were healthy, but as a consequence of malnutrition and bad housing conditions they became anemic and one of them has a beginning of respiratory catarrh. My husband was well behaved before, when he was single, and even at the beginning of our marriage; he liked to read and he went out only for the meetings of his union. The children were born one after another, even though we were (sexually) very moderate. The poverty increased, we had to take a cheaper i.e. a smaller apartment, while the family was growing and becoming bigger. My husband started to drink and lost a meaningful sense of himself. His character changed beyond recognition. When he came back home during the night, he would beat me up, and also the children. When he was drunk he was testing them with mathematic questions he did not even understand himself. When he thought one of the kids was not responding correctly, he would beat him/[her] up. When I tried to defend the kids, he wanted to kill me. And when he was tired, he would cry incessantly and blame me that it was my stupid fertility that had destroyed him

(1926 Proposal).

As we can see in the quote, the proponents of the change described life in poverty as being caused by high levels of fertility and as horrifyingly miserable for either a woman's own life/health and that of her children. In addition to the struggle of not having much to eat, physical and emotional violence inflicted by their male counterparts often became part of their everyday life as well. It was argued that the new Czechoslovak society should fight these injustices and conditions of life that were understood as undesirable for the development of the family itself but also for the future of the state. According to the politicians and doctors, Czechoslovakia was being slowed down by something that could be called an epidemic of illness. Although women's first and foremost duty was considered to be motherhood, a pregnancy that would cause more misery or further weaken the health of a woman was no longer praised. For that reason, from the very beginning (except in the 1920 Proposal) abortion was to be allowed only under certain circumstances; therefore, exceptions to the you-must-reproduce-at-any-cost rule were to be put into place.

The new rationality recognized five circumstances as legitimate reasons to terminate a pregnancy; they represent the acceptable reasons for the (un)wanted (pregnancy/motherhood) when demanding the procedure and were summarized under the different exceptions that were supposed to lead to legalizing abortion. They appeared in most proposals, with the exception of the 1920 and 1925 Proposals.<sup>75</sup> These circumstances were the following:

- Health: various diseases that based on a medical assessment could worsen during a pregnancy or endanger the mother's life (strong anemia, tuberculosis, heart or kidney diseases, etc.).

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<sup>75</sup> The 1920 Proposal did not include any reasons since it was solely based on the rhetoric of women's self-determination. The 1925 Proposal had a different reasoning. It aimed to establish a commission of doctors who had the right to decide about the validity of the woman's demand. As stated in the text: "It is impossible and unnecessary for the law to name reasons the commission should consider legitimate. Every case should be decided individually" (1925 Proposal).

- Eugenic: for example, syphilis, alcoholism, various mental diseases etc.
- Social: poverty, more than three children, existential instability, lack of housing.<sup>76</sup>
- Seduction of girls younger than 16 years.<sup>77</sup>
- Cases of violent rape.

Even though in a classic liberal perspective these criteria are understood as liberating women – and I do not wish to dispute this argument – their foundation is based on one’s biological (citizenship) undesirability and the delineation between good and bad motherhood. Demanding and providing abortion was ultimately still deemed something wrong and “evil” (1922; 1925; 1926). It was considered a “barbaric help in distress” (1925 Proposal), something that should be avoided at any cost whenever possible. However, it was also “help” in situations defined as uneasy – and most of them were indeed. It was assumed that only legalization of the practice through the exceptions from the law was a proper governing strategy to protect (some) women’s health/bodies and lives from further harm and make sure that only children of a certain quality are born. As we can see, it was one’s age, class, and ability assumed under the aforementioned exceptions which were to decide about the (un)wanted. Women as citizens equal to yet still different from men, were to have rights to decide over their lives *if* they adhered to the expected conditions of when a pregnancy was unwanted. In the dominant perception women who could not deliver the child for the exempted reasons would stop being seen as criminals and rather become biological citizens with rights whose freedom is conditional for only allowed under the aforementioned circumstances. They are biological citizens for it is the protection of their biology that becomes the significant factor in determining the form of their rights, it is their

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<sup>76</sup> It was estimated that only in Prague, the capital, there were 4,000 families who had nowhere to live, which meant about 20,000 people with no permanent dwellings (1926 Proposal).

<sup>77</sup> The 1926 Proposal increases the age to 17 since it was believed that the longer the organism of a young woman is protected, the better it is for her vital biological functions as a future mother.

bodily potential that becomes subsumed under the political strategies of governing. The undesirability of women's socio-economic situation, biological state, pregnancy and situation signifies the legitimization of their reproductive rights. The 'unfavourability' represents the demand for women's liberation. As we can read in the proposals:

Motherhood is one of the most sacred functions in life, it demands big sacrifices and self-denials, yet the desire to become a mother is innate to almost every woman. Therefore, every law coercing to motherhood without acknowledging [the woman's] health and economic circumstances is an insult to the woman since, first, it degrades her as a human being, and, second, it makes [her] situation worse rather than better for both mother and child or it lets the woman die

(1920 and 1922 Proposals).

The criminal provision was understood to be coercive to women's lives and as stripping them off their rights as female citizens (who were also expected to be mothers in the first place) by not taking into account their economic, health and social situation. This approach was found "degrading" to women's lives, something which can undo the other person's being, a practice that should be utterly rejected in a state built on equal rights and democratic values. The state approach to women's bodies – thus the form of biopower – was changing, raising women above the position of 'bare life' (Agamben 1995) and transforming them into citizens whose well-being should be taken care of by the state and who therefore can exercise their reproductive rights within the designated limits and under the three aforementioned exceptions. The new state asked to 'make live and let die' under certain conditions of choice, to rephrase Foucault. Women were thus included in the democratic citizenship project but only if some special cases of protection applied and as it will become clearer, not solely for their own well-being. The exceptional 'if' framed every provision aimed at legalizing abortion. Therefore, to follow Penelope Deutscher's (2008) line of thinking regarding the logic of abortion laws in general, these provisions basically maintained that abortion was outlawed and legitimate only if women terminated a pregnancy for

health, eugenic, social reasons and in cases of violent rape and abuse of pre-age girls. The form of exceptionality thus created a space for women to actively exercise their reproductive freedoms as the question of their individual decision was brought in, provided certain conditions (health, eugenic, social) were met. In this regard, Czechoslovakia resembles any other democratic state as per Ruth Miller (2007), where the decriminalization or legalization of abortion was to be achieved through the rhetoric of women's rights.

As presented in Chapter 1, in a biopolitical framework women's rights are understood as subsuming the biological under the political order. Therefore, even though women were to be actually granted reproductive rights and self-determination – and these are rightly considered a cornerstone of women's liberation –, the desired effects of the discourse present in the provisions were not as innocuous as one would assume. From its onset, abortion rights were intended as a regulatory strategy of power, aimed at making the nation healthy and of a good socio-economic standard. Therefore, as much as abortion rights liberate, they also control and regulate and hence the focus in all proposals on poor women whose “poverty always resulted in increased child mortality rates” (Marek 1922: 7) and whose bodies along with their health problems were represented as a major threat to the desired development of the new Czechoslovak state. Women's bodies/wombs in the discourses of the proponents of the change thus represent the battlefields – camps – where the inside and outside, the individual and collective, the liberal and totalitarian intertwine, where the boundaries between freedom and unfreedom are blurred (Miller 2007); they represent the paradigmatical biological citizens of any modern modern-nation state, which interwar Czechoslovakia was.

If the new democratic state was to be well ordered, it was to fight the (social and biological) diseases of the individual/national body by legalizing abortion. By protecting the

carnality of its citizens, the state would secure its future. Just what exactly was the new state supposed to protect? What kind of Czechoslovak future was imagined by the proponents of the change? What was the role of medicine and eugenics in justifying that the state be active in protecting (and thus regulating/controlling) women from what was perceived a “social disease” (Karpíšková 1932) of its time, i.e. illegal abortions? In the next section, I will elaborate more in depth on the medical discourse and show how the main reasons for abortion were justified to be included as a necessary part of the provision, i.e. I will show how science and politics intersect when women bodies (and by extension the future of the nation) are concerned and how a liberally framed protection based on the concept of individual rights can turn into the control and regulation of its (un)desirable (citizens).

### For the Health of the Nation: Ableism, Eugenics, the Medical Gaze and Fear of Degeneration

A modern state has a different idea about societal interests and behaviours that go against them; therefore [such behaviours] are criminalized. If somebody wastes the life of an embryo that is doomed to a premature death after living only a few days or years in poverty and a life of pain (...), they do a favour to the whole society and cannot be punished for it  
(Wassermann 1921: 24/25).

All proposals underscored that abortion when legal was to be performed only in health care institutions and by professional health care providers to ensure that a woman’s health would be exposed to minimum risk since it was understood that abortion was a dangerous procedure even when performed by doctors (1920; 1922; 1925; 1926).<sup>78</sup> It was the protection of women’s and children’s health that mattered for the viability of the Czechoslovak nation. Hence, the

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<sup>78</sup> The 1925 proposal meant to establish the institution of a commission that would be deciding about the reasons to terminate one’s pregnancy. The woman’s will was to be limited based on the same type of argument: abortion is evil and even when provided by doctors, it is a harmful procedure. The 1925 proposal shows well that from the onset, abortion rights were conceptualized as a biopolitical technology of power.

discursive power to frame the population concerns was particularly given to doctors who openly used eugenics<sup>79</sup> to justify their arguments and achieve the proposed goals, transforming the protection of some into the control of the (un)desirable pronounced through the language of (human) rights and that of risk. In the words of one of the most prominent Czech eugenicist at that time, Jaroslav Kříženecký: “The aim of the eugenic efforts is the socio-biological capability of human society and of every individual. It is care for health or to put it better, [it is a care for] the health of a [wo]man and the whole humankind. (...) For without health there is no life and without life there is no culture” (Kříženecký 1921:10). These discourses unleash the normative expectation about the ideal/desirable/wanted individual and collective body tied to the expectations of how to be a mother, i.e. a good and cultured citizen.

As we see in the above quote by Dr. Max Wassermann, even though abortion was still frowned upon, the consequences of bringing the ‘unwanted’ into this world were even more vilified for such a potential future life was seen as a burden. A woman who would not deliver the vilified embryo would do a ‘favour’ to society and therefore did not deserve to be criminalized. The fear of depopulation,<sup>80</sup> which guided state politics in those days, was thus aimed to be replaced by something else, i.e. the fear of degeneration. From now on, proper governing was to be concerned with the quality – i.e. health – of the population if the state was to set off its felicitous futures. Reproduction of some women was thus seen as undesirable and the medical gaze absorbed in structures of ableism was there to separate the wanted from the unwanted.

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<sup>79</sup> The Czech Eugenic Society was established in 1915 with the aim to study theoretically and practically the laws of hereditary diseases.

<sup>80</sup> When Robert Malthus was writing his famous *Essay on the Principle of Population* (1798), he was concerned with something else, i.e. the excessive reproduction and thus overpopulation since he believed that humankind is growing expansively in a geometric way. However, this fear swiftly changed in the second half of the 19<sup>th</sup> century into the fear of depopulation as the newly emergent nation-states were in need of more recruits for military reasons.

At the beginning of the 1920s this new fear of degeneration still had to be properly justified in the community of medical experts since the dominant medical perception represented for example by professor Antonín Ostrčil, still adhered to the notion that “doctors cannot recommend a law that endangers women’s health *en masse*” (Ostrčil 1924: 36, emphasis in the original). Ostrčil,<sup>81</sup> in many of his public lectures on the amendment of the criminal law, emphasized that the main role of doctors was to heal and therefore he refused the social indication for terminating a pregnancy. If a woman was healthy there was no reason for doctors to help. For him, doctors should care about maintaining women’s health – the biological, the rest should be left to sociologists. But for other doctors, whose perception was adopted in the five proposals to legalize abortion, this ‘fact’ stopped being plausible in the case of social conditions (poverty, unemployment, economic crisis, housing situation etc.) and was instead intrinsically linked to the well-being and health of women now understood as citizens, and by extension to the well-being of the next generations important for the new state. In that understanding the social becomes the biological as well and these two become inseparable, justifying the need to take a preventive measure and eradicate rather than heal.

As stated by Dr. Maxim Wassermann (one of the biggest proponents of social and eugenic indications for abortion) in his book *About the Social and Eugenic Indications for Implementing Abortion*<sup>82</sup>: “The main endeavour of the state and also doctors is not only to heal but also to eradicate disease. We are fighting against the contagion from person to person, but it

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<sup>81</sup> Already back in 1912 Ostrčil gave a public lecture in Brno where he refused abortion for other than health reasons. Along the same lines professor Josef Jerie, the founder of the Czechoslovak Gynecology and Obstetrics Department, claimed that “the main role of doctors is to protect lives, not to destroy them” (Jerie in the 1926 Proposal). According to him allowing abortion would bring about a moral crisis. However, the morals in the 1920s and 1930s were slowly changing as this chapter shows. It was not just male doctors who were against the legalization of abortion. For example, Anna Honzáková, the first female doctor to graduate from a Czech university, outright refused the procedure based on moral convictions, saying that under the existing conditions “if a woman does not want to be a mother, she should not get married” (1926 Proposal).

<sup>82</sup> *O indikacích eugenických a sociálních k zavedení potratu.*

is of little help unless we prevent the transmission of diseases from one generation to the next” (Wassermann 1921: 11). According to him, a proper modern state and ‘enlightened’ doctors should not only heal the ‘symptoms’ of a certain disease but remove the cause of the ‘problem’ completely and thus prevent it even from the potentiality of existing. In this regard, even the social became a problem for the biological as especially social conditions could threaten one’s viability.<sup>83</sup> Religious doctrines and their views on the function of women’s wombs were slowly being challenged by a still marginalized medical community and its findings and truths:

It is not anymore about saving a life with an immortal soul, especially when the embryo is doomed and the life of the mother and her family and thus of the entire nation is at stake. It is a battle against the pain and suffering of humankind by the tools which only medical science can teach, it is a battle against disease, it is a battle for health

(Wassermann 1921: 26).

The role of doctors was to be transformed to help society get rid of the ‘pain’ and ‘suffering’ caused by different diseases<sup>84</sup> troubling the individual and therefore the collective body; the category of health that now included more than just biology but also the societal was there to separate the wanted citizens from the unwanted ones along the ableist axes of desirability in a modern capitalist state. In his book Wassermann offered a hierarchical list of degenerative diseases which the state should get under control and which could be prevented (from future existence) by allowing women to have access to abortion. If these women did not have safe access, there was a ‘risk’ for the progeny and thus for the whole nation. As emphasized by Wassermann, the provision aimed to subsume “also the cases when a woman is not threatened by her pregnancy, but the fetus is delivered into its own misery, the misery of its parents and as a

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<sup>83</sup> Similarly, doctor Jan Bělehrádek argued that a “population problem is not solely a medical issue, but mainly a sociological one” (Bělehrádek 1937: 11).

<sup>84</sup> By this I do not want to say that alleviating pain or improving health is something bad but rather that for some people it can have very different and involuntary consequences when they are being judged according to societal-medical norms to which they do not measure up. Therefore, certain preventive measures should and often also do take place, correcting their bodies and excluding them from the circles of desirable reproduction. These people, be they sick, poor, or young are often stripped off their legitimacy as parents.

course for the whole nation” (Wassermann 1921: 10).<sup>85</sup> And as he suggested, it was often poor women who were sick and thus spreading the degeneration onto their children and thus weakening the potential of the nation. Thus, some doctors became particularly concerned with the large category of infections and contagious diseases such as tuberculosis,<sup>86</sup> syphilis, gonorrhoea, or different dermatoses that were to get under control if the state was to be strong in comparison to others.

The experts thinking about the ideal state and citizens paid special attention also to those who were mentally ill and feeble-minded, and other hereditary diseases related to the nervous system, which for them did not represent the desirable qualities of the citizenship body. Hereditary diseases that could already be traced by the availability of the Mendel test<sup>87</sup> at the time and that were to be prevented so that the nation could progress to its happiness, were the following: hereditary amaurotic idiocy, different eyesight atrophies, muscle atrophies and other diseases such as psychosis, epilepsy, deaf-muteness and so on. The vision of the modern Czechoslovak nation was to be made of a population whose citizens were well off and also healthy and mentally and physically strong. And the state was to act in order to achieve this to avoid the consequences of when reproduction of these classes is not regulated. As further stated by Wassermann:

I have exposed the whole museum of misery and pain with a purpose. The names are enough for doctors. But I wish that those who are not doctors, especially our politicians, went to the hospitals and other institutions to see the sorrowful cripples whose life since birth has been but a

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<sup>85</sup> Along the same lines Betty Karpíšková stated that “a woman who cannot bring the pregnancy to term because she would otherwise threaten her own [standards of] alimentation or the nutrition of her already existing children, can legally interrupt her pregnancy” (Karpíšková 1932: 12).

<sup>86</sup> The 1926 proposal brought more precise statistical data about the contagiousness of certain diseases. For example, it was stated that 2% of children up to age 2 years get tuberculosis, 52% children up to age 5, 86% of those who are not older than 10 years and 94% of the 14-year-olds. Beside that it was stated that every 5<sup>th</sup> baby died before the age of one; every 10 or 11 minutes there is a person who dies of tuberculosis in Czechoslovakia and only 12% of children of mothers who suffer from tuberculosis live to be 2 years old (1926 Proposal). The state had to be alarmed and change its ways of governing.

<sup>87</sup> The Mendel test or Mendel-Mantoux test is a most widely used test to detect tuberculosis.

constant suffering. May they [the politicians] visit a children's hospital, and if their heart is not made of stone, they will be petrified by the pitiful little bodies covered with goop, the little skeletons with horrendously big heads and tiny legs, who suffer from the very first moment of their life until they die. (...) I would not wish them [the politicians] to stand face to face with the mothers who under the threat of imprisonment have been forced against their will to give birth to the pitiful of the most pitiful. And how can they [the mothers] explain to society that they [were not allowed] to prevent the body of the nation to get rid of this poison?

(Wassermann 1921: 19).

As much as the new state was interpellated to change its ways of governing towards women's bodies by gruesome images of suffering women, the experts related the suffering of women to their children as well. The emotions that this discourse raises are negative; the politicians are to be horrified by the repulsiveness of bodies that would need help or assistance. A serious disease, be its cause social or biological, was perceived as spreading pathological deficiency and believed to be passed down from one generation to the next, which represented a serious threat for the nation; and this could be prevented by endowing women with individual rights – by making them choose, by allowing them to act. The 'unwanted' children were considered "crippled," the "pitiful of the most pitiful" and for that reason their potential lives not worth living – a biological class of a low social standard. As we see in the above quote, women who could potentially deliver such children should indisputably have the right to abort so as not to cause further damage to the development of the nation.

Ann Stoler states that "racism is the condition that makes it acceptable to put [certain people] to death in a society of normalisation" (Stoler 1995: 54). But racism often operates through the language of 'degeneracy' (Roberts 1997; Chamberlain, Edward and Silligan 1985), and therefore the same can be said about ableism. It is the condition that makes it acceptable to put certain potentialities of life to death, to prevent certain possibilities of life from existing, as we can see in the case of Czechoslovakia. In the analyzed texts, ableism functions as an intersecting structure of oppression dividing and categorizing (female) bodies in a hierarchical

manner along the normative notions of health and thereby creating the expected conditions/notions of the liveable. The ideal Czechoslovak citizen was to be healthy in all respects, a demand intrinsically linked to democratic citizenship freedoms. What could be seen as a choice for some, was framed through the language of degeneracy (on poverty and health) as a duty for others – for all those that undoubtedly should have the rights.

As a consequence of this thinking, some women were supposed to be advised by doctors to be sterilized completely (1926 Proposal). For example, the 1926 Proposal included a mandatory obligation for doctors to advise those who terminated a pregnancy for eugenic or health reasons to *willingly* undergo a sterilisation so that some people were not to reproduce at any cost: “[Dr. Wassermann] defends not only the option of abortion, but in general the sterilisation of the epileptic, paranoid, idiotic women; and along the same lines, for humankind to be spared monstrous progeny, the castration of men with similar diseases should be mandatory as well“ (1926 Proposal). The (un)desirable citizen was tied to and enmeshed with the dominant norms of health and well-being and for that reason, some women (and also men) were not to reproduce. The abortion provision (directed solely at female bodies) was supposed to serve such goals and was meant as a regulatory mechanism, dividing, categorizing, and thus ultimately separating the wanted from the unwanted by one’s will. Thus, in the analyzed texts women indirectly figure as active agents whose decisions directly influence the quality of the Czechoslovak population.

In the new rationality, the quantity of citizens meant nothing if those brought into this world were weak and frail, a situation that was truly feared by some in the new state. As reported by the medical community, due to the difficult conditions in post-WWI Czechoslovakia, the new state was weakened by both the steady decline in natality and the (social) sickness that was

reproduced in excess (Bělehrádek 1937). The logic of it was that if you let the sick and poor reproduce uncontrollably, degeneracy will increase in the population. For that reason, the state was demanded to accept a new (bio/reproductive) politics, one which would be more selective and choose only the fittest to reproduce so as to secure the state's future (Bělehrádek 1937). This thinking was rather pragmatic as it considered the cost of lives deemed unhealthy for both the family and the state. In other words, during the interwar period the state was demanded to restructure and reconfigure its sovereign relationship towards those governed over – mainly the female citizens – to keep the balance between the modes of production-consumption on the one side and the number of citizens on the other. This epistemological change, i.e. that women whose pregnancies were considered unhealthy should not reproduce so that the Czechoslovak nation could reach a certain quality standard, was also well summarized by Richard Marek in his book

*Abortion in a Private Praxis:*

It makes no difference that it is widely written about the consequences of some hereditary diseases on the health of the progeny (for example tuberculosis, syphilis, chronic alcoholism, epilepsy (...); that the attention is brought to the fact that the persons who suffer from any of these diseases should not be allowed to get married, or at least it should be taken care of that they have no offspring; it does not matter that the attention is brought to the damage the offspring of the degenerated parents who fill prisons and become thieves and murderers cause to the state and even society; why does it matter that before the war the large eugenic movement originated, which decided to make sure that children of such degenerated parents did not have any opportunity to reproduce when the up-to-date valid law prevents a doctor who out of pity toward the miserable mothers, the poverty and distress, [their] hard work and frequent deliveries would induce abortion for social reasons even though the doctor would help not only the parents but also save many expenses to the state?

(Marek 1926: 8,9).

As we see in this quote, Marek makes it clear that knowledge about 'degeneracy' and its consequences was widespread among some within the medical community. However, it was met with little response from the political elites. To Marek it made no sense that the state would not take care of such a heavily loaded social issue that was bringing the state down and which turned

out to be quite costly. For him, women's bodies that were 'pathologically' broken were unsuitable for reproduction and for the upbringing of the future generation. They were exhausted and broken by their environment. In the desired new order, the sick (and therefore often poor) mothers and their children represent the new bio under-class, allowed to have some children but not too many.<sup>88</sup> These women were perceived as not ideal citizens themselves and by extension, their children could not be either. On one hand, these children were considered to be damaged by their unhealthy environment, and, on the other, morally corrupted, the "poison" of the nation, the "perverted youth"<sup>89</sup> whose bodies and brains were understood to be substantially different from others.

Children born into poverty lacked the desirable socio-economic living conditions that were understood to be indispensable for their mental and physical development (such as access to hygiene, schooling, finances), assuming the years spent in orphanages would often lead to their criminal futures. They were corrupted as much as their mothers were worn out by work and many pregnancies or their alcoholic or syphilitic fathers if they were even in the picture. What Marek's statement further implies is that under the contemporary circumstances the reproduction of those seemed as degenerate would not stop and he thus interpreted it as a burden, as unnecessary expenses for the state. And as we can see, Marek describes degeneration as both biological and social, whether caused by disease or poverty or the combination of both. Children born to such 'sick' parents, according to him, could be murderers and thieves, or social psychopaths at the best. A new concept of class was created by this rationality and it was not

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<sup>88</sup> As also mentioned by Marek: "Who was affected the most? Only poor families. (...) Imagine a woman from a poor background who delivered many times, often aborted, a woman exhausted by work who during the whole time of her marriage did not have a chance to get to know some joy because one delivery followed another; and we can easily understand why from day to day these miserable women live in fear and why they are [in fear] waiting for their period to come" (Marek 1926: 13).

<sup>89</sup> *Perverved Youth* is the name of a magazine published between 1925-1928 that served as one of the platforms for Czechoslovak eugenic thinking/research during that period.

solely determined by financial factors. It was the combination of both the socio-biological which became the main signifier of one's utility and value as a democratic citizen.

Eugenic thinking was finding its ways and inflicting its interpellative power into the new governing strategies of the state, which instead of the religious chasms was to listen to the gospels of science. However, in opposition to German "racial hygiene", Czechoslovak social Darwinism understood the quality of a nation not determined solely by inner factors, it actually excluded race as such. The abortion provision was not explicitly linked to be used to exterminate a certain race or different ethnicity,<sup>90</sup> as would be attempted by the Nazis during their 12 years of reign of terror (1933-1945). It was rather the combination of both, the social and biological elements – the social and biological capabilities of one's body – that were believed to be crucial indicators of the quality of the Czechoslovak nation and hence the primary focus on the poor.

Women's bodies – their biology – as future mothers thus started to matter in the new rationality since they had a crucial role in the upbringing of the future generations. The responsibilities of motherhood were changing: from now on it became important not simply to deliver a child, but to deliver a *healthy* child into a healthy environment. In all proposals, it was emphasized that "it is important to respect the rights of a child to be born from healthy parents and into favorable conditions for his [sic] development and growth" (1922 Proposal).

Czechoslovak gynaecologists started researching the best conditions for a good, healthy, and therefore normal pregnancy while increasing the control of women's bodies. A terminology was adopted to divide the fetuses between those deemed normal and those seemingly pathologically helpless. What will later be embedded in the genetic and statistical explanations was still in

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<sup>90</sup> By this I do not claim that the potential of racialization of the discourse was not there already in interwar Czechoslovakia. It is important to remember that none of these proposals was actually enacted during the time and that abortion would only be legalized in the 1950s. As I will show in the following chapters, when ableist and classist norms interact, they always try to seek out racial components and thereby potentialities can become realities.

general attributed to the incalculable role of nature in human lives. Vladimír Komárek named several inner and outer factors influencing the intrauterine development of a fetus and referred to the knowledge of the international academic community at that time. Special attention was paid to so-called normally developed fetuses with a proper fetal weight. The author agreed with other international scholars that it was the age of the mother, a woman's physical constituency and maturity, nutrition, social status, and different pathological states which all influenced the weight of the fetus (Komárek 1931: 17-21).

What Komárek also found out was that the previous interrupted pregnancies had an impact on the future development of the new fetus, and based his argument on the analysis of 6125 cases from the First Clinique of Obstetrics and Gynecology. Therefore, mainly the biological factors (inner and outer) pertinent to a woman's life and body – i.e. risky bodies and their choices – were supposed to be brought under control at that time. These defective bodies could produce “monsters” with “innate perversions” (Komárek 1931: 17), a degenerative trait that was undesirable in the new society ordered along ableist lines. He also deemed the pregnancy of women under 16 unhealthy since their organism, according to contemporary medical knowledge, was not yet properly developed and therefore did not represent a suitable environment for the fetus.<sup>91</sup> From now on the ideal (female) citizen started to be equated with one's biological and mental maturity and health, all for the sake of a modern and progressive Czechoslovak nation. Women who would be facing any of these unfavorable conditions for pregnancy were not to (re)produce. Thus, on the regulatory level, different categories of women were constructed – those with the assumed privilege, the poor, the (un)healthy, sick, the single

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<sup>91</sup> As for example stated by Antonín Ostrčil in one of his publications dedicated to the social hygiene of women. For him, women's (mental and physical) health represented an important state asset: “What is the most convenient age for girls to get married? For sure when she is fully physically developed so that she is capable of delivering healthy, strong children – and who mentally understands the responsibilities and tasks of motherhood” (Ostrčil 1924: 35). He used statistics and claimed that the strongest and healthiest children are born to mothers around the age of 24.

and the young – and the state was to provide safe access to abortion if it was to build a nation of an impressively high quality and of a strong health.

Eugenic reasons were thus justified in the five proposals with the explanation that delivering a ‘cripple’ represented a damage for the new state and its felicitous future. Along the same lines, politicians deemed social reasons for terminating one’s pregnancy legitimate in cases where poverty and thus often a shattered health became the signifiers of one’s living standard. By the same token, young (under the age of 16) or single mothers (often those who were raped) should have easier access to abortion as well, for these categories of women were thought to be at a high risk – to struggle health-wise (both physically and mentally), and financially more than anybody else. In the case of rape, the inability to love and care defined in ableist terms further justified the need to abort. Beside those women who suffered from tuberculosis or had some other disease, as a special group, these women who were pregnant for the first time – young women – were to be particularly protected/controlled, a concern included in every proposal except the 1920 one. All the proposals thus preserved the premise that women were mainly mothers and their bodies represented an important public asset. However, they were not ‘good’ mothers if they were not ‘healthy’ as per all criteria for they could not fulfill what was expected of them.<sup>92</sup> Thus a new “break between what must live and what must die” (Foucault 2003: 254) was to be introduced into the Czech juridico-political system. Despite these efforts, it did not happen until the 1950s when abortion became legalized in Czechoslovakia. These discussions in the 1920s and 30s nevertheless represent a breakthrough in and a separation from the so called traditional ways of thinking about reproduction, marking the origin of a new epistemological

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<sup>92</sup> As put by Alois Hajn, “[a] child-bearing woman has an important social function which considerably exhausts her mental and physical strength; the multiplicity of deliveries means for women premature aging, a loss of strength, and neuroses” (Hajn 1921: 17).

change in regard to how to be a good (wo)man/mother, and thus a good citizen with a potential to reproduce.

For this new reproductive politics to be functional, these liberating efforts also assumed new reproductive sexuality and bodily practices to be introduced into ordinary life as well. In the discourses analyzed above gender appears as a vector of this new biopower where the individual and collective intermesh. The discourse of the proponents of the change assumed a different form of female (hetero-)sexual morality and subjectivity pertinent to a modern nation state – the ideal of an autonomous woman who self-regulates her biology and has children only if she can. The individual responsibilities for the old Malthusian couple changed and were changing as well with the demands to legalize abortion. Abortion itself was not perceived as the final solution to keep the population healthy and fit. Rather, particularly women were (to be) disciplined into responsible mothers of future citizens who planned their pregnancies and wanted the best for their (future) children – their choices and individual will being subsumed under the biopolitical strategies of governing. In the next (and last) section of this chapter I will elaborate on the emerging concept of a liberal/bourgeois democratic personhood/citizenship and the strategies of individual responsabilization that from now on were to characterize the new heterosexual morality which was not tied to religion or tradition, but rather to population concerns (i.e. keeping the population strong, mentally and physically healthy). I will approach the following section with the question: Who is the new woman, the new paradigmatic citizen-subject in the First Czechoslovak republic?

## Neomalthusianism,<sup>93</sup> the New Woman and the Creation and Reproduction of the Bourgeois Self in the Desired New Biopolitical Regime

A modern woman will not allow to be downsized to a playful thing for a man or a ‘machine’ regularly producing children. Being conscious of the social meaning of motherhood for the nation, state and entire humankind, all the while acknowledging the responsibility which rests on her, she becomes the founder of a new, more natural and purer sexual ethics and for that reason also of a new cultural epoch of humankind

(Hajn 1921: 18).

According to Alois Hajn, one of the prominent journalists and population theorists, the first decades of the 20<sup>th</sup> century were defined by an emergence of a new sexual morality in Europe. In his book *Neomalthusianism and the Czechoslovak Republic*<sup>94</sup> he wrote that “[w]e [Europeans, Czechoslovaks] are experiencing a big and extremely important revolution in this field [of women’s rights and responsibilities], and in the turmoil of an immense moral crisis a new sexual morality is being born, which is better, more natural, and more humanistic than the previous one” (Hajn 1921:39). The new sexual morality, also adopted in all the proposals and propositions to legalize abortion in interwar Czechoslovakia, refused the religious and traditional understanding of what the duties of citizens should imply and was neatly tied to population concerns. The old Malthusian couple of the 19<sup>th</sup> century, whose individual moral and procreative duty was subsumed under the cruelty and randomness of natural selection, was to re-appropriate different modes of reproductive behaviour that corresponded to the scientific knowledge of the time and was webbed into the notion of individual responsabilization.

Even though the Malthusian couple included both genders, as we have seen in the quote by Hajn, a special role was assumed to be given to women. In a modern democratic nation,

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<sup>93</sup> Neomalthusianism broadly refers not to a movement but rather a school of ideas, which is related to the 18<sup>th</sup> century theorist Robert Malthus (see footnote 19) who predicted the Earth to be overpopulated and with lack of resources to sustain such a big population. He called for individual responsibility and control over reproduction and proposed celibacy as the best method to avoid the fatal collapse. Neomalthusianism uses contemporary scientific knowledge and calls for preventive practices such as using condoms and available contraceptives in general etc. to be learnt individually.

<sup>94</sup> Novomalthusianism a Československá republika: Příspěvek k problému lidnatosti.

women stopped being perceived as pure biological containers for children, they were also (to be) mothers spiritually – they should have both, the physical but also mental capacity to care. The idea of the new democratic state interrogated the contemporary knowledge of biology and its understanding of the nature of life itself, which was then on the political level translated into the transformed language of moral duties and responsibilities of (female) citizens (Deutscher 2012). The new modern woman who plans her pregnancies and protects herself becomes the new liberated paradigmatic biopolitical subject – she becomes the “founder” of the new sexual ethics, which in eugenic terms was understood as ‘purer’ and ‘more natural’. As a politically equal citizen she is the symbol of the “responsible and conscious” motherhood/parenthood (Karpíšková 1932) and individually bears the responsibility for conception.<sup>95</sup> It is her reproductive habits that influence the future of the Czechoslovak nation. As stated by Hajn:

Nations with a high number of childbirths but with a high mortality, caused by bad or respectively no social politics and hygiene, resemble the primitive animal species and plants in nature that resist their short and fragile lives or the multiple enemies they have by their excessive fertility (mice, flies and so on). Opposed to this, all developed [intelligent women] animal species (elephant, horse) have a weaker ability to reproduce than the primitive [women] species. (...) For that reason, it is not surprising that statistics show that the more developed and progressive a nation is, the more the pace of reproduction is slowed down, the number of deliveries decreases, while at the same time the livability [of the nation] increases, its needs multiply and also become more decent, all its life becomes more cultured (Hajn 1921: 16, 17).

According to the theorist, a modern democratic nation should defy the old traditionalist thinking and refuse to fear depopulation from which the morality criminalizing abortion was

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<sup>95</sup> “We call it responsible and conscious reproduction when two people living sexually do not allow to let a new life to be conceived from every random [sexual] intercourse; rather they carefully consider if they can happily welcome another child into this world and fulfill all the responsibilities of loving parents in regard to their health, economic situation and the number of their already existing children” (Karpíšková 1932: 4).

justified.<sup>96</sup> In the quote, if we replace the developed and primitive species with ‘intelligent/primitive women’ we can see that it is their reproductive habits that function as civilisation identifiers (Miller 2007), measuring the progressiveness of the Czechoslovak state. According to the author, when a population is progressive and “more cultured”, reproduction of the primitive ones/the defective/the poor is “slowed down”. And women as active citizens were to learn how to achieve and maintain a certain standard of living for themselves and by that for the entire nation. I further suggest that it is women’s bodies and wombs where politics, law and biology intersect by subsuming a woman’s will under the normative expectations tied to the future of the nation; by recreating the borders of her reproductive sexuality. Then the implication is that what women decide and choose function as civilizational identifiers (Miller 2007) – some women, as much as the nations they represent, become more cultured whereas those that do not limit the number of their children will become primitive and thus are in need of a more civilized guidance and control.

The new woman/mother was to be endowed with reproductive rights and freely decide about when she wanted to have children, but she should also be conscious about when and if she ‘can’ be pregnant – and this “can” was linked to that of “caring”. If a woman did not have enough financial means to provide for herself or her health was shattered, it was assumed for her to feel obliged to abort: “Who conceives a child, knowing that they cannot take care of them, causes a serial offence to civil society and even more so to the child itself” (Roscher in Hajn 1921: 8). If the new democratic Czechoslovak state was to set off its felicitous future, women had to be responsabilized into the new biopolitical regime their decisions being oriented towards

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<sup>96</sup> Doctor Bělehrádek used the example of Australian tribes to deduce that in the past women were to deliver many children and their reproductive lives were lacking in regard to the social and economic conditions of their being (Bělehrádek 1937: 9). Having many children was thus described as a practice of the past, foreign to the ideal of Czechness and Czechs that were to belong among the cultured and civilized ones, self-regulate their reproduction and limit the number of children in a family.

the contemporary dominant norms of health and normalcy circumscribed in the conditions of their being. The ideal female citizen was to be educated and of a certain intellect, thinking responsibly about how and when she is having sex, i.e. about the forms and consequences of her sexual practices. As a free citizen, she was to act responsibly, not reproduce uncontrollably and by that the health and quality of the nation would be secured. As Betty Karpíšková claimed:

(S)he is not a moral person who conceives a child and [brings] it into poverty and disease, who following some ‘godly’ law reproduces not like an intelligent person, but uncontrollably, randomly and without any break during the course of her [his]/their life. ... A higher goal and meaning of life lies in the fact to live overall fully, *freely* and *responsibly* also in our sexual lives ... To strive for the *quality of those born* and not to be waiting, submitting ourselves to god’s will or destiny that accidentally chooses a life from the *quantity*,<sup>97</sup> badly equipped and unhealthily conceived

(Karpíšková 1932: 18, 19; emphasis added).

The new woman – good and moral mother – was described in ageist, ableist (racist) and classist terms as a person capable of making certain decisions on her own, as a person of reason, of a certain life standard and personal autonomy. Acting from what she knows this person would then *freely* choose certain possibilities of life over others in these regimes of responsibility that fear poverty and disease. In this regard, only certain lives and bodies were worth preserving and living. For that reason, the proposals made exceptions also for young women (who were often single) or those who were raped. These women would not be considered ‘good’ mothers and should not consider themselves to be ready for their future responsible role, given that it is not just about their biological but also their mental capacity to care. Their decisions were not to be guided by the religious and traditional scripts and dogmas, they were to escape the “biological yoke” (Karpíšková 1932:20) of incessant pregnancies imposed on them by ruthless husbands or partners. The good mother was to withdraw and be withdrawn from the realm of religion, tradition (and hence patriarchy) to one of science and reason. From now on, in addition to the

factors of health, social welfare and eugenics, what started to matter was a woman's 'will,' 'consciousness,' and personal 'dignity', as these terms defined the desired subjectivity of the new female citizen subject. I argue that this image of the new female citizen had deep roots in 19<sup>th</sup> century liberal and bourgeois thinking but it was deemed suitable and necessary for the modern democratic, post-Austro-Hungarian Empire Czechoslovak state.

Every proposal except the 1925 one highlighted that the procedure of abortion could not be performed against a woman's will (1920;1922;1926a;1926b;1932 Proposals). Women in the debates appear as autonomously deciding citizens who self-regulate their pregnancies, their will being an important factor to be considered. As stated by one of the prominent doctors at that time: "If women do not want to give birth, nobody can force them to do so, not even a doctor, not even fear of punishment, not even the fear of losing their health or life" (Marek 1926: 6). The aspect of will and thus one's consent seems to be a strategic biopolitical tool (Miller 2011) subsuming women under the regime of the desirable, something the state has to take into account if it aims to achieve its goals. As Ruth Miller argues, "[t]he implication [of this understanding] is that what had once belonged to the realm of nature and biology had moved (or had been moved) into the realm of politics and law. ... Freedom, in other words, becomes the opposite of biology" (Miller 2007: 26). This tendency is well exemplified particularly in the exception allowing women who were raped to have legal access to abortion. As a raped woman was considered having become pregnant against her 'will', her pregnancy was deemed highly undesirable and unwanted – this woman would be seriously traumatized, as will be proven by psychologists later on and will hardly be able to love and care and thus secure a desired development for the child.<sup>98</sup>

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<sup>98</sup> By this I do not want to underplay the seriousness of rape. This case rather exemplifies how the collective intersects with the individual. Rape indeed has long-lasting effect on women's bodily and mental integrity. However, under these regimes of truth children born of rape were to be always "unwanted" and their mothers "pathologically broken".

To put it differently, if the ideal mother was to be loving and caring, her relationship to children that were ‘unwanted’ would be simply ‘unhealthy’.

A woman’s individual decision – her will, what she wants or should want – thus commenced to be included by some politicians and experts as an important factor to maintain a healthy population. A good decision was considered to be enmeshed with and oriented towards the possibilities and conditions of a woman embedded in contemporary dominant norms of health; it would be related to the conditions of one’s well-being and health, i.e. whether a person is “physically capable, has something to eat, is employed and has a roof over her head” (Karpíšková 1932:16). In that sense, women’s consciousness and will (and its formation) became an important factor in regard to the viability of the Czechoslovak nation. An intelligent woman, a responsible mother conscious of the possibilities of her well-being and whose mind was formed by the ageist, classist, ableist-racist, and heterosexist norms of health would not bring a child into this world (in Czechoslovakia) if she could not ‘afford’ it; or, to put it differently, if the possibilities of her being did not allow it, she would deliberately not make her life or the life of the whole nation difficult (i.e. if she was too young, unhealthy, poor, single etc. or if her fetus was unhealthy). As stated by Betty Karpíšková: “A child has primarily the right to be responsibly and consciously conceived. It is the most important foundation for his [sic] whole personality; based on this, the conscious and responsible parents bring up (form), educate and prepare their child for the world and his/[her] own happiness” (Karpíšková 1932: 4).

The new woman thus trespasses the shadow of her irresponsible, alcoholic and abusive husband. She lets the ‘new man’ join her on the road of responsibility to become a good citizen also sexually (provided they both have the right to education and access to the public sphere in general). As a mother, however, she is ideally still married. The new liberated woman thinks

about her future child and his or her well-being, mindful of the conditions of her own life. As Landová-Štychová claimed in the proposals: “It is important to take into consideration that the crisis in housing, lack of milk and the considerably high prices of basic products, which are important for the physical development of children (eggs, butter, semolina flour etc.), truly prevent a *conscious* mother to give life to a new child when she cannot properly provide for and educate children who are already there” (1920; 1922; 1926 Proposals, emphasis added). Motherhood was considered a “holy function” (1920; 1922; 1926 Proposals), almost essentially belonging to what every woman desires. However, any law that would force a woman to have children regardless of her economic and social situation was considered “an insult to her human dignity (...)” (1920; 1922; 1926 Proposals). Rather, doctors should have a prominent role to play in her decision-making process and the attention was turned to the formation of one’s will.

Women were to obtain a certain knowledge how to prevent unwanted pregnancies – or what to do when a pregnancy was ‘unwanted’ – if they were to be responsible mothers and thus proper citizens, who “live culturally” (Karpíšková 1932:6) so that they could regulate themselves and also control the behaviour of others. The norms were changing. Abortion was considered a certain solution, but as we have seen in the previous parts, the procedure was not considered harm-free. Therefore, all interwar proposals and prominent experts lobbying for the decriminalization of abortion highlighted the need of women to be educated about how to be sexually aware and what sexual practices to adopt, i.e. well-entrenched bourgeois practices that distinguished them from the sexual behaviour of the working class. The new normal was to reproduce only within a certain age limit, into a certain socio-economic standard and only if the pregnancy was to be healthy and only when you “can”. The middle class served as an inspiration since it was allegedly where the “most intelligent women” resided (Karpíšková 1932:7).

According to the proposals, the norm of two children (exceptionally three) was deemed appropriate for married couples (single motherhood was not considered suitable) to maintain a certain living standard under the contemporary capitalist conditions (1922; 1926 Proposal). “The contemporary economic circumstances, particularly the disturbing lack of apartments and the fact that it is difficult to secure a certain social status for children that would allow them to live well and start a family of their own, impact *also* the middle class, not to mention the proletariat; exceeding 2 or 3 children per family is therefore unsustainable” (1926 Proposal, emphasis added). If ‘also’ the middle class was impacted by the economic crisis, then we can deduce that the bourgeois norms gave the desirable form to the ideal citizen – the one who is well-fed, has a good living standard, a roof over her head and is physically/mentally capable.

This implies that not only should a woman’s reproductive life be regulated but that a woman was to become able to regulate it herself as an autonomous citizen subject who nevertheless wants the best for her future baby. The responsibility was placed on the woman – even though with the hope of a similarly educated man by her side who at this time was represented as visibly lagging behind in women’s level of cultural awareness. This we have seen exemplified further above by the cases of women who demanded criminal abortion and whose husbands continued not to care. To ensure that a woman would make the appropriate decision, consultations with a doctor (gynaecologist) were to orientate her towards the desirable goals, which were both individual and collective. As stated by Landová-Štychová: “A direct legal access of women to expert knowledge in regard to the most private issues will lead to an increased consciousness of responsibility in a large number of women. A male doctor and especially a female doctor can influence women with a proper, timely *warning* and proper *advice* when needed” (1920;1922 Proposals, emphasis added). Abortion was to be avoided if possible

and doctors could serve as the biopolitical agents to “guide” the informed woman in the “right” direction.

The last of the interwar proposals, the 1926 Proposal was the one that mentions the introduction of abortion commissions:

(...) [T]he commission’s procedure should not have the character of a court trial; it should rather resemble an intimate and sincere counselling based on which the care of women and mothers should be built. We owe a more extended and improved [care]. (...) Women should be brought up in a way so as to always search for advice by visiting the social care [institutions] as soon as they become pregnant or suspect a pregnancy

(1926 Proposal).

The proponents of this provision believed that if a woman was to be scrutinized like at the police station, the desirable effect would not be achieved. And even though all other proposals refused the institution of abortion commissions, because they found them going against the main principle of the provision – i.e. to ensure women’s independence and self-determination – they also emphasized the role of counselling in the new biopolitical regime:

If the aim is to minimize abortion while at the same time allowing working women to regulate their deliveries, then it is indispensable to endow a woman with a right to self-determination, to attribute her a sense of responsibility and take care of her sexual and hygienic awareness. We are repeating what has been emphasized already many times, namely, that it is important for a doctor to be more than a “wound- healer”. It is necessary for doctors to be great psychologists who look at the patient as if she were a human and not a *bare* case (...) or as an apparatus that should provide as many future soldiers as possible

(1926 Proposal, emphasis added).

For the institution to give an ‘advice’ or ‘warning’ represented a basis for the modern care of women and mothers, something that started to slowly develop in interwar Czechoslovakia (at least on the level of ideas), going hand in hand with the advancement in science, particularly biology. The 1926 proposal included mandatory counselling for women to learn basic facts about (social-sexual) ‘hygiene’; how to take care of themselves (mentally and physically) to protect themselves from disease and to avoid the feared procedure (yet again); and about the availability

of certain contraceptives and possibilities of their use. For that reason, a creation of health care centers where women could obtain advice for free was suggested. The state was to make sure that the knowledge of how to protect themselves (and others) from the damage was accessible. A modern woman would know all that. Doctors, as we saw in the above quote, were to become ‘psychologists’ in this new regime who listen to women and are always prepared to provide the best advice for their situation – those who keep an eye on the order of things, whose words mold women’s will into the desirable direction. It was also mentioned many times that when there was no eugenic, health, or social reasons and the woman was of a good social status and had a stable situation, the doctor should convince the woman to opt out from having an abortion. However, everything from now on was to depend on her *own will* – and if she did not want to, nothing and nobody could convince her otherwise.

The modes of governing were becoming ‘softer’, molding the wanted outcome through the redefinition of the limits/possibilities of what is good and bad motherhood, allowing women to play an important part in such politics, which would trespass their individual lives, orienting them towards the nationalist/collective goals as good citizens and responsible mothers. But the new woman – the modern responsible female citizen-subject – was yet to come into being with all her privileges, responsibilities and choices to make. During the interwar years Czechoslovak women did not gain any reproductive rights as the proponents of the change were facing opposition from strong religious and traditionalist discourses. According to Melissa Feinberg, abortion rights represented “an attack on the entire gendered structure of society” (Feinberg 2006: 153) and therefore in the interwar period they never actually became enacted despite the many efforts and proposals. However, the stability of the old and religious discourses that guided reproduction during that time was to be further shattered by the disastrous consequences of the

Second World War and the terrible consequences brought on by the German and later Soviet occupation of the region. After the war, the health of the population started to seriously matter, and health became a right on its own.

In the following chapter, the reader will bear witness to the end of yet another war, when Czechoslovakia regained its independence and another chance to redefine itself within the new geo-political divisions of the Cold War era. Reproductive rights were used as a tool to set off the (finally) felicitous future of the socialist Czechoslovak state, whose population was damaged even further by an even more disastrous conflict. Hence the protection and (self-)regulation of one's health became a priority for the new regime fighting with the potential of its citizens the new enemy behind the rising imaginary wall between the East and the West. Therefore, soon after the end of the war, abortion would be legalized for health and eugenic reasons in 1950, and in 1957 social reasons were added thus exempting women who demanded the procedure from criminality. By comparing these socialist discourses surrounding reproduction and abortion – the ways of how to be a woman with a potential to reproduce – with those from the previous and allegedly more democratic regime while situating them in relation to the scientific knowledge of their respective time periods, I underline the continuity of ideas – the “new” sexual/reproductive bio-politics – from one system to another in times when rights became carnal and inherently biological.

## Chapter 4: Developing the New Super-Ableist Czechoslovak State: Women's Health and the Right to Choose between 1945-1962

### Historical Context

From all the corners, we hear the call for more people and workers. (...) But I think that we are forgetting one thing: after the expulsion of more than two million people from our state, there is after all only one way to resolve the lack of people: by increasing the population, i.e. by increasing the number of delivered children and by the prevention of our current immense child mortality. I am not asking to increase the number of children for ordinary military and power reasons as it was in the past. This is about filling in our national gap; otherwise we will sink further and further in our social and economic standards. This is our main battle field. It is about the substance of the nation, which cannot be compromised  
(Beneš 1947:11).

In the summer of 1945 Czechoslovakia was to be re-born after another traumatizing event, the six-year turmoil of the Second World War.<sup>99</sup> The country was devastated and the capital of its citizens, who were mentally and physically exhausted by yet another human crisis brought to their ordinary lives, was even more weakened by the expulsion of 2.256 million Germans from Czech lands after the war.<sup>100</sup> And even though in 1948 the Communist Party became the leading and only political party in Czechoslovakia until 1989,<sup>101</sup> already after the war the majority of people were tuned to the ideologies of socialism and believed it could secure a

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<sup>99</sup> On 9<sup>th</sup> of May Prague was "liberated" by the Red Army from the six-year-long Nazi occupation of Czechoslovakia. The date signifies the end of the Second World War in Europe.

<sup>100</sup> At the end of 1944 there were 11.2 million people living in Czechoslovakia. After the expulsion of Germans and with 200,000 lives lost in the war, there were 8.7 million people left (Srb in Jechová 2009: 17). As a comparison, during the First World War 300,000 Czechoslovak soldiers died on the battlefield and it was estimated that 9.987 million people lived in the new Czechoslovakia following its proclamation on the 28<sup>th</sup> October 1918 (Kučera 1994: 10).

<sup>101</sup> Already in the first post-war elections in 1946, the communists gained a dominant position in Czechoslovakia by obtaining 40% of the votes. Klement Gottwald, the soon to be president became Prime Minister and communists were slowly taking over all the important positions in ruling the state and police. In February 1948 the Communist Party became the only political party in Czechoslovakia and it ruled the country until 1989. The circumstances under which the communists took over the power are often described as unfree and signalling the beginning of a totalitarian regime, hence the term "the February coup d'état". As my work shows, it is hard to accept the overarching interpretation of social history from the second half of the 20th century through such a unilinear prism given the fact that socialist ideas represented well by the Communist Party reflected the expectations many citizens had from the new regime and were similar to those in the interwar regime.

better life for many.<sup>102</sup> A convention of experts (mainly doctors and lawyers) was summoned by the Council of Czechoslovak Women on 26<sup>th</sup> October 1946 concerned with population matters that were considered of high importance at that time. As we see in the above quote pronounced at the convention by the second Czechoslovak president, philosopher and scholar Edvard Beneš,<sup>103</sup> the country was weakened and lacking capable workers. The Second World War losses were also accompanied by high numbers of child mortality and a decrease of natality since the 1920s.<sup>104</sup> If Czechoslovakia was to be strong as a nation in comparison to others, not necessarily for military reasons but now in terms of a development/progress measured in figures of social and economic living standard, it would care about its population, “the sum of all individuals whose territorial density is conditioned by the level of their biological and social reproduction” (Švarcová 1959: 6).

As proposed by the politicians and experts, the new politics would make sure that those born are of a good mental and physical strength so as to become new citizens and potential members of the work force. The state needed them to be healthy in all regards for the pronounced post-war-efforts, for the further industrialization of the Czech landscape, its progression as a developed and modern nation-state in the international context of the three

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<sup>102</sup> As various authors show, the turn to a welfare state after WWII with elements similar to a socialist system was a tendency common to many European countries situated in the so-called West as well (Kaplan 1991; Kalinová 2007).

<sup>103</sup> Edvard Beneš (May 28, 1884 Kožlany – September 3, 1948 Sezimovo Ústí) was a Czechoslovak politician who became president twice during his life (1935-1938; 1945-1948). He spent most of his childhood and years as a teenager in Prague in Vinohrady where he attended grammar school. He studied philosophy at Charles University in Prague and later continued at the Sorbonne in Paris, then moved to Berlin and also Dijon where he defended his doctorate on the topic of the origin and development of modern political individualism. During the interwar period he was Minister of Foreign Affairs (1918-1935), member of the Czechoslovak National Socialist Party and also 4<sup>th</sup> Czechoslovak Prime Minister (1921-1922). After Masaryk’s death, he was appointed president on 14<sup>th</sup> Dec 1935. In 1938 he resigned and during the German occupation found exile in London. He was a big supporter of Western Allies. Upon his return following the war, he reassumed his position as president. He died shortly after, around the time when the Communist Party achieved its dominant position and the imagined West and capitalism became the officially proclaimed enemy of the new Czechoslovakia.

<sup>104</sup> For example, between 1921-1925 240,338 children were born every year on average, whereas between 1941-1945 this number went down to 211,187 (Pachner 1946: 5).

newly established worlds.<sup>105</sup> A new rationality was slowly entrenching its functioning spasms, in which the main political focus was still on the quantity of the population but also on its “substance” which was to be improved, i.e. the quality of the population and the health of the new citizens that women were to deliver. At the end of the 40’s, Czechoslovakia commenced, to use the president’s words, a “battle.” This battle was to be waged on the basis of a dual (bio)politics: increasing reproduction but also preventing death from taking away the newborn. The new state was finding its ideal form of ordering social relations between the sovereign and those recognized as (non-)citizens.

The new government based its steps of socialist politics on contemporary knowledge stemming from the scientific and particularly the Czechoslovak medical community, well-aware of the ‘mistakes’ made by the former capitalist regime that was considered oblivious to the well-being of its citizens and where the health of each citizen was treated rather as an individual matter – outside of the state’s responsibility. In contrast to the pre-war government, the new one was bound by a promise to care for the health, life and with the extension of the well-being of citizens. Science was there to help administer and manage both life and death in the new state. This commitment was voiced for example by doctor Miřatský as early as 1946: “we see the primary task of the state to gradually increase the life standard of all citizens” (Miřatský and Mourová 1946:7).<sup>106</sup> During the first socialist years, health started to be seen as a right of one’s own previously unknown and unrecognized yet now most precious asset that the state but also the citizens themselves were to dutifully maintain. The citizens’ well-being and life – their

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<sup>105</sup> At the Bretton Wood Conference in 1944 the division of the world into what will be referred as the First, Second and Third World was decided. These concepts then further served to re-organize and re-structure the post-WWII and post-colonial relations between different nation states. For more information on the issues of women, post-colonialism and development see Visvanathan, Duggan, Nisonoff and Wiegersma (2011).

<sup>106</sup> In the same way, it was repeated almost ten years later in the Journal of Czechoslovak Gynecology regarding the building efforts of the state and thus its governing strategies: “The point of our socialist rebuilding is to achieve a constant growth of the life standard for all workers” (CG 1955: 1).

biology – became acknowledged and absorbed under the state’s responsibility right after the war. As doctor Vojta put it nicely the same year in an issue of the *Journal of Czechoslovak Gynecology* [*Československá Gynekologie*] in a section devoted to the expected societal endeavours: “Society takes over the organized care of everyone (...) The final goal is to secure for everyone to be able to enjoy the most precious human freedom – to be healthy” (Vojta 1946: 17) and to create such conditions that would eliminate disease from their very existence and decrease the number of those who could be potentially ill (Mířatský 1946: 26). For this to happen, the socialist government started to develop an extensive systemic health care network that paid special attention to the well-being of women and children and prevention of any disease. As stated by famous feminist lawyer Milada Horáková<sup>107</sup> at the Convention of Women in 1946, women had a “national obligation to reproduce”, they were the indispensable “creators of the viable force behind any nation, as mothers who deliver new lives” (Horáková 1947: 13). Hence the protection of their health and potentialities of their bodies/biology as mothers and workers became the focus of the new politics that cared about the health of every citizen.

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<sup>107</sup> Milada Horáková (December 25, 1901 Prague – June 27, 1950 Prague) was a famous Czech politician and feminist who was quite ironically executed by the communists on charges of conspiracy and treason. After she completed her law degree at Charles University in Prague in 1926, she worked in the social welfare department in the City of Prague. Her work was oriented on the bettering of women’s lives. Before WWII she joined the Czechoslovak National Socialist Party and strongly opposed the German occupation. She became a member of the resistance and as a consequence, both she and her husband were arrested and sent to a concentration camp. She survived. After the war, she joined the revived Czechoslovak National Party and became a member of the Czechoslovak National Assembly. However, in 1948 when the Communist Party won the elections, the situation was not favorable for Horáková anymore. She was accused of treason and brought to a constructed trial like other interwar intellectuals. Important international figures such as Albert Einstein, Eleonora Roosevelt or Winston Churchill wrote letters in her defense. She was only 49 years old. These constructed trials signify the communist takeover in historiographic literature. They represent the “new” system, which was to be utterly different from the previous one. Hence the demand to execute the allegedly dangerous interwar intellectuals in the new regime almost right after the war. Yet, as I demonstrate in this chapter, this fight against the bourgeoisie and for the rule of the proletariat was paradoxically accompanied by the inclusion and reproduction of the bourgeois ideals regarding reproduction and sexuality into the normal structures of living. What supports this statement is also the fact that Horáková was executed in 1950, a year after the new Act on Family Law was issued that she had been working on the previous years before her death. A slightly different argument regarding these executions in the 1950s can be that exactly because ideas travel from one system to another, there was a need to hide their traces and kill those that represented the previous system and were perhaps unwilling to forget.

Beside the negative practices and measures adopted by the new regime that have been well described in historiographical literature (i.e. the persecution of the “bourgeois” and execution of some of them, expropriation of their property by the state, the explicit refusal of bourgeois lifestyle) many other (social) policies were issued with the aim to enhance the life of Czechoslovak citizens (and they affected often in positive ways especially the female ones). These included policies that often took decades to be issued (if ever) in the so-called West, policies that in many ways resemble the claims of second wave (liberal or socialist) feminists who were lobbying for state subsidized maternity leaves, kindergartens and women’s reproductive rights as mothers in general. Right after the war, the governmental program of Czechs and Slovaks was signed in Košice, which restated the interwar promise of equality between men and women. In addition, a more democratized system of accessible and state subsidized health care was institutionalized along with the changes in the public insurance system. In 1947 law No. 49/1947 was enacted on counselling and preventive care, which made it the state’s responsibility to provide its citizens with access to counselling services and thus make sure that the citizens themselves but also doctors had information about everyone’s individual health. A year later law No. 185/1948 was enacted which nationalized private health care services. It was followed by provision 44/1948 regarding national insurance and thus the state further started building an organized health care system, something the first democratic regime had failed to do.

The 1948 Constitution proclaimed the equality of men and women but also explicitly put “marriage, family and motherhood under the protection of the state” (§ 1 (2), 1948 Constitution). Hence ‘caring’ for the life and health of its citizens, especially women-mothers who were expected to deliver the next generations, became the state’s obligation. Caring for women and

children became an official state program and as a part of it Czechoslovak women were also granted the longest maternity leave in the world.<sup>108</sup> At the beginning of the 1950s law No. 103/1951 united the preventive and healthcare branches by moving the previously individually separated counselling services to centralized health care centers. For women, this meant that departments of gynaecology were found in every hospital and in every little town.<sup>109</sup> Also, in 1951 the Institute for Mother and Child was established to analyze and gather the needed information regarding healthy motherhood and the intrauterine control of the development of a pregnancy i.e. the fetus. The importance of population concerns was further emphasized in 1958 when the State Population Commission<sup>110</sup> was established with the aim to gather the necessary data and analysis in relation to the societal development of Czechoslovakia. A new form of governing started to be exercised as only a government that would secure the right for a good/healthy life/motherhood was considered legitimate; only a government that would make the health of its (female) citizens a priority would make Czechoslovakia and its people great (again) and one of the most progressive nations in the world.

### Abortion as a Bio-Technology of Power

In the following, I demonstrate that even though depopulation mattered and the demand for human capital was high in the new regime (hence the many clearly pro-natality policies), the provisions legalizing abortion were issued nevertheless. I argue that regulating and legalizing abortion was part of the post-1945 preventive reforms that were to imbue Czechoslovakia with

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<sup>108</sup> In 1950 a law was issued allocating women an eighteen-week maternity leave, which in 1968 was extended to 26 weeks. In 1969 another law was put in place that allowed women to stay at home with their children up to 2 years.

<sup>109</sup> The idea was to bring doctors and hospitals closer to where women lived. In 1955 it was noted that in Czechoslovakia there was almost no district with no gynaecologist and that almost 90% of Czech hospitals could provide women with birth services (CG 1955: 1).

<sup>110</sup> In 1971 the name was changed to Governmental Commission.

strength and by that provide the much needed and wanted healthy and work-able population since it was only the reproduction of *some* that was considered desirable for the future of the new state – the mentally and physically capable ones with a potential to care in an ableist manner. However, the 19<sup>th</sup> century Austrian laws continued to criminalize anybody who would demand such a procedure. Therefore, after the war the 144-148 paragraphs of the Criminal Code were seen as troubling as they had been under the interwar first democratic regime. Under those circumstances, many women were forced to obtain the procedure by non-professionals and often in an unhygienic environment and thus their health, their potential as workers and mothers, was seriously destroyed. This situation was considered undesirable for a nation like Czechoslovakia that since its first emergence aligned itself to the Enlightened ideas of progress and civilization.

The new regime refused religious dogmas guiding the reproductive, social and sexual politics up to then. Instead it absorbed and transformed them into new dogmas and ways to be a lawful (female) citizen. Socialism followed the modernistic principles of reason and science that drew its knowledge from both the East and West. As stated by doctor Antonín Boháč, “a cultural nation should not reproduce naturally. It is morally obliged to control and regulate its fertility in a way that the consequence of the increased population does not become social poverty” (Boháč 1947: 53). Czechoslovakia aimed to be indisputably one of those cultural and rich nations. Based on this rationale, in 1950 and 1957, respectively, women obtained access to safe abortions. In 1950, legitimate reasons to terminate a pregnancy included health and eugenic reasons. And in 1957, social reasons were added as well. Although women were considered legally equal to men, at the same time they were also considered bound by their “biological duty” as the following quote illustrates: “It is indisputable that a woman needs to have the same rights as a man, but we cannot forget one thing ... a woman has to fulfill her biological duty. This biological duty is

motherhood ... We must realize a woman is biologically something quite different from a man. *Equal rights and equal responsibilities, but not the same rights and same responsibilities*” (Trapl 1947: 32, emphasis added).

Women were thus attributed with two sets of specific reproductive rights to decide over their lives that were in a biopolitical manner conditioned by their exceptionality and resembled those conveyed in the interwar proposals. Women demanding abortion stopped being regarded as criminals, for what was at stake was their (physical and mental) health as mothers and citizens and thus, by extension, the health of the whole nation. The post-war endeavours were thus characterized by a change in the dominant rationality, which refused religious dogmas as organizing societal principles and framed motherhood in terms of women’s rights/freedoms to choose. This change was also signified by a legal change in the way abortion was referred to. In the language of science abortion started to be defined as pregnancy that was to be ‘artificially interrupted’,<sup>111</sup> the formulation ‘expulsion of the fetus’ which previously emphasized the violence of the practice was now abandoned. What happened is that women were to decide individually but also with a new responsibility redefining their duties as mothers. They were becoming the paradigmatical modern citizens of the new degeneration-fearing morality, citizens whose choices were oriented towards the desirable societal aims of progress and development. From now on, medicine was engaged in the governing strategies to decide about the good and bad, about the desirable and undesirable, to help separate the wanted from the unwanted reproduction/citizen since what mattered even more than depopulation was the degeneration of the socialist collective.

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<sup>111</sup> In 1950 the legal terminology was changed into “terminating the fetus”, which still corresponded to the idea of the assumed violence inflicted upon the national body by women’s demands.

I argue that in the first decades of socialism the sovereign relations between the state and its female citizens were reorganized and restructured. I base my argument on an alternative philosophical and historical interpretation of the texts that represent the history of abortion in Czechoslovakia as something specifically communist. As stated before, I reject the totalitarian thesis that divides the world into two incompatible socio-political zones of East and West, democracy and totalitarianism. I analyze the political and expert discourses related to the decriminalization and legalization of abortion in 1950 and 1957 and look at how Czechs and Slovaks themselves understood abortion as a free choice to be a necessary tool for a good democratic governing. I show that attributing women with reproductive (abortion) rights should not be read simplistically as a provision imposed from above on the demand of the Soviet Union. Instead I propose to regard the legalizing of abortion in Czechoslovakia as a specifically complex process pertinent to any modern biopolitical state, as an opportunity given to the leading elites and experts to restructure the governing institutions following WWII as part of a thinking against the “unfair capitalist past” and other contemporary (Western) capitalist systems. I suggest that ideas have a travelling character, they trespass systems and geopolitical zones, and that the socialist provision legalizing abortion in many regards resembles the many proposals from the interwar Czechoslovak period or any abortion jurisprudence in the world decriminalizing/legalizing abortion.

By drawing on biopolitical theories I demonstrate that the political and expert discourses under scrutiny, discourses aimed at decriminalizing and legalizing abortion, construct normative ideas about the individual and collective body and ableist expectations shared across the systems. Regardless of the regime, abortion rights were conceptualized as a regulatory strategy of power maintaining a certain societal order along similar health axes of desirability – similar to the

previously analyzed interwar proposals – where class, age, and one’s ability were determining factors for whether a child/motherhood/pregnancy was wanted or not. The creation of the new state thus unleashed many expectations in terms of how to be a citizen and women were to embody the ableist normative ideal as paradigmatic citizen-subjects, their biological and mental capacities were subsumed under and oriented toward the new political goals. The (new) socialist (wo)man was granted reproductive rights to decide about her pregnancies while also being disciplined as a responsible citizen-mother who was to become an active participant in maintaining the quality of life and health of the Czechoslovak population. The institution of abortion commissions (introduced in 1957), I further argue, served as part of this disciplining whose main function and effect was to make sure that women decide according to the contemporary dominant standards and to ensure they become responsible and cautious, indeed modern citizens who plan when and whether they can become pregnant.

Furthermore, I show how the protection of women’s health/biology was turned into the control of the undesirable, given the very high number of illegal abortions which were, just as much as during the interwar period, considered to be causing great damage to the state. By analyzing the debate between doctors and politicians, I demonstrate how the state was changing its ways of governing in regard to women’s decisions on reproduction, how biopolitics was becoming “softer”, focused on the interplay between the “inner” and the “external” in a form of Czechoslovak humanist Darwinism; and how women as liberated citizens were endowed with reproductive rights but also a citizenship duty to deliver a healthy child into a healthy environment. My attention is focused on the framing and structural logic of the 1950/1957 laws which I compare to those from interwar Czechoslovakia. I elaborate on the concept of female biological freedom and citizenship these laws and the expert knowledge of that time unleash.

Similar to their interwar predecessors, the two provisions from the 1950s were liberally framed through the language of women's rights to health and self-determination and they also set limits to those very same rights by creating only a few exceptions under which abortion was legal. In this sense, rather than considering them socialist or liberal, I suggest we can comprehend them rather as a truly biopolitical tool, a tool by which a certain population optimum is maintained by making women choose *freely*.

In the analysis, I further demonstrate that unlike the previous capitalist regime, the socialist state understood that social and economic conditions played a major role in one's decisions and took them into consideration when making (social) policies regarding women's reproductive rights since these became the measures of one's (the national) development. In the first section I look at the liberalizing effects of the 1950/57 provision and the way the urgency around women's health was created. I elaborate on the concept of female biological citizenship and suggest that protection has a flip side, namely the control and regulation of those deemed incapable and hence inutile and unwanted in the new regime. The following section situates the legal change in a broader context of expert discourses on population quality. With certain quality standards in place (with the emphasis on health), it was reproduction of certain women that was seen as (un)desirable. Thus, even socialism readopted and reproduced ableism, classism and ageism as intersecting structures of oppressions which distinguished good mothers from the bad ones and desirable citizens from the undesirable ones. Finally, I highlight the disciplining strategies, including the role of abortion commissions, aimed at constructing the new socialist (wo)man, the perfect biological citizen who becomes the self-regulating individual and orients her choices as per societal aims. As my chapter concludes, only good mothers/citizen-subjects have children and only when they "can", the body of the white able-bodied and well-off female

citizen becoming the new border between the civilized, progressive, and developed on the one side and the savages, the underdeveloped and backward on the other.

### Caring for Our Women's Health: Legalizing and Decriminalizing Abortion (1950 and 1957) as a New Strategy of Biopower

We demand to use all the most efficient means to fight criminal abortions which have been unusually widespread lately and threaten both the health and life of women and the development of our population. We particularly demand to amend paragraph 144 and to expand the health-police's control over abortions

(Association of Czechoslovak Doctors 1946: 86).

The immediate years after 1945 were characterized by a vivid discussion between doctors (the medical community) and politicians regarding the change of the old Austrian abortion law, the famously troubling 144-148 paragraphs that were criminalizing anyone who would demand such a procedure and allowed abortion to be performed only in cases when women's lives were seriously endangered. The undesirable effects of the criminal provision were now even louder than ever before and for that reason doctors called for a change in the legal system. It was assumed that 350,000 abortions took place every year in Czechoslovakia, with detrimental consequences for women's health (Pachner 1946: 11) and therefore, by extension, for the development of the nation. The numbers were unclear, pure estimates based on the numbers of women who after an unsuccessfully performed criminal abortion ended up hospitalized with various septic conditions, many of them with a fatal outcome. As much as during the first democratic Czechoslovak Republic, the criminality of the provision was described as completely ineffective and misery-inflicting. It was an alerting situation and as we can see from the quote, doctors became the interpellators of the state to change its ways of governing if the state was to secure its viability. They urged the state to make women's health one of its absolute priorities and adopt a new rationality for its governing practices. According to this new rationality women

were to be primarily healthy so that they could fulfill their potential roles as mothers and workers, the capacities the state needed at the time for its re-building and competing Cold War efforts.

In 1947, minister of justice Prokop Drtina demanded the official position of the Czechoslovak Gynaecological Society with regard to abortion and doctors with a moral appeal concluded much the same as previously: “The up-to-date paragraphs have certainly not been sufficient when it comes to limiting the practice of criminal abortions. They are particularly insufficient for the reason that they cannot prevent unprofessional abortions which represent the biggest threat for burgeoning lives, they endanger of women’s health and the development of the population” (Association of Czechoslovak Doctors 1947: 433). As requested by these experts, in 1950 abortion became legalized albeit only for health and eugenic reasons. For the first time in Czechoslovak history women obtained reproductive rights under the following conditions: when their health or life was threatened; or in cases of a hereditary disease. It was stated clearly that abortion was legal if it was provided by health care professionals and solely in standardized health care centers, for only then would the damage caused to women’s bodies be minimized and the procedure become as safe as possible. Women in the first years of socialism thus started to exercise their citizenship rights to health, rights that will be also recognized for the first time as such almost two decades later in some of the so-called Western countries.<sup>112</sup> The procedure was still considered criminal, but the punishment for it was reduced for women who would demand it outside of medical centers. The new socialist woman was to be independent from her man and have the means, i.e. the legal access, to protect her health and well-being.

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<sup>112</sup> In Canada, it was for example The Criminal Law Amendment Act issued by Pierre Elliott Trudeau’s liberal government in 1968-9.

What the following years showed was that the 1950 amendment in the criminal law turned out to be an imperfect tool to maintain the population fit; despite women being given the right to demand the procedure for health and eugenic reasons, criminal abortions continued to thrive and represented a serious problem for the leading elite since they were still destroying many woman's health. Something else had to happen to prevent what was considered a damage on the national capital. Three members of Parliament, two women and a man – Věra Šťastná, Dr. Trpíková, Zdeněk Kalaš – expressed their stands on the legitimacy of legalizing abortion further. They described abortion as a rampant phenomenon that needed to get under control, an obstacle for a desirable population growth that was intrinsically linked to women's well-being and good health. Abortion for so-called “reasons of important matter” – i.e. social reasons – was more and more regarded as a matter of women's individual choices and rights in addition to the explicit health concerns.

For all the above reasons, the voices lobbying for the decriminalization of abortion were becoming louder as in Dr. Trpíková's speech: “Despite the strict measurements we were not able to reduce the number of abortions, but we have no idea how many there are, since the number of the recorded ones is only a half [of all the abortions], if not less. Most [abortions] are thus performed in an unskilled manner and the consequences ... are often tragic for the woman for her whole life” (Trpíková in the 1957 Parliamentary Debate).<sup>113</sup> It was estimated that even after the 1950 change in the abortion law around 50,000-60,000 criminal abortions took place every year in Czechoslovakia, with dozens of women dying and thousands ending up infertile (Vojta

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<sup>113</sup> We can compare this to what Vojta said in 1957 in his article related to the population development of Czechoslovakia: “Before the WWII the estimate was 350,000 abortions yearly. (...) In 1955, 35,087 abortions were registered; treated usually in hospitals. (...) According to the research (...) we can count with another 15,000-20,000 abortions that have remained hidden. (...) Dozens of women die every year of the consequences of criminal abortions. Hundreds of cases demand complicated medical procedures to save a woman's life, thousands of women stay infertile and often permanently crippled after the abortion” (Vojta 1957: 109).

1957: 109). The ways of governing needed to change to prevent what was considered a ‘tragedy’ and the state should adopt other than criminal strategies to keep women and thus the entire population healthy. Under these conditions that did not recognize women’s unwillingness to motherhood, repression was not understood as a proper tool to govern; rather the extension of women’s reproductive freedoms would facilitate that the health damage is minimized, and that the population reproduces in a desirable manner. This desired effect of the proposed change in the criminal provision was also voiced by Šťastná:

A criminal law is not the correct and proper provision to stimulate population growth, but instead it has the opposite effect, it drives pregnant women into the hands of botchers and bunglers, who with their unskilled and unhygienic interventions cause immense damage to *our* women’s health. The proof of this is the fact that mortality resulting from criminal abortions is three times higher than maternal mortality and it affects yearly 40-50 women

(Šťastná in the 1957 Parliamentary Debate, emphasis added).

In her speech, Šťastná created the need for the state to change the way of governing through the collective figure of “our” women so as to save them from the claws of people who were unprofessional and by extension uncontrolled by the state. Many of these procedures were in fact done in unhygienic conditions. Criminality was thus coupled by worsened hygienic standards, a threat to women’s bodies and lives as potential mothers. If the women were “ours”, the state had to care in a paternalistic manner by protecting their health/biology and include them in the citizenship project by endowing them with individual reproductive rights and thus safe access to abortion. Only this strategy was found legitimate, it would protect women’s health as the new citizens from the many illicit manipulations in the dominant governmentality – and these new morals were to be reflected by the law.

Thus, seven years after the 1950 amendment in the criminal law the 68/1957 Act on Artificially Terminated Pregnancy was issued, which exempted women from criminality while keeping the punishment for those who would illegally provide it. As the introductory sentence of

the new law states, abortion was legalized “in the interest of the further expansion of caring about healthy family development endangered by the damage caused to women’s health and lives by inconsiderate persons and outside of health care centers where artificially terminated pregnancies are performed” (68/1957 law). The “inconsideration” was to be changed and the primary goal of the new provision was to minimize the damage caused to women’s health by allowing women to obtain more autonomy in these personal matters. The new state applied the principle that “citizens are the source of all state power” (Miřatský and Mourová 1946:7). By that, the legalizing discourses unleashed the construction of women as female citizens who as subjects liberated from the patriarchal order would potentially become both healthier mothers and workers.

The politicians thus framed the need for the new provision through the language of risk and endangerment and through women’s liberation and equal rights as citizens, which meant a type of freedom unrecognized by the previous rationality characterizing the interwar period and the capitalist system at that time as such. As stated by Šťastná, “criminal liability does not fit with democratic principles that form the real base for equality with men and it is therefore a dangerous residue of an opinion about the position of women in capitalist systems” (Šťastná in the 1957 Parliamentary Debate). Along the same lines, Kalaš claimed that “women who for a hundred years were subjected to the criminal sanctions were particularly denied the right to freely decide about their own motherhood” (Kalaš in the 1957 Parliamentary Debate). In the new rationality, the freedom to decide about motherhood – the right to choose – was intrinsically linked to basic female democratic freedoms – to the health of their children and by that to the health of the nation. In 1957, women were given not only the rights to health but also those to

self-determination, rights to decide about the timing of a pregnancy even in situations when their health was not the only or obvious reason for interrupting a pregnancy.

In 1957, women were attributed both with a new and an old concept of reproductive freedom; it originated in the interwar period and was still well defined during the time,– but it was slowly becoming the dominant one in the new socialist system. The justification of the 1957 law was thus constructed in a clear ideological relation to the provisions that aimed to secure safe access to abortion for women already in their 1920s and 1930s and to the provisions issued in the USSR in 1955,<sup>114</sup> differentiating the constituency of the new socialist state from its unsuccessful capitalist past and other contemporary neighboring systems, which to them did not do enough regarding the health care and well-being of their citizens. As stated by Šťastná:

In 1920 and 1926 in accordance with the [abortion] provisions in the USSR and based on the analysis of societal progress, communist members of Parliament proposed a law that would allow to interrupt pregnancy with impunity in health care centers and without criminalizing women. Despite all the efforts to change the criminal law the provisions stayed intact and remained in a sharp contradiction to the needs of workers and their legal consciousness

(Šťastná in the 1957 Parliamentary Debate).

This quote clearly shows the relation of these endeavours to their ideological origins.

Šťastná connects them incorrectly to the communist members of the first Czechoslovak

Parliament since it was also the members of the socialist parties who proposed the change and thus excludes the three other instances when the old criminal law was to be amended as well.

Along the same lines, Kalaš claimed that it had always been the Communist Party that fought for

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<sup>114</sup> The USSR first legalized abortion in 1935 to criminalize it again in 1936. Later, the criminality of women seeking abortion was abolished on 5<sup>th</sup> of August 1954. The legalization of abortion in Czechoslovakia is therefore often interpreted as being issued on the demand of Russia, the Czechoslovak provisions being close enough in time to those in Russia and other countries belonging at the time to the Soviet Bloc. For example, Hungary legalized abortion in 1955 and Poland in 1956. However, as my research shows, the story is more complicated and complex. By relating the Czechoslovak endeavours to those in the USSR, members of Parliament created an imaginary concept of Eastern socialist countries and of socialist Eastern Europe as such. However, these laws were not imposed on Czechoslovak society but were rather aligned with the main expert and political efforts to enhance women's rights through debates that had aimed to shape the desired form of government already for thirty years in Czechoslovakia. By legalizing abortion Czechoslovakia was ahead of any other capitalist ("Western") state and the Cold War competition could begin.

the liberation of women. What both Šťastná and Kalaš insisted on was that the criminality of abortion did not correspond to a well ordered democratic state that recognizes how class oppression disallows needs (transformed into rights) of its citizens; a system that explicitly cares about the disadvantaged and is based on the recognition of men and women as equals. As stated by Kalaš:

It has always been the working class that stood at the battlefield for women's abortion [rights], that saw in this solution the equalization and betterment of women's social status under the exploitative circumstances of capitalism. Therefore, it is not surprising that even in Czechoslovakia after the First World War it was the communist party that was leading the battle for the decriminalization of women [demanding] the artificial interruption of pregnancy, that saw in it the cause of poverty of the many female manual workers and farming women

(Kalaš in the 1957 Parliamentary Debate).

As incorrect as Kalaš may be, the rhetorical figure of communists fighting for women's rights only underscored the delineating principle of the new socialist system which was to protect the most oppressed and vulnerable ones, i.e. the manual female workers and women working in agriculture, and liberate them from the patriarchal responsibility to reproduce at any cost as the previous regime already deprived them of their reproductive and equal citizenship rights. Those were lacking privileges and struggling the most in both, their private and public life, be it under socialism or capitalism. Their lives were assumed to be in danger and the urgency was created mainly around the regulation of their reproductive rights. This can also be assumed from the justifying text that followed the 1957 provision, which states that the law was mainly directed at "working women who happen to go through a difficult life situation" (Law No. 68/1957). And even though the socialist state created "favourable social and cultural conditions for happy motherhood," it still did not prevent women from demanding abortion. Šťastná mentioned with a kind of a surprise that despite all the efforts that have been done regarding "happy motherhood",

the number of abortions was not reduced, and women demanded the procedure for other than purely health reasons (Šťastná in the 1957 Parliamentary Debate).

The new governing strategy was thus webbed in a phraseology of women's liberation; their capacities as mothers were worn out by the inconsiderate behaviour of their male counterparts, which made them seek unprofessional abortions. Men did not care, a theme to which I will come back in the final section. It was a fact that troubled the socialist elite a lot, it was men's irresponsible behaviour that was making women seek illegal abortions and thus destroying their health. This behaviour was understood to be causing a big damage to the state who as a good father from now on was to care about its citizens and their well-being, and especially those who were lacking financial and other means to protect their own health. The state was to fix this situation and the first step was to regulate reproduction, allow women to obtain safe abortions and hence to gain more state-supported autonomy and individual power to protect themselves from these injustices of the patriarchal and capitalist system. Abortion was a matter of trespassing the biological, it became a socio-biological matter *par excellence*. One's health was related to the social zone of life in which women's environment formed the possibilities of their decisions. And "[t]he 'right' to life, to one's body [to self-determination], to health, to happiness, to the satisfaction of needs (...) this right – which the classical juridical system was utterly incapable of comprehending – was the political response to all these new procedures of power" (Foucault 1990: 145). The 1957 provision thus allowed the inclusion of "the right to happiness [health]" in its functioning of power and women's biology was subsumed under the new political strategies of governing. Women were conditionally granted safe access to abortion; they were granted rights that were from their onset conditioned by exceptionality for deep down it was the protection of their biological capabilities that mattered the most.

All above mentioned members of the Communist Party concurred that the criminality of abortion does not do any justice to the new system; but they also agreed that it cannot be “fully” allowed. It was to be at the very best “a help in distress” (Kalaš in the 1957 Parliamentary Debate) and therefore the laws named exceptions under which abortion could be provided. Those exceptions were essentially the reasons for the ‘unwanted’, absorbing one’s biological undesirability or the undesirability of the pregnancy as legitimate reasons to terminate. The 1950 provision named the following three reasons: 1. putting at risk women’s health; 2. putting at risk women’s lives; and 3. cases of hereditary disease. The 1957 law added another set of reasons to the already existing ones. This new set of limits added to the previous ones thus defined conditions under which women could exercise their freedoms. These new exceptions were essentially taken from the interwar proposals: health reasons that now included eugenic concerns; and so-called reasons “of important matter” (68/1957 law). The latter closely resembled the “social reasons” discussed during the interwar period and addressed legitimate circumstances outside of biology under which a woman could exercise her reproductive rights, i.e. social reasons for interrupting a pregnancy.

However allegedly “social” these reasons were, their purpose was still to protect the *biology* (mental and physical capacity) of female citizens, and for that reason it was further specified who the (un)desirable mothers were by exempting certain categories of women from the duty to reproduce. Legitimate reasons to terminate a pregnancy were the following: 1. a woman’s age (too young or too old); 2. difficult personal and family circumstances (i.e. lack of housing); 3. dysfunctional marriage; 4. economic reasons; 5. rape; 6. the invalidity of the husband (Šťastná in the 1957 Parliamentary Debate). The undesirable conditions for motherhood and by extension the need for the unwanted to be aborted were defined along the

same lines as during the First Czechoslovak regime. Thus, in both systems – which are often regarded as mutually exclusive – the need for a healthy individual and collective body was what determined the urgency of issuing the provisions. The social reasons were therefore the reasons that did not threaten visibly women’s health, however they still had the same potentially undesirable consequences.

The 1957 abortion rights, as much as the interwar proposals, represent what Penelope Deutscher (2008) termed “inverted states of exception”, i.e. that abortion as such is outlawed but nevertheless allowed under certain circumstances. Thus, the exceptions defined as per the 1950 and 1957 provisions delineated the limits under which women could act as biological citizens of freedom for it was only under the exceptions protecting their health (biological materia, the mental and physical component of a body) that they were able to be free; their rights were therefore conditioned. The right to health, the right to decide over one’s body started to be included as a basic citizenship right, but ironically it had to be limited. Although women were made equal to men, they still had a different social role which even in the new system overshadowed any of their other expected roles. The need to protect women’s biological capacity as mothers was important more than anything else even though abortion was legalized. As Šťastná argued in her speech in Parliament, abortion “cannot be allowed fully mainly because even abortion performed professionally and under strict hygienic conditions can cause harm to women’s health, especially to women who are pregnant for the first time, as it can cause permanent infertility; and also because now [people born] in the critical years 1931-1935 are starting their families, which are low in numbers and therefore population could decrease” (Šťastná in the 1957 Parliamentary Debate). As this quote implies, population concerns were neatly tied to the protection of women’s bodies and their motherhood potential.

In the following section, I analyze more in detail how protection and care function as tools of population regulation and control. I deconstruct the finished epistemological change from the old to the new biopolitical system when depopulation mattered but not as much as something else, namely, the good life of Czechoslovak citizens whose ideal form was embedded in the ableist normative notions of health. Women's health was therefore subsumed under citizenship freedoms, liberating many women from the patriarchal duty to reproduce, but also setting certain standards on reproduction. I analyze how ableism became the dominant medical frame of recognition, defining who should ideally belong to the new progressive Czechoslovak nation and who should not.

As during the interwar regime, it was mainly doctors but also sociologists and now also demographers who collected the necessary data and made suggestions as to how the state should be governed thus implementing the new and old Czechoslovak eugenic principles into its governing. By analyzing these political and expert discourses, I demonstrate that reproduction of certain women was deemed to endanger the desirable growth of Czechoslovakia and that abortion rights as a regulatory strategy of power served to divide good mothers from the bad ones, as already implied in the exceptions under which women could exercise their access to abortion. As much as the new politics was to protect women's health, the responsibilities of motherhood were changing and now the main focus was on healthy babies and their future development. By taking care of women's health, the health of the future generation would be secured. At that time, women's health and sexuality collided into that of the health of their children. In the analyzed discourses women as biological citizens represent the spaces where the individual and collective merge, they represent the depository of the health of the ableist Czechoslovak nation (Miller 2008) where the totalitarian and liberal categories cease to make

sense revealing the flip side of the care and protection discourse, which is control and regulation of the undesirable.

### Caring for the Next Generations: (Un)healthy Mothers, New Eugenics and Population Control

Population has two sides: quality and quantity. It is not only the number of children born that matters but also what kind of children they are, what innate traits they have and how they can evolve into healthy people. Even though quantity matters for [regulating] a population, we must also take the quality concerns into account

(Bělehrádek 1947: 18).

As mentioned above, following WWII the steady decrease of the Czechoslovak population, a tendency that was noticeable already since 1921, began to seriously preoccupy the expert and political community. They considered it to impede the desirable growth of the country and described the decline as the worst in Europe (Pachner 1946: 11); to make matters worse, this decline in the population was accompanied by high levels of child mortality. Czechoslovakia was in a demographic crisis (Havelková 2014). Up to 50% of newborns died in the first four weeks of their life (Pachner 1946: 32). But as much as depopulation mattered, another set of expectations related to the desired societal order, i.e. healthy pregnancy and motherhood also became prominent. From now on, it was the quality of the newborn life and the quality of life in general defined in ableist terms that was to dictate and delineate the forms of the desirable citizenship body. It accompanied the quantity concerns motivating policies up to then as described in the above quote. The category of health and one's biology and biological constituency and potential, one's physical and mental health, started to represent a new biological class according to which Czechoslovak (non)-citizens were separated and dissected in a hierarchical manner. The different scientists gathered the needed statistical data on fertility that helped them administer life and

death in times when genetics became prominent as well. In abortion discourses, the social and biological intersected to create a grid according to which motherhood became organized.

As soon as experts and politicians started discussing the legalization of abortion, the debate on prenatal care was simultaneously opened as well. On 26<sup>th</sup> January 1946 a meeting at the Czechoslovak Gynaecological and Obstetrical Society took place, a meeting that highlighted the importance of eugenic matters to be systematically included in the care of women and children. If there was something that Czechoslovakia now feared most, it was the degeneration of a collective which had to be prevented and hence the focus on women's health as those who give (the form of) life to the next generation. I will deconstruct a specific form of Czech social Darwinism that was adopted in the 1950/57 abortion regulations and became the dominant medical gaze through which the pregnancies especially of those lacking the desired IQ and the important physical and mental capacities for healthy life (often the poor who were also more affected by illness) were to get under control to make Czechoslovakia truly great. In this sense, Czechoslovakia created itself as a modern biopolitical and super-ableist state following the same 'racist' logic of 'the more and the less' as discussed by Foucault (1997) in his study *Society Must be Defended* as pertinent for any 'western' democracy whose governing principles abandon those of religion and follow those of science. Ableism in the analyzed texts functions as an intersecting structure of oppression in the same way as Ann Stoler (1995) theorized Foucault's notion of racism that divides the wanted from the unwanted and legitimates death in the name of health and life in a society obsessed with one's biology. A framework of understanding/recognition whose effects are the infused feelings of pity and disgust over those who for their alleged incapacibilities cannot be considered full and ideal citizens.

The new social politics/biopolitics that was developing its functioning spasms after the Second World War was not purely concerned with increasing the numbers of deliveries, it was not motivated by expansion unlike any rationality criminalizing abortion up to then. As stated by František Pachner in his book *The Question of Progeny, The Question of a National Being*<sup>115</sup> written already before the war but published in 1946 and quoted in the justification of the 1957 law: “We won’t aim for the goal to have constantly more and more of us but rather to have enough of us” (Pachner 1946: 13). As much as numbers mattered, it was the quality of the population signified by one’s ability which started to gain in importance beyond of how it was defined in pre-war Czechoslovakia. The new socialist rationality aimed to increase reproduction, but (re)production of active citizens capable to work who would help build the new socialist state. Being young, strong, (physically and mentally) healthy, and active were the ideal citizenship traits (and as we very well know, they continue to be regarded as such even now in all Western societies). The intrusion of this super-ableist and ageist thinking into the practices of governing becomes obvious from another quote by Pachner:

Population politics cannot be concerned with old people, with people who are getting old or with people with some physical defect, thus people of decreasing value, or with only the number of people in a built collective. Rather it is focused on people who are in the process of growth and becoming more active, who build the state and create its cultural, political, and economic values (...). Population politics must be looking at the world and the life of young people as in the dynamics of national life they are more important than those who are going down the hill. It is about new people

(Pachner 1946:13).

In this rationality, which feared getting old and in which one’s declining health was equal to a decreased value as a human being and a citizen, the focus was on the new generation, on the “creation and maintenance of new citizens” (Pachner 1946: 27). The future and progress of the nation was dependent on the capable ones – those who would be able to participate in

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<sup>115</sup> Otázka potomstva – otázkou národního bytí.

Czechoslovak society and its economy. As Pachner explains: “today it is generally agreed that the future lies in the youth, strong in numbers and physically and mentally healthy” (Pachner 1947: 12). In a eugenic manner, the focus of the new biopower was on bodies whose mental and physical *capabilities* could be used in the new state, on those who could be ‘active’ participants and who were ‘physically and mentally healthy’. What can be deduced then is that physical defect or illness would not allow for such a participation in social life and therefore these different existentialities were not only to lack any true support from the state and its governing rationality but also from women – the potential mothers of such new lives – themselves, i.e. they were let to die, they were the ‘unwanted’ representing the legitimate reasons for terminating pregnancy. If Czechoslovakia was to be strong, it would change its governing strategies and rather focus on protecting those who were healthy and young while making sure that degeneration and disease would be eliminated.

The new (bio)politics was thus primarily focused on prevention since the aim from now on was to *prevent* the different individual diseases (be it poverty or an actual biological disease) troubling the Czechoslovak social body. According to Pachner, the lack of people of a good quality, the high levels of unemployment were a clear consequence of a state that did not regulate reproduction. For that reason, he called for a new politics that would be “managed scientifically and together with eugenicists. This eugenics with a new face would not follow the brutality known from Nazi Germany. That we [Czechs] cannot accept [rather it would be] one to be embodied in the appropriate laws and social policies” (Pachner 1946: 37). Based on this logic, the 1950 provision was issued soon after the regime was more established to protect women’s health but also to prevent the potentialities of the undesirable from existing.

In many respects, this rationality reminds us of the Nazi endeavour to create a world where blood and race determined one's national belonging. Pachner explicitly agreed that the fascist thesis "quantity is the power of life of nations" (Pachner 1946: 11) was applicable even in the Czech context. However, he clearly excluded race as such to be the dividing factor between the desirable and undesirable citizens. In contrast to him, professor Bělohrádek did not agree that the Czechoslovak social politics would share the same ideological origins with the one in Nazi Germany despite its interest in building a strong nation. The Czechoslovak "Social Hygiene" though also webbed in eugenic thinking was different from the German "racial" one, under which Czechs (and other Slavs) as much as Jews or Roma people were represented as lower races and thus were to be eliminated from the potentialities of lives (i.e. ultimately their physical existence in Europe).<sup>116</sup> Czechoslovak scientists were thus well-aware of this kind of politics with clear racial connotations and tried to avoid an obvious link with it, considering Czechs in general more cultured and civilised. Bělohrádek insisted that in comparison to the German case, the Czechoslovak socialist approach to the social order of things shied away from the explicit German naturalism, and emphasized that nation is not defined solely by its biological traits, a nation was not an organic entity for him. Rather, a nation represented a structural whole, a combination of the cultural and biological where every part has its innate order (Bělohrádek 1947: 24).

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<sup>116</sup> Their lack of voice was well signified by the occurrences following the Munich Agreement in 1938 when Czechoslovakia was deprived of part of its borderlands – then known as "Sudetenland" – subsequently taken over by the Nazis. For more information on the annexation of parts of borderlands of Czechoslovakia as an agreement between Germany, France and Great Britain and the consequences it had over Czech lands, i.e. the creation of the Second Czechoslovak Republic and then the existence of the Czech and Moravian Protectorate and the Slovak fascist state, see for example Jan Gebhart and Jan Kuklík, *Druhá republika 1938-1939. Svár demokracie a totality v politickém, společenském a kulturním životě*, Prague 2004 (The Second Republic 1938-1939. The Battle Between Democracy and Totality in Political, Social and Cultural Life); or Jan Němeček et al, *Československo a krize demokracie ve střední Evropě ve 30. a 40. letech XX. století*, Prague 2010 (Czechoslovakia and the Crisis of Democracy in Central Europe in the 1930s and 1940s); or Jan Kuklík et al, *Dlouhé stíny Mnichova. Mnichovská dohoda očima signatářů a její dopady na Československo*, Prague 2011 (Munich's Long Shadows: The Munich Agreement Through the Eyes of Those Who Signed It and the Impact It Had on Czechoslovakia).

As much as the inner factors were influencing the quality of the population so were the societal values, standards and economic environment. In the Czech case, the nation was characterized by a “spiritual unity” (Bělehrádek 1947: 24). According to the expert, every part of the state had its function and he drew a parallel between the state and the human body: “A human stays compact even if he weighs a little less or more, but he needs to have all the parts of his body, and these have to be deployed in a logical (lawful) order, in their mutual play they have to be harmonious” (Bělehrádek 1947: 23). What this statement implies is that a ‘harmonious’ nation consists of a certain harmonious (i.e. happy, healthy) order. A desirable citizen is a capable citizen, (s)he has all the parts of her/his body, (s)he is ‘normal’ in all respects for ‘normal’ was becoming the new harmonious. So even though Czechoslovak social politics claimed to be different from the German one, in the end the thinking did not differ that much in its effects: the ideal citizen was to have all parts of his/her body ordered in (ableist) harmony to secure the happy Czechoslovak future. Both the German and Czechoslovak social hygiene assumed a certain order divided along the health axes of desirability, which separated citizens according to their biological value. In the Czech case, biology consisted of the combination of both inner and outer factors thus offering an even greater potential for the new state to control and regulate. Just like in Nazi Germany, the sick, the degenerate (who were often poor) were understood as a problem that needed to get under control – of course not the normal, capable and white Czechs; their reproduction needed to be controlled for a Czechoslovak nation defined as a spiritual entity. Reproduction needed to be regulated to make sure the nation would consist of people who share the same values and body to develop a truly postmodern polis that differentiates itself from the past. And experts were there to help the state with this effort.

The new state and government(ality) troubled with the desirable population growth was not only concerned with individual bodies and their capabilities and usability. It was interested in generalized data on natality and mortality for its governing practices, data that were expected to be delivered by scientists and statistics as such for the population to be more easily administrable. Experts thus paid closer attention to population patterns, different natality and mortality measures that existed within the nation. By bringing statistical information, they dissected the desirable from the undesirable in a hierarchical manner into different categories of difference, ordering reproduction according to the normative notions of health and well-being, which were decisive when it came to one's citizenship qualities. After the war, according to the scientists the state was to be on the alert. Those who were deemed less physically and mentally capable were reproducing faster than others, a ratio disturbing for the new rationality interested in maximizing the biological capital of each citizen. There was a perceived crisis, the state was "in danger" (Machotka 1947: 75). The Czechoslovak nation was "degenerating" according to some, and the demographers along with the doctors reported that the reproduction of the less capable represented a burden for the nation's future development. The nation was weighed down by the many people who due to their *in-capabilities* were seen as inadequate, unsound for the plans Czechoslovakia had in its re-building efforts. As stated by Pachner:

The increase of those who are socially and medically more *capable* is not as fast as the increase of the less capable ones, though it decreases as well, it decreases less gradually. The ratio of the more capable ones to the less capable ones is becoming worse and worse, so that we have more and more people who from a sociological and medical perspective represent a bigger burden for society than people who are active in all regards, physically, sociologically, culturally, morally, etc.

(Pachner 1946: 36, emphasis added).

It was a time when a sociological and medical perspective united in a specific form of Czechoslovak social Darwinism to solve societal problems and dictate the traits of citizenship

desirability. The reproduction of the less morally, socially and physically capable ones was considered a serious issue, it was becoming “worse and worse” as per the quote, something unpleasant the state was to get under control with the help of science. The logic of this kind of rationality was that the more you let the ‘degenerate’, the sick reproduce, the less will the capable ones have a chance to flourish and ultimately, exist. As Pachner feared, there were fewer and fewer of those citizens who were active, whose bodies and minds were harmoniously in function and therefore desirable for the new state. Degeneracy was taking over the Czechoslovak nation and for that reason the reproduction of some had to be regulated. The term ‘differential fertility’ helped experts distinguish between the different fertility rates within the population thus offering the state a more nuanced tool to divide the desirable reproduction from the undesirable one and thereby maintain a certain societal order.

One of the aspects subsumed under the differential fertility were territorial differences in reproduction to which the state should pay attention. Some provinces were deemed to reproduce faster than others. However not all provinces were of equal ‘quality’ as understood by the contemporary dominant medical norms, and therefore only the increase of natality in some Czechoslovak provinces was seen as desirable if the state was to avoid further degeneration. The governing rationality was to be especially cautious about reproduction in places such as Slovakia or Moravia where pregnancy rates were high, but alcoholism and various diseases were allegedly pertinent to the population as well, i.e. characteristics that were threatening the development of the new state and hanging like a ghostly impairment on individual bodies. The progress of *one* nation, signified by the best quality of its citizens, could not be achieved without regulating the reproduction of the undesirable, the sick, the unhealthy, the poor. As stated by Pachner:

It is in the interest of the quality of the population that we should not welcome an overall increase in the reproduction nor maintain high fertility rates within some provinces of the

republic, such as Carpatho-Ukraine or Slovakia, but also in some Moravian and Czech provinces. Our concern are especially the mountain provinces where the average population is healthy, but also mingled with a quite high number of people who are constitutionally defective (endemic stroma, feeble-mindedness, alcoholism...). It would be a dangerous thing if a population would reproduce without eugenic control

(Pachner 1946: 35, 36).

Reproduction was to be regulated and normalized into a better shape through eugenic control if the state was to secure its future. But fertility rates did not differ only based on territoriality, class became a prominent signifier of certain qualities for reproduction as well. What these experts found out was that modes of reproduction varied also within the same province and even the same city. They developed a specific concept of class different from the classic Marxist definition based on the economic relationship between the bourgeoisie and the proletariat. Class in the understanding of these experts showed an intersection of socio-economic and biological discrimination applied to one's mental and physical development at the same time. Often it was intelligence that was used as one of the main classificatory factors of one's personal quality as a human. Thus, it was not only the physically strong women but also those of certain mental capacities whose pregnancies were welcome and wanted by the new regime. It was their reproduction that was presented as normal and hence desirable. The concept of differential reproduction then served to further redistribute reproduction/motherhood in a hierarchical manner of socio-medical desirability. As much as in the interwar proposals, it was the poorest whose ways of living became the thorn in the eye of the allegedly more intelligent ones. The bodies/minds of the poor represented a threat, they struggled the most and therefore had to be stopped from reproducing "too much" as they were often sick and lacking the desirable living and economic standards now also related to the morality of their being. Briefly, they were people whose morals were doubtful. We see this in the following quote by Dr. Otakar Machotka from his speech at the Convention of Czechoslovak Women in 1946:

There is a big danger for the future. We need citizens of certain physical, mental and moral qualities. The population decrease of the healthy classes is being replaced with the undesirable increase of classes that are badly equipped both physically and morally. It cannot stay like this. It is important to stop the decreasing value of the national average. If we compare the intelligence coefficient of each individual social strata, we see that children from the poorest families have worse intelligence levels and higher fertility rates

(Machotka 1947: 75).

The best citizenship qualities were thus not to be found among the poorest, these families were steps behind the standardized and idealized national average calculated as a certain living standard defined by their physical and mental health and their IQ. Those who would not or simply could not ascribe to the desirable citizenship characteristics, those struggling financially and health-wise represented the new bio-underclass in the new socialist regime. Their reproduction was considered excessive, wearing women's health down and therefore in need of regulation and control. On the other hand, reproduction of those situated in the middle, between the 'worst' (the poor and sick) and the 'best' (the most talented and in the best shape) was deemed extra desirable. They were considered to be of the best quality, of a great physical and mental potential that the new rationality desperately craved. These people although not special but considered good and healthy in all respects would deliver babies for other nations to be jealous of. As implied by professor Machotka, the most desirable traits were found not among exceptional people but the average ones, i.e. the new middle [biological] class that started to represent the new norm of how to be and live:

When we think of the natality increase of classes that are well equipped with hereditary qualities we do not think of exceptionally talented citizens (there are very few of those and the exceptional talent is not always possible to inherit), but rather of the average citizens with good intelligence who are represented [in our country] by farmers, small businessmen, sales people and higher middle-class officers. These classes should be convinced to have enough children, otherwise a dark cloud hangs over our future

(Machotka 1947: 75/ 76).

What continued to matter even in the new thinking was the hereditary aspect of one's biological constituency believed to be passed down from one generation to the next. If the quality of those reproducing was decreasing, then *logically* the quality of the next generation was also endangered. For that reason, farmers, small businessmen and teachers were supposed to deliver the needed quantity and quality of the future citizens; their family environment and personal, biological qualities were considered suitable for their potential future child's development. And as we can see, one's physicality mattered a bit more than one's intellect. The plan was to build and for that the state particularly needed lots of strong hands and some good brains. Therefore, some women and their reproductive behaviour were represented as a threat, their bodies becoming the depository of the health of the whole nation (Miller 2007). They needed to be granted individual rights so that their health, the health of the future child and by extension the health of the whole nation was maintained. For only a population politics guided by the principles of science (eugenics) and genetics could bring about the desired effects, i.e. a population full of mentally and physically strong citizens who actively contribute to the development of the state. Or as put by another doctor, Zdeňka Fígnerová, hopefully by enacting such politics the "nation will flourish in its full beauty and won't die out" (Fuegnerová-Klímová 1947: 129). As demanded by experts, the new socialist state set off its plans for a felicitous future and to apply these ideological principles into lived reality, it drew on the knowledge of contemporary genetics that could decipher one's potential even before one was given a chance to be born.

## Preventive Gyneacology, Genetics, and Prenatal Care: Towards a Normalizing Society

Part of the plan that would help Czechoslovakia become a strong nation full of capable citizens in all respects was to institutionalize prenatal care, which became a priority for the new regime. The rights were in this sense accompanied by quite strict sets of controlling measures. Good motherhood – normal motherhood – was now indisputably equated with healthy motherhood. By taking care of women and children before they were even born the state would be “taking care of the healthy biological potential of every human being” (Pachner 1946: 34). Women’s bodies and choices thus needed to be ‘taken care of’ if we are to use the political language, to maintain a certain population optimum. The need was then to control women’s reproduction and biology from their very young age with contemporary scientific tools (Pachner 1946). Especially gynaecologists and geneticists had a special role in this process of social hygiene i.e. the purification of the disease from the Czechoslovak national body. They in particular were to keep an eye on the quality measures regarding population growth and act as its protectors by scrutinizing the defects, potentialities and possibilities of women’s individual bodies. Dr. Jiří Kos stated very well this preventive role of doctors, in particular gynaecologists: “One of the new responsibilities for a modern gynaecologist regarding population prevention is the task to record the numbers of population growth pertinent to each province and meticulously study all factors influencing the quality and quantity of births. *By preventive action* we can avert unfavourable decreases in the population ... and thus damage to our population” (Kos 1948: 520, emphasis added).

Gynaecological counselling services were deployed all around the country, into every little town, and as much as they served to increase women’s access to their rights to health, they also served as a tool of control. Women were obliged to undergo medical control when pregnant,

which was a morally different situation from the interwar Czechoslovak state's rationality. As stated for example by Dr. Jiří Trapl: "We demand the future mother to be examined by a professional healthcare provider at least three times during her pregnancy so that particularly any defects could be found which could lead to the malfunction or damage of the fetus. It [this prevention] forms the basis for premature deliveries and child mortality during delivery or shortly thereafter" (Trapl 1947: 41). The doctors' focus was not on women's body per se but on 'healthy' pregnancy, 'normal' development of the fetus and 'normal' delivery:

We have to realize that the care of a child must start even before the child is born. Recently we have seen an increasing number of premature deliveries, which are still on the rise and which are one of the main causes why a child is so weak or sensitive or suffers from infection. Our care must be concerned with a child even before the delivery. Primarily, we must fight rickets and take care of the future mothers so that they are of a good physical constituency and do not suffer from any muscular or skeleton disorder as this would prevent them from bringing the pregnancy to term and from normal delivery

(Nedvědová-Nejedlá 1947: 101).

As we can see in this quote, the new prevention was more about the fetus than the woman herself. She appears to be the main tool to achieve societal goals – a depository of the future ableist hopes. Hence the intense interest in her "physical constituency," the diseases of the female body were ideally to be fixed even before the child was born so as to prevent them from being passed down to the child or when a "malfunction" developed during pregnancy it could be scrutinized by genetics. Genetics could thus prevent society's contamination through degeneracy. As Waldschmidt states, "[t]he resulting genetic family structure can in turn be used to identify regularities in the transmission of the disorder" (Waldschmidt 2005: 198). Doctors and scientists thus continued to research the different pathologies pertinent to female bodies and the fetus, pathologies that could potentially lead to delivering children deemed weak and unsuitable for life in a socialist society. The orientation on prevention was focused not only on bodies that were

already ‘sick’ but also on those that could *potentially* become sick, with the inner and outer conditions<sup>117</sup> forming the possibilities for a woman to deliver a healthy child, i.e. the pregnancy itself, the woman’s age, work, even the work environment and its potential toxicity. Many women were not well-fed, lacking the needed nutrition for their bodies, some women were too young, and their bodies thus considered unsuitable for reproduction (Vojta 1946). The experts were troubled by syphilitic female bodies, infected female bodies, bodies with heart disorders, bodies that were exposed to a toxic environment, and infertile bodies. As a consequence, the term ‘pregnancy at risk’ was developed throughout the 1950s and the control of women’s bodies intensified in the name of their future healthy child(ren).

According to the experts, pathological pregnancies (the defective bodies) produced monstrous eggs, which subsequently led to the creation of a monstrous fetus: “An egg that does not develop according to normal laws is a monstrous egg. Sometimes the egg grows till the end and a monster is delivered. As our colleague Moudrý quoted, some flowers finish flowering and lose their blossoms, or they do flower and the blossoms are hideous. The same thing is very likely applicable to humans” (Moudrý 1946: 15). The normal laws, as stated in the quote, represented the desirable state for pregnancies and referred to a certain health optimum that women with the help of the state and scientists were about to deliver and maintain; the idea was to create such conditions for pregnancies – and the intrauterine development of a fetus – that mostly healthy children lacking any ‘abnormalities’ would be delivered as a final product of conception (Kos 1948: 520). Keeping this as the main priority for the new politics, genetics as a

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<sup>117</sup> It was the famous Ivan Pavlov’s theory that served as a basis for understanding how the inner condition is influenced by outer reality. Pavlov showed the dependency of all life forms including the psyche on the environment. When this thinking was applied to women’s bodies, an intensive research of the female biological constituency commenced, of both pregnant and not (yet) pregnant bodies as a whole, and their relation to the conditions forming the possibilities for a good/healthy/normal and bad/pathological pregnancy (CG 1951: 4). Such an approach started to be exercised in Czechoslovakia from the end of 40’s onward.

developing science in the 1940s and 1950s brought more nuanced tools for how bodies can be perceived and was mobilized in the new regime to help detect the malformed, the sick, the pathological, i.e. to fix the situation of the undesirable and unwanted.

As stated in 1948 in an issue of *Czechoslovak Gynecology*: “Because the conception of a healthy child presupposes a good genetic constitution of its parents, this means that it is important to attribute an important role to genetics so as to ensure a population of good quality” (Kos 1948: 522). The genetic knowledge along with the information gathered in demography thus further divided pregnancies based on different hereditary traits and the level of (health) risk they represented for the woman herself or the fetus. Attention was paid to RH factors, blood groups, hereditary diseases, genetic constitution and its relation to different diseases. Thus, the new political agenda about fertility included questions of eugenic/genetic/medical control. It was believed that perfect care (i.e. separating the healthy from the unhealthy and fixing the latter) would produce perfect citizens ensuring that “almost every child will be born healthy and remain healthy” (Vojta 1957: 115). For the first time in history, women’s health started to collapse into that of her child and her sexuality into the law.

The new politics re-oriented its governing strategies and focused on making live the capable ones while finding legitimate reasons to let die those who lacked the new desired citizenship qualities. Socialist Czechoslovak politics thus exemplifies similar processes of homogenization and normalization as theorized in the West, i.e. the endeavour to achieve the desirable optimum by aligning people’s traits to a norm. As Foucault stated: “[f]or the marks that once indicated status, privilege and affiliation were increasingly replaced – or at least supplemented – by a whole range of degrees of normality indicating membership of a homogeneous social body but also playing a part in classification, hierarchization, and the

distribution of rank” (Foucault 1977: 184). For this reason, reproduction was dissected and hierarchized in socialist Czechoslovakia. Only those who were capable and strong were considered the wanted citizens, those that could actively help bring the Czechoslovak living standard to the top.

It was this type of rationality that stood ultimately behind the decriminalization of abortion. The 1950 and 1957 provisions legalizing the practice were issued not with the aim to decrease population numbers but rather “[s]o that everything conceived in good will could be kept in health till it is delivered, and everything that was born could stay in good health” (Pachner 1947: 7). Any malfunction or so-called defect of the fetus or a potential of a broken health caused by poverty or other social ‘disease’ were feared. The state might have enough citizens, but their participation in social life would be limited by their living standard that was seen as defective or producing defective effects. The biological utility of these people was then minimalized in the eyes of the new rationality. Hence as much as health and eugenic reasons, social reasons were also found legitimate for terminating a pregnancy because it was the combination of both, the inner and outer factors that could potentially lead to the creation of a *monster*. Along the same lines, women who were too old or too young simply were not considered physically or mentally suitable in this genetic/medical gaze and their pregnancies were thus often labeled ‘unwanted’.

Hence, for the new politics to be effective also different disciplining strategies along the regulatory ones needed to be put in place to make sure that women were deciding according to the normalized standards of health and that they knew how to choose between the wanted and unwanted. For that reason, the institution of abortion commissions was established as well. As I show in the following section, some women, especially – and paradoxically – those who still

preserved the middle-class values of the previous regime,<sup>118</sup> were considered the true modern socialist women whose morality was to become the norm. I argue that the ideal of the white middle-class woman who wants the best for her baby survived into socialism unleashing the construction of ableist love, i.e. to love only those that could be potentially healthy. In this rationality, women's biological citizenship became constructed along the bourgeois concept of self(hood) that has its roots in the Enlightenment concept of freedom.

The concept of the new socialist woman embodies the idea of the autonomous and individual citizen-subject but whose will is, nevertheless, directed towards the greater societal aim, i.e. that of the health/wealth of the nation. This concept of personhood was already exemplified in the first interwar proposals aimed at decriminalizing abortion. After the Second World War, it became appropriated as the dominant and idealized norm of female subjectivity in the form of the new socialist woman, a liberated and responsabilized modern citizen who cares about her *biology* and well-being and who is conscious of the consequences of her sexual life and hence protects herself sexually with modern contraceptives by which she maintains a good/happy life. As a true modern person who uses her reason, she knows that she cannot rely on her irresponsible male partner thus absorbing the individual responsibility for any decisions she (does not/cannot) make. I pay special attention to the institution of abortion commissions and will argue that the socialist regime implemented it so as to serve both as regulatory and disciplining mechanism of the new governmentality.

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<sup>118</sup> Even though the communist ideology was committed to the rule of the proletariat, as my analysis shows, paradoxically it was the middle-class values that were to define the average and ordinary even during socialism.

## Constructing the New Socialist Woman: Individual Responsibilisation, Planned Parenthood and the Role of Abortion Commissions

And in this situation (...), in the name of the higher ideal of the new socialising way of life, I am calling you, women, to fight for and work towards the new refinement of life, the new moralisation of our contemporary after-revolutionary circumstances, the moralisation of individuals but also classes, for without this [refinement] the real ethical-cultural life will not be achieved, the fight for the new life and world will be unsuccessful and all our contemporary efforts will have been in vain

(Beneš 1947: 8).

The demand for women to absorb the new sexual modes of being and morality accompanied the after-war endeavours to rebuild Czechoslovakia as a super ableist and therefore powerful nation. As we see in the quote by president Beneš, women represented the pillars of the new morality without which the progressiveness of Czechoslovakia could not be achieved. The new morality understood sexuality outside of the old religious and moralistic discourses that forced any woman under any circumstances to deliver her pregnancy to term. This perception stopped being plausible in the first decades of socialism, a modernist system that relied on scientific principles and not some abstract laws given by God – just like any modern Western capitalist state. In contrast to this, the sexual morality of the new socialist woman whose subjectivity and consciousness was assumed by the 1957 provision legalizing abortion was not to be guided by nature and destiny. Similar to the new woman of the interwar period described by Betty Karpíšková in 1932, this new socialist woman used her reason and planned her pregnancies cautiously knowing that not every time and not every fetus is worth her efforts.

Women's individual will thus became an important factor that had to be considered but also molded. Women – and particularly those that were assumed to lack this knowledge – were to be responsabilized so that they learned mainly not how to find a solution to when a pregnancy occurred and was unwanted, but how to prevent these pregnancies altogether and thus have a

good life. Abortion was not seen as a final solution but rather a “necessary help in misery” (Švarcová 1959), a harmful procedure that could potentially lead to infertility and therefore should be avoided if possible. And as explained by statistics, on average every 10<sup>th</sup> pregnancy resulted in an abortion (Hnátek and Jerie 1955: 21). The fight against poverty, disease and hence for a better life was to be achieved by contraceptives and also sometimes by sterilisation, which at that point still was not legal (Hnátek and Jerie 1955: 28).<sup>119</sup>

However, the new average modern socialist woman still had to be created. She had already existed, ironically mainly in the higher social circles whose norms and standards were to be re-appropriated as the normal standards for ordinary life in the first decades of socialism as the principles of the new socialist family, despite the official suppression of the bourgeois class in socialism. The new white, middle class socialist woman who is not observant and instead of the Bible reads educational brochures on a healthy sex life and motherhood, became the paradigmatic ideal, self-regulating biopolitical subject who had to help the state fight the diseases of the national body (such as alcoholism, criminality, and illness) by caring about her well-being and the well-being of her children, by orienting her motherhood choices towards the possibilities of her being circumscribed in the normative notions of health and based on what she has and can. I disclose the further individualization of the biopolitical strategies through the disciplining of women as responsible mothers whereby the desirable effects on the regulatory level were to be achieved and maintained. In this regard, the ideal of the white bourgeois woman who has children only when she can, serves to divide the population between those who regulate their pregnancies – the progressive cultured ones – and those who are still subjected to the “old”

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<sup>119</sup> Similarly, like reported by E. Dyck (2013) in the case of Canadian sterilisation, in the text by doctors Jerie and Hnátek sterilisation seems to be a tool to further prevent the unwanted, and also a practice used by the higher middle-class to prevent any further conception. “Even though sterilisation is still not legal, it is possible to recommend that the doctor demands the approval of both the husband and the wife. Especially the consent of the wife is necessary since it is her to whom the sterilisation is proposed” (Hnátek and Jerie 1955: 28).

traditional and sometimes religious sexual morality, the new primitives who do not control/regulate the number of existing or potential children nor their health.

All experts who were concerned with the ideal Czechoslovak population assumed that regulating reproduction and limiting the number of children per family, i.e. consciously deciding if one has the physical, mental, and financial capacity to have children, was a sign of one's culture and level of progress (Bělehrádek 1947; Hnátek and Jerie 1955; Švarcová 1959). According to Dr. Jan Bělehrádek for example it was not possible to keep the population on a "primitive level" (Bělehrádek 1947:25), which was the main cause behind the high levels of child mortality in some parts of the world. In opposition to the ideal Czech modes of reproductive sexuality, he gave the example of Brazil and stated that women in such places were considered pure baby machines, sometimes delivering up to 40 children during their lifetime, including many children who died. He assumed that in these cultures human life meant nothing and thus these 'primitives' cared only about those who were strong enough to survive. However, he also refused a Christian religious morality by claiming that "Christianity cultivates degeneracy and maintains any inferior life" (Bělehrádek 1947: 25).

The vision of the new Czechoslovak nation defied both positions and maintained the premise that a nation of civilised and cultured citizens does not reproduce spontaneously and according to some godly or natural laws but rather regulates its reproduction and controls it. For that reason, women who were believed to reproduce 'naturally' and 'spontaneously' started to be a problem to be avoided by giving women knowledge and means how to protect 'unwanted' pregnancies as responsible mothers who are cautious about their sexual lives and want the best for their children.

The model for this new responsible woman who regulates her reproduction was seen in well off women who were described as cultured because they knew how to control their pregnancies and limit the number of children they had. The new rationality and sexual morality took its inspiration in the bourgeois family model and deemed human reason to be a dividing factor in achieving one's progress. As stated by Dr. Bedřich Sekla when pondering the "harsh" consequences of the differential reproduction in Czechoslovakia: "In every population there are certain groups of people who for their intellectual deficit are not open to these socio-psychological influences that lead the average and only exceptional ones limit the number of their children. Even during a very advanced population development, these groups continue to have many children. By this the quality of the next generations is threatened" (Sekla 1947: 46). According to Sekla, reproduction should be a matter of a rational decision and the normal Czech family should consist of two, maximum three children, keeping its size small so that it can maintain a certain life standard – something the bourgeois but also a big part of Czechoslovak society already practiced.

Ever since the 1920s, Czechoslovakia was experiencing a so-called demographic revolution as the standard of two children became the norm.<sup>120</sup> However, many women still did not know how to avoid unwanted pregnancies, nor did they use modern contraceptives such as condoms or diaphragms.<sup>121</sup> All Czechoslovak born women – born on the soil of Czech and

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<sup>120</sup> As stated in the Research on Parenthood in 1956 by Vladimír Srb and Milan Kučera, the norm of two, maximum three children was a well-entrenched practice pertinent to most Czech families. Czechs were consciously deciding about parenthood, limiting the numbers of children based on their personal situation. However, before the legalization of abortion, finding various ways to abort unwanted children carried big health consequences. The conclusion of the study was that Czech women were planning their pregnancies, and nothing could stop their individual wills. They reminded the state that the knowledge on contraceptives was low and therefore there was a need to act in this regard and help finalize the 'responsibilisation'. Also, Helena Švarcová at the end of the 1950s complained about the low level of knowledge about modern contraceptives among different groups of women and demanded to get rid of the old morality (Švarcová 1959: 167).

<sup>121</sup> After the Second World War, it was mainly diaphragms and condoms before the advent of hormonal contraceptives later on.

Slovak lands – were to learn these new modes of behaviour and limit their reproduction accordingly. And as we have seen in the previous part, in addition to the poor and sick also young women in particular were expected to learn how to control and limit their sexuality (Švarcová 1959: 165). They were to mold the practice already well-entrenched in the sexual behaviour of the abolished middle-class<sup>122</sup> where women would limit their reproduction. These women who were considered of better intellectual (and by extension, physical) capacities. But even the average and exceptional ones were to learn something, i.e. how to increase reproduction if they had all the means and capacities to do so in order to contribute to the growth of a healthy Czechoslovak nation.

However, despite the various discourses and measures of population control (such as the institution of abortion commissions on which I will elaborate further on), throughout the whole socialist period most Czechs and Slovaks across all social classes continued to live as per the bourgeois ideal of two children. In contrast to the pre-war capitalist society where religion still mattered, the new socialist one defined reproduction through the principles of reason, and all women were to be consciously and individually deciding about their pregnancies so that conception was not just a pure accident but rather so that every motherhood was planned and therefore *wanted*. In this thinking, the uneducated and (mostly) provincial woman was seen in opposition to the average woman who ideally was not religious, read educational books and modern novels, listened to her doctor's advice and hence was well-aware of her (im)possibilities to reproduce. The good socialist woman ideally used modern contraceptives and knew that abortion was truly only the ultimate solution.

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<sup>123</sup> As I have already mentioned, the execution of Milada Horáková in 1950 can be read as an exemplary refusal of the bourgeois values represented by her figure. Bourgeoisie was found as the core of all the sickness in the contemporary socialist regime. However, under this official rhetoric we can actually trace the continuation of the bourgeois reproductive sexuality as the dominant norm even under socialism.

As stated in the *Journal of Czechoslovak Gyneacology*, “the use of modern contraceptives has become natural in civilised societies” (CG 1957:113). Thus, modern contraceptives were to be used *naturally* by women. They were to become a part of the routine personal hygiene like brushing your teeth, part of her automatisms of being a woman, her new instinct. Only under this kind of regime of the modern self would the quality of the Czechoslovak population be maintained, and Czechoslovakia become one of the most progressive nations. Sexuality was to be controlled by individuals themselves. Their decisions were directly connected to the vitality of the nation, the quantified modes of their sexual behaviour were to become the civilizational identifier moving Czechoslovakia to its desired happiness.

This perception was adopted in the formulation of the 1957 law as can be seen from its justification. It stated that it was possible to decriminalize abortion given that the “... advanced level of our women’s consciousness and their culturedness are creating favourable conditions for a gradual and even development of the population” (68/1957 law). Women thus yet again (like in the interwar proposals) became civilisation identifiers and their behaviour connected to the development of the nation. The new socialist woman was positioned into the new responsible self, representing the newly enacted border between the traditional and the modern. From now on, nothing could simply happen, otherwise it would be a sign of her primitiveness.<sup>123</sup> She was the one to be blamed if she failed to protect herself or for reproducing social poverty, she was the one who was not to bring into this world a life that in the dominant (medical) thinking was considered not worth living. This is how she becomes the good mother, namely when she is cautious and knows that capability is the pillar for anyone who wants to flourish. The new sexual

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<sup>123</sup> Even nowadays in the Czech Republic families of three or four children are exceptional and people who decide to have larger families are often perceived by others as ‘primitives’, lowering the standards of their lives.

morality was tied to the conditions of one's living, a certain standard defined in ableist terms, which were to be upheld by women's individual choices.

One of the famous demographers of the 1950s, Helena Švarcová made a point in her book regarding contemporary socialist reproductive policies and emphasized that the possibility to control and regulate reproduction did not mean to have a concrete plan in place for each and every family (Švarcová 1959: 131); rather the character of power was changing and becoming more individualising and psychologising. Ideally, the influence of the state was not to be that direct. Women themselves were to regulate their reproduction according to contemporary notions of who a good mother was, and as we have seen those notions were dictated mainly by science. Around this time the term “planned parenthood” became a concept the new rationality deemed indispensable for a proper functioning of Czechoslovakia. As much as the new state was to care, the new citizens were to absorb the same regimes of (medicalized) truth based on which the individualized registers of responsabilisation were built. Therefore, the individuals would care in the same way – choosing what is right to choose, according to the normative notions of health, which would make them good citizens, i.e. responsible mothers who are cautiously preventing the unwanted pregnancies by modern contraceptives and who are not having sex without thinking about the potential consequences.

Despite the availability of modern contraceptives such as condoms and diaphragms, the most common method of protection at that time was still coitus interruptus (Pachner 1946; Srb and Kučera 1956; Švarcová 1959), a practice deemed unreliable in the new morality. Women were to be more aware of how their bodies functioned, about their sexual health and the ways to protect themselves from the patriarchal control of men who did not care. We can see this in the following quote by Švarcová who emphasized the need for more reliable contraceptives:

Ten thousand abortions every year clearly prove the importance of [modern] contraceptives. Together with healthcare awareness and sexual education they are the key to decreasing the number of abortions. Contemporary reliable contraceptives free women from the incessant worry about unwanted pregnancies and they are an indispensable condition for a motherhood to be truly a matter of a woman's free will and for her to be more joyous and happier

(Švarcová 1959: 168).

The idea was to achieve “free reproduction under truly human conditions” (Švarcová 1959: 179). If motherhood was to be happy, it would be planned, and women were to learn how to do it. This need to educate particularly the younger generation (so that the damage is truly prevented in the future) about the new responsibilities of a parent/ mother as can be seen in Dr Trpíková's speech when defending the legalizing 1957 provision in Parliament. She refused the guiding principle behind the mostly Catholic religious rationality regarding sexuality, which feared depopulation and had been dominating the debate. Czechoslovakia still wanted to keep its numbers, but the numbers meant nothing without the desired quality, which was explicitly related to the responsabilisation of (female) citizens:

We are not dreaming about the 40 million Czechoslovakia that Jan Baťa<sup>124</sup> used to dream about, but according to the words of professor Pachner, we are aiming to have enough of us. It is a realistic task, it is a matter of moral and social education about planned parenthood. It is a task where even we, members of Parliament, can give a hand and help the ethical education of our citizens

(Trpíková 1957).

What this quote implies is that all citizens, i.e. both women and men were to be included into the modes of responsabilisation. For that reason, Trpíková and Kalaš called upon men to be more aware of how they treated women and of the consequences of their sexual behaviour. They

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<sup>124</sup> Jan Baťa was a famous interwar Czechoslovak businessman who emigrated to Canada before WWII. His shoe company Bata is famous all around the world. By using two famous men, Baťa and Pachner, Trpíková created the difference between the old and the new society represented by capitalism and socialism. Baťa's way of thinking was not what was wanted and desirable in 1950s Czechoslovakia. Nevertheless, it was a mode that characterized the dominant thinking around reproduction up to then.

were to join the new woman on her path to responsabilisation. As we can see in Trpíková's speech:

It is not possible to talk about responsible motherhood without talking about responsible parenthood. It is an intimate matter concerning always two people and their good will. However, it is the woman who is always more affected if her pregnancy ends up in an unwanted pregnancy or abortion. For these reasons, we have to teach men about the unfavourable health consequences of interrupting a pregnancy so that they do not destroy a woman's health and emotional state by their ruthlessness

(Trpíková in the 1957 Parliamentary Debate).

Along the same lines Kalaš agreed that the legalization of abortion cannot lead to its abuse and insisted that men, too, must change their sexual ways of being – their “good will” and not to simply follow their animalistic “instincts.” A socialist (wo)man cares about her well-being and the health of her(his) children and this is what supposedly distinguishes her(him) from her(his) primitive counterpart in capitalist countries and countries deemed as developing, i.e. countries that did not care about their (female) population and did not protect its health. What this debate shows well is that even though ideally both genders were to be disciplined along the same lines, men and women were constructed differently and along essentialist lines in these discourses. Consequently, because of their different biology and expected role as mothers women were to care more – it was them who would be affected the most and who therefore became the paradigmatic citizens caring not only about their own well-being and functioning but also about the future functioning of their family, and ultimately of the whole nation that recognized the bourgeois nuclear family as the basis for its development.

Individual responsibility was thus passed mainly onto women. As stated in 1960 in the *Journal of Czechoslovak Gynecology*: “No woman relies on a man when it comes to birth control. She therefore absorbs not only partial but full responsibility for the consequences of her behaviour” (CG 1960: 763). Men are mentioned in these debates but mainly as those who will

always be lacking something, those who can keep the privilege not to care. Women however were those who would be subjected to regular medical controls that were to replace the confessional, who would be acquiring the knowledge on how to be good and if they failed to comply with the expectations of the ever-present gaze of the disciplining eye, they could be punished. Thus, it is the woman who continued to be at the center of the disciplining mechanism since it is her who must approach the abortion commission and it is her who is considered the representative of the new socialist family as it is her (re-)production that was to be cautiously and consciously guided by herself, as shown by Dudová (2010; 2014). In this respect, the abortion commissions were established to supervise this decision-making process and thereby mold the desirable form of women's citizenship.

The aim of the 1957 legalizing provision was to have a population of healthy children. Only those were to be wanted and expected with love who could be potentially healthy. Since no abortion could be performed without women's free consent and will, more and more attention was paid to how these decisions were made and what influenced a woman's will to have or not to have a child. As claimed by Dr. Zdeňka Nedvědová-Nejedlá, "the will to have a child is influenced by many factors" (Nedvědová-Nejedlá 1947: 95). She lists societal conditions and the belief in the societal order as decisive for a woman's decision about motherhood. In this text, the will to have a child is directly related to the more responsabilized modes of sexuality defining life in a modern (and progressive) society and the life of the new progressive, socialist, modern and healthy woman. But at that point experts did not trust women and wanted to make sure that women dissect the desirable from the undesirable appropriately.

The institution of abortion commissions was established at the same time when abortion was legalized and with the purpose to control women's decisions, i.e. to supervise if they were

deciding appropriately and to give them advice on how to prevent *their* unwanted pregnancy in the future. I claim that their main function was to mold the desirable form of citizenship, i.e. to discipline women to become responsible mothers and choose what is right to choose. In this sense, the commission absorbs the religious modes of governance in which confession became an important tool to shape one's being or in this case, a woman's individual will. It is during the confession (in front of the commission) when the desirable/undesirable can be detected and fixed. It is the "institutional incitement to speak about sex/reproduction ..., a determination of the agencies of power to hear it spoken about, and to cause it to speak ..." (Foucault 1990: 18). We can see this mechanism in the following quote by Šťastná regarding the need for confidentiality during the hearing at the abortion commission:

It will be the institution of abortion commissions that will be deciding about the approval for the artificial interruption of pregnancy. They will consist of two specialists [doctors] and a woman who has the confidence of the broad masses. It will be important for the commissions to maintain the confidentiality of the process and by that obtain the trust for its functioning ... The big emphasis in the commissions will be on convincing women to withdraw their demands if the reasons were not justified, and look for other solutions out of a miserable situation. The commissions will be helping them to get rid of these problems

(Šťastná in the 1957 Parliamentary Debate).

This quote is interesting for several reasons. First, it emphasizes the character of the commissions which were to consist of two experts (gynaecologists) and an ordinary woman who would have already gone through the experience of motherhood. These members of the commission were expected to provide women seeking abortions with the needed advice. The formal and 'scientific' orientation was highlighted by the inclusion of the two professionals, which underscored the logic of the legalizing provision, i.e. that the law is to work through the responsabilized female consciousness that cares about her own well-being (health) and by extension the well-being (health) of her future children, a consciousness that was to be molded

during the ‘confession’ in front of the commission. In this sense, the commission was an extended hand of the gynaecological departments. Many women, however, demanded abortion for ‘social’ reasons such as not having a place to live or a partner who could provide for the family even though they may have had a job themselves.

The role of the woman as an advisor on the commission was to psychologically influence the decisions of women who could potentially have more children (i.e. who were healthy and of the right social standing) but also to approve the decision based on her own experiences when motherhood could be painful and represent a damage to the woman or the state itself; she was to be the exemplary female citizen subject who already had some experience with bringing up her own children and whose love represented the desirable responsible love all women should aim for. As stated by Kalaš: “Who can help better in a daunting situation than a mother whose heart and morals have faced so many challenges, who can be happy in her family circle, who in her growing children sees the happiness of her old years and who is proud that she gave the nation and our socialist society capable and healthy individuals?” (Kalaš in the 1957 Parliamentary Debate).

If the abortion laws were to work properly, one of their necessary effects would be the expectation that women decide responsibly about their pregnancies that would now always be planned. Assuming the individual subject to be autonomous and responsible thus made a functional necessity out of the ordinary sexual practice. For only responsible mothers – those who planned their pregnancies, were healthy and whose pregnancies were therefore wanted – deliver the desirable children who would be healthy and loved (Nedvědová-Nejedlá 1948: 95). Only such motherhood would be a happy motherhood, and women were to be led to understand these correlations. This we can see in doctor Trpíková’s speech:

The commissions will not only have the task to decide but also – in cases where they seriously do not find reasons to terminate a pregnancy – to convince the mother that her demand cannot be met. But not only this, they also must find all the reasons for the mother to be awaiting her child with love. If they are unsuccessful in doing this or if, based on the mother's past behaviour, there is no hope that her will can be changed then it is better for the child not to be born

(Trpíková in the 1957 Parliamentary Debate).

This quote nicely shows the logic of the provision and its desirable effects. If the child was to be unhealthy, it was to be unloved and it was better if it were not even born – the woman should let the potentiality of such future life die to make herself live and thereby protect the health of the nation. Or to put it differently, women (and also men even though they were put in a different category) were to be concerned with the consequences of their actions when having sex, knowing more about how biology works. Women were to be cautious if the sexual act now defined in terms of 'choices' and based on their individual will – and therefore active agency of individual reason – could potentially threaten their own health or the health of their future child. Women should think: 1. if their bodies could deliver capable children; 2. if by extension their motherhood could be happy; and 3. if their individual will were aligned with societal endeavours and considerations for a good life. According to the 1949 family law, citizens were obliged to "create a healthy family environment" (Act No. 265/1949). The new socialist state was all about caring and creating the conditions for a good/happy/normal/healthy motherhood – however, a happy motherhood was only one that subsumed the dominant normative expectations of how to be a citizen, an able-bodied person of a good intellect and with a solid family background; for that reason, the concept of responsible (ableist) love was mobilized.

Happy motherhood was more and more characterized by love but responsible and cautious love, and it was assumed that parents or rather women who were sick or poor were not assumed to be able to provide that. Therefore, the possibility to provide love – the caring about the physical and psychological component of one's being – was seen as limited in these families

and for these women. Good parents had time to love – they did not have to work all the time and were not always tired. Their love alone would not be enough for the desired child’s development. This love should be supported by the financial, mental and physical means to care. It was a love that would not let die, it was a love that would prevent any potentiality of unhappy lives and hence unhealthy lives from even happening so as to save them from ‘suffering’ and ‘pain’, it was a cautious and reasonable love which, once the ableist conditions for a good life were met, would not know its limits. As we can see in doctor Trpíková’s speech:

A child needs love, immense love; not blind maternal love, but conscious love, love that even during the hardest times will not lose its moral support and strength. We, pediatricians who visit orphanages, feel this at every step. Our state takes conscious care of them, doing the utmost to create a home and family environment for them. But what effect does it have when the child becomes conscious and is thinking why it is not happy, why it does not have a mother and a father waiting at home, why its parents live so far away and it cannot visit them, because the court cannot allow them to bring up this [child]

(Trpíková in the 1957 Parliamentary Debate).

As we see in the quote, parenthood was now a matter of responsibility and ability to care as an adult citizen who is aware of her possibilities and consequences of her decisions. Parents who for different reasons could not care – be it the high levels of poverty, their sickness, the sickness of the child – would be deemed unsuitable for such a role. These children of irresponsible parents – those defined as less capable to care and control – were to be given up for adoption or just never be born. Trpíková raises pity towards such lives of children whose existence would come “unexpected” and they would be unloved and thus unhappy. The new socialist woman as the representative of the family was to embrace not just any kind of love but rather the love of a responsible mother who was cautious about the possibilities of her being and who would always care about the health of her child. This kind of consideration was well heard in the justification of the law which stated: “We can particularly stop criminalizing pregnant

women who are convinced that they will be deciding about motherhood as well as societal interests and knowing that motherhood and family are pillars for the healthy development of our nation” (68/1957 law). The main desirable effect of this provision was to increase the health of the population by creating a population of responsible female citizen subjects who would recognize only certain lives worth living and loving, a situation controlled by the abortion commissions until 1986 (when they would be abolished).

If the new potential mother was to be a good citizen she had to start asking herself the following questions to decide whether her pregnancy was wanted or not: Am I single or not? Am I sick or healthy enough to have a child? What will happen with my life if I have a child too young or too old? Do I have money and somewhere to live? How will I protect myself if I do not want to become pregnant? What will the (un)healthy pregnancy mean for my future? As I have demonstrated, the institution of abortion commissions was an organ supervising and trying to mold the decisions of an individual female *will* so that the undesirables were let to die and the wanted got a further support to flourish – but only those who could *afford* it, of course. The will to have a child (or not) thus became an important biopolitical tool (Miller 2007), subsuming Czechoslovak women under the regimes of the desirable and supervising those who would not decide well, the potentially ‘risky’ mothers. The institution of abortion commissions was there to control this process and thus make sure that only the wanted and able (children) were born to ensure the health of the Czechoslovak nation. However, from its onset, this institution was deemed both by women themselves and experts a problematic tool threatening the functioning of the legalizing provision. For as it was becoming clearer and clearer, no one could prevent (the consequences of) a woman’s individual will once she had made up her mind one way or the other.

The following decades of socialism will be characterized by an ongoing emphasis on the construction of women as self-regulating responsible citizen subjects, for only this construction was deemed proper to achieve and maintain the desired effects of being healthy, an asset that becomes synonymous with the new normal. This construction of subjectivity further blurs the boundaries between the two systems of capitalism and socialism while also erecting another set of walls between the backward and developed based on women's choices. The demand for women to decide freely and with no visible outer control was communicated loudly during the last decades of socialism. In the following chapter, I will begin the story in 1986 when the abortion commissions were abolished and abortion re-iterated as a woman's free choice. I elaborate more deeply on the concept of female biological citizenship and situate it within the contemporary scientific debate defining the boundaries of the (un)liveable and (un)lovable. This new socialist/modern woman who appeared strongly as a desired norm at the end of the 1950s and who was endowed with reproductive rights, was ahead of her Western counterparts at that time already by about a decade. But slowly both East and West were becoming united in the 1960s and especially 1970s when the responsible subject of white reproduction divided the world further into the more progressive (those who regulate reproduction with new contraceptives and limit their children according to their situation and thus make good choices) and the less progressive ones (as we understand the new primitives who never care and just irresponsibly reproduce, the underdeveloped). I will demonstrate how new developments in genetics, molecular biology and psychology were used to further delineate between the wanted and unwanted and how this bag of knowledge was mobilized as a new biopolitics for the ideal Czechoslovak female citizen so that she would make her decisions regarding her (un)wanted

pregnancies out of her *free will* and thus ultimately carry the responsibility for the future health of her nation.

## Chapter 5: Normalizing the Normalizing Society: Women's Right and Responsibility to Choose, and the Unwanted between 1962-1986

### Historical Context

Regarding women's care, it has been stated many times in the past few years that in the basic figures we [Czechs] have not only caught up with some of the countries with a high civilisation standard but that we have even surpassed most of them ... It has been said on many occasions that in this phase it is high time to move our goals to a level higher than perinatal mortality. Questions about the healthy development of the fetus are becoming a priority. We focus not only on the prevention of developmental malformations but also on the prevention of intrauterine damage that affects the fetus' ability to function

(Vojta 1963: 2).

The 1960s were a decade of revolutionary upheavals in Czechoslovakia similar to many other countries, both in Europe and in North America. In Czechoslovakia, this decade was characterized by a strong reformist movement which aimed to make the socialist system more democratic and the economy less centrally planned and therefore more efficient. These ideas crystallized in 1968 during a period called the Prague Spring, which began on January 5<sup>th</sup> when reformist thinker Alexander Dubček became the First Secretary of the Communist Party. However, these endeavours were suppressed a few months later in August 1968 when the Soviet Union with the help of members of the Warsaw Pact invaded the country and brutally crushed these aspirations. The following period from January 1969 onward has been called the period of "normalization" as the Russian government demanded to put things back to "normal" and thus "normalize" the restless and disturbing cultural and political milieu. For that reason, the 1970s and 1980s in Czechoslovakia are understood as the period of true totalitarianism when active citizenship freedoms were suppressed, and the country was immersed in dark and passive times the shadows of which were only to be lifted by the Velvet Revolution in 1989. Some scholars believe that during that time citizens but also experts had no power to influence the politics

shaping their being. They were unable to define for themselves and others the conditions of life that according to the dominant historiographic narrative were dictated from now on from above – by the USSR.<sup>125</sup> Jan Palach’s iconic political act of self-immolation<sup>126</sup> on the 22<sup>nd</sup> of August 1969 was used by the post-1989 discourse to turn him into the figure of a young man ending his life for the (imagined) loss of ‘full’ freedom. Palach’s act of self-sacrifice thus became one of the main tropes supporting the vision of ‘darkness’ and unlivability connected to the last two decades of Czechoslovak socialism. In 2013, acclaimed Polish director Agnieszka Holland translated it into a popular film adaptation, a three-part HBO<sup>127</sup> TV drama called *Burning Bush*. As this series implies, according to many, the regime was as suffocating as the flames overcoming Jan Palach’s skin.

In this chapter, I do not dispute the political persecutions and the regime’s orientation on suppressing the different or the Other, the tendency to further enclose the system, its borders and therefore, even the possibilities of the imaginable that were always impeded by the Berlin Wall (erected in 1961) that symbolized as well as physically represented the division of the world between East and West, between desirable and undesirable citizens. Rather, departing from the dominant historiographic conceptualization of Czechoslovak socialist history through political events and following the genealogy of abortion rights, I identify a different rupture in Czechoslovak history, a different period of normalization that began at the end of the 1950s but found its peak in the following decades, particularly in the 1970s. It was a normalization of the Czechoslovak collective and individual body along the socio-medical truths of desirability that

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<sup>125</sup> As for example stated by Květa Jechová in regard to the reproductive politics during this period: “Analyzing the trends in natality and demographics still became part of national politics despite the fact that the conditions were less favourable for experts and citizens to influence them” (Jechová 2009: 63).

<sup>126</sup> Jan Palach was a twenty-year-old Czech student of history and political economy at Charles University in Prague who set himself on fire in the centre of Prague at Wenceslas Square as a protest against the crushing of the Prague Spring. He died three days later of his injuries.

<sup>127</sup> HBO is an American premium cable and satellite tv network.

divided women's choices and bodies/their biology/pregnancies in a hierarchical manner. It was a desire for a strong, educated, mentally stable, wealthy and work-capable population embodied already in the 1957 abortion law, the Act on Artificially Interrupted Pregnancy No. 68/1957, but which was later facilitated by contemporary developments in science (mainly genetics and psychology) that allowed to detect the "malformed" before it was born and by that to minimize the possible "wrongs" in one's future development. In this chapter I am concerned with a sexual, moral and cultural revolution – the focus and emphasis on physical/mental health and hence one's socio-cultural standard – that was to be paradigmatically embodied in women's individual will regarding the question whether they can be pregnant or not.

As it was stated already in 1961 in the *Journal of Czechoslovak Gynecology*: "All our efforts in health care dedicated to women cannot be separated from our deepest interest in [bettering] women's societal positions and their fight for emancipation" (Černoš and Vojta 1961: 237). Parallel to the legalization of abortion, at the beginning of the 1960s Czechoslovakia launched a research project called "Healthy Development of the Population", which unleashed a new orientation in health care prevention; an institution that was ideologically being developed since the 1920s but was fully implemented after WWII with the intent to prevent diseases within the collective national body. As we can see from the quote at the beginning of this chapter, the first phase of this process ended successfully at the beginning of the 1960s. The measures regarding the care of women that were adopted from 1948 on, made Czechoslovakia comparable and even above most countries considered civilized and cultured in terms of the health potential of their citizens. According to doctor Vojta, Czechoslovak women were being taken care of in the new socialist system so that even other states could come and learn from them.

In the 1960s, most of the physiological diseases that had troubled the doctors before were under control and potentially curable – antibiotics and other developments in science were the factors behind this achievement. The priority in the upcoming period changed. It became not solely about women’s health itself. Rather, it was the healthy development of a fetus and the potential future child that started to represent the main reasons for all the medical and preventive efforts, exploring now the relationship between women’s bodies, lives, and family situations and the outcomes of their pregnancies. This step was made possible by emerging reproductive technologies such as ultrasound or amnioscenteses, the use of which became prominent from the mid-seventies on in Czechoslovakia and was accompanied by psychological findings on a normal personal development. The experts assumed that healthy female bodies that exist in healthy social/family environments produce healthy citizens, the important mentally and physically capable selves and work-force needed in a regime competing with its Western rival for primacy in the world. For that reason, the concern about some female bodies was even increased in the upcoming decades to make sure that every motherhood and by extension childhood was happy and healthy.<sup>128</sup>

Other decrees were issued in the upcoming decades to accompany the 1957 law specifying the conditions under which abortion could be performed. As the last step, in 1986 the institution of abortion commissions was abolished. As other authors pinpointed, in the mid-1970s, Czechoslovakia had one of the most developed population policies in the world (Havelková 2014; Heitlinger 1993; Sokolová 2005). The protection, control and regulation of

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<sup>128</sup> In the upcoming decades abortion rights continued to be part of the socialist systemic and accessible program regarding the care of women and children. When the 68/1957 law was issued it also led to the extension of maternity leave from 18 to 22 weeks (law No. 58/1964). After 1957, financial support following the birth of a child was doubled and on many occasions subsidies for children and mothers were increased as well. The state issued a program of state-subsidized mortgages for young married couples to support the overall pro-natalist socialist ethos embodied in the concept of happy motherhood (1986 Justification of the law).

women's health and bodies thus continued to matter, but for pragmatic reasons. The bodies and personal lives of (future) mothers were scrutinized even more so that any so-called defect during pregnancy could be detected as early as possible and prevented from coming into life.

Following this biopolitical rationality, I explore the simultaneous processes of women's liberation and their subjection to the desires of the normalizing Czechoslovak society; the dual politics expressed on one level through an intense effort to protect women's health and well-being (and the health of their yet to be born children) and thereby regulate and control the undesirable. To put it simply, I am interested in exploring the connection between women's free choices and responsibilities to deliver healthy children and citizens. I am analyzing the period which started off by the new program in health care prevention in 1962 and the abolition of the institution of abortion commissions in 1986. This period was, I argue, characterized by a shift away from women's bodies and an increased focus on the products of their conception, meaning the (health) of the fetus and the potential future child, a process accompanied by further individualization and psychologization of women's reproductive lives, now oriented even further towards the well-being of the fetus. This politics resulted in a type of care that mobilized a specific concept of ableist love that was to characterize the relations between Czechoslovak citizens from now on.

I demonstrate that during the normalizing period psychological aspects started to play a role when planning population policies. Many doctors pinpointed that nobody can pressure women to have children if they do not want to and the detrimental consequences any coercion had on women's and children's well-being and health. Responding to this pressure, women stopped being demanded to explain themselves in front of the commissions and they were constructed by the politicians in 1986 as autonomous citizen subjects who can exercise their *free*

choices, albeit within certain limits. In this segment, I show how the rhetoric of human/reproductive rights was related to the endangerment of the health of the Czechoslovak population. In this regard, the socio-biological undesirability of certain pregnancies continued to create legitimate reasons to exercise the freedom regarding motherhood.

In the second part of this chapter, I situate the rhetoric of protection and necessity of women's reproductive rights within a conversation with the contemporary scientific discourses on the quality of the population. I disclose how a stratified and normalizing system of socio-biological classes was re-created in Czechoslovakia against which any reproduction/any woman/any pregnancy was to be measured. An ideal citizen was to be fully capable, of a good socio-economic standard and mental health and therefore reproduction of certain women in particular had to be controlled – those who were too young or too old, the ethnically different, the sick, and the poor. This rationality thus embodied the dividing and categorizing principles as studied by M. Foucault, N. Rose or D. Roberts in so called advanced liberal democracies. The ideal Czech was to be white, educated, fully healthy, and capable.

I conclude with an analysis of the role of the new sexual morality, the institution of planned parenthood and modern contraceptives that from the second half of the 20<sup>th</sup> century started to characterize a progressive modern nation and its people and divided it from the rest. I analyze the individualizing and disciplining strategies that constructed women as ((ir)responsible citizen subjects of choice that self-regulate their fertility upon which the progress of Czechoslovakia depended. I reveal how individual women's choices were coupled with the responsibility to deliver a healthy child into a healthy environment, and hence the moral obligation to not have children if these conditions of pregnancy could not be met. Under this modernistic understanding of life and a concept of self that goes back to ideas of the

Enlightenment, only certain lives mattered and only certain women were to reproduce. However, all women had to understand this paradigm and learn how to be a good woman and by extension a good citizen who deserves the protection from the state – they should understand that there were legitimate reasons to abort and only certain lives deserved to be taken care of and loved. I am thus answering my earlier question, namely what sustains the logic of the 1986 law which persisted even after 1989.

Throughout this chapter I demonstrate that abortion rights were constructed and that since 1986 they continue to serve as a regulatory strategy of power aimed at maintaining a certain desirable population optimum by allowing women to have the right to choose and plan their pregnancies individually while disciplining them as responsible subjects who want the best for their baby. I claim that it is this understanding of women's rights and this construction of female biological citizenship/rationality negotiated during socialism that trespasses the borders of East and West, the liberal and totalitarian, the active and passive. I argue that while abortion rights liberate they also control and regulate. For only a responsible mother has children when she can. I concur that it is in women's wombs where the inside and outside, the individual and collective, the liberal and totalitarian are blurred since it is the time when women's sexuality and health collapsed in law and vice versa, when the biological defined the (un)desirable (Miller 2007). I begin with the mid 1980s when the institution of abortion commissions was banned, and the abortion provision was understood to work best – as a legitimate tool of population/social/democratic control – when women are liberated and decide individually about their pregnancies.

## Abortion as a Woman's "Free Choice": Abolishing the Abortion Commissions

The tendency in the development regarding the artificially interrupted pregnancy leads to reducing the time frame to a minimum in which the procedure should be performed while allowing a woman to a greater extent to decide [individually] about her pregnancy and also about her own intimate and personal problems. It is important to adjust the Czechoslovak jurisdiction to this progressive tendency regarding the care of women. That's why ... it is suggested to abolish the valid abortion law and replace it with a new one which would not be an obstacle to the implementation of new methods protecting women's and children's' health

(Justification of the 66/1986 Law).

The 1986 abortion law further strengthened the principles that stood behind the decriminalization of abortion in Czechoslovakia thirty years earlier. The purpose of the 1957 law, as explained in my previous chapter, was to prevent women from demanding unprofessional abortions that were destroying their health. By attributing women with individual reproductive rights, the health of their children and by extension, the health of the whole nation would be secured. This socialist law, as mentioned earlier, preceded by a couple of decades similar laws in different Western countries. Although framed through the language of women's (human) rights and freedoms, it also established the institution of abortion commissions that were to guide and control women's individual decisions. As we see in the above quote from the 1986 amendment to the law, the 1957 provision started to have undesirable effects and especially the institution of abortion commissions was found troublesome. Their existence often slowed down the process of women's demands thus impeding their rights to health and self-determination and going against the logic that framed the politics of life in Czechoslovakia since abortion had been first legalized.

Abortion commissions were increasingly perceived by experts, politicians and women themselves as an archaic tool of control, unnecessary and ineffective in the second half of the 1980s. Their purpose, set by the 1957 provision, was to supervise if women were rightly deciding about the reasons for the (un)wanted. The commissions were to 'help' them decide and

actually support those mothers who could potentially bring a healthy, and thus desirable, new citizen into the socialist society even if they had to cope with a difficult social situation. If these women had nowhere to live, the commission could assist them with finding an apartment or potentially they could even call upon the father of the future child as well, and demand some (financial) support from him etc.<sup>129</sup> Since most of the issues that the commissions dealt with were considered social<sup>130</sup> (the women had nowhere to live or lacked finances), the composition of the commissions was readjusted already during the 1960s. Instead of two doctors and one 'ordinary' woman, a less professional orientation was deemed more desirable. The second specialist was replaced by a non-medical person who would deal better with actually helping women with reasons that were non-medical.<sup>131</sup> However, as it was reported in the *Journal of Czechoslovak Gynaecology* right from the end of the 1960s, the commissions were not fulfilling their expected role. They approved most of the demands, and in cases of refusal, it was argued, they did not help women anyway. The results of these situations were similar to when abortion was still criminalized in Czech lands and many women would find themselves in even more miserable situations as a consequence.

Hence, despite the legality of the practice since 1957, the demand to explain oneself in front of the commissions, was frowned upon by many women. Some women were afraid to discuss their personal reasons in front of the commissions and tried to find some other solution to their situations. Having been used to the 'old ways of doing', they would decide to choose other ways to abort outside of a hospital. As a consequence, during the 1960s, some women would still

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<sup>129</sup> As it was stated in defence of the 1957 law in the 1978 issue of the *Journal of Czechoslovak Gynaecology*, the law was helping mainly single mothers to not fall deeper into their miserable situation and hence not surprisingly most of these singles did not disclose the name of the father so that actually no one could pressure them to keep the child (Kvíz 1978: 453).

<sup>130</sup> According to Vojta the social reasons represented 85-90% of all demands (Květoň and Vojta 1972: 533).

<sup>131</sup> Medical reasons became right from the onset more an exclusive responsibility of doctors. It was doctors who provided women with the probable diagnosis regarding the health of the fetus. The commissions were never assumed to help in this situation. Abortion was rather the solution.

die or ended up with shattered health, trying to use any means that would allow them to abort so that they could avoid their facing the commission<sup>132</sup> (Černocho, Tesař 1963). Other women, just to make sure they would obtain the approval, went as far as to fake their reasons for terminating a pregnancy. They would pretend they did not know the name of the father, falsily documents regarding their living situation, and find any possible and acceptable reason for terminating their pregnancy (Haderka 1963: 349). It was a disturbing situation for Czechoslovak doctors who claimed that the commissions' disapproval could have undesirable effects and even make some women commit suicide if they were refused an abortion (Chalupa, Ždímalová 1968: 608/609).

What all this meant was that the morality, adequacy and overall psychological effects of the commissions were put in question. As we can read in the many complaints that emerged against the institution in the mid-1970s: "A doubt emerges whether the contemporary system of abortion commissions can adequately intervene at a very delicate moment in women's lives. It is a time during which a woman needs professional psychological help to understand her own conscious and unconscious motives for [continuing] her pregnancy" (Fukalová 1974: 205). The idea of the commissions was to help. They were to remove the stress from women's lives and support them in uneasy situations. Instead it became clear from their functioning and from the studies of women who were refused their applications that they were doing the opposite. They rather added to women's worries, worsening their personal situation<sup>133</sup> by which they were increasing the potential risks for their health. According to 70% of women, the experience in front of the commission was "shocking" (Kopečný, Novák, Ždímalová 1970: 339). The existence

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<sup>132</sup> For example, particularly at the beginning of the 1960s there were still quite a few women who would seek help outside of medical centers. Often it was nurses or students of nursing who would perform the procedure. As we can read in doctors' notes, women's death was caused by injecting intravaginally liquids such as alcohol, paraffin oil or hypermangan. In 1963, a total of 24 women died like this (Černocho, Tesař 1963: 96).

<sup>133</sup> Often it was reported that the refusal of women's applications was accompanied by negative psychological consequences in their personal relationships as these pregnancies continued to be unwanted. The doctors described situations of increased emotional pressure put onto women and their decreased desire to enjoy life or sex (Kopečný, Novák, Ždímalová 1970).

of the abortion commissions was perceived as even more undesirable after a new technique of abortion was invented in the second half of the 1970s, i.e. that of mini-abortion,<sup>134</sup> which could be performed within the first four weeks of pregnancy with minimal risk to women's health (Prokopec in the 1986 Parliamentary Debate; Černá in the 1986 Parliamentary Debate: Faltýnková in the 1986 Parliamentary Debate). The advantages of this method were praised by all gynaecologists. Their arguments were then re-appropriated at the political level by members of Parliament who voted in favour of the 1986 law that banned abortion commissions:

The proposed law creates conditions for a new modern method of abortion to be performed widely, i.e. the method of mini-abortion, which demands to be performed in the very early stages of pregnancy. This modern method increases the level of protection of women's health. Our findings, as much as the findings from all around the world, show that the complications after an artificially interrupted pregnancy range between 20-30% if performed by the method used so far. The new method performed in the early stages of pregnancy decreases the incidence of complications to around 3-4%. As a consequence, the inability of women to work is decreased and there is practically no need for a woman to be hospitalized after the procedure

(Prokopec in the 1986 Parliamentary Debate).

The new method was not only gentler towards women's bodies, but their potentialities as mothers and workers could also be better protected. The process of women demanding the procedure could become faster. It also drastically decreased the probability of women's future infertility. For the socialist rationality, abortion commissions therefore started to represent an obstacle to and an ineffective tool for good governing. Complaints about the wrong functioning of commissions were thus becoming louder and louder, destabilizing their legitimacy. Keeping this service in place became too costly for a state that was concerned with maintaining the health of its citizens. According to the MPs, the institution of the commission "lost its meaning"

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<sup>134</sup> From the onset of the legalization of the practice Czechoslovak doctors were concerned with researching the safest method to perform abortions. See for example Cee (1963); Uher, Švorc (1964); Havránek, Šmeral (1977); Bůžková, Chalupa and Franc (1977); Havránek, Šmeral (1971); Židovský (1982). What this tendency further implies is that it was women's biology that mattered the most and therefore had to be protected for the right functioning of the state.

(Němcová in the 1986 Parliamentary Debate) and was no longer needed or found useful in the second half of the 1980s. It became an “administrative organ, a pure formality” (Černá in the 1986 Parliamentary Debate), “approving more than 95% of all demands” (The Justification of the 1986 law; Prokopec in the 1986 Parliamentary Debate; Černá in the 1986 Parliamentary Debate) since “most of the demands are found so legitimate that abortion is usually allowed anyway” (Faltýnková in the 1986 Parliamentary Debate).<sup>135</sup> The socialist government concluded that “the commissions were not capable of analyzing or even finding a solution to women’s personal problems” (Justification of the 1986 law). Therefore, a new regulation was needed to secure the goals set by the 1957 provision to protect women’s and children’s health at its best. It was a step in Czechoslovak politics that reflected and reproduced another change in the dominant thinking/rationality setting the limits of the possible and liveable regarding *women’s* reproductive lives.

The new 1986 law aimed at maximizing the protection of the health and well-being of Czechoslovak citizens by further individualizing women’s reproductive rights and extending their autonomy regarding the question whether to be pregnant or not. To put it simply, any obstacle between women and their reproductive rights was to be removed to make sure that women and their children stay healthy, a tendency we can also see in other countries that legalized abortion at that time. As the Minister of Health at the time Jaroslav Prokopec continued in his defense of the 1986 provision: “That’s why this method [mini-abortion] and a woman’s free right to choose were already entrenched in [the jurisprudence of the] many states, in which almost 30% of the world’s population live. These include for example the Scandinavian countries, both German republics, USSR, France, also Italy and many Asian and American

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<sup>135</sup> For example, in 1985 only 1,618 demands out of 87,539 were declined, and of those following the second appeal only 198 women were forced to keep their pregnancy (The Justification of the 1986 Law).

states” (Prokopec in the 1986 Parliamentary Debate). In the second half of the 1980s, Czechoslovakia thus joined the rest of the so-called developed world in that its abortion policies that had already been ahead of many so-called Western countries before, were now liberalized by removing the direct influence of the state from women’s decisions over their reproductive lives.

Socialist Czechoslovakia thus enacted softer strategies to govern and “anchored the new principle of a woman’s will to decide whether she wants to bring her pregnancy to term or interrupt it artificially” (Justification of the 1986 law). Abortion was framed through the language of human rights as a woman’s personal matter, a woman’s individual decision. This step was based on an understanding that governing through coercion was not appropriate. As stated already in 1978 in the *Journal of Czechoslovak Gynaecology* by Dr. Kvíz: “Population politics if effective must not include any repressive means, only stimulating ones” (Kvíz 1978: 452). For that very reason, abortion commissions were banned. Their existence was described through a liberal rhetoric as morally degrading for a modern female citizen. As stated for example by one of the member of Parliament Marie Černá when defending the new provision:

I find it undignified for an emancipated woman of the 20<sup>th</sup> century to negotiate her personal problems and her unwanted pregnancy in front of an abortion commission after she has gathered all the needed documents to prove her situation; starting from the confirmation of her student enrolment to the unsatisfying family situation, the confirmation of her salary, mortgages, her living situation, or her partner’s or child’s sick leaves

(Černá in the 1986 Parliamentary Debate).

As we can see, the process of declaring the conditions of one’s life in front of others started to be considered unnecessary and troubling for female Czechoslovak citizens – those whose agency was actively emancipated from the patriarchal order by the new provision. In the eyes of the governing rationality this confession of one’s self was undignified to the being of a woman in a situation that was already undesirable, physically and emotionally demanding.

Women's reproductive rights became "inalienable" (Černá in the 1986 Parliamentary Debate) in the legal discourse of the last decade of socialism. Women's decisions should not be interfered with by any visible external factors – be it the state or women's partners. Abortion became women's "basic human right" (Němcová in the 1986 Parliamentary Debate), emancipating women from the chains of patriarchal order and thereby securing the possibilities for their good socio-economic standard. A woman could decide what was best for her, the fetus and her future child. She was liberated to do it. The 1986 law thus unleashed the construction of the autonomous female citizen who individually makes choices on her pregnancy. Only this construction acknowledging women's will, and their active agency, it was believed, would achieve the desirable goals and secure the health of Czechoslovak (female) citizens and their potential future children.

Echoing the ideologies of the first democratic regime from the 1920s and 1930s, motherhood continued to be understood throughout the entire period of socialism as "a woman's highest mission" (Justification of the 1986 Law), an important duty expected of any female citizen. However, as we have seen in the previous chapter, not every motherhood was desirable for this new rationality that seeded its roots in the 1957 provision. During the last decades of socialism, the conditions for a good and happy motherhood would be increasingly defined by the conditions for a healthy pregnancy and healthy development of the fetus. If a woman's situation, the conditions of her life or pregnancy were considered unhealthy and unwelcoming for her or her child's development, she should continue to have the right to individually decide about the (dis)continuation of the pregnancy. By recognizing this right, the situation of the undesirable would be regulated. As we can read in the justification of the amended abortion law:

Pregnancy is not always desirable be it for the woman, the development of the fetus or the child itself. The situation that can lead to a termination of pregnancy can be due to the [bad] state of women's health or their temporary or persistent unfavourable personal conditions. The [new] law is based on these propositions and leaves it up to the individual woman to decide whether the conditions for her motherhood were met or not. At the same time, by extending women's possibilities for a free choice it aims to protect their health the most

(Justification of the 1986 law).

Hence, the exceptionality from the 1957 provision was re-appropriated and the reasons to terminate a pregnancy were even further extended for some women by other decrees including other reasons to terminate a pregnancy for health or eugenic reasons while limiting those who would not belong to the Czechoslovak nation as citizens. Only some women were assumed to have the right to keep the child. The 1986 law absorbed all these expectations and suggestions of scientists to include all the different categories when pregnancy was not desirable for all the different possible citizen subjects – those who (did not) matter in these games of life.

By exempting certain categories of women from reproduction, the new law also set limits to women's individual choices, redefining the categories of what undesirable reproduction was and therefore who had a legitimate right to access the service. Even though through the liberal rhetoric of human/women's rights abortion was now allowed "fully", the provision was never planned as such since it was the interest in the biology of female citizens (and their pregnancies) that was significant in justifying women's reproductive rights. The new Constitution from the 1960s reiterated women's legal equality with men.<sup>136</sup> However, being biologically different from men<sup>137</sup> they were granted rights that were constructed in the same way as anywhere else where abortion was decriminalized and legalized. These rights were established to operate through their

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<sup>136</sup> In 1960 a new Constitution was issued by law No. 100/1960.

<sup>137</sup> As for example stated by Dr. Vojta when he was remembering the great Russian Revolution and Lenin's legacy. According to him, equality does not mean equity (Vojta 1970: 192). Women for their different biology were understood to have different roles from men. They were workers but also mainly mothers and for that reason the potentialities of their biology had to be protected.

exceptionality and hence were conditioned. As previously explained, they represent what Penelope Deutscher termed “inverted states of exception” (Deutscher 2008: 60). Under these exceptions women are included in the legal system but the undesirable remains excluded and outside of the ideological borders of the nation. The exceptionality of the reproductive rights only reinstates that abortion as such is outlawed and unwelcome, however allowed “if” certain conditions are met.

As previously discussed, it was health<sup>138</sup> and social reasons – the situation of women in ‘uneasy’ situations – that were found legitimate to access abortion legally. If somebody’s life situation or pregnancy was to be “unhealthy” and potentially damaging for women’s and children’s well-being, women should have legitimately the rights to abort. Hence the need to show the documents of women’s miserable situations in front of the commissions. The limits/possibilities of one’s freedom thus correlate with the possible (biological) “undesirability” of the pregnancy/motherhood and due to that can be (always potentially) extended (or withdrawn). As a consequence, in 1986, some women under certain conditions of life/pregnancy were endowed with more agency/autonomy/choices than others. I argue that in the 1986 provision women’s health and the health of the fetus became inseparable from women’s individual rights, justifying their necessity.

Regarding social reasons, the scope of women’s freedoms was broadened compared to the last provision – their will was not impeded by abortion commissions and women did not have to explain their reasons for the unwanted pregnancy in front of anybody who would decide on their behalf. Their rights being extended, they were also limited by the timeline of 12 weeks within which women could exercise these rights. The limit of 12 weeks, according to the leading

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<sup>138</sup> Health reasons also included eugenic reasons for terminating the pregnancy, i.e. when any malformation of the fetus was detected.

rationality, represented the optimal and maximal period for a woman to freely decide whether she could keep the pregnancy or not through her *free* will. After 12 weeks, there was no bigger reason than that of the protection of women's health, their biology and potential capacities as mothers (and workers). The interest of the state in the health of its citizens, i.e. women's biology, further underscored other exceptions and conditions structuring the possibilities/limits of women's reproductive freedoms. If one was unhealthy, their economic and living standard would also be threatened and by extension the standard of their future children as well.

Women could be deprived of their rights altogether if a health indication was found that would prevent abortion from being performed (§ 5, 66/1986 Law). Girls younger than 16 years needed parental approval (§ 6; 66/1986 Law). On the other hand, girls (young women) between the age of 16-18 no longer needed an approval, but their parents were informed after the procedure. Younger women in general represented a critical category to which special attention needed to be paid. They were considered immature as potential mothers; however, the control of their bodies was necessary in terms of securing their future potentialities as mothers. They could not, therefore, be as free as other women. As stated in the provision: "In comparison to women younger than 16 for whom the number of abortions does not exceed 220 cases every year, there is an increasing tendency regarding the number of demands for girls between 16 and 18. It is approximately 1,950 applications every year. Parental approval for this age category could lead to undesirable effects and extend the procedure while abortion in the very early phases [of pregnancy] is particularly required for this group of women" (§ 6, 1986 law).

Foreign nationals without a permanent permit were excluded from exercising these rights altogether, a change in the law signifying a more nationalistic orientation in the system while reinstating the principle that rights were attributed by a state that cares about the biology of its

citizens and not about the biology of the Other deprived of these rights in the Czech national space. On the one hand, through this jurisprudence, Czechoslovakia created itself as a state based on the logic of inclusion and exclusion as described by Giorgio Agamben (1995), which was embodied in these reproductive rights. On the other hand, women with mental disabilities were put in a situation where they could be deprived of their will altogether and others in position of authority (doctors) could decide for them and make the choice they themselves considered to be the right one.

However, the limits/possibilities of women's freedoms and rights demanding abortion for health and particularly eugenic reasons were even more extended. Right after the legalization of abortion, other decrees were enacted including other health-eugenic reasons as legitimate to terminate a pregnancy simultaneously with the development in science. In cases when a woman's health was endangered or when a malformation in a fetus was detected, women could decide to abort up to the 24<sup>th</sup> week of their pregnancy and in some special cases also up to the 26<sup>th</sup> week. Already the 126/1962 regulation<sup>139</sup> related to the 1957 law included a statement that if one of the parents suffered from a hereditary disease the pregnancy could be interrupted even after 12 weeks. Ten years later, the 71/1973 provision re-adjusted the time limit to 24 weeks, and 26 weeks in situations of "proved incurable diseases threatening one's proper mental or physical development" (§ 3 (5), 71/1973). What this tendency shows, is that the protection of women's health began to matter less for the new rationality than protecting the health of the fetus, i.e. the future citizen. Even though these two – the woman and the fetus – were constructed as inseparable (and women were granted rights), they were expected to be separated in cases when an impairment was detected, even in the later stages of pregnancy. As stated in the Justification

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<sup>139</sup> Since the 1957 abortion law, several other provisions were issued as well, specifying and extending the health and eugenic conditions under which the law should be performed.

of the 1986 law: “[t]he new law creates conditions for a woman’s health and future fertility to be maximally protected, by which the mental, physical, and social quality of life will be increased” (Justification of the 1986 law). This will create a moral obligation for women to choose only what is right to choose. I thus disclose how (health) protection of which reproductive rights are an example operates as a tool of population control.

Based on the arguments used in the Justification and elsewhere, I argue that the discourses surrounding the unwanted reproduction/children and by that the ideal citizen(ship) body further justified the need for abortion to continue to be legal in Czechoslovakia. What we can see in the last decades of socialism is how women’s liberation went hand in hand with how science – and especially psychiatry and genetics/the new eugenics – developed the methods of understanding/detecting/fixing the situation of the undesirable. The new 1986 law mirrored and reproduced “the deep socialist humanism” (Němcová in the 1986 Parliamentary Debate), a humanism for which only certain lives mattered and therefore deserved protection (Butler 1993; 2010). In the following section, I will base my arguments on how protection is turned into the control and regulation of the undesirable on the work of critical scholars concerned with the meaning of free choice for women in liberal democratic societies (Asch 1999; Dyck 2013; Duden 1994; Lublin 1997; Meekosha 2010; Petchesky 1990; Roberts 2009; Rothman 1985; Samerski 2009; Waldschmidt 2005; Weingarten 2012). In opposition to Rose (2007) and in alignment with Foucault (2003), Roberts (2009) or Agamben (1995), I follow the continuity of eugenic thinking regarding the questions of the (un)wanted, of quality and degeneracy during the last decades of socialism in Czechoslovakia. It is the collapse of women’s health into that of the fetus that destabilizes the classic binaries of the outside and inside, private and public, liberal and totalitarian (Miller 2007).

## Turning the (Ableist) Gaze Inwards: Negative Social Hygiene and the (Un)wanted

Questions of healthy development of new generations are crucial in the realm of health sciences whose research has to fundamentally contribute to and increase social productivity of a (hu)man, [his/her] constant joy at work and his [her] physical and mental vitality until old age. The theoretical base for this task lies in studying the physiology and pathophysiology of the developing organism in relation to its environment, the importance of developmental mechanisms (...) and in regulating natality with respect to the quantity but also the quality of [future] offspring (Vojta 1965: 225).

The interest in maintaining, delivering and ‘fixing’ the health of the Czechoslovak population continued to intensify in the last decades of socialism. As we can read in the quote above, which was about a five-year plan in healthcare,<sup>140</sup> the main task for doctors was to contribute with their knowledge to the creation of a healthy nation that would consist of generations of citizens who would be socially productive, physically healthy and enjoy working into their old age. The meticulous focus was on making sure that women delivered babies that were healthy in all regards while they also stayed in good physical and mental health. With the development in genetics and other prenatal technologies in the second half of the 1960s, it became possible to study the physiology and pathophysiology of reproduction starting at the molecular level, a knowledge that was helping the state to regulate and control, and *protect* the health of its citizens better than ever before. Apart from and parallel to these endeavours, psychology and psychiatry also commenced researching the healthy mental/psychological individual development, constructing even more clearly a line between the wanted and the unwanted, the sick, the defected, the poor and those citizens that were perceived as socially incapable. As reported by the many scientists, if the Czechoslovak state did not care, the quality of the population would be threatened by the unsatisfying and undesirable physical as well as

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<sup>140</sup> Since the beginning of socialist Czechoslovakia, different five-year plans were issued on the demand of the communist leadership. These five-year plans were to serve as a guiding principle as to what should be achieved within the next five years in society so that progress was ensured.

mental capacities and unfavourable characters and potentialities of some citizens. Good governing as much as good motherhood were about one's healthy development in all regards and this language became intrinsically linked to that of *risk*.

In the following, I analyze the discourses of those aiming to enhance the quality of life in Czechoslovakia through normalization, classification and categorization. I show how their ideas about humans and nations represent an elaborate system of truths embedded in ableism, which intersects with other systems of oppression such as racism, sexism, ageism or classism to create and define the ideal (Czechoslovak) body. I explore this dual scientific research and the construction of specific socio-biological classes by which the limits of one's liveability/worth were redefined with the need for abortion to continue to be legal and freely accessible so that ultimately the abortion commissions would be abolished. I discuss how protection is turned into a tool of control and how science uses its knowledge to construct the (un)desirable populations of citizens – the new social and biological deviants – so that they can always potentially be excluded from their participation in the social. As Foucault (2003) or Ann Stoler (1995) would say, less is always more when questions of quality are raised in (post-)modern body politics.

As a consequence of the legalization of abortion in 1957, the numbers of perinatal mortality and female morbidity were slowly decreasing,<sup>141</sup> supporting another re-orientation in population politics and the healthcare system in further preventing the different diseases troubling the Czechoslovak (female) social and individual body. Beginning in 1962, the focus in prevention shifted. According to the doctors, most diseases of the female body were under

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<sup>141</sup> In 1957, the numbers of perinatal mortality – of children who died after the 28<sup>th</sup> week of pregnancy – were 23.6 per thousand, and in 1967, 16.5 per thousand (Balák and Vojta 1973: 649). In the mid-1970s it was slightly higher, 18.25 per thousand (Černoch 1982). The numbers were decreasing so that by the end of the socialist period Czechoslovakia had one of the lowest perinatal mortality rates in the world.

control – especially with the distribution of antibiotics.<sup>142</sup> The different vaginal infections were also quite extensively studied but did not represent the greatest concern at that time (Maršálek; Vojta 1961). Rather, the main attention of medical research and interest was turned to the potential of degeneracy represented by the existence of congenital diseases and other somatic diseases in young children that were seen as threatening their personal development and by that the viability of the Czechoslovak nation (Nováková, Konečná 1961). As we can read in the following statement by Dr. Vojta at the beginning of the 1960s:

Population questions were mainly understood and studied particularly in terms of the quantitative increase of [Czechoslovak] society. Little attention was paid to the questions of the quality of future generations. To put it differently, our attention was dedicated more to decreasing perinatal mortality and the loss of children out of premature deliveries, and less on the prevention of congenital diseases and the innate disorders of newborns. Nowadays the latter is becoming more and more pertinent

(Vojta 1962: 456).

Questions regarding the health of the newborns and of the fetus, i.e. the health of potential future citizens, were beginning to matter more in the rationality that preferred the quality of a newborn life over sheer numbers. Along the same lines Nováková and Konečná argued that “the main goal of the health care system is to care about the next generations (...) and to make sure that the smallest ones are born into such conditions that are satisfying for their psychological and somatic development” (Nováková and Konečná 1961: 528). As in the previous years, the quantity of citizens as such was not valued if those born were limited in their physical and mental abilities. Their meaningful functioning in a socialist society and its ableist expectations of a perfect human being was undermined by the expected physical and mental possibilities of their being that were perceived as disrupting these expectations of perfection.

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<sup>142</sup> With the discovery and mass production of penicillin, various diseases such as tuberculosis that had shattered the health of many (female) citizens for many decades could be controlled.

As some other doctors pinpointed in regard to the contemporary tendencies in population politics: “Problems in our population development are different now. We must make peace with the fact that the regulation of natality led to its quantitative decrease. However, it is not possible to overlook the alerting voices regarding the unfavourable tendencies in the quality of the population: there are more and more physiologically and mentally defected individuals” (Černý, Prokopec in Vojta 1968: 269). There was no place for so-called defective bodies in Czechoslovak society that aimed to speed up its progress by creating a healthy nation and hence the doctors called for a eugenic control, a control that now became even more possible using the latest scientific developments. I identify that ableism in the analyzed discourses functions in a way similar to what Foucault or Stoler attributed to the role of State racism, i.e. creating the precondition and possibility to kill and by that make life purer in societies obsessed with the biological. As stated in *Society that Must be Defended*: “The fact that the other does not mean simply that I live in the sense that his [her] death guarantees my safety; the death of the other, the death of the bad race, of the inferior race (the degenerate, the abnormal...etc.) is something that will make life in general healthier” (Foucault 2003: 255). The “security” of the Czechoslovak nation thus lied in defining and detecting the other, the inferior, the abnormal. Now, the focus was on the molecular one hand, and on the psychological on the other, turning the medical gaze into what was happening inward.

### Genetics and Molecular Biology as New Eugenic Instruments

At the beginning of the 1960s, the care of women took another form facilitated by another scientific breakthrough. Rather than being solely focused on female biological pathologies, this new form of control became utterly obsessed with the intrauterine development

of a fetus and how it related to abnormalities in the mother's body during pregnancy. Doctors thus started studying the metabolic exchange between the mother and the fetus, the function of the fetoplacental unit to make sure that only healthy babies were born and that anything considered deviant yet fixable was discovered and fixed. As argued by Dr. Vojta: "The main task regarding the care of women lies in maintaining their health for the whole reproductive period. It can be achieved by prevention and a thorough therapy for all diseases. It is a precondition for the protection of the intrauterine development of the fetus against diseases from the maternal organism" (Vojta 1963: 2). Medical knowledge was thus to be used to detect any possible limitation to the "functional capability of a fetus" (Vojta 1963: 2) so as to ultimately "improve the quality of the next generations" (Vojta 1962: 456).

At the beginning of the 1960s, the causes of different defects and diseases were mostly still unknown due to the lack of technological equipment, which was understood to be slowing down the promise of delivering, maintaining, regulating, controlling, and protecting the health of Czechoslovak citizens. What doctors already knew however, was that many defects were caused by women's infections in pregnancy and often the medicine prescribed for it (Hemalová, Tošovská 1966: 247). The epidemic in what was understood as malformations caused by thalidomide created an alert among Czechoslovak doctors (Vojta 1963). As stated in the *Journal of Czechoslovak Gynecology*: "The recent disaster in the world – the many occurrences of malformations caused by thalidomide – has become a significant warning for all gynaecologists. It warned us of the hidden dangers in prescribing any medicine to pregnant women" (Vojta 1963: 2). To avoid this kind of "hidden dangers", the lurking possibility of physiological/genetic defects, the drugs were divided into separate categories based on their so-called mutagenic or teratogenic effects, i.e. effects causing malformations in the fetus (Dvořák and Uher 1967).

Based on a study of American scientist James Wilson who was concerned with the effects of drugs on American women and their pregnancies, the Czechoslovak scientists deduced that around 200-300 malformed children were born every year in Czechoslovakia as well (Kučera 1973).<sup>143</sup> Thus the future of Czechoslovakia lay in preventing both the negative effects of certain drugs on the fetus, and the different diseases carried by female bodies.

With developments in science and particularly genetics from the second half of the 1960s onward – the invention and implementation of reproductive screening technologies such as ultrasound, amniocentesis and fetoscopy – the possibilities to understand the (patho)physiology of reproduction became easier (Bárdoš 1967; Gazárek, Křikal, Skácel 1968; Chalupa, Kuncová 1970; Kotásek, Suk; Černý, Kotásek; Kittrich; Křikal 1971; Čech, Kittrich, Honěk; Kotásek, Suk 1973; Kotásek, Červenka, Kapras 1974; Zwinger, Jirásek, Seemanová, Macek, Dyková; Matýsek, Uher; Kotásek; Chalupa, Bůžková, Franc; Fuchs 1977). These new techniques prompted and allowed for a more profound study of the relation between the mother's body and the fetus, the different biochemical reactions that happen between the two and the ontogenesis of intrauterine development on the micro-level. According to the scientists, it was high time<sup>144</sup> to implement these technologies in the Czechoslovak healthcare system since the “frequency of congenital diseases was showing an increasing tendency” (Kučera in Dvořák and Uher 1967: 337). As reported a couple of years later, as a consequence “the health of future generations was

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<sup>143</sup> Hence the influence of different pharmaceuticals was studied on the development of the fetus quite intensively from the 1960s onward (Uher, Dvořák 1967; Kučera 1973) and the five most devastating infections for the fetus were recognized as well, i.e. the so-called TORCH. “TORCH” is an acronym meaning (T)oxoplasmosis, (O)ther Agents, (R)ubella (also known as German Measles), (C)ytomegalovirus, and (H)erpes Simplex (Trnka, Andrášová, Seeman, Koleitalová, Soukup, Vinšová, Burešová 1977: 600).

<sup>144</sup> The first ultrasound was invented by Ian Donald from Glasgow in 1958. Dr. Vojta had a presentation about the possibilities of the implementation of ultrasonic diagnosis in the Czechoslovak healthcare system in 1965. A year later, Dr. Dušek wrote an article about the foreign experience with the new technologies in *Praktický lékař*. The first SIEMENS equipment was introduced in Czechoslovakia in 1969 when also a conference dedicated to the topic took place in Brno (Kotásek, Suk 1973: 721). In 1973, there was a conference in Prague dedicated to ultrasonic diagnosis. It was concluded at that point that “the fundamental knowledge from foreign institutes has been successfully adopted” (CG 1973: 760).

threatened” (Rusnák 1972:476). According to Dr. M. Rusnák “the percentage of babies not carried to term has increased as much as that of children with a low postpartum weight and children with dystrophies. There will also be more babies that will be in danger in the first hours and days of their lives” (Rusnák 1972: 476). Most of these factors were the causes of child mortality and morbidity, the many reasons for ill health during their lives. Newborn babies with low postnatal weight were the cause of 80% of perinatal mortality (Kotzmanová 1979:3).

Children and parents who were unhealthy were understood as significant financial but also moral burdens for the state. Their bodies, perceived as dysfunctional, called for further gynecological-genetic *prevention*:

Up to 2% of newborns are born with chromosomal aberrations, 2-4 % with congenital diseases and around 10% of the child population suffers from some hereditary disorders. Usually we are talking about diseases that demand a long-term and expensive therapy; and often despite all the care [the disorders] significantly influence the life capability of the affected individuals. In some cases, the only solution is a life in institutional care

(Kotásek, Červenka and Kapras 1974: 125).<sup>145</sup>

In this quite costly situation calculated in statistical terms, the knowledge and possibilities of genetics and the new reproductive technologies were broadly applied in the system to ‘help’ women deliver healthy children and to stop spreading the potential of disease and disability in the Czechoslovak national body. Anne Waldschmidt states that “[t]he example of genetic diagnostics can be used to show that governance by normalization now permeates all areas of society ... and although conception, pregnancy and birth are incalculable ... statistics and probability calculation play a fundamental role in human genetics” (Waldschmidt 2008: 196). Prevention of, or therapy for, these kind of diseases – those that were threatening the

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<sup>145</sup> In 1979 the approximate numbers changed. The doctors claimed that “congenital diseases are not rare. At least 5% children are born with different disorders of this kind, 20-30% of perinatal mortality is caused by them and for 30% of diseases in childhood or adulthood we have to take into account the possible genetic predisposition” (Kotzmanová 1979:3/4).

normal development of the fetus – became part of the basic and fundamental care of women. From the mid-1960s geneticists cooperated extensively with the departments of gynaecology in so-called ‘negative hygiene’. As stated in the *Journal of Czechoslovak Gynecology* in 1967: “For us gynaecologists it is important to study the principles of genetics ... because the negative genetic hygiene lies partially in our hands” (Bárdoš 1967: 562). Genetic counselling and prenatal care/diagnosis throughout the 1970s was becoming a normalized and normalizing as well as accessible institution/practice if the population was to maintain its quality. As stated by Černý and Kotásek: “This form of complex care should be normal in families who are genetically at risk because it allows for an effective intrusion into the regulation of the quality development of our population; and because around 6% of pregnancies belong to the families that are genetically at risk, we also cannot underestimate its quantitative impact” (Černý, Kotásek 1972: 207).

By the 1970s, a more nuanced grid was created under which the women and their future children, labelled “families at risk”, were scrutinized to help Czechoslovakia maintain a solid living standard. Czechoslovak reproduction was further stratified while allowing the doctors to detect the malformed faster and thus potentially prevent them from existing. The interest of doctors further shifted from the fetus to the phase of preconception to eliminate even the possibility of “abnormality” and to decide on the probability of the (un)health of the future pregnancy with the intention to determine the diagnosis. Genetic counselling started to be used to “exactly determine the risk of hereditary or congenital diseases and their prevention” (Kotásek, Červenka, Kapras 1974: 126). A genealogical examination became routine practice in families where some of the pregnancies “already ended up with unsatisfying results” (Kotásek 1977: 242). Before, the role of the geneticist commenced in the 2<sup>nd</sup> and 3<sup>rd</sup> month of pregnancy. From the 1970s onward, however, their work was focused already on the time before a child was even

conceived to avoid any “unsatisfying results”. With this in mind, information about the whole family was gathered to determine the risk for the future child (Kotásek 1972).

The doctors distinguished between normal physiological pregnancies and “pregnancies at risk”, which represented almost 30% of all pregnancies (Kotásek 1977; Kotzmannová 1979). A pregnancy at risk was any pregnancy during which the health of the mother or of the fetus were threatened, i.e. when any chromosomal aberration occurred, or any impairment was caused by genetic or outer factors or by a combination of both. The control of women’s bodies further intensified in the following decade to make sure that women delivered perfectly healthy babies. It was required that women who were planning on becoming pregnant undergo “a thorough gynaecological, internal, endocrinological and genetic examination ... All these women deserve a heightened attention, especially when an anomaly had already occurred or if a pregnancy was unsuccessful” (Kotásek 1977: 241). These women were under medical control throughout the entire pregnancy: “It is important to monitor these women in special ambulances, hospitalize them more frequently depending on the need, sometimes even knowing that they won’t be able to work until they deliver the baby” (Kotásek 1977:241).

As we can see, everything became focused on the potentially new baby. The reasons to monitor certain categories of women lied mainly in their biological conditions such as endocrinological problems, diabetes, chronic kidney diseases, sterility for more than 2 years, previous miscarriages, abortions that went back less than a year, but also the age of the mother. If a woman were younger than 17, but older than 35, her pregnancy was considered “risky” for the health of the future child. The scientists came up with a so-called “age curve”<sup>146</sup> (Waldschmidt

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<sup>146</sup> Waldschmidt in her text quotes Schmidtke and claims that “[t]he age curve is used to statistically interpret a pregnant woman’s relationship to her fetus. While any pregnant woman can have a chromosomally anomalous baby, regardless of her age, the probability of such an occurrence rises beginning with the age of thirty” (Waldschmidt 2008: 199).

2008: 198) and divided women's pregnancies accordingly. The so-called first bearers were to be protected and hence controlled the most since the risk of their pregnancies were considered higher than for those who already have had children. The discourse of risk functioned as a "normalizing technique" (Walschmidt 2008: 198; Weir 1996). The biologies of these women did not represent a suitable material for bringing into life the next generation, a material that had to be counselled, supervised, and controlled so that a potential problem could be determined, and the situation normalized.<sup>147</sup> In the classic sense of the term, they were the representative of the biologically undesirable with potentially negative societal effects. What mattered the most was the mother's but even more so, the fetus' healthy development, which was related to the progress of the societal. Under this medical lens, some women and their children could never fulfill this demand.

The phenomenon of older mothers is well known for the assumed increased possibility to give birth to a baby that may be malformed, often due to some chromosomal aberration such as Down Syndrome. These forms of life were not given much worth, their lives were often shorter than those whose development was not seen as pathological, and – perhaps most importantly – they were also more expensive. The index of lethality of a fetus with chromosomal aberration, metabolic disorder or a bigger defect of the central nervous system was high and only a small percentage of these survived into their adult age (Zwinger, Břešťák 1977: 346). The worth of one's being was calculated in economic terms, as it is apparent in the following quote regarding the existence of a child with Down Syndrome:

When we overlook the tragedy that the birth of a child with Down Syndrome represents for the family, each of them represents an immense burden for the whole society (social benefits, health care expenses, individualized schooling and institutionalization, the loss of social productivity

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<sup>147</sup> In cases when it was found out that one of the parents is a carrier of a hereditary constitution, sterilisation was recommended (Vojta 1967: 563).

due to its incapability, or only part-time employment of these patients in production). According to M. Kučera when we estimate the direct and indirect expenses and losses of social productivity of one patient with Down Syndrome from birth until the age of 30, it represents 1 million crowns (...). It means that 27 patients born like that would represent the loss of 27 million crowns for the whole society. This number is lower in reality since most of the patients die before they turn 30, therefore the other expenses are not needed

(Sršeň and Sršňová 1986: 271).

This quote clearly exemplifies the meanings attributed to bodies that deviated from the standardized notions of health and the normalized expectations of a human body that was to be useful in the system. As it was understood by Sršeň and Sršňová, giving birth to a ‘worthless’ child was seen as a “tragedy”, not only for the mother and the family but for society as a whole. Such bodies could hardly perform the expected ideal citizenship roles. The worth of the so-called (physiologically) disabled bodies was calculated in terms of the “loss of social productivity”. These people could meet the ableist expectations of Czechoslovak society only in limited ways, if at all. Not financially useful and not able to perform work with their bodies, they represented an extra expense for the state. These lives were seriously in need of help, which was however seen as taking too much from the system – the balance between contributing and taking was off. This biopolitics was in blatant contradiction to the official proclamation in Marxist ideology that a socialist society would be characterized by everybody’s contribution according to their abilities while everybody had to be taken care of according to their needs.<sup>148</sup>

Medical attention paid to women’s pregnancies thus increased in the first trimester mainly because of the occurrence of different infections whereas during the 2<sup>nd</sup> and 3<sup>rd</sup> trimesters it was because of the different chromosomal aberrations and other “abnormalities” that could now be detected by amniocenteses and other biochemical methods. From now on, Czechoslovak

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<sup>148</sup> As per Karl Marx's slogan in his 1875 *Critique of the Gotha Program*: “From each according to his [her] ability, to each according to his needs.”

women as much as any other women in the so-called West were not just to enjoy their pregnancies (Duden 1994; Samerski 2009) but together with their gynaecologist (potentially a pediatrician, geneticist etc.) they were to wait for the results determining the health of the fetus. Hence, an early prenatal diagnosis was praised by all doctors for its efficiency, reducing the potential for lives that were deemed not worth living. As we can read in Jirásek, Židovský and Zwinger:

The importance of prenatal diagnosis when a fetus is damaged with a chromosomal or metabolic aberration or other malformation is considered indisputable in the whole world from both social and economic aspects. From 1970, since we have been dedicated to this task, we have prevented the birth of 18 children with chromosomal aberration or enzymatic deficit or children with a high probability of being born with some serious disease

(Jirásek, Židovský and Zwinger 1977: 596/7).

The 1970s and subsequently 1980s thus represent the peak in the care of women and children in Czechoslovakia, the profound interest in detecting those that (genetically/ biologically) deviated from the standardized notions of health, and fixing, ‘normalizing’ their situation. And as we can see, this rationality was all about efficiency, utility and saving as much as possible. Nothing and nobody should potentially harm the right development of the fetus, the health of the future child that should have been contributing with his or her abilities to the well-being of a Czechoslovakia that was allegedly built on more humanist principles than the evil capitalist West. In this regard, the aim of prenatal care was to “actively and timely detect all pathologically unfavourable states of the mother that we know could lead to the damage of the fetus” (Fuchs and Kotásek 1972: 305). As doctors continued to argue, the development of the fetus was mainly threatened by the course of the pregnancy itself, women’s (un)health, the condition of their well-being, which was understood to be also influenced by their psychological states and social environment. As it was concluded: “the health of a newborn baby is constituted

by the biological and psychological state of the mother during pregnancy and a complex of factors that determine her way of life” (Štípal 1976: 74).

For the very same reason, the children of mothers struggling with alcoholism<sup>149</sup> were studied from the late 1970s onward (Tichá 1979; Ferenc 1982). These mothers were destroying the potential of the future of the nation by their risky behaviour. From now on, they will be pathologized for drinking alcohol while being pregnant by which it is assumed they inevitably must threaten the healthy development of their child(ren). The system was becoming more and more enclosed, selective, exclusive and particular about the conditions for good and healthy motherhood and citizenship qualities. The use of prenatal diagnosis was thus framed as a “huge qualitative step forward” in the second half of the 1980s (Sršeň and Sršňová 1986: 271) allowing the state to fulfill the politico-medical plan of delivering health to all its citizens.

The value of one’s being implicated in this rationality was to have all body parts intact and the full ability to communicate and function without help in a society where progress became the synonym of a good life, a society competing with the potential of its citizens’ bodies with its counterpart behind the Iron Curtain. An ideal socialist citizen was to be in good physical and mental health and also of a strong intellect. As we can read in a quote from the *Journal of Czechoslovak Gynaecology*: “Our republic has to be propagated mainly by its intellectual capacity. (...) Of course, it is naturally good when we can be known as a nation of handy people. But bright intellects are what is most important nowadays. For it is the export and import of ideas, patents, inventions and licences that take a prominent place in international relations”

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<sup>149</sup> As we can read in the *Journal of Czechoslovak Gynaecology* in 1979: “5 children born by two notorious alcoholic females were studied. The children showed significant prenatal and postnatal growth retardation, mental defectiveness in the sense of moderate or severe deficit and small malformations especially in the craniofacial region. Alcohol was evidently the evoking teratogenic factor, taken in excess by both mothers during pregnancy. In the period of abstinence both mothers gave birth to children with normal psychomotoric development. Alcohol is capable of causing irreparable fetus impairment and therefore increased attention must be paid to its consumption during pregnancy” (Tichá 1979: 341).

(Peter and Šebek 1968: 230). Therefore, the genetic and physiological construction of lives and bodies that do (not) matter went parallel to psychological constructions of what a normal personal development was. For the Czechoslovak population to be truly of a good quality, people also needed to be of good psychological/mental health. For that reason, the system of socio-biological classes of (un)desirability was re-appropriated and extended.

Hence, as much as the above analyzed discourses on physiological (un)health and degeneracy were at the root of the many decrees amending and extending the exceptions under which women could access abortion,<sup>150</sup> when their health or the health of the fetus was threatened, a similar logic was used regarding social reasons as well. The potential of one's citizenship capabilities – the potential for a *good and healthy* life – could also be threatened by psychological 'defects' caused by an unfavourable family or socio-economic environment – be it poverty, the mother's emotional state or family imbalance, as it was concluded by Czechoslovak psychiatrists. They further extended the aforementioned ableist perspective and reproduced the system of socio-biological classes categorizing one's reproduction and desirability based on the risk representing to one's psychological development as a *full* person. This was on a par with developments in advanced liberal democracies as analyzed for example by D. Roberts (1999) in *Killing the Black Body*. The language of degeneracy framed those whose lives were perceived as not worth living in a society where racism could never be expressed and was thus hidden behind a form of rational choice. It is thus possible to agree with Foucault and claim that the socialist rationality did not invent a system of classification different from any capitalist state since it was the potential of one's biology that served as the main principle of categorization.

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<sup>150</sup> The Criteria for Defectivity was published in 1974 by the Ministry of Health.

## Psychology and Psychiatry as a Biopolitical Tool: Re-Creating the New Socio-Biological Classes of Deviants

In the 1960s Czechoslovak psychologists and psychiatrists adopted a new and more individualized approach to understand what a normal personal development was,<sup>151</sup> anchoring their findings in the knowledge of modern psychology, psychoanalysis and the physiology of the central nervous system. Psychological disorders were understood similarly to congenital diseases, potentially harming the physical and mental state of the affected children and thus their capabilities as future citizens (Matějček and Langmeier 1968: 24). Therefore, from the point of view of the governing rationality they were just as dangerous and their prevention no less important. Drawing on knowledge of Western provenience that had been collected since the 1920s, particularly the studies concerned with abandoned children in orphanages – who due to the early separation from their mothers and family environments were considered at high risk to become psychopaths and criminals<sup>152</sup> – the concept of psychological deprivation was mobilized to understand the situation of these children in Czechoslovakia as well. A child's deprivation was conveyed as complete or partial emotional hunger (Matějček and Langmeier 1968: 27), a certain lack of something that however started to be indispensable for one's 'healthy' development and functioning in society as a full person. As we can read in Zdeněk Matějček and Josef Langmeier's contribution to the topic in their 1968 publication *Psychological Deprivation in Childhood*: "Psychological deprivation is a state that occurs due to such life circumstances that for a long period of time prevent the subject from satisfying some of his [her] basic vital psychological needs sufficiently" (Matějček and Langmeier 1968: 24). They named four basic needs: 1. the need to have a sufficient number of vital outputs; 2. the need to have satisfying conditions for successful learning; 3. the need for primary social relations that allow for basic

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<sup>151</sup> Hence, who was normal and who was not.

<sup>152</sup> See for example Bowlby (1951) or Ainsworth (1954).

integration; 4. the need to be socially active. If any of these needs were not satisfied, the child was described as being unfulfilled and restless, akin to a hungry person. Often this situation was described to occur in orphanages, but it could also potentially happen in a family. The potential resilience of these children and their ability to cope with their situation was thus not at all taken into account.

The medical focus was therefore turned onto the social environment into which a child was or was not born to understand better its role in one's mental and physical development. The doctors related the concept of normal mental development to certain expectations of how to be as a human, reiterating that a person should ideally have meaningful social relations, be emotionally stable, quite independent and with a good access to different societal/economic/cultural resources so that the person was well employable/useful in a *normal* life situation. If any of these factors were missing in one's life, the state of their (well-)being was perceived as defective and the children were considered as carrying a lack of what a complete human form was supposed to be. Judith Butler claims "a life ... has to conform to certain conceptions of what life is in order to become recognizable. So just as norms of recognisability prepare the way for recognition, so schemas of intelligibility condition and produce norms of recognisability" (Butler 2010: 7). What this means is that all the debates about what a normal personhood was always included the many contested notions of what it was not. In this sense, Czechoslovak psychological discourse also delineated the modes and borders of the (in)human.

Extreme examples of such beings were represented by international cases of children who lived outside of human societies and cultures such as Amala and Kamala, the "feral children" who were brought up by a wolf family in Bengal, India. Later, when tried to be re-educated into a 'normal' human behaviour (for they both behaved as wolves, they ate and walked as those

animals, being awake mainly at night, also biting the personnel around), their integration was unsuccessful. They both died at a young age. Similarly, the case of Kaspar Hauser, a German boy who in the first half of the 19<sup>th</sup> century presumably grew up in a dark cell, served to analyze what constituted one's humanity, which human traits were innate and which were not. This boy was "retarded in his mental development ... and stayed at the level of debility" (Matějček and Langmeier 1968: 45). The doctors deduced that as much as somebody could lack a limb, somebody else could be lacking something inside their psyche if they grew up in an unfavourable socio-economic, cultural and family environment.

Deprivation was not only a matter of abandoned children in orphanages; a similar destructive situation with detrimental consequences to children's health and well-being was also found to occur in families where one parent was missing (single mothers particularly) or if the family was of a low socio-economic standard. As stated by Matějček and Langmeier: "Some children grow up in such miserable conditions that they are threatened not only in their morals but also regarding their lives (...) being delayed in their physical and mental development" (Matějček and Langmeier 1968: 138). These two experts emphasized that the social/family environment in which one grows up was a crucial factor influencing one's mental and physical health; he was concerned mainly with families of so-called "low cultural standard". He described a chain of infinite psychological trauma and misery that one could not escape if born into such a family; parents who were often traumatized themselves from their previous families or families that did not function properly and where arguments happened on a daily basis were assumed to not have the right capacity to care. According to the author these low-culture parents did not provide the children with sufficient social and emotional stimulus for their development, and assumed that their children would often live in unhygienic conditions as well and in many

conflict situations caused by the treacherous family environment. This concerned the situation of families with many children, who were poor, alcoholics, drug addicts, those who were mentally disabled or those who were in prison, but also the Roma who often lived at the margins of society. All these categories of people were perceived as undesirable parents for they were assumed not to provide the care they were supposed to and thus were found to be lagging behind the Czechoslovak average of humanity. As Matějček and Langmeier argued, low socio-economic standard was “producing physical and moral poverty” (Matějček and Langmeier 1968: 154).

The scientist thus extended the term psychological deprivation to the idea of a child suffering also under social and economic conditions and used the term “cultural deprivation”, “deprivation in its true sense’ (Matějček and Langmeier 1968: 360). It was a term borrowed from American scientists studying black and poor communities who as noted by Matějček and Langmeier were very inspirational for Czechoslovak population politics. As in the North American context, children born to mothers/families that did not or could not care, were understood to be threatened in their development and later in their “unable to adjust to a situation and function in a normal society” (Matějček and Langmeier 1968: 25). These children were allegedly growing into future deviants, robbers and psychopaths. They were chosen just like the black children described by Dorothy Roberts (1999) or the sick/disabled as the new bio under-class, the new deviants who had to be put under control and their reproduction limited.

A special group imbued with all the characteristics of the undesirable was (and still is today in many cases) the Romani community in the Czech Republic. The construction of a biological class adopted by this rationality, although it lacked explicit racial connotations, was also applied directly to this ethnic group that still had to become properly “Czech” or “Slovak”. Matějček and Langmeier dedicated to them a couple of sentences in their publication, putting the

Roma as one homogenous group into the deviant category. They were those who were poor, secluded from the dominant society, and had many children that exhibited antisocial behaviour.

Based on a similar logic, families with too high a living standard were not considered ideal either. It was assumed that those parents might have the resources, but their offspring were neglected anyway. These people could not become ideal parents either and their children struggled in their lives at all levels. The ideal citizens were to be found, like in the previous period, in the average, in the white Czech middle class that was allegedly of a good cultural, health and socio-economic standard, providing children with the needed time, care and love on their way to adulthood. A similar logic was applied onto children born to mothers whose demand to abort was declined by the abortion commission. They were unloved, unwanted and hence their future development was at risk as demonstrated by the research conducted in the mid 1970s.

Following the research on psychological deprivation by psychologists Schuller and Stupková in the mid-1960s, in 1975 an extensive research project was conducted in Prague. It was organized by the Laboratory of Biosocial Family Research and the Department of Education with the support and counselling of the WHO in Geneva and the International Family Research Institute in Washington with the aim to explore the “emotional but also social development of unwanted children” (Dytrych, Matějček and Schueller 1976: 177). This research was the first of its type in the whole world (Černá in the 1986 Parliamentary Debate), its very important results were also presented in international psychiatric and psychological journals. As the psychologists stated, “the demands on humans have changed in the second half of the 20<sup>th</sup> century. Even the slightest deviations from development, retardation, imbalance or imperfection are apparent nowadays and become serious obstacles for one’s future employment” (Dytrych, Matějček and Schueller 1975: 229). In addition to physiological disorders, any emotional imbalance, “any

slight imperfection” or “deviation from the norm” were found to be a troubling factor for one’s future that was connoted by the (im)possibility of becoming a good citizen.

For the purpose of the 1975 study, an unwanted child was defined as a child born to a woman whose demand for abortion was declined twice by the commission (Dytrych, Matějček and Schueller 1975: 230). Hence, it could be quite strongly argued that the children in the first months and years of their lives were not welcome by the family or the mother herself. Between 1961 and 1963 there were 316 women (out of a total of 24,989 demands) whose request was not approved. 233 children<sup>153</sup> and mothers were included in the final sample that was divided into 2 groups so that the unwanted children could be compared to children who came from a similar class background, whose mothers were of a similar age, who were similarly positioned in relation to their other siblings and the family shared the same socio-economic status. The working hypothesis adopted by the researchers was that there is a difference between the two groups and that “the children from unwanted pregnancies are threatened in the development of their personality and in comparison to children born out of wanted pregnancies they represent an increased burden and threat for society” (Dytrych, Matějček and Schueller 1975: 232).

The above assumptions were confirmed with the results that the “unwanted” children were deemed pathologically flawed, irreparable and therefore a “danger for the whole society”. More specifically, the scientists claimed that the biological start was the same for both categories of children. However, the changes between the two groups started to be apparent already in early childhood development since the children from unwanted pregnancies were sick more often than children from the other group. Discrepancies were also conveyed in their characters, drawing a negative picture of those that were supposed not to be born. Children from unwanted pregnancies were described as lacking effort at school, more stubborn and not easily disciplined, expressing

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<sup>153</sup> The age of children was around 8.5 years in average.

undesirable citizenship traits since bodies that were employable were supposed to be more docile. Even though there was no difference in their IQ tests, children from unwanted pregnancies had on average worse marks in school. What was even more troubling for the scientists was that these children had worse adaptability to stress, they were “irritable and sensitive” (Dytrych, Matějček and Schueller 1976: 178). Overall the unwanted children gathered a high score in so-called “unfavourable” social characteristics, characteristics that made them not easily formable along the desirable norms of personhood. They were often refused by their peers and described by them in terms such as “the biggest coward,” “naughty,” “eccentric” as opposed to those who were “focused, active, well-ordered and diligent” (Dytrych, Matějček and Schueller 1975: 235).

Interestingly enough, a gender gap was also found in the development between children who were wanted and those who were unwanted. It was boys who were found to be more problematic than girls, reproducing the gender stereotype of untameable masculinity versus docile femininity. The scientists thus concluded that “the group of children born from unwanted pregnancies in comparison to the control group expresses a socially less desirable tendency” (Dytrych, Matějček and Schueller 1976: 179). These unwanted (male) children represented a potential threat, a ticking bomb so to speak that may be activated at some point. But nobody could predict this with the same certainty or probability as in the case of prenatal screenings – their disorders were more hidden. However, the children’s ‘naughtiness’ and ‘maladjustment’ were as dangerous for the collective quality of the Czechoslovak population as any other mental or physical disease. The ‘unwantedness’ was assumed to be the cause of their pathologies, the irreparable traits that, like a scar, were dividing their souls and disabling their bodies. Although they were physically able-bodied, they were still deemed incapable of a life considered normal in

a socialist society. They became the new unlovable. The ideal and therefore lovable citizen also had to be of certain mental capacities, a certain cultural self and morals formed by the able-bodied middle-class standards of desirability, standards that were not any different from standards in Western liberal democracies.

Czechoslovak scientists and politicians thus started to look into the options at hand to help fix the situation of those that were ‘deprived’ in their lives be it healthwise or socially or both. As stated by Dr. Kvíz regarding the twenty years of the functioning of the 1957 abortion law: “Even the best social system cannot make every individual happy. It can however remove the cause of their unhappiness” (Kvíz 1978: 453). These ‘anti-social’ and other damaging traits – the physiological or psychological ones – were assumed to be passed down from one generation to the next and therefore had to be prevented. They were contagious like a disease, they *were* potentially weakening the progress and development of the national body. Matějček and Langmeier argued along similar lines as their colleague Pachner back in 1946 in the defence of a Czechoslovak social hygiene that had to distinguish itself from a blatantly eugenic approach: “We had witnessed the Nazi solution to this problem – it signified a terrifying extermination of particular groups in the population. This terrible historical example makes our society responsible to deal with the problem [differently] as [it suits] a developed and advanced culture” (Matějček and Langmeier 1968: 363).

The doctors proposed the idea of financially supporting the most vulnerable families, institutionalization of those that were incapable of taking care of themselves and re-education if one’s social/family context was helplessly unfixable. They went as far as mentioning the example of how Americans “successfully” dealt with Native communities. Yet they were also sceptical to the idea of having a good and desirable development in an orphanage or any other

institution. Adoption was an option, yet still with similarly unreliable results. Psychotherapy seemed to be a possibility as well, but expensive. Besides abortion, sterilisation became a legal option in 1972.<sup>154</sup> What became clear after 1989, as a consequence of this thinking large numbers of Czechoslovak Roma women were sterilized (Motejl 2005).<sup>155</sup> As Věra Sokolová claims: “[I]n the interest of a healthy population, Roma women were actively discouraged from exercising their reproductive rights” (Sokolová 2008: 217). Already at the end of the 1970s, some dissidents called this approach “genocidal” and called for justice for these families and children in Czechoslovakia (Motejl 2005).

As these medical and psychological discourses on the unwanted implied, it was better for these children from “risky” pregnancies or families – be the risk the physical, social or emotional/mental ‘imperfections’ – not to be born. This rationality was apparently concerned more and more with women who had many children and did not plan their pregnancies. As it was understood by the many experts and politicians, unhealthy pregnancies were mainly those that were not planned. And planned pregnancies were those that were healthy. Therefore, women had to be better educated how to be more responsible and identify with the situations and conditions

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<sup>154</sup> Even though this service was theoretically not accessible before then, other Czechoslovak doctors were recommending already in 1967 and 1968 sterilisations for genetic reasons but also for those where the mental development of the future child would be threatened (Bardoš 1967; Vojta 1968).

<sup>155</sup> In a report issued by the Czech Ombudsman in 2005 a sensitive issue was tackled when 87 Roma women filed a complaint of having been sterilized against their free will or under circumstances under which free consent was made impossible, and thus the procedure was forced or ill-informed. The report explicitly states that “the problem of sexual sterilization carried out in the Czech Republic, either with improper motivation or illegally, exists, and Czech society has to come to terms with it” (Final Report-Sterilisation: 3). There were also other documents published by Charter 77 – a dissident organisation – challenging the socialist practices of reproductive politics. In 1978 the report called the regime’s approach “genocidal”. At the end of the 1980s Ruben Pellar and Zbyněk Andrš were also interested in researching the problem of forced sterilisations. Especially the new §35 of the 152/1988 regulation, offering a (for Czech standards) significant financial incentive (up to 10,000 crowns = CAN \$500) to those who accepted to undergo sterilisation, was a practice highly criticized by the researchers. The authors pinpointed that it was between 1988 and 1989 when 38% of all documented sterilisations took place. Another document by Charter 1977 published in 1990 noted that in regard to sterilisation large numbers of Roma women were “systematically coerced” (Motejl2005: 28) by social workers and medical staff. However, the practice continued after 1989 as well. We can compare this situation to what happened to Indigenous women in Canada as explored by Karen Stote (2015) in *An Act of Genocide: Colonialism and the Sterilization of Aboriginal Women*.

of the undesirable – something the Roma did not do and hence they were deprived of consent in many cases.

The ideal of the white Czechoslovak fully capable woman of reason who limits her reproduction and chooses according to the socio-medical truths of desirability was further reiterated in the 1986 provision (when abortion commissions were abolished), the one that autonomously decides about her pregnancies; an ideal that as a civilizational identifier divides the cultured, the civilized and normal Czech citizens from the savages, the delinquents and degenerates, indeed “crazy” people who do not make the right choices and therefore must bear the consequences. The doctors thus mobilized and were engaged in the institution of planned parenthood that divided pregnancies by subjecting women into the desirable order of things and disciplining their sexual behaviour and morals. For only a good (white) Czech woman cares and has babies when she can, dutifully planning her pregnancies in consultations with doctors that form her individual will outside of the institution of abortion commissions. After 1986, Czechoslovak women were thus endowed with a “full” freedom but also responsibility to choose what is right in a society where medical truths and ableism dictated the conditions for a good life.

### Planned Parenthood and Women's Individual Will as a Biopolitical Tool

Socialist society creates new relations between people and fights against the residues of bourgeois ideology, against the provincial thinking and small-town people's behaviour in public and particularly in their private life. The residue of the past persists and is preserved especially in the realm of private life. (...) Thus, the biggest attention is paid to woman, the bearer of life. The cultural revolution by which we are creating a new lifestyle strives for the education of a new woman, a woman to be emancipated economically, politically and culturally  
(Vojta and Nedoma 1961: 404).

Along with the efforts to progress into the second stage of prevention, i.e. the one that was not solely focused on women's biology but rather on the right development of the fetus, the

beginning of the 1960s also signified an emphasis on the construction of a new sexual morality by which the societal aims were to be secured. Women standing at the center of the disciplining strategies of the new biopower were to embrace and embody the new binding principles of how to be a modern woman with a potential to reproduce, principles characterizing from now on the conditions for a good life and therefore the attributes of good citizenship and motherhood. As we can read in the above quote by Vojta and Nedoma, in 1961 Czechoslovakia started a revolutionary project that aimed to radically reform the private sphere and hence the relations between the sexes. According to the two doctors, what needed to change was the old “bourgeois ideology” and the “provincial thinking” guiding the dominant patterns of people’s sexual behaviour. The new woman as the representative of the “new socialist way of life and family” (Radvanová 1964) was to move beyond that.

In the new morality, coming from the teachings of Lenin (Schwarzová 1972), a woman was deciding about her pregnancies autonomously. In this regard, planned parenthood became an important aspect of this new socialist way of life connecting women’s individual will with the collective goals to maintain health and by that achieve a certain socio-cultural standard. Quite similar to the “new woman” from the interwar period, the new socialist woman is a person of reason who autonomously makes her decisions. Being ‘economically liberated’ from the patriarchal order and having had her legal reproductive rights since 1957, in the following decades she continues to be subjected more thoroughly to new sets of duties and responsibilities that have come with the attributed freedoms, a situation, as previously explained, controlled until 1986 by the institution of abortion commissions.

However, even outside of this institution women’s will was controlled by doctors as these officially continued to care about women’s and children’s health. They were those who listened

to women's difficult life situations and offered "solutions" to their problems regarding the contemporary medical possibilities and knowledges, especially if a child was to be born into unwelcoming conditions threatening anyone's health. Gynaecological offices became the spaces of intense supervision, control and disciplining where women stood *bare* naked, obtaining the needed information on how to protect themselves; and on the possibilities of their reproductive choices given by the limits and norms that were not truly their own. It is under these conditions that some women could be assumed to be "crazy", i.e. not making rational/normal decisions since despite all these rights they were given, they *chose* to have (plenty of) children (fathers possibly unknown), no money or education, and thus in certain cases they could be deprived of their will and protection from the state.

As I demonstrate, women's free choices came with responsibilities to choose what is *right* to choose. Hence, some mothers – the adolescent mothers, the old, the sick, the poor, the racially Other – will always be doubted in their capacity to (be) love(d) for the wrong choices that became the signifiers of who they were as citizens. As an extended hand of the abortion commissions, the doctors and politicians promoted the institution of planned parenthood that set the limits and conditions for (un)desirable sexual conduct. Czechoslovak women but also men were to learn to control their sexuality and prevent the unwanted pregnancies by having the option of abortion but mainly also by using modern contraceptives to avoid possible damages to their health; by knowing whether and/or when they should be pregnant; by considering the consequences of their sexual life and choices; by "fulfilling their fundamental biological role as mothers with a directed responsibility towards their child and the whole society" (Schwarzová 1972: 470).

Once a woman is fully *cultured* – and understands the commitment to be a good citizen/mother, what it means to be a “bearer of life” in a society guided by modernistic and ableist principles of love and reproduction – her choices could be *unlimited*, and the commissions banned. It is in the 1986 abortion provision that this construction of the autonomously deciding subject/woman who wants the best for her baby, a bourgeois construction of subjectivity that survived throughout the socialist period will be sealed. Women’s choices and acts became the bridge between the assumed old and new, the West and East, the developed and the backward, proving that “the opposition between the post-eighteenth century liberal and the post-eighteenth-century authoritarian is a fantasy” (Miller 2007: 5).

What came to be celebrated at the beginning of the 1960s in Czechoslovakia as a cultural revolution between the sexes – and by extension in the realm of motherhood – became the dominant paradigm of how to be a woman for those who would call themselves developed and modern in the upcoming decades. The ‘new socialist morality’ concerned with one’s private life defined its fundamental rules by collaborating with science and defying tradition even further than in the previous period. The emphasis was put strongly on one’s reason and responsibility – on self-control and cautiousness that became the dominant moral qualities of citizens. Not being disciplined in one’s sexual life was considered “a sign of deterioration” (Zetkin in Vojta 1961: 334), an attribute assigned to those whose level of culturedness was lagging behind the desirable form/norm of humanity/Czechness. At the beginning of the 1960s it was rhetorically still attributed to the capitalist system where this kind of revolution allegedly could and did not happen. Rather, sexuality was to be more controlled by individuals themselves and planned.

However, it was precisely around this time that the differences between the socialist and capitalist states regarding reproduction decreased (CG 1968: 704). I claim that their ideologies

became aligned in the institution of planned parenthood.<sup>156</sup> Although understood as politically different, these two ‘blocks’ approached development similarly. In both cases, progress could not happen without modernization and without people embracing the modes of modernity into their consciousness and modes of being. A modern, cultured and civilized person/woman plans her reproduction, as it was reiterated at numerous conferences on planned parenthood held in both East and West at which Czechoslovak scientists participated and reported about back home. The concept of planned parenthood thus became entrenched as “an inseparable part of modern civilisation” (Hálková in the 1986 Parliamentary Debate). As Kotásek and Černý stated in the *Journal of Czechoslovak Gynecology* in 1972: “Underdeveloped countries are threatened by a population explosion (...). Planned parenthood should help them to influence their family culture so that the family plans only as many children as they can provide for and secure a good living standard. (...) In comparison, developed countries are going through a population depression” (Kotásek, Černý 1972: 480). According to the scientists the demands in industrial societies were about limiting their population. They categorized Czechoslovakia as being one of those super progressive countries where reproduction was (self-)regulated. However, just like any other country identified as developed Czechoslovakia too was subjected to two different reproductive tendencies:

A certain number of families, mainly from the Romani (Gypsy) community, produce a population explosion. ... Families with many children are not capable of securing the needed health, social and cultural standard for the next generation to be satisfyingly brought up along with societal needs. These children are characterized by bad health, bad marks at school and low work qualifications. In these families with many children planned parenthood is to influence fertility, lower natality and contribute to improve care for these children

(Kotásek and Černý 1972: 479).

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<sup>156</sup> Czechoslovakia was part of the International Planned Parenthood organisation since its founding in 1952.

As this quote implies, a certain cultural standard was needed for one's individual development but also for the proper development of the nation. Having many children was considered more and more an irresponsible act in one's individual life and the future of the nation and even the world. The quality of life thus became connected to people's sexual habits and hence the Roma or the young were assumed to not be able to live up to the expectations of responsible parenthood. The ideal/normal/average Czechoslovak socialist citizen was supposed to be *reasonable* about her sexual life and reproduction so as to live up to societal expectations. As stated by Soška: "The sexual standards of society have changed by the possibility of human intervention into the instinctive scheme of nature, by bringing about a sexual revolution" (Soška 1972: 475).

These allegedly revolutionary patterns of behaviour were not much different from what had defined the white bourgeois middle class personhood since the period of the Enlightenment only given to those recognized as men but now also extended to the traditional meaning of women's purpose, i.e. motherhood. Now she also became the person of reason who is supposed to enjoy sex, but who also has a responsibility to think about its consequences. As Soška continued: "even though we do not want to be moralists, it is indispensable to *set certain limits to sexuality*" (Soška 1972: 475, emphasis added). The limits Soška was talking about were the embodied bourgeois norms further dictated by new scientific interventions and control mechanisms that every citizen was to absorb and be defined by. Sex was understood to be a source of pleasure, but with the rise of consumerism, the scientists started to be worried that people started consuming it just like any other product, with unconscious cravings that had to get under control if they were not to cause any damage to the health of the Czechoslovak population (Kotásek 1972).

It was assumed that having children was normal or that most people wanted to have children, but the children who were supposed to be born had to meet a certain quality standard and be born into the desirable circumstance, as elaborated further above. As stated by Dr. Jiří Šrámek: “The progress of human civilisation brings with itself an intense refusal of unrestrained reproduction of children who would come into this world unwelcome and who would find themselves in an environment unsuitable for their future development” (Šrámek 1980: 9). In this regard I agree with what Mihnea Panu stated about the role of planned parenthood in the North American context, namely that “... family planning is a eugenic effort – that is, a governmental effort to prevent the reproduction of the Other” (Panu 2009: 5). According to Panu, the irresponsible mother, the dangerous subject of reproduction, is defined and defines another entity, i.e. the one of a good mother and citizen. The “other” other is affluent, white, rational, the good “liberal bourgeois” self, the one women with a potential to reproduce should emulate. In this respect certain identities are projected outside of the boundaries of the national body while being represented as an internal threat (Panu 2009: 50). Similar to what Agamben would state, Panu further claims that these processes of exclusion and selection are not atypical nor rare, but rather represent the systemic principle of the American liberal ideological system. Quite in a similar manner, these principles of inclusion and exclusion were applied in the socialist system as well, particularly during its last decades, when the future of Czechoslovakia was put into women’s hands. Their wombs thus became the space where the dichotomy of public and private veiled the operation of biopower as an act of individual choice.

According to the new 1986 provision, women were to decide freely about their pregnancies and make these decision with no apparent external constraint since the abortion commissions were abolished. However, this free choice came with responsibility and became

inseparable from the eugenic expectations that all children had to be healthy in the normalized system of what it means to be human. As stated in the *Journal of Czechoslovak Gynaecology* in 1976: “It is important to educate young people to be responsible so that they are making their decisions with regard to the health of the newborn baby” (Štípal 1976: 73). As Anne Waldschmidt states in regard to the processes of normalization: “Normality is no longer an external constraint that society imposes on its members; it is formed and shaped *by acting subjects themselves*” (Waldschmidt 2008: 191/192, emphasis added). In this sense, an individual will truly serves as a biopolitical tool (Miller 2007) subjecting women to the desirable order of things. Women in the Czechoslovak case, too, were supposed to choose what is right to choose to *do* their citizenship right (Samerski 2009). Or to put it in Butlerian terms, Czechoslovak women had to learn what lives matter and form their will accordingly. If they did not choose correctly, their Czechness or culturedness would be put into question and hence the legitimacy of their will, as the cases regarding the sterilisation abuse show.

Czechoslovak scientists attended many conferences of IFPP<sup>157</sup> and WHO<sup>158</sup> that took place during these decades satisfied with the (bio-)political progress the country had achieved in comparison to others that were slowly joining it on the path to quality and therefore happiness. Namely, the conferences held in 1958 in Tel Aviv, 1969 in Budapest<sup>159</sup> and in 1978 in Alma-Ata included planned parenthood among one of the basic human rights and as part of the care of women and children that any modern nation should embrace. The year 1972 was declared the Year of the Woman and 1979 was pronounced by UN as the Year of the Child. These two became inseparable and a modern woman who *planned* her pregnancies was to understand that

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<sup>157</sup> International Federation of Planned Parenthood.

<sup>158</sup> World Health Organisation.

<sup>159</sup> In 1969 doctors were especially satisfied with the progress of Czechoslovakia. Laws and policies discussed and demanded during this congress from the rest of the developed world had been already implemented in the Czechoslovak governing system back then.

“in agreement with WHO all children should be given a chance to be born healthy and to parents who want them and have enough time, means, and suitable attributes to bring them up” (Hálková in the 1986 Parliamentary Debate). The idea of planned parenthood was to serve these purposes and make sure that “children are born healthy, in optimal numbers and at optimal times” (Sršeň 1972: 482). “Optimal” was defined by one’s physical and mental health, proper age and a solid family background.

Women had a crucial role to play in what was now called hygiene of family life (Máchová 1974); it was parallel to negative hygiene making sure that an individual family and each of its members were guided by the contemporary healthy principles of being. Women represented the caring strategies of the system and, I argue, they became the paradigmatical subjects of rational care and health. A woman’s main role was still the one of “bearer of life” but she was also the “irreplaceable co-agent in the education and the healthy physical and mental development of a new human being” (Němcová in the 1986 Parliamentary Debate). She was chosen – due to her biology – to continue to be the representative of the *socialist* family, the main unit for the upbringing of children – that in its ideal form was heterosexual and monogamous. The good socialist woman now embraces in her subjectivity the new functions of the family: the biological, economic and also the psychological one (Radvanová 1964; 1978; Máchová 1974). This modern socialist woman absorbs the duties of the woman from the interwar period and also cares if her children have something to eat and a roof over their head. But now in addition she is also worried about who they can be as a person and how much they can be loved. All these aspects of being were to be cautiously considered by her *will* and

embedded in it. Or to put it differently, women<sup>160</sup> were to be concerned with the conditions of their lives and pregnancies – i.e. they were to ponder the relation of their abilities to love in a relation to the possibility of health/well-being represented by their pregnancies.

The main function of the new socialist family that rested on women's shoulders was to care and contribute to the well-being/health of each of its members. Women were to learn the following: 1. that there was a *proper* ideal age for reproduction as defined by the scientists (between 20-34; Sršeň 1972: 483); 2. that there was an ideal number of children to have, namely 2; 3. that these children were to be born *healthy* for only healthy children would and could be loved; and 4. that this was to be secured by their *individual* decisions. A woman's individual will thus became the bearer of the quality of the future of the Czechoslovak nation. As a cautious woman she was directed to discuss the possibilities of her life and reproduction with her gynaecologist but the responsibility to decide was passed on her. She was now oriented in between what was right and wrong guarded by the medical and statistical explanations of life. It was mainly during the visit to the doctor's – and also potentially at school or from movies (No. 66/1986 law) – that female subjects (and hopefully also at least some men) were supposed to learn that a modern woman thinks cautiously about her potentially *perfect* baby and the *ideal* conditions of her life into which she would bring it or conversely, how the conditions of her life would change or worsen by delivering a child that was *unwanted* according to the norms of modern science.

The gynaecologists and doctors in the new biopolitical regime thus became sociologists and psychologists in one – it was in their hands that the negative but also the positive hygiene lied (No. 66/1986 law), i.e. it was their knowledge that was to shape a woman's will regarding

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<sup>160</sup> Men's family and childcare responsibilities were remarkably left out of this socialist modernist project of individual responsabilisation. The gender roles under socialism were thus not all that different from the bourgeois inception of the same.

motherhood. She was expected to *confess* to them about her sexual life and the condition of her health so that the best strategy could be chosen to protect her and her future offspring. It was in these interactions that created the recognizable frameworks of life in which she was constituted as a(n) (un)reasonable subject of reproduction in the Althusserian sense by (not) responding to the moral calls of doctors (and the whole society). It was during these consultations that she was constructed as a self-regulating subject of choice that had to make certain decisions if she wanted to stay a good mother and citizen. Reproduction was thus to be rationalized (Šrámek 1980) and the quality and quantity of children was connected to the quality of life both in personal and national regards. It was in women's *will* where the individual and the collective intersected and where the consequences of a woman's decisions had to be evaluated – for only certain choices became the right ones.

The focus was on young women to learn about the “possibilities of choice and their consequences” (Havránek 1979: 305) since this category represented the greatest potential risk for the future of the nation. It was their (potential) babies that if born too early, exhibited high mortality and morbidity rates, were often born with a low post-natal weight and suffered from different diseases such as mental retardation or some motoric impairments (Havránek 1979). In 1970 doctors complained that many adolescent girls did not know the basics of their biology and the mechanisms of pregnancy. According to them, adolescent girls also exhibited a lack of moral responsibility to care about the (health) consequences of their pregnancies (Exnerová and Mandausová 1970). Almost ten years later, Havránek described the following options for a young woman: if a girl/woman was sexually active, she either used reliable contraceptives or she did not. If the woman/girl became pregnant, she could either deliver the child or choose to abort. If she did not choose to abort, she could either get married, which was allegedly the positive

option, or stay single and deliver a child whose development was expected to be threatened by the choices she has (not) made (Havránek 1979).

The conditional “if” started to represent a moral duty if one was to have a good life. Therefore, a woman’s will was always yet to be formed and influenced by the various discourses throughout one’s life. As stated by doctor Jiří Fišer: “the moral and emotional education is primary regarding one’s development from childhood to late adulthood. The formation and development of people’s will is important, without this one cannot control their affections and instincts by reason” (Fišer 1977: 124). To get a better control over what was happening in their sexual lives, over the “affections and instincts”, the distribution of and access to the knowledge about how to use modern contraceptives and prevent a pregnancy became indispensable more than ever before. However, this moral appeal was not fully successful.

What troubled the doctors was that the decrease in numbers of perinatal mortality and morbidity was accompanied by a steep rise in abortion numbers since the practice had been first legalized in 1957.<sup>161</sup> Even though the Czechoslovak doctors were praising legalization as protecting women’s health at its best,<sup>162</sup> abortion still had to be avoided if possible since its damaging consequences were potentially high, a *fact* also reflected again at the political level in the justification of the 1986 law. According to doctors some women could remain completely sterile after the procedure, their bodies could also exhibit a more frequent tendency to miscarry when *wanting* to be pregnant again, or they suffered from prevalent infections that were unpleasantly affecting their health (Prokopec in the 1986 Parliamentary Debate). An individual

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<sup>161</sup> For example, in 1970, around 89,000 abortions were performed. The numbers of performed abortions ranged between 50,000 and 90,000 annually during socialism.

<sup>162</sup> As for example stated by doctor Vojta: “Anywhere where abortion is legalized, women's health is better protected” (Vojta 1962: 2). Similarly, when Czechoslovak scientists were attending conferences on planned parenthood throughout the 1970s, they concurred that “abortion exists all around the world and it is impossible to ban it. Abortion should be legal everywhere but so should information on different contraceptives be available” (Zelenková 1970: 49).

woman's life and well-being was as much at stake as that of her child. For that reason, the rationality deemed indispensable that young people but also all other categories of people learn about modern contraceptives and have access to them so as to avoid the aforementioned troublesome consequences of having an *unwanted* child.

Modern contraceptives were promoted by all doctors in the hope that their use could decrease the high number of artificially interrupted pregnancies (Hnátek, Malý, Srb 1962; Černocho, Hnátek, Vojta 1963; Hynie 1969; Havránek 1969; Dlhoš; Vojta 1971; Dlhošová 1972; Gronský; Havránek 1977; Havránek and Šmeral 1979; Šráček 1977; 1980; 1988; 1986 Justification of the law). The use of condoms, IUDs and hormonal contraceptives combined with the knowledge of infertile days and the use of different spermicides<sup>163</sup> was to regulate reproduction while postponing the fertility into a period when it could be *planned* and therefore *desirable* during the designated period for *good* motherhood.<sup>164</sup> As stated in the *Journal of Czechoslovak Gynecology*: “This protection of women [access to abortion] is considered to be temporary while being complemented by a special care of women regarding the implementation of perfect contraceptives as the means of preventing unwanted pregnancies” (Gazárek, Kocmannová and Křikal 1975: 244). As it was calculated, if a woman was not using any contraceptives, she could end up with up to 20 abortions during her lifetime (CG 1970: 47), a number undesirable for a rationality aiming to protect the health of its citizens. Czechoslovak scientists continued researching what method of protection would be the most reliable and safest – “perfect” – for achieving the aims of planned parenthood.

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<sup>163</sup> In 1970 it was for example the spermicide suppositories called “Spofa” (Dlhošová 1972).

<sup>164</sup> Sterilisation was not, however, considered a contraceptive since it was irreversible (Šráček 1980). Contraceptives were to be used to plan the pregnancies properly and in a timely manner and “to prevent the eugenically undesirable from being born” (Šráček 1980: 11).

Based on intense research, they produced contraceptives of a national provenience that women were to learn how to use and that were to be widely distributed.<sup>165</sup> The reality was disturbing, as doctors found out. People often did not have the knowledge how to protect themselves.<sup>166</sup> The most common practice in the 1960s was still coitus interruptus (Srb, Kučera and Černoš 1967: 165), a practice considered quite unsafe<sup>167</sup> in terms of the probability of becoming pregnant and also for passing on different venereal diseases that were potentially weakening women's health. Only 20% of married couples were using condoms and the situation among the young generation was even more unsatisfying in the eyes of the new rationality. There was a big difference between how people used certain methods of protection. Not surprisingly, the more educated ones were, according to the doctors, more disciplined than others and the probability of 'accidents' was thus minimalized (Vojta 1967: 163). Contraceptives had to be accessible and for that reason the price was adjusted so that almost everybody could afford them.<sup>168</sup> They were also to be mainly safe and easily usable. According to the doctors, the IUD represented one of the most reliable methods. However, it was not the safest method towards women's health in terms of other potential health complications.

For that reason, young women were not recommended to use IUDs since they were still expected to become mothers whereas "older" women whose reproduction would be "extra" were strongly advised to do so. Up to 25 % of women ended up having abortions 5 to 10 times in their

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<sup>165</sup> It was the IUD called "DANA" which was invented at the end of the 1960s by Czechoslovak doctor Jiří Šrámek. Besides that, Czechoslovak scientists also produced their own hormonal contraceptives Antigest A and B. Even though the doctors aimed at distributing those more widely, there were too many health complications in women who used it and this led to a cautious attitude towards these hormonal pills. (It was not the ability to produce them that stopped a wider distribution, as it is often assumed in the classic historiographical literature). The most favourable contraceptive was considered to be the diaphragm (Vojta 1967). However, many women did not actually use it because its application was long and quite tricky, demanding lots of skills and dedication from the users.

<sup>166</sup> As for example stated by Šrámek in his historical overview of contraceptives in Czechoslovakia: "here the progressive measures were a step ahead of the people" (Šrámek 1980: 19).

<sup>167</sup> It was also contended that the use of modern contraceptives is overrated, and the unreliability of condoms was not as high as thought (Vojta 1967: 165).

<sup>168</sup> By the end of socialism hormonal contraceptives were free. The installation of the IUD was a paid procedure that cost about 200 crowns, i.e. CAN \$10.

lives. However, most women's bodies did not receive well the IUD since its insertion was accompanied by regular blood leaks, pain and inflammations. Just for a comparison, in 1977 there were around 250,000 Czechoslovak women using an IUD as opposed to 100,000 and 150,000 women who used hormonal contraceptives (Šrámek 1977: 48).<sup>169</sup> Throughout the whole socialist period the majority of Czechoslovak women did not protect themselves as much as doctors wanted, only around 15 % did. What can be deduced is that despite the emphasis on "protection" and information, many people/women accessed the information only when something "happened", i.e. when they became pregnant. For that reason, the numbers of abortion remained high throughout the whole period. Thus, the directive to educate the young generation and also men about what it means to be a responsible parent – and hence decreasing the possibility of women becoming pregnant – came to be understood as a necessity for the proper functioning of the modified abortion law. As stated in the 1986 provision: "The issue of abortion is closely related to the one of education, especially in the realm of sexual life and responsible attitude towards parenthood. That's why the law emphasises that the education to planned and responsible parenthood is binding for the whole society" (Prokopec in the 1986 Parliamentary Debate).

The new sexual politics was not supposed to be only about women then. During the whole socialist period the ideal was for both partners to appropriate the new modes of individual responsabilisation. Both genders were to be disciplined along the same ableist bourgeois lines of desirability. However, as Radka Dudová emphasized in her study on abortion in socialist Czechoslovakia, it was mainly women who stood at the center of these new strategies of power because it was them who ended up being "interrogated" by abortion commissions (until 1986). I would also add that the possibility to discipline men was decreased by the fact that it was the

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<sup>169</sup> Norbiogest and Biogest were available at the end of 1970s.

gynaecologists who were given the main discursive power over unwanted pregnancies. Therefore, men were quite excluded from such a type of complex care that was focused particularly on mothers and children and entrenched in the ideologies of biological essentialism. At the end of the 1960s the revolutionary ethos truly aimed at including both sexes, an emphasis which in the second half of the 1980s became a wish that probably could never be fulfilled. As for example stated by Dr. Šrámek: “Experience shows that it is men who are generally less responsible in preventing the unwanted pregnancies and that it is mainly women who deal with its unfavourable consequences ... Sometimes there are demands that contraceptives be put under women’s control. It is more just to demand the same from men as well” (Šrámek 1980: 15). And even though it was “more just to demand the same from men as well”, throughout the last decades of socialism it was recognized that it was easier to agitate and mobilize women for the politics delivering health to all citizens. Men were simply “less responsible.” Thus, even under socialism, the lived sexual double standard persisted without any bigger change despite the many proclaimed efforts.

In the mid-1980s these ethical principles of how to be a modern (wo)man and a good citizen thus became the embodied forms of expected female selves, as we read in the justification of the 1986 modification of the abortion law: “The government was considering principles such as planned and responsible parenthood or the right of a child to be born wanted, principles that have become an indisputable part of our moral and legal awareness in our contemporary society, the expression of our attitude towards human life” (Prokopec in the 1986 Parliamentary Debate). This “expression of our attitude towards human life” assumed that it was *normal* for a modern woman to care about the consequences of her sexual desires, love *selflessly* (but only the child that deserves that love) and care about the health/well-being/proper development of her future

child. Women should have wanted (to be pregnant) only if their love could be responsible love, love that would bring another healthy citizen into this world. Under these heteronormative and ableist conditions of love and life, it was important for all women not only to have access to abortion but also to have the needed information on how to become *responsible* mothers. Now that they no longer had to justify their reasons for an unwanted pregnancy in front of the commissions, women and girls were at least rhetorically requested to visit their gynaecologists regularly and learn about the latest inventions in modern contraceptives and health sciences. The 1986 law explicitly demanded “to increase the function of a doctor as an expert, but also a counsellor and a social and legal partner of a woman” (No. 66/1986 law). As much as women’s autonomy was increased, so was doctors’ control over women’s decisions concerning reproduction. In this, a woman was not alone and always had a “partner” to rely on.

The modern socialist woman of reason was to absorb these regimes of truth and plan her pregnancies accordingly because if she did not, she would have to deal with the consequences by herself. This is how the mechanisms of freedom and autonomy are constituted regarding the questions of reproduction in modern biopolitical states concerned with life itself (Rose 2001; 2007). As stated by Šrámek: “Planned parenthood is making marriages happier and more satisfied. By eliminating the fear of unwanted pregnancy, it allows to fully enjoy the joys of love, particularly for a woman who mainly bears the consequences of her unwanted pregnancy” (Šrámek 1980:10). Planned parenthood and women’s rights to have a free choice may have eliminated the fear but they created another one, the fear of *what if*, what if I become pregnant when I am not supposed to? Who will help me and not judge me? *Automatically*, at every step of her life she must consider – as her new instinct – if the decisions she is making will allow her (child) “to fully enjoy the joys of love”.

Thus, throughout the last decades of socialism, the liberated female citizen of free choice, the bearer of new life, became the paradigmatical bearer, active citizen-subject, and agent of a free choice but also of the consequences of unwanted pregnancies, the bearer of responsibility, the bearer of the future health of her child and therefore of the (health of the) whole nation. If she wanted to be happy and satisfy the image of the modern woman who decides by and for herself, she would always be haunted by the image of the savage who has sex uncontrollably and with an assumed exotic and fascinating selfish pleasure, maybe even with multiple partners or – just as unimaginable under both socialist and capitalist rationality – with a same-sex partner. If children are conceived under those *unwanted* circumstances, then they too are *unwanted* and should not be born. Does she have enough money to provide for all of them or even for the one *she* conceived? If not, the child should not be born. Is she sick or could her baby be sick? A disabled, i.e. *different* child should join the national culture of being? Then the child should never be born. Would she lose her job or interrupt her career/studies for being pregnant? Then the child should not be born. Is she struggling emotionally? Then as a cautious mother, she should never conceive. Would the pregnancy decrease her standard of life? Then she should never be pregnant and if she already is, then she should abort as a good citizen. Because if she does not consider these questions during her life, nobody will help her with the *unwanted* child. She will be blamed by everybody, she will be the irresponsible one who did not *think* properly.

She will live in a constant fear that *she* will fail, doubting many times that reason is omnipresent, can disclose everything in its clarity and get it under control. No one will ask her: how can we help you to sustain your life even when the pregnancy is unwanted? How can you become a good mother and your child have a good life even if it was not planned? She will stay alone in this – it was her responsibility and it seems that she conceived alone. She is let to live

though and strive to die in an imperfect system of compulsory ableism (Ruer 2006) where health and good life became one and the institution of free choice absorbed the expected duty to maintain the Czechoslovak quality of life. For even in the allegedly better socialist system rights belong only to those who decide right as per the governing rationality. For after all, that decision is a product of their own *free will*.

## Conclusion: Towards a Critical Democracy

The body in my view, is where we encounter a range of perspectives that may or may not be our own. How I am encountered, and how I am sustained, depends fundamentally on the social and political networks in which this body lives, how I am regarded or treated, and how that regard and treatment facilitates this life or fails to make it livable. ... I am already in the hands of the other when I try to take stock of who I am. I am already up against a world I never chose when I exercise my agency. ... These normative frameworks establish in advance what kind of life will be worth living, what life will be a life worth preserving and what life will become a life worth mourning

(Butler 2010: 53).

In my dissertation I used the example of former Czechoslovakia, now the Czech Republic (and Slovakia), so as to demonstrate that the widely accepted distinction in scholarship between socialism and capitalism ceases to be valid when it comes to reproduction and the problematization of the mainstream understanding of abortion rights as an individual right to choose. Through an analysis of abortion discourses that aimed to legalize the practice beginning in the 1920s to the abolition of abortion commissions in 1986, I followed the simultaneous paths of women's liberation and their subjection to the ableist discourses of modern (un)democratic Czechoslovak society. I explored the processes of the cultivation of the bourgeois self from capitalism to socialism that became the dominant principles of how to govern and remained so even in the post-socialist regime after 1989, i.e. the construction of women as self-regulating citizen-subjects who under certain conditions of freedom can exercise their reproductive rights connoted as individual, always wanting the best for their potential future child and always bearing the consequences of their decisions. By this, I exposed what was liberalizing about socialism and what was totalizing about capitalism, and vice versa.

Relying on theories of biopolitics and feminist reproductive justice, I argued that the discourses legalizing abortion sprang from and reproduced a rationality for which not every life

mattered and hence not every motherhood was desirable, especially when the biology, health, well-being of the woman or the potential future child was threatened – a situation captured by the various provisions between the 1950s and 1986 legalizing abortion in Czechoslovakia. It was a rationality that became prominent after the First World War and was particularly concerned with the biology/health of its citizens to secure or maintain a certain societal development – a certain national life standard – through the regulation of reproduction. What some of the scientists and politicians feared more than depopulation was the degeneration of an imagined *collective*, represented by high numbers of criminal abortions and women's and children's mortality and morbidity. Hence, women were attributed with reproductive rights about a decade after the Second World War thus in times when the socialist state needed more than ever capable citizens who would make Czechoslovakia flourish again and who would be ready to support their *nation* in the ideological competition with the – real or imagined – Cold War enemy. For this purpose, this rationality employed the language of women's rights and that of risk, situating the possibility of women's choices in a tight proximity to a new sexual morality and responsibility to deliver a *healthy* child into a *healthy* environment.

Even though Czechoslovakia was at least a decade ahead of any other Western country in matters of reproduction policies, from the late 1960s onward these ideas about good and healthy motherhood/life were translated as the governing population policy logic for both the socialist and later capitalist regimes. Both of these ideological competitors were attracted by the voice of a rationality that promised efficiency, optimization, development and progress of a true modern nation. I have argued that early discussions and later legalization of abortion function as expressions of a biopolitics that was concerned with having enough able-bodied and healthy citizens who could contribute to the various agendas of the state during the different historical

periods. The institution of planned parenthood thus ultimately became one of its indispensable tools. Coupled with eugenic efforts, this biopolitics emphasized the construction of the autonomous, cultured and self-regulating selves as the ideal citizenship form, unleashing the expectations particularly of female citizen-subjects to consciously care about their well-being/health and plan their pregnancies accordingly. By extension, the health of their children and the progress of their nation would be secured.

Appropriating the voice of science –facts, numbers and figures representing truth – as opposed to religious discourses, this socialist/capitalist bio-politics mobilized (in an Enlightened manner) the category of reason and one’s individual will, the true attributes of a modern self, by which any relation and life should be measured and subjected to dividing and building new walls and borders between people. While pretending to speak on behalf of the marginalized ones – the poor, the sick, the ethnically/racially different, the young, the old – in reality it reinforced them in their marginalized status as the undesirable while depriving them of their voices and choices. Only certain choices started to be considered right, only certain bodies/lives worth living and loving and hence worth of protection. The findings of Foucault concerning the processes pertinent to the sexual revolution in Western capitalist democracies and the interest in the bodies of citizens and the disciplining of their reproductive sexuality can thus also be applied to the realities of socialist Czechoslovakia:

A different project was also involved: that of the indefinite extension of strength, vigor and life. The emphasis on the body should undoubtedly be linked to the processes of growth and establishment of bourgeois hegemony; not, however, because of the market value assumed by labor capacity, but because of what ‘cultivation’ of its own body could represent politically, economically, and historically for the present and the future of the bourgeoisie. Its dominance was in part dependent on that cultivation

(Foucault 1990: 125).

I strongly suggest that it is this rationality, the political “emphasis on the body” and its cultivation, “the indefinite extension of strength, vigor and life” (Foucault 1990:125) that both ideological systems share. As Foucault claimed, the cultivation of the body was more important for society than just the “market value” offered by the potential of the able-bodied workers. It was the idea of culture and civilization exemplified by the reproduction of the ideological hegemony of modern bourgeois selves that this politics offered, the promises of a great future and development, which was ultimately presented as dependent on the (self-)regulation of women’s will. What I demonstrated in my analysis is that women are never as free as we would like to think in regard to their choices and hence possibilities of being a mother, a woman and lawful citizen/person in democratic (post-)modern nation-states. I have shown that abortion rights operate through the logic of women’s *free* choices and that from the very first debates – during the first democratic Czechoslovak regime in the 1920s and 1930s – they were conceptualized as a regulatory strategy of power, aimed at maintaining a certain population optimum by redefining the responsibilities of motherhood and dividing pregnancies along the ageist, ableist, classist, and racist lines of desirability. I analyzed the three stages of this epistemological shift regarding women’s reproductive sexuality and duties: its building efforts after WWI; its developing processes after WWII; and finally, its functioning as a normalized structure from the 1960s onward.

I deconstructed the legal and medical discourses that claimed to liberate women from the incessant patriarchal duty to reproduce but instead divided reproduction into a complex system of socio-biological classes of (un)desirability by creating a new field of discursive and therefore real (im)possibilities, (ab)normalities and (im)moralities how to act and be as a person/woman with a potential to reproduce. Through a critical intersectional lens, I disclosed how protection

was turned into a tool of control and regulation. I was concerned with the ideal citizenship and bodily practices the abortion law unleashed. I looked at how the ideal of a white, reasoning, fully capable and healthy woman who limits her reproduction, uses modern contraceptives, has children only when she can and if the conditions of her being allowed her to, further divided the world and people into two categories: the cultured/developed ones who make the right choices and know how to protect themselves, who always consider a situation through their reason (i.e. they consult the medical *truths*) and have children only when they can; as opposed to those whose reason must be constantly doubted, the savage *woman* who must be controlled since she has no real consideration for the consequences of *her* sexual behaviour. In my “herstory” her will became a biopolitical tool (Miller 2007) – hence the need to form it and control it for almost the entire socialist period by abortion commissions and by doctors who functioned as an extension of the law even after the institution of abortion commissions was abolished in 1986.

My text defies the totalitarian thesis that abortion rights were imposed on Czechoslovak women from above and on demand by Russia (the Soviet Union), making women pure passive objects of the regime. By exploring the limits and possibilities of women’s freedoms that were accompanied by the normalization of the individual and collective Czechoslovak body, I made clear how ideas travel (Cerwonka 2008) from one place to another and across different systems in time and space. My conclusions thus offer an alternative and complementary interpretation to some of the authors (Dudová 2010, 2012; Havelková 2014; Heitlinger 1979, 1987; Jechová 2009) who claimed reproduction in socialist and capitalist states must be studied differently, that abortion rights during socialism represent a specific tool of socialist/communist governmentality, abortion commissions being a symbol of the absolute subjection of women to the system and their inability to exercise their reproductive freedoms. Rather than assuming the two systems

were fundamentally different, I suggest they did not differentiate ontologically on the issue of reproduction, which helps us understand the continuity of the abortion law after the change of the regime in 1989. A more apt argument would be that abortion rights are a biopolitical tool *par excellence* shared across political borders, creating from women's bodies and minds the spaces where the individual and collective intersect. It is not specifically socialist or capitalist but rather a tool of population control, a strategy to make a population *healthy* and by that *wealthy*, imposing and maintaining a certain socio-economic/life standard. In this regard, I understand abortion commissions to not be only repressive but also a productive mechanism of bio-power, forming/supervising women's will while providing them with the needed information on how not to get pregnant again. The concept of what I have termed female biological citizenship – that women are constructed as autonomous subjects of choice, however, always with a responsibility to deliver a healthy child and in a healthy environment – destabilizes the distinction between active and passive citizenship, between the outside and inside, the liberal and totalitarian. It uncovers the regulatory and disciplining strategies and mechanisms of the modern biopolitical Czechoslovak state that are inherent to its functioning even under capitalism.

Parallel to some feminist and critical scholars (Deutscher 2008; Petchesky 1990; Poovey 1992; Roberts 1995, 1999; Samerski 2009; Smith 2004, 2005; Solinger 2002), I do not consider that the 1986 provision legalized abortion “fully.” I do not find this liberal perception convincing since it blocks any further critique of the post-1989 democratic system in terms of reproductive justice requirements while, I argue, it reiterates the thesis of Czechs being second-class citizens in the geo-political post-socialist power relations. The fact that both the law and I are products of an *unjust past* connoted as oppressive veils the more truthful functioning of bio-power regardless of the political system. For what is being concealed in this ideology of *free choice* supporting the

Cold-War division is a recognition of the norms that structure our individual decisions and that are embedded in the 1986 abortion law. It is the omission of the recognition that when I wake up “I am already up against a world I never choose when I exercise my agency”, hiding the “normative frameworks” through which power operates and which define “what kind of life will be worth living, (...) preserving and (...) mourning” (Butler 2010: 53). We can say along the same lines that this rhetoric of free choice hides what kind of pregnancies are desirable, what kind of bodies deserve to be protected by the state and hence who should legitimately have access to abortion. In this regard, the 1986 socialist abortion law that satisfyingly functions in the new Czech capitalist and *democratic* system is no different from any other law in a biopolitical modern nation-state that decriminalized or legalized abortion in the second half of the 20<sup>th</sup> century.

My conclusions are similar to Miller’s (2007) with respect to the politics of reproduction in Italy, France and Turkey where abortion was legalized and decriminalized through the Enlightened concept of the self and discourses of human rights. I concur with Miller that women, their choices and bodies represent the spaces where the inside and outside, the totalitarian and liberal intermesh (Miller 2007). They are the true biopolitical zones of indistinction, the reservoirs and bearers of the health of the nation, the paradigmatical citizens of what is (sexually) good and bad, moral and immoral. Also, in the Czech case abortion rights operate as civilizational identifiers, unleashing the ideal woman’s sexual practices and choices that became the dividing axes of one’s development/progress and hence (un)desirability in the second half of the 20<sup>th</sup> century. The analysis of the normative structures embedded in the abortion discourses disclosed the continuation of eugenic thinking and an elaborate system of ableist truths defining (ab)normality and (un)desirability from one system to another. Ableism in the analyzed

discourses served in the same way as racism, as an intersecting structure of oppression along with age, race, class etc., a frame of understanding and perception that always makes it legitimate for certain lives to not be lived, sustained and culturally, socially or economically protected (Stoler 1995; Butler 2010). These lives can be pitied or admired at the very best (Clare 1999; 2017) and hence the choices women make in the contemporary medicalized regimes of reproduction where ableism is compulsory (McRuer 2006) make choice seem to be illusionary for many (Lublin 1997; Meekosha 2010).

In this regard, my thinking resists the interpretation of history in which eugenics was buried with the last days of the Second World War, as for example Rose (2007) indicated by his take on ethopolitics. With Roberts (2008) and Agamben (1995), I argue that eugenic principles survived into late postmodernity, being veiled by a language of free choice which is nothing more but a well-thought-out politics of life, intrinsically tied to what it means to be a person and a good (female) citizen in times when women's health and sexuality collapsed into that of law and children's health. The need to subsidize abortion for health and eugenic reasons even after socialism supports this statement and signifies the state's immense interest in keeping the population *healthy* and making sure that only babies that are *wanted* and who are considered *worthy* of love and life are born. The proposition is then to resist eugenics and its co-partner ableism as the new normality while allowing different voices to negotiate their own truths about how they want to live or not, to resist the politics that not only "makes you live" but, as I argue, also "lets you die" when and if you do not make the right choices as per white bourgeois morals defining modernity.

What became apparent after 1989 is that as a consequence of this rationality, which coupled abortion with other preventive measures through the institution of planned parenthood,

many Roma women had been sterilized against their will. Under these normative ableist ideas that guided the Czech social, healthcare and cultural system from the 1950s onward, it is not surprising that some doctors found it “normal” and in certain cases *chose* to deprive women of their reproductive rights and possibilities of becoming mothers. Sokolová (2008) convincingly pointed out that the first Roma woman to be compensated for forced sterilisation was Yveta Čermáková who was sterilized against her will in 1997, therefore well after the collapse of socialism. These practices dividing the desirable and undesirable thus survived as organizing structures even in the *new democratic* society. They are more than mere reminders of the past and practices that could be attributed to the totality of the previous system, as some scholars assumed. They are the embedded principles of how democracies are built, principles of the included exclusion (Agamben 1995) that form the basis of modern citizenship dictating the (un)desirability of one’s biology and that are always ready to re-signify women’s lives as those of *homo sacer*. I argue that the essential component of any *democratic* state – be it a socialist or capitalist one – is the relentless play on the inclusion and exclusion, the redefinition of who belongs, how and under what conditions to a nation built on Enlightened principles of freedom and personhood.

From the 19<sup>th</sup> century onward, from the times when the first *democratic* and exclusionary Constitutions and their demands of modernity began to slowly replace the *ancien régime* in Western Europe and North America, women became the main regulators of the quality of a nation and the measurements of its progress, and they continue to do so in the late 20<sup>th</sup> and 21<sup>st</sup> centuries. We see a genealogy of their expected gendered and sexualized selves from dutiful mothers who were to educate their children as modern citizens, the protectors of race and good Victorian/Czech National Revival morals in the 19<sup>th</sup> century, to cautious mothers who always

want the best for their babies and their health from the 20<sup>th</sup> century onward. They have become female citizen subjects whose limits and possibilities of freedom – being abstract but also material – were encapsulated in the ideological forms of modern women’s selves and *democratic* laws that redrew the boundaries between “us” and “them.” As Miller argued in her text: “the sexual and reproductive implications of drawing and redrawing borders or boundaries are, again, not simply symbolic or allegorical – they are concrete, and they produce tangible consequences for the bodies of European [North American] citizens as well as for the bodies of those subjects defined against, or apart from, Europe” (Miller 2007: 4). Therefore, as much as *women* became liberated by the new abortion provision, not much has changed about the fact that they are still understood as mothers who represent the nation itself. The question is then what this “ideal” means for different categories of women *within* and *outside* of a nation.

On the academic (and political) levels, I therefore suggest that further study and research into how women’s possibilities and choices are constructed in our contemporary democracies, and with what consequences for different groups of people is highly desirable. We should aim at disclosing the governing principles that are found in laws as much as in the norms that structure our lives. I call for an intense re-examination of how the (neo-)liberal politics of choice operates as a governing strategy in other areas such as child welfare, adoption or any domain of belonging, love and other aspects of family life. One can assume that even in these realms free choice becomes a problematic concept that beside its liberating connotations conceals other sets of responsibilities, norms, pressures and expectations for many women whose pregnancies might be seen as (un)desirable. It calls for a re-definition of access to health and hence human/citizenship rights in other than ableist/biological (classist, ageist, racist) terms, an approach that would go beyond the boundaries of our selves and nations, one which would

accommodate difference (Lister 1997). It is a call for a new and critical etho-politics (Murray and Holmes 2009; Orsini and Kilty 2017) that would acknowledge the interdependency of our beings, the role of emotions in the pursuit of (national/individual) happiness (Ahmed 2010), and understand that no agency is truly purely active or any decision autonomous; it would rather suggest that all the things we choose are influenced by what we know, what we feel, what we have and what we can (or cannot) do, by the social and political milieu that sets the boundaries of the desirable, thinkable and hence possible.

For that reason, a middle-ground discussion is needed that would problematize the liberal concept of women's freedoms and explain how the Czech cultural and governing system of ideas and meanings reproduces the inequalities within itself. A discussion similar to the one sparked by the negotiation of justice by black women or Indigenous women in North America would be highly desirable regarding for example the sterilisation and experiences of Roma women in the Czech Republic. Such a discussion would not only critically re-evaluate the mainstream abortion agenda in an ideology that masks the traces of oppression as acts of individual choices but also transgress the pro-choice/pro-life binary and emphasize the interrelated and interdependent character of our beings as also suggested by Smith (2005). Ultimately, such a discussion would open a discursive field to different voices and possibilities of how to be a person and rightful citizen in a critical democracy where freedom, justice and autonomy are not merely abstract concepts and where one can acknowledge the fact that the oppressed can sometimes also be oppressors.

My dissertation is thus a reminder that all true democracies should allow for criticism and for various possibilities of existence to be protected in life, otherwise they may recall the totalitarian monsters of the alleged past.

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Act No 68/1957 on the Artificial Interruption of Pregnancy

Act No 66/1986 on the Artificial Interruption of Pregnancy

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