

FEATURE

Roundtable

Gender Experience and Fetal Life

Consistent with our interest in providing a place in these pages for the voicing of opinions, the exchange of ideas, and conversation on matters of significance concerning health, faith, and ethics, we are featuring in this issue a roundtable on how gender influences personal and societal responses to fetal life. The following selection by Bonnie Miller-McLemore was originally written in response to Richard McCormick's "Abortion: The Unexplored Middle Ground," which appeared in Volume 10 of Second Opinion. We believe that it can stand apart from the McCormick article, that it raises its own questions which have now become the focus of a new discussion. We have invited Richard McCormick and four others to reflect on Miller-McLemore's concerns and suggestions. We also wish to include our readers in this exchange, and we hope that some of you will take advantage of our "Readers' Letters & Comments" section to do so.

Participants

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A Proposal: Bonnie J. Miller-McLemore

Knowing the gentle spirit and wisdom of Richard McCormick, I must wonder at my sanity in voluntarily taking on his well-argued recommendation for a "minimally acceptable consensus." Indeed his desire to move beyond adversarial stalemate toward a more peaceful conversation and possibly a workable public policy is admirable. How can anyone object to this? Moreover, his call for acknowledged agreement that we ought not take human life or that abortion is killing seems rather benign and harmless. Most people would be hard-pressed to argue with these positions. Finally, he has guarded himself against one particular attack toward which I feel especially inclined. He generously admits the possibility that his own opinions about current policy and morality might come into play in his suggestions and even in his choice of words. He beats us to the punch by predicting that those on the left or right may uncover the ways in which his outline of a so-called middle ground merely disguises his own not so intermediate position.

I believe that McCormick's convictions do permeate his proposals in a limiting way. However, rather than simply uncovering the limitations of his particular biases, I would like to broaden the critique¹ by considering some ways in which gender identities—in this case a Roman Catholic priest, by definition a man, and myself, a Protestant clergywoman—subtly dictate how we experience and reflect upon issues related to reproduction, including abortion. Rather than halting McCormick's peaceful conversation, I hope to carry it further by rewriting some of the proposals as a white Protestant woman might rethink them. Although I wish to expand our understanding of a genuine middle

Number of months it took U.S. to reach 50,000 reported cases of AIDS:

77

Number of months it took to go from 50,000 to 100,000 reported cases:

19

Source: JAMA/Centers for Disease Control



ground, I suggest that for now we remain content with "heated" dialogue so that some of these subtle differences can be expressed.

A Heated Dialogue or a Pretentious Middle Ground?

Can McCormick articulate a "middle ground" fairly? I don't believe so for several reasons. Men, particularly white men in Western culture, have for too long believed that they can speak for others—particularly for women and for minorities. Men have defined *health* for women—often to the detriment of women. Barbara Ehrenreich and Deirdre English, authors of three classic studies on women and health (1973, 1975, 1978), provide a powerful historical portrayal of the problems of "150 Years of the Experts' Advice to Women," as one subtitle reads.² Answers to the "woman question"—what would become of women in the modern world—have come from "men, men of the 'establishment'—physicians, philosophers, scientists . . . in a constant stream of books and articles." Most of the answers rest upon the usurpation of the "ancient powers of women" and their authority, denying the "accumulated lore of generations of mothers" (1978:3-4). And the general body of research and reflection on health and ethics continues to exclude women both as subjects and as authors. Disparity between the "norms" that result and women's experience signifies a problem in women's perception, not an omission or error. Only in recent years have women begun to expose these omissions and errors as ideologies of a "masculinist society" operating beneath the medical and domestic answers of objective "science" (1978:5).

McCormick exemplifies the problem. I am not saying that abortion is a problem solely for women or for women's health, which only women can adequately address. But the unique sentiments that abortion raises for women *as women* need greater representation and appreciation. McCormick's sympathies are subtly and sometimes not so subtly constrained by his viewpoints on the problem as a man and as a Roman Catholic priest. First of all, McCormick believes that he can speak for all. In simply suggesting consensus he assumes that he can know all sides and then reach some objective, formal, even abstract middle ground, somehow

removed from personal experience, prejudices, and deep beliefs. Only a man might make such a presumption, according to Harvard educator Carol Gilligan (1982) in her pivotal work that gives voice to women's moral reflections. Where men look for a just or fair resolution upon which all rational persons could agree, women, broadly speaking (admittedly this typology does not include all women or all men), tend to perceive the limitations of human dialogue and remain open to living with the conflicts that remain.

In this light, I would much prefer McCormick to state at the beginning that he cannot pretend to have the capacity to know, much less objectively state, *the* middle ground. Although certainly he can consider from afar how it would be to bear a fetus, give birth, and raise a child or to abort a pregnancy, if he remains a priest he will never have any of these experiences and can never know *intimately* the various radical meanings that each of these acts holds. They will never be of his own body, mind, and soul. Most women would say that this must make a difference. Why, then, not admit his preferences, biases, moral reflections, and concerns for public policy and *from this particular position* call for less absolutism and more reflective, open dialogue. I would much prefer a rich, and possibly conflictual, even heated dialogue that acknowledges the pervasive and radical plurality and ambiguity of modernity, as persons like theologian David Tracy (1981, 1982) propose, over any kindly but bland agreement. To enter into and imagine the life and world of another and so to contemplate alternative ways of being seems goal enough, at least at this point. Indeed, truly to do so may lead inevitably to anger, and women may (as their only means of entering in and being heard) do the "shouting" that McCormick forbids. Dialogue is McCormick's real purpose—he does want to redirect the conversation to deeper issues that would elicit empathy from both sides—but this remains subsidiary to his strong need for amiable accord.

Percentage of mammal species that are monogamous:

3

Percentage of bird species that are monogamous:

90

Source: Harper's



A Woman's Perspective: Matricide and Moral Development

How might a woman's perspective actually change the nature of McCormick's 20 proposals? We could rewrite nearly all of them from a contrasting perspective. To say that "abortion is a killing act" leaves out the idea that abortion may become a life-giving act in the lives of men and women who, for various reasons, do not have the economic, psychological, moral, or spiritual capacities adequately to nurture and guide another life. Similarly, just as "permissive laws forfeit the notion of 'sanctity of life' for the unborn," so do restrictive laws the sanctity of the lives of certain women. The statement that "abortion is frequently a subtly coerced decision" omits an inverse coercion—the covert sociological, emotional, and religious pressures behind any "decision" to make love, to "forget" contraceptive measures, and possibly to conceive, especially for women of all classes and races struggling with issues of intimacy, identity, and generativity. This has received ample documentation for two communities: youth in general and young black teens. But such pressures are not limited to these populations.

Rather than convert each premise into an inverse "middle ground"—a rather tedious enterprise—I would like to explore the broader meanings behind some of the "caricatures" of the prochoice position. McCormick does begin to identify these misperceptions but does not dispel them to the same degree that he does those laid upon proliferers. He acknowledges that few prochoice advocates actually believe that free choice is "the one and only right-making feature in the judgment of abortion." But he fails to mention the important meanings that *choice* represents for women. I accept McCormick's invitation to provide a "more nuanced formulation."

A woman who advocates a prochoice position, I would stress, is not motivated purely by a concern for private rights or by a desire to have "control over her own body." The fear that "given a choice between fetus and mother, the woman dies," which McCormick claims distorts unfairly the truth of the prolife position, expresses far more than a concern for self-determination. In a real way, women do fear for their own "fundamental right to life," a right that

patriarchal structures have historically taken away through oppressions more subtle than physical death. Beyond its being a question of rights, women experience and question what theologian Catherine Keller calls a "covert and culturally ramified matrophobia" (1986:3). She suggests that a deep-seated fear of and animosity toward the feminine has permeated society for centuries. Through its myths, philosophies, and social structures, civilization has striven to control, suppress, and vanquish the power of women and the webs of interconnections that they weave. Symbols of maternal power to draw into connection have been demonized and slaughtered. Fear of this slaughter underlies and motivates the insistence on women's rights.

Questions of reproduction in particular represent a critical existential moment in moral development for women.³ Recognition that the woman is a person with rights and with choices—that it is legitimate to consider the interests of the self and that each self must claim a certain measure of moral agency—can bring about a monumental moral transformation. Whereas a significant relationship with an intimate may move men to higher levels of moral development that include more generative concerns, argues Gilligan, for women the critical experience "becomes not intimacy but choice" (1982:164). The concept of rights and justice allows women to see themselves as stronger and to consider their interests as legitimate.

With abortion an option, the possibility of choice enters where before necessity prevailed and a passive, reticent sexuality bound women in dependence. Now women have begun to think about what they want and to assert their own answers. But doing so, notes Gilligan, brings a sharp clash between traditional definitions of femininity and adulthood. That is, women face a most problematic question of judgment that has continually complicated the course of their development: the conflict between the ideal of selflessness and the learned morality of self-abnegation on one hand, and questions of responsibility and choice on the other. Whereas "the 'good woman' masks assertion in evasion, denying responsibility by claiming only to meet the needs of others," and gives most visibly to others by having and caring for children, the hallmark of adulthood is the capacity for autonomous thinking and

In Washington D.C. more pregnancies are ended with an abortion than with a live birth. (Nationally, the rate is 355 abortions per 1,000 live births.)

Source: *Washington Post*



independent action (1982:70-71). To be morally good and yet responsible as an adult seem diametrically opposed.

Women faced with decisions on reproduction must reconcile these tensions. Many often find themselves caught developmentally between two modes of moral reflection—a stage in which considering one's own needs and desires is equated with selfishness and goodness with self-sacrifice and a stage in which the conflicts this creates are resolved through the realization that acting responsibly toward oneself and one's needs will sustain connections with others rather than impede them. Those who reach the latter stage find the dilemma an opportunity to realize, perhaps for the first time, that responsiveness to others and to oneself are not mutually exclusive. The concept of goodness expands to encompass respect for one's own needs and one's moral agency. Even consideration of caring for a baby or carrying a fetus within one's own body forces a woman to consider how she cares for herself. In pregnancy, she can no longer hide behind a disregard for herself that denies her own participation and needs. Indeed, when pregnancy comes as a result of medical intervention, women can no longer pretend that it is something done unto them.

Product or Person: The Full Implications of Reproducing

Ignoring a woman's felt experience or giving the rights of an inactive fetus or infant greater significance than her own has dire repercussions for her own moral sense of self. But, as sociologist Michelle Stanworth remarks, in discussions of reproductive technologies the "product of pregnancy and childbirth (the foetus, the infant)" continues to take precedence "over the mother herself" (1987:26-27).⁴ Even terms like "test-tube babies," "artificial insemination," and "surrogate mother" push the woman's participation out of sight. In all three cases, apart from relatively minor laboratory manipulations, the demands upon the woman's body, soul, and psyche of bearing a fetus and giving birth to a baby remain the same (not to mention the months of breastfeeding and weeks of toilet training to follow). Yet *test-tube*, *artificial*, and *surrogate* hide and negate these demands upon the mother.

Similarly the focus on the fetus in abortion ignores the heavy demands upon the mother that sadly and simplistically become encapsulated in the trite phrase of "abortion for mere convenience" that McCormick rejects. Again he invites us to say more about the "claims of nascent life upon us." I believe that women know these claims and, moreover, the claims of mature life more acutely than do men. Currently, the tasks related to "nascent" and mature life remain unevenly divided: men are granted the power to produce and entitlement to products, but women are left with the greater responsibility of caring for what or whom is produced. Women bear the major responsibility for the actual development of a child before and after birth—for the physical but also the emotional, social, and intellectual development. Men do not typically share this burden, except financially, and in some cases even financial security would have been withheld. In a real sense men don't experience the "claims of nascent" or developed life.

Yet discussions about abortion continue to focus on *producing* instead of *taking care of* what one has produced. McCormick mentions conditions that lead to abortion (poverty, lack of education, few recreational alternatives to promiscuity, or absence of supportive alternatives to abortion), but he forgets the crucial consequences that follow having a child. In a society so heavily committed to high productivity, the idea of caring for the "production" drops out completely. Men pursue generating at the expense of preserving. Men produce: women take care. In the case of Baby M, in which the Sorkow decision upheld the validity of surrogate contracts and awarded custody to the sperm donor, Bill Stern, it is Betsy, his wife, who will stay home and take care of the child (Raymond 1988:68). In short, it is women who bear an inordinate degree of responsibility for "maintaining and regenerating" the cycle of generations, in psychologist Erik Erikson's well-known words (1963).

But producing remains only a small part of the demands of genuine generativity. If abortion "affects husbands, . . . physicians, politicians, and society in general," as McCormick contends, then so should nurturing and rearing. Yet this responsibility doesn't command the attention of the male-dominated discussion. Social structures reward those who

Girls and boys born in the U.S. in 1988 have a life expectancy about 5 years greater than children born in 1958.

Source: *New York Times*



produce and penalize those who take care, granting little compensation, security, or status for the latter. Society does not respect the high demands of time and energy needed to bear and raise children. In fact women stand at risk in a society that fails to reward affiliations but instead reveres productive achievements. Over and over, society communicates its disregard for the caretaking role, whether that of mother, nurse, mental health caregiver, nursing home aide, or schoolteacher: in comparison with other workers and despite the real value of their work, these caregivers receive a lower monetary reward and often have less job security; local and state governments and employers continue to ignore the crying need for adequate child care; the criteria for promotion in most jobs, professional and otherwise, seldom build in, much less honor, time off for the raising of children. Considering the increasing "feminization of poverty," for example, why haven't we given more attention to the children already among us, the women who are mothers *now*? (Arditti, Klein, and Minden 1984:3-4).

We must wonder how well men who do reflect upon or participate in reproductive technologies (whether as researcher, ethicist, or spouse) can truly empathize with the developmental generative anxieties of women. In many cases their attention to the virtue of care and generativity, if given at all, is postponed until midlife crisis. Part of the desire of men to have and protect their own biological offspring seems to arise more from the need to acquire a production uniquely their own that builds up their sense of achievement than from a willingness to create, take care of, and enter into deep connections with the gift of new life.

The discussion thus returns to this point: the whole conversation about abortion addresses only a small part of the experience of women and of motherhood and parenthood more generally. The actual mechanics of abortion should never have become the singular focus of our ethical discussions. Choosing to produce or not to produce a child, by whatever means, remains only one critical aspect of the much larger moral task of care and generativity. If we agree, as ethicist Stanley Hauerwas contends, that "having children is not just a natural event, but rather one of the most highly charged moral events of our lives" (1976:633), then we have

some serious rethinking to do about how we understand this moral activity and about how we define *adulthood* and *parenthood*. Not only do we need better resources, as McCormick suggests, for "preventing problem pregnancies and supporting them . . . when they do occur," we need to reexamine our dominant models of generativity and parenting. And we need to make radical changes in social structures to adjust the heavy burdens on women and provide ways for men to play more integral, nurturing roles. In this regard, McCormick points in the right direction; he simply does not go far enough. And perhaps, as a man and a priest, he can't. The problem of abortion represents not only a "horrendous racism of the adult world," as he says, but a deep and pervasive sexism.

NOTES

1. For a broader understanding of the context in which this conversation should occur, see my article "Produce or Perish: A Feminist Critique of Generativity," *Union Seminary Quarterly Review* 43, No. 1-4 (1989): 201-21.
2. The last decade has produced several related works on contemporary issues. See, for example, Gena Corea, *The Hidden Malpractice: How American Medicine Mistreats Women*. (New York: Harper and Row, 1977; 1985); Ruth Bleier, *Science and Gender: A Critique of Biology and Its Theories on Women* (Oxford: Pergamon Press, 1984), and *Feminist Approaches to Science* (Oxford: Pergamon Press, 1986); Susan Sherwin, *In the Patient's Best Interest: Women and the Politics of Medical Decisions* (New Brunswick, N.J.: Rutgers University Press, 1986); Sue V. Rosser, *Feminism within the Science and Health Care Professions: Overcoming Resistance* (Oxford: Pergamon Press, 1988).
3. Gilligan, for example, in one study uses 29 women referred from pregnancy and abortion counseling services, because they tended to experience radical shifts in their moral sensitivities throughout decisions on abortion.
4. Notice also how easily the woman bearing the child is ignored in recent court-ordered obstetrical interventions, as in the case of Angela Carder, a 28-year-old woman 26 weeks pregnant and dying of cancer in June 1987, where the product—the baby—becomes central. Contrary to the wishes of her husband, parents, obstetrician, and attorney and in the midst of Angela's own ambivalence, the court ordered delivery of the baby by Caesarean section. The baby died two hours later, Angela, two days later. Of the 21 such orders since 1981,

Americans face the same risk of death from one plane flight as they do from one 120-mile drive in a car: one in a million. (For those who don't wear seatbelts in cars, the figure is a 60-mile drive rather than a 120-mile one.)

Source: *Minneapolis Star-Tribune*



81 percent involved black, Hispanic, or other minority-group women (*Chicago Tribune*, 18 September 1988, sec. 6, p. 1).

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Response: Richard A. McCormick

The quickest and most radical way of dispatching an opponent is to decree him or her ineligible *ab initio*. In this way no arguments need to be crafted, no qualifications entered, no vulnerable points engaged, no distinctions made, no assertions reconsidered. *Touché!* The head rolls, and one need not wrestle with its deliverances. This is Miller-McLemore's tactic. Behold: A male, and especially a priest, cannot know intimately "how it would be to bear a fetus, give birth, and raise a child or to abort a pregnancy." But McCormick is a male and a priest. Ergo. I call that disenfranchisement. Its hidden assumption is that only women can say anything decisive about abortion. It was in part precisely to distract from such rhetorical overkill that I wrote "Abortion: The Unexplored Middle Ground." If sexism can blind us to dimensions of reality—as it certainly can and has—so can one-eyed feminism. That is the way it is with *-isms*. Reactions often manifest the very limitations of that against which they have reacted.

Lest that last point be misunderstood, let me acknowledge from the outset and with utter clarity my conviction that men do not have to wrestle with the issue of abortion in the way women do, that the personal involvement of women in abortion will yield important insights not otherwise available, and that, there, the women's perspective is utterly essential in discussions of abortion. In an article I wrote nearly 12 years ago (*America*, 1978, 26-30), I listed ten rules for debate on abortion. The last (listed as such for emphasis) read: "Incorporate the woman's perspective or women's perspectives." This got me in trouble with some people, as if it were a two-handed capitulation to Gloria Steinem or Faye Wattleton. But I stand by what I wrote. In this sense I agree with Miller-McLemore that the "unique sentiments that abortion raises for women *as women* need greater representation and appreciation." But apparently it is necessary to repeat what my rule and my agreement do *not* mean. They do not mean that the woman's perspective is the only

The *British Medical Journal* called for more flexible antennas on cellular phones after a 28-year-old journalist perforated his eardrum by thrusting the antenna of his phone in his ear while groping for the phone in the middle of the night. The physician who reported the syndrome termed it "Yuppie ear."

Source: Reuters

