To the Graduate Council:

I am submitting herewith a dissertation written by Nancy L. Dumler entitled "The Harm of Neglecting Embodiment: How Biomedical Ethics' Neglect of Bodies and Context Hurts Women and Minorities." I have examined the final electronic copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Philosophy.

James L. Nelson
Major Professor

We have read this dissertation
and recommend its acceptance:

Nancy Goslee

Glenn Graber

John Hardwig

Accepted for the Council:

Anne Mayhew
Vice Provost and Dean of
Graduate Studies

(Original signatures are on file with official student records.)

The Harm of Neglecting Embodiment:

How Biomedical Ethics' Neglect of Bodies and Context Hurts Women and Minorities

A Dissertation Presented for
the Doctor of Philosophy Degree

The University of Tennessee, Knoxville

Nancy Lynn Dumler
May 2003

Dedication

For those who embody the ideals that keep me grounded but whose lives and courage continue to teach me how to fly:

my mother, Beverly Dumler

and in loving memory of my father, Donald Dumler

and my grandmother, Elizabeth Layton

Acknowledgments

With great appreciation, I want to acknowledge the efforts and time invested by James Lindemann Nelson, my director, who offered numerous valuable critiques and ideas on this dissertation. His guidance, knowledge, and expertise have been invaluable. I would also like to thank my kind and learned committee, Professors John Hardwig, Nancy Goslee, and Glenn Graber for their time and input. I would like to thank Rem Edwards whose thoughtfulness in his work and toward his students has been an inspiration to me throughout graduate school. I also want to remember Professor Michael J. Young who took time to learn something about the quiet freshman in the back and made philosophy seem truly amazing.

Essential to my arriving at this point was the support and friendship of my fellow graduate students. I especially want to acknowledge Barbara Russell, Annette Mendola, and Jenny Heyl who have been helpful both emotionally and philosophically throughout much of this long and arduous journey. I also want to thank Carey Szetela, Toby Schonfeld, and Eileen Amari-Vaught for their continuing friendship and understanding. Many other fellow students have challenged me to grow and I thank them as well. I also want to thank my dear friend Rhonda Levinson who has been a wonderful listener and a continuing source of support.

Of course I cannot emphasize enough that would never have made it to this point at all without the love and encouragement from my family. Though she died my first year in graduate school I want to gratefully acknowledge my grandmother whose wisdom and strength helped me feel less alone continue to inspire me. I want to thank my mother whose faith in my finishing was often greater than my own and who experienced many of my growing pains as though they were her own. I thank and remember my father whose positive outlook and gentle German, steadfast nature still help keep me on course even while I continue to miss him everyday. I want to thank

my uncle, Robert Layton who helped me out when I had to choose between toilet paper or food and my brother, David Dumler, who has always been willing to help including helping me not to take life quite so seriously. Though perhaps unusual to those who do not know me, I want to acknowledge my cats, Maya and Dickens who have been with me when no one else could and who have been a bright spot on days when that was so important. And last, but certainly not least, I must also gratefully acknowledge the love and support of Bill Rogers who has managed to do what very few are able to–endure years of an often frustrated philosophy graduate trying to write a dissertation. Though there have been bumps along the way, his perseverance is matched only by my appreciation for his support.

Abstract

This dissertation argues that mainstream bioethics has failed to adequately acknowledge bodies and embodiment in practice and theory. While philosophers have generally not held "substance dualism" as such for some time, this practice of overlooking the body is probably grounded in what I label evaluative dualism, which is still ingrained in our culture. This dualism maintains a dichotomy and ranking of mind over body in addition to dichotomizing and rating other constructed pairs such as culture and nature and male and female. Such a ranking leads to, or supports discrimination against those who are most commonly associated with the body including racial and ethnic minorities, sexual minorities, those with disabilities, the elderly and even non-human animals, in addition to women. Disembodied theory leads to bad theory that is flawed as well as harmful to the groups listed and individuals in general. Such a theory views beings as non-specific, decontextualized entities. While a number of areas in bioethics manifest this disembodied bias, two in particular that are explored are medical research and pregnancy. By re-embodying bioethics, the field can overcome some of the deeply entrenched biases that particularly disadvantage individuals because of their bodily association.

Table of Contents:

		Page number
Chapter I:	Neglecting Embodiment as Harm	1
Chapter II:	Dualism: From Ancient to Contemporary Manifestations	44
Chapter III:	Embodiment: Situated Bodies	83
Chapter IV:	Disembodied Bioethics: Research	152
Chapter V:	Missing Bodies: Pregnancy and Invisibility	223
Chapter VI:	The Future of Bodies	265
Bibliography		275
Vita		292

"If, then, women are to occupy subject positions not by reiterating the split and practicing transcendence, but by reclaiming the unity of body and mind, then we must do so by affirming embodiment." Margrit Shildrick Leaky Bodies and Boundaries (1997 168)

Chapter 1
Neglecting Embodiment as Harm

"Mainstream bioethics," as exemplified by the theoretical approaches primarily featured in the field's professional literature, has woefully neglected discussions of embodiment as will become clear in the pages ahead. This accusation of neglect may seem odd since the work of bioethics is to analyze and critique the practices and structures of medicine as it exists,[1] and therefore, one would think, be a field especially interested in the body. And yet somehow the body has been routinely bypassed in favor of an almost obsessive interest in concepts like "autonomy" and "beneficence". It is telling that these traditional bioethical concepts are sometimes labeled "disembodied principles".

Medical ethicists might think the claim that bodies are neglected is false, assuming the body is implied when discussions of the practice of physical medicine occur. That very assumption, however, is part of the problem. At best, the body is attended to only in some cases. Most often it is largely ignored. In any case, the body does not seem to be considered in terms of *embodiment***.** By this I mean the body is not taken as a serious constituent of knowledge and experience as opposed to merely a burdensome vehicle for the self. Sometimes theory leaves the body out all together--perhaps because of its perceived "messiness" or because it makes universalization too difficult. But this "disorderly" concreteness is a key reason that embodiment must be considered more centrally, as will be argued. It is precisely by overgeneralizing its standard theories and concepts that bioethics begins to err. It is in the normalization and often

---

[1]The question of what bioethics or bioethicists do (or should do) continues to be contentious. Thomas Mappes and David Degrazia define medical ethics as follows: "The task of biomedical ethics is to resolve ethical problems associated with the practice of medicine, the pursuit of biomedical research, or both." (Mappes 2) For the purposes of this dissertation, this definition should suffice.

idealization of the 'less corporeal' male body, I will argue, that bioethical theory and medicine particularly harm women and, in many cases, a variety of minorities as well.

Mainstream bioethicists did not originate the thinking and conceptualizations that have led to women and other minorities' particular association with "the body" and non-minority men's association with the mind or soul as will be made evident in chapter two. Nor did bioethicists create the hierarchies that make this distinction harmful in itself. These bioethicists have drawn, however, almost exclusively on literature that *did articulate* and continues to support these norms. Additionally, by using these philosophies uncritically, ethicists continue to reinforce a system that by its design will maintain women's lower status, value, and credibility in addition to disadvantaging them as participants in the health care system. It will become clear that racial and sexual minorities, the elderly and disabled also suffer from this system which was built around ideals they often cannot, by definition, meet.

This dissertation will make plain just how bioethics and medicine have persistently neglected the body, and how doing so exacts special costs from certain groups. There will be a particular focus on the impact of this neglect on women. While this first chapter will provide a broad profile of the entire project and some of the key ideas, it will also begin to look more closely at what sorts of implications flow from perspectives that neglect embodiment. The next chapter will turn to dualism as a major source for such perspectives. Chapter three then goes into detail defining embodiment and considering how it fits into theory. Chapters four and five investigate two areas of bioethics that illustrate the sort of problems that arise when dualisms are allowed to stay in place and science is allowed to view subjects as objects. The final chapter reviews the previous chapters conclusions but also includes a discussion of how far reaching this problem is in bioethics in particular.

In this initial chapter, the first half will begin by briefly sketching the concepts of

embodiment and dualism as a means of orienting the discussion, though the ideas are developed in a good deal more detail in chapters two and three. A glimpse at the bioethical areas that will be used to illustrate the problems of disembodied views are then presented. The chapter will then go on in the second half to introduce the rich, and problematic set of connections patriarchal social practices draw between 'bodies' and 'women' in particular. There will be a particular focus on what evidence supports the claim that oppression for certain groups is still a very real problem. This section will begin to develop the connection between this oppression and the perceived bodiliness of these individuals, though the connection will continue to be developed throughout the dissertation–especially in chapter three. Thus the goal of the chapter is to acquaint the reader with the concerns to be addressed and supported throughout the entire work and outline the initial basis for the project's motivation sketching out how valuing the rational mind as always superior to the body and employing disembodied theory creates both flawed and biased philosophy generally (i.e., bad theory) and problems for certain minority groups and women, in particular. I will begin this first half by turning to the central theme of the work–embodiment.

The Concept of Embodiment

The term "embodiment' is used diversely and sometimes inconsistently both within and outside of philosophy. To say 'I am embodied' at first seems to be a way of saying 'I am contained in a body'. This could easily relegate the body to the status of object while allowing the containee ("the self") to maintain a separateness and/or superiority to the container. It would seem that if I am contained in my body then I must be, in some important way, separate from it. Indeed the western tradition has historically held this dualistic view which can be traced back to Plato[2] and many who followed. Rather than suggesting a container, the term embodiment should intimate

[2]See, for example, *The Phaedo* and further examples as provided in chapter two.

that one's body is significantly more than a vehicle or house for the person or soul. Even the celebrated dualist Descartes admits this in his Sixth Meditation, though this part of his philosophy seems to have been lost in the translation to practice.[3]

The simplest understanding of embodiment might include the realization that people are not only minds but bodies as well. Such an understanding, however, does not present the depth of the critique that sufficient reflection on embodiment can offer. A focus on embodiment is obviously not simply a matter of pasting a paper doll image of a body into books of current theory, but is much more comprehensive in its reorganization of assumptions and premises. In order for bioethics to 'take the body seriously', it must change its point of observation and its point of entry into both theory and patients' lives. It may be difficult to imagine embodiment as more than "adding the body" into the equation. This might be a problem if the western, dualistic canon is assumed as authoritative and the 'change' is simply appended as a footnote to the traditional terms. This tepid definition is not, however, what is meant by embodiment in this dissertation.

In speaking of embodiment, I mean to assert that the self is body and that the body is (in so far as it is alive and/or connected to a history/community) self. When, for example, I speak of my body experiencing pain, my 'self' is experiencing pain and the two cannot be accurately separated in a comprehensible way.

The body-self is always in a culture, in time, and in a community (or multiple communities). The 'self' is in no way, at any time, unattached to these particulars so long as it is

---

[3]Descartes writes: "Nature also teaches by these sensations of pain, hunger, thirst etc, that I am not present in my body merely as a pilot is present to a ship; I am most tightly bound to it, and as it were mixed up with it, so that I and it form a unit. Otherwise, when the body is hurt, I, who am simply a conscious being, would not feel pain on that account, but would perceive the injury by a pure act of understanding, as the pilot perceives by sight any breakages there may be in the ship . . . [T]hese sensations . . . are simply confused modes of consciousness that arise from the mind being united to, and as it were mixed up with, the body." Translation by E. Anscombe and P. Geach in Descartes Philosophical Writings (Prentice Hall, 1971) p. 117.

manifest. The philosopher Gabriel Marcel has expressed this idea powerfully: "The existential indubitable is the self as incarnate in the body and as manifest in the world." (Marcel quoted in Gallagher 1962 16) But even this Marcellian concept only begins to unfold the meaning of embodiment. These words (such as "incarnate in the body") still hint at a separation or contained vision of the self[4]. Kenneth Gallagher further elucidates Marcel's view:

> The inevitable manner in which we construe the relationship between self and body is to consider the body as an instrument, something which we use, and therefore something which we have. However, this way of looking at things leads to insoluble problems . . . my body cannot be equated with something I have. All having is said in relation to the body; if the body itself is in turn a form of having then by what is it possessed? Furthermore, any such view clearly makes the body to be something outside of me, external to the true self; but the only self which is related to the body is a universal subject which is a pure construction which does not exist but is only thought of. The body is the mode of presence of the self to the actual world. . . . Incarnation is the central given of metaphysics, it is the rock-bottom of my being-in-a-situation. (Gallagher 17-18)

Gallagher's interpretation has interesting convictions that move us toward understanding embodiment. His question of 'what' could possess a body, since the body is the "thing" that 'has' all else, is a question that would appear to be easily answered by a culture like ours that still includes a strong inclination to see mind/soul as the true possessor and governor of the body. Still, the point that the body is not something one has or uses as a utensil seems a defendable view that can be argued, or at least bolstered, by pointing out that no clear sense can be assigned to its idea of a disembodied self being located anywhere, or interacting with any corporeal thing.. At least in the primary sense of the notion, it seems clear that being in the world is contingent on some type of

---

[4]Marcel's work seems to be one of the earliest western philosophies that considers the body as truly significant and, generally speaking, inseparable from the self. Language may have hindered attempts at providing a stronger position (though it is also possible that he did not want to express a stauncher position). Regardless, his work is a helpful starting point for discussions of embodiment.

corporeal existence.[5]

The reasons for believing that one's body is a thing to have are no doubt complex. We may tend to avoid the body in our understandings and theory because it seems so messy and undisciplined. For some influential thinkers–notably Jean-Paul Sartre–this perception seems clearly associated with fear of the body (as it is unpredictable) as well as a fear or loathing of *those associated* with the body. Reflecting on Sartre's comment that the female sex represents the obscenity of "everything that gapes open" Patricia Waugh responds: "Women appear threatening in this way because they carry the culture's more widespread fear of loss of boundaries, of the uncontrollable . . . " She quotes Joan Riviere whose ideas concerning blurred boundaries are even stronger. Riviere says that the idea of "a single human being" separate and "unmixed" with others is incoherent. (Waugh 1997 210-11) Philosophers focused primarily on autonomy of isolated, rational human beings are likely to reject outright any move that not only questions rationality as ideal but also questions the notion of humans as solely and independently self-governing. So, if women are perceived as bodily, as I will argue in chapters two and three (and which historically has been the case), then as bodily entities they represent a loss of boundaries metaphysically guaranteed to be unbreachable, and a questioning of key tenants of many accepted theories of the paradigmatic (therefore male) self. "Man's struggle" has largely been for control (control of his environment, of his mortality, of his family, of his property, of his fellow citizens etc.[6]) and many

---

[5]I include this qualification here because it does seem possible for someone to continue being in the world in some sense once they have existed in a physical form, even after the body-self has died. This need not involve a theory about souls but is possible because of the impact and changes individuals make on the lives of others and the world around them. Unfortunately a full discussion of this idea is too involved to discuss in detail at this point.

[6]While there is not room for a full discussion of these points, evidence of the man's search for control are numerous. Examples of these struggles make up many of the great books and stories of our time, (see for example work by Charles Dickens, F. Scott Fitzgerald, or Aldous Huxley among many others) where the story line always begins "man verses....(man, machine, nature, self)". For further discussion, see the work of ecofeminists such as Carolyn Merchant or

are not likely to give up such objectives readily, out of fear if nothing else. Dualism, discussed shortly, may be one element that may be used to try to overcome or distract society from such fears.

In order to see the body in a genuine sense, and thus as a precondition to achieving an adequate grasp of embodiment, one must navigate around the cultural authority of those anxieties and aspirations characteristic of masculinity, and its emblematic oppressions–as one theorist has put it, its "totalizing masculinity". To escape this totalizing masculinity is to resist successfully the tendency to subscribe to the dualized masculine master narrative of Reason as self. Historically influential versions of this narrative have portrayed both reason and self as static (in the sense of universal or transcendent[7]) thus producing apparently wholly objective knowledge while remaining unrelated to context. I will argue that actually escaping context and materiality is more a fantasy than a bona fide philosophical view.[8] While it is not completely clear why one might want to maintain such a fantasy, it is reasonable to conjecture that being "outside of context" would give one more direct access to the larger, less mundane truths. Consider, for example, Descartes characterization of sensation as a "confused mode of consciousness" in the citation in note three. If one can achieve a transcendent position, it may appear to give one more power.

What seems to me to be the mechanism that most consistently supports beliefs that one can escape context and material reality (and thus what allows for disembodied vision) is the strong and

---

Val Plumwood.

[7]One of the best known philosophers holding such a view is Plato though Kant might also be connected to such a view of rationality as unchanging and universal and the true self as transcendent. See chapter two for a more in depth discussion of these ideas.

[8]Susan Bordo has noted that even postmodernists and feminists may fall into this trap of ignoring materiality in an attempt to provide a script for subverting the dominant culture. She lists Judith Butler and Susan McClary as examples of this move which seems to leave the actual body out of the picture. (Bordo 1993 38)

on-going undercurrent of dualism that exists (at least in western society). Dualism is a terribly complex set of very basic beliefs about the nature of the world. Dualism allows inseparable things (like mind and body) to appear actually separable while reducing complex or multiple groups or distinctions into only two distinctions (for example male and female or culture and nature.) While chapter two develops the history and impact of dualism in much greater depth, I will briefly address the concept here as an overview and as a means of better viewing the project overall. In addition, this next section will consider those who end up defined as body.

Dualism: Carving up people and naming bodies

Even though few contemporary or even later modern philosophers would endorse a formal theory that portrays persons as composed of two ontologically distinct substances, the effect of much current thinking shows that dualism is still actively in place and that it continues to privilege both mind/rationality and what is masculine. So, though older forms of mind/body dualism are not popularly accepted today by philosophers, dualism has still found misogynistic expression in various positions put forward in classical philosophies that continue to influence contemporary theory. Mark Johnson discusses this idea in regard to a Kantian expression of dualism:

> While Kant rejected the notion that one could prove the existence of a substantial soul or mind independent of the body, he still wanted to make sense of the Cartesian distinction between mental and physical attributes. For Kant this dichotomy survives in his rigid separation of the cognitive faculties into two essentially different components: the formal, conceptual, and intellectual, on the one hand, and the material, perceptual, and sensible, on the other. In Kants' influential account of knowledge, the material component is identified with the bodily processes, while the formal component consists of spontaneous organizing activities of our understanding. So, even though there is no commitment to a Cartesian substantial mind, there is still a fundamental Cartesian tension between the two ontologically different sides of our nature: the bodily and the rational. (Johnson 1974 xxvii)

Plato, of course, was one of the most persuasive of the early philosophers in raising the mind to a superior position and opposing it to the body.(Lloyd 1984 18-28, Bordo 3-4) Susan

Bordo explains: "Plato imagines the body as an epistemological deceiver, its unreliable senses and volatile passions continually tricking us into mistaking the transient and illusory for the permanent and the real."(Bordo 3) This last point is especially helpful in understanding why the body cannot be part of the masculine ideal. To be real, a 'thing' must be permanent and bodies are distinctly not permanent.

As I will show, those most commonly associated with the body side of the dichotomy include women, minorities, the elderly and disabled (though others who fall outside of the preferred confines of the white, middle-class male Mind are subject to this association as well). Bordo suggests that it may be the perceived animality of the body that especially associates some with the body more than others. Regarding images supporting this in western theory, she says, "The body as animal, as appetite, as deceiver, as prison of the soul and confounder of its projects; these are common images within Western Philosophy."(Bordo 1993 3) Escaping this animal nature has become a primary goal of culture and men, especially white males, who are believed to excel at rising above this material existence more so than others (both now and historically).

Now it should be noted early on that dualism is a slippery concept. On the one hand it seems highly defined and in fact, it is. Things clearly belong either to category A *OR* to category B. The problem in pinning it down arises from some slippage *within* the categories. While A and B are quite distinct from one another, A1, A2, A3 may in some cases be used interchangably. Examples which may be relevant here might include culture as opposed to nature, human opposed to animal, reason opposed to sensation, and mind opposed to body. However, while these might be classic constructions of these binaries, it is not unusual that those in category "A" might change places with each other. So it could be asserted that reason is opposed to body, culture might be opposed to animal, such that reason / culture / human / mind might be set against any of the "B" category descriptors without raising much awareness of the change. So, drawing on Bordo's

example we can imagine that the same sort of slippage among female / body / animal. In other words, femaleness may be associated with animality or with bodies such that *any* of these might seem intuitively dualized against the "A" category descriptor of "maleness" or "mind", for instance. This idea is developed more fully in the following chapter on dualism but it is worth flagging now to help clarify what may otherwise appear to be inconsistencies along the way.

Women traditionally have been more closely associated with the body. Bordo cites Dorothy Dinnerstein as offering a possible reason for the connection of women and body. Women, Dinnerstein notes, are traditionally in charge of taking care of our bodies while we are young, clumsy, and primarily appetitive in nature. The child associates these body experiences and shortcomings with the female, while the male, in the child's mind, stands clear of such messiness and perhaps represents the ultimate goals of western society: to escape bodiliness and personify instead mind, money, self-sufficiency and power.(Bordo 1993 4) (Dinnerstein 1976 33-34)

Minorities are also associated more closely with the body. For African-Americans, this association is traced back by many to the use of slaves as bodies for work rather than as full persons. The use of slaves in the fields is perhaps more obvious, but slaves outside of the fields were also used as bodies for housework and as bodies to be beaten or raped. (Davis 198 3-29, 172-201) Women slaves were also sometimes viewed as bodies that could generate more slaves (thus increasing "property" for the owner.) Latinos are stereotyped as lazy and thus uncultured and bodily or as illegal or underpaid workers who can be used without the protections guaranteed other workers. Asian women, perhaps in part because of the large sex trade that uses women in poorer, especially Asian countries, but also perhaps because of their stereotyped young, almost adolescent girl look, are seen as bodies to be eroticized and viewed as sexual servants to men. (Rogers, MS Report 45-53) Native American women were routinely raped as settlers and 'the law' worked to eliminate the Native populations or to procure land.

White women's claim to bodiliness also is prevalent although its form varies with time and with class. Once viewed as frail and fragile creatures needing assistance to cross the road, their lower class sisters in this period were used as mistresses and prostitutes to service men's bodily needs (theoretically not met by the upperclass or fragile wife). Later, as the pornography industry increased in size and the business moto of "sex sells" came fully into power, women of European descent were expected to fit the Cosmo image of sexiness until motherhood brought her into the realm of dealing with others bodies. (Though some current standards demand that women maintain the image of sex object for their husbands or at society events even after having children).

So, association with the body is clearly common for women of many races or ethnicities. According to Susan Bordo, "for women, associated with the body and largely confined to a life centered *on* the body (both the beautification of one's own body and the reproduction, care, and maintenance of the bodies of others), culture's grip on the body is a constant, intimate fact of everyday life."(Bordo 1993 17)

Gays and lesbians are considered bodily in large part because of their being labeled verbally *as sexual* (and thus connected to the body) in a way heterosexuals often are not. That is, while heterosexuality is assumed and thus generally not specifically stated, "she is homosexual" brings an individual's sexuality to the fore, just as "he is Latino" labels one's ethnicity as central. So the verbal label influences our view of homosexuals' bodiliness but in addition, there is a tendency to believe that homosexuals are hyper-sexual and have "insatiable" erotic appetites. Transgendered or transsexual people may be considered bodily because society is taught that it is their bodies that they are unhappy with–bodies that need change. The elderly, like disabled persons, are bodily to society because their body has "failed them" or has become the focus of their lives. (Lynch 212-216) Elderly women in particular are seen both as frail and pitiful–they have not held to the dictates of their station–they have allowed their body to age. They along with the disabled

are symbols of deepest dread and thus silenced or ignored by a society that believes they can refuse to become like "them." (Buchanan 87-90)

Enforcing Dualism

Dualism's elevation of the mind over the body has been politically enforced as is clear from Iris Marion Young's critique of the ideal of the civic public. The concept of the "civic public" (as constructed by privileged groups), by which Young means a belief in the "polity as universal and unified" (Young 1990a 10) or a society of homogenous and impartial individuals, has been effective in essentially excluding those identified with the body. The group of those excluded, according to Young, includes Jews, Blacks, American Indians, and women among others. She suggests that it is any sort of difference or opposition to the ideals of masculine rationality that brings a call for conformity to anti-body standards. She writes: "This ideal of the civic public, I have argued, excludes women and other groups defined as different, because its rational and universal status derives only from its opposition to affectivity, particularity, and the body . . . " (Young 1997 196) So universal status is determined as that which is opposed to the body and affectivity. Similarly the reverence for rationality and impartiality leads to the rejection of bodies and the particular. She further notes how politicians enforced "homogeneity" through excluding from citizenship anyone defined as different including those associated with desire or the body or anything that might "veer citizens away from the standpoint of pure reason . . . " (Young 1997 196-97) She associates the idealization of pure reason with what she construes as the illusory ideal of impartiality.

> The ideal of impartiality legitimates hierarchical decision making and allows the standpoint of the privileged to appear as universal . . . Positions of decision making authority are usually occupied by members of privileged groups–white Anglo nominally heterosexual men–for access to such positions is part of their privilege. Based on assumptions and standards they claim as neutral and impartial, their authoritative decisions often silence, ignore, and render deviant the abilities, needs, and norms of others. (Young 1997 196)

As a further (somewhat ironic) prejudice, those particularly associated with the body are then expected to reject the body in order to overcome their "weakness"(Bordo 1993 33, 34, 54-55). This expectation can generate a hyperdualized nature and self-hatred. Those who are viewed as body, are asked to reject body–essentially asking them to reject themselves/their 'self' as society has constructed them[9]. Those associated with the body are generally considered 'the least acceptable bodies' as well as being those least able to "transcend" their bodies intellectually. So while we have poor images of bodies generally, society suggests that some bodies are even less acceptable than others.

This damaging association with the body may seem inescapable to many who suffer as a result. Women, we learn from many feminists, are reminded of their problematic bodily status by pornographic or over-sexualized commercial representations as well as constant advice to get their bodies under control (through diet, exercise, cosmetic surgery, etc.[10]) The disabled are reminded by the barriers that an unthinking society erects, impeding even so called simple tasks like shopping or using a restroom. Transgendered persons are dismissed from their status as serious agents due to their threatening violation of bodily barriers while lesbians are erotocized for the titillation of a non-lesbian audience. (Perhaps the idea of women who do not closely associate with men generates the social image that lesbians are even more bodily, more animal and thus more sexual.)

---

[9]One example of this may be the authoritative norms of the feminine body that, it is suspected, lead some women or girls (in particular) to eating disorders. It has been a point of contention whether anorexia nervosa, for example, is an attempt to meet generally unmeetable feminine bodily ideals (Bordo), is an attempt to escape developments which would make a girl's body that of a woman's (Mahowald), is not radically different from women's experience but rather a logical extreme of such social imperatives (Szekely) or is a conscious or subconscious rejection of reductionism and feminine norms and an assertion of independence by a means that is self-destructive. I suspect it may be many or all of these though I favor the latter interpretation even though it is less popularly accepted.

[10]See for example the work of Susan Bordo including Unbearable Weight (University of California Press 1993) . This topic is further developed in the following chapters.

The elderly are overlooked or pushed aside into boring and sometimes poorly staffed facilities that leave them little to think about other then the aches or pains they may be experiencing. As newspapers regularly report, many of those who fall into these various "deviant" body categories are subject to overt (and sometimes lethal) violence. Chapter three will thus consider that women, racial and sexual minorities, the elderly and disabled are associated with the body, dismissed on this basis, obliged to dissociate from the body and as a result, and are then left fragmented but still rejected in both subtle and more obvious ways. That chapter will deal with the importance and implications of embodiment and of disembodied theory and specifically how rejecting some bodies has harmed entire groups of non-dominant individuals.

In a cultural imaginary that privileges masculine viewpoints, the body is obscured by a radical focus on the mind and the associated relegation of the body to position of 'other'.[11] Genevieve Lloyd writes of this preference in a discussion of Plato's philosophy: "Intellect, the superior god-like aspect of human beings, ought to dominate the slave-like body and knowledge achieves this matching between the subjection of the body and the wider subjection of matter to the eternal forms."(Lloyd 1984 19) The oppressions created by separating reason and nature, and idealizing reason alone, include embedding dualism into theories that touch many, and perhaps all people, but harm those especially associated with what is assumed to be the weaker side of the dichotomy–the body. [12]

Medical ethics, I will argue throughout, is included in the theories and practices that have

---

[11]The term 'other' or 'Other' is most commonly used in reference to S. de Beauvoir's work–in particular 'The Second Sex'. She discusses the distinction between what may be called 'Subject' or the 'one' and the constructed counter to it–the other (or that which is not as good as, as much as, or as real as the Subject). For her, women clearly represent the class of the other.

[12]Further discussion of dualism appears in chapter two. Investigations concerning dualism and dichotimization as a masculine phenomenon may be found in works by Genevieve Llyod (The Man of Reason, 1984) and Val Plumwood (Feminism and the Mastery of Nature, 1993) among others.

maintained dualism in part because of the field's connection to medicine,. In practice this involvement has led to oversights within the profession. It has also led to theory that is inaccurate in that it does not always account for whole persons and does not account for variations between individuals or groups. This topic is dealt with all through this work but will be addressed most specifically in the fourth and fifth chapters. One of the most important implications of this leaning in bioethics is the tendency of dualism and disembodied understandings to lead to the creation of flawed theory.

Bad theory

One of the most pressing reasons that ignoring embodiment is bad for bioethicists is that it leads to bad theory. It creates bad theory because it is inaccurate, as I will show. People are not entities trapped "inside their bodies"–they *are* their bodies in a very important sense. Experientially, it does not match patients' experiences (who when sick are especially focused on body), and further, favors those who are (seen as) more rational or 'more mind' over those associated with emotion or body. Ignoring embodiment distorts the actors (patients in particular) by oversimplifying them and reinforces dichotomies more generally, which is harmful for society and oppressed groups in particular.

As I suggested earlier, it is virtually unheard of, nowadays, for a theorist to convey a formal dualistic view, in terms of substance dualism, as part of a theory. Dualism as dichotomy, though, seems to be understood as implicit, (especially in medicine) as the way life "really is" and thus unnecessary to defend or even discuss. Drew Leder asserts that many governing assumptions underlie the medical narrative and suggests that one underlying assumption for medicine views bodies *not as lived bodies* but as the *inanimate* or even dead body which he argues is drawn from Descartes' work. (Leder 1998 117, 124) Katherine Young also insists that medicine sees the self as split from the body. She writes: "Medicine inscribes the body into a discourse of objectivity. The

body is materialized even as the self is banished . . ." (K. Young 1997 1) Thus, self and body are dichotomized in the medical narrative and when moral theory takes on these understandings it may lead to what Cheshire Calhoun might refer to as "an ideology of the moral life." In her article *Justice, Care and Gender Bias* she argues:

> . . . repeated focusing in moral theorizing on a restricted range of moral problems or concepts produces ideologies of the moral life which may infect our philosophical as well as our popular, cultural beliefs. I want to emphasize that this results from the cumulative effect of moral theorizing rather than from errors or omissions in particular ethical works considered individually. I also want to re-emphasize that those ideologies need have been neither explicitly articulated nor believed by any serious moral philosopher (though some surely have). They are, rather, "explanatory beliefs" whose general acceptance would have to be supposed in order to explain the rationality of the particular patterns of philosophical conversation and silence which characterize moral theory. (Calhoun 1988 461)

This idea seems especially applicable to the tacitly understood feature of human dualism that underlies many of our current cultural assumptions. Dualism is unspoken, but not necessarily unexpressed, in most modern theory– an assumed premise that should in fact be recognized and challenged. The history of dualism from very early versions of mind/body "substance dualism" to today's forms of dualism that interestingly still holds the body as separate in important ways, are addressed in detail in chapter two.

Those with this implicit dualistic view, the vehicle view, or even those who have developed more of an integrated self concept, will all be especially aware of the body if the body is in pain or has become otherwise injured in some way. Patients are often unable to ignore their bodies in the way others of us, while healthy, often can. Several books have addressed this point. The Wounded Storyteller by Arthur Frank (Chicago University Press 1995) and The Body in Pain by Elaine Scarry (Oxford University Press 1985), among others, discuss the experience of pain or sickness as opposed to the medicine that tries to 'fix it'. For example, Scarry says:

> [one] dimension of pain is its ability to destroy language. . . .it first monopolizes language, becomes its only subject: complaint, in many ways the nonpolitical

> equivalent of confession, becomes the exclusive mode of speech. Eventually the pain so deepens that the coherence of complaint is displaced by the sounds anterior to learned language. (Scarry 1985 54)

While it may be possible to imagine ourselves in a Platonic world where the mind and body are only incidentally attached, once one becomes a patient or finds themselves in extreme pain, the illusion is much more difficult to maintain.

Ronald Dworkin offers an example of contemporary manifestations of dualism and a traditional interpretation of the intellect's absolute superiority. He argues that if one's mind and reason are too severely compromised then it is only the desires of the person while they were rational that should count. A happy Alzheimer's patient, who initially requested not to be kept alive if her mind was compromised, but who now is happy with her current demented state of being must be subject to the desires of the previously rational mind (a "precedent autonomy") as this serves her "best interests" according to Dworkin. (Dworkin 220-239) Rebecca Dresser criticizes Dworkin on this point:

> Dworkin's model reflects a common response to the condition [of dementia]: tragic, horrible, degrading, humiliating, to be avoided at all costs. But how much do social factors account for this tragedy? . . . [One's] loss of higher-level intellectual capacities ought not to exclude people like [the Alzheimer's patient,] Margo from the moral community. (Dresser 37-38)

The focus on concepts of mind, almost to the exclusion of the body, favors those traditionally associated with the mind. Viewing individuals as primarily mind[13] as Dworkin has done (like many) ignores the full context necessary for an appropriate determination of action. Dresser's point that Margo does not fall from the moral community when her rational autonomy no longer meets the demands of our model, helps to highlight the dualistic thinking that underscores traditional assessments like Dworkin's. In the case of Margo, even just the shadow of her former

---

[13]The assumption is not merely that Margo is mind primarily but that she is/was a fixed state of mind such that her earlier mind-self was her true self.

rationality outweighs her current experiential bodily existence.

As mentioned previously, this dissertation will consider two major applied areas that should fall under the auspices of medical ethics but have been poorly or incompletely considered because of the paltry understanding of embodiment. The first major area concerns past and current abuses and problems arising in research–a practice in which bodies are visible but often not recognized as valuable (or, in the case of women, not recognized as reliable.) In this section, I will consider both human and animal experimentation. The second major area deals with practices in which bodies are generally ignored or obscured. I will focus on the example of pregnancy and women's experience as a source of knowledge but this is also an issue for those who are aging or those with disabilities who receive inadequate attention in spite of what seems clearly to be bioethically relevant experiences. The connection of invisibility to age and disability will be briefly considered in the concluding chapter.

Biomedical Research and Expendable Bodies

Tuskegee, the Radiation Experiments, Nazi doctors, the exclusion of women as experimental subjects, the use of animals as data for insultingly unnecessary experiments, and a number of other outrages were not necessarily "errors in reason", in one sense. Rather these were perhaps, and in some cases continue to be, "logically" made decisions by a science that values (a certain, highly specific form of) rationality as supreme as a means of distinguishing the 'subjects' (those who are meant to benefit from the experiments) from the 'objects' to be used for study. Chapter four details some of the problems encountered in bio-medical research when dualized or disembodied views are assumed. It is only in so far as one can be excluded from the class of subject, I will argue later, that one can be used without guilt, and only in the furtherance of a *subject's goals* that experiments are worth doing. With reason, as defined by those with power, as the primary and occasionally sole requirement of subject-ness, those harmed in the experiments

above could theoretically not have been considered subjects at all. As chapter two notes, reason can be constructed or selectively used to include some while excluding others.[14]

In regard to the abuses of the past, perhaps it is possible that particular experimenters were just bad people, for example–the type who will use others because they can. In such a case it is not reason that is flawed or a perceived lack of rationality in the research subjects, but a flaw in the researchers' sense of responsibility.[15] Edmund Pelligrino, however, asserts that the wicked or psychotic person hypothesis may not be the most likely explanation in regard to what seems the most obvious case of 'bad people'–the Nazi doctors. "Not all of the Nazi physicians were mentally deranged—they believed they were doing the right thing." (Pelligrino 307) Pelligrino in no way releases the doctors from responsibility, but suggests that it was not necessarily an 'evil will' that led to their actions but (poorly conceived) reasons that allowed them to participate. Having good intentions based on reasoned thought, then, cannot alone serve as the sole authority for actions at least until we have a better means of determining 'good reason' from 'bad reason' prior to the occurrence of actions based on that reason. How can we accurately be sure before hand that the reasoning for this case is good reason rather than "poorly conceived" reason? Being in authority or highly educated is not necessarily an adequate guide for people as is suggested by the actions of Nazi doctors or the Tuskegee syphilis trials (discussed among others, in detail, in chapter four). Until we have an accurate means for determining 'good reason' as such, we should be critical of reliance on reason as the primary guide for action.

In cases of damaging research, rather than worry too much about whether the reasoning

---

[14]While women seem to suggest a different sort of case in regard to research, that is briefly discussed in the next few pages but is dealt with particularly in chapter four.

[15] This possibility will be considered more fully in the chapter on neglecting embodiment. (In the chapter, I will propose that any of several possible explanations (including a possibility of 'bad people' as researchers) do not appear to diminish the role of dualism in maintaining harms).

was manipulative or a serious but flawed attempt at doing what is right, I will propose that the focus should move from the emphasis on reason to acknowledging the subjectness of those who may be excluded from the category by idealizing rationality above all else. This, I argue, can be accomplished by acknowledging the embodied nature of individuals. Without a respect for embodied life and difference, blacks, the poor and undereducated, the culturally despised, and others who may be viewed as non-subjects could be used to further the good of those who possessed that criterion of 'real' subjects. Theories that employ a rich focus on embodiment do not allow for these false dichotomies.

While some minorities have been used as experimental objects (in so far as their subjectivities and goals have been ignored), white women, in particular, have historically not been experimented on as a matter of course. White male subjects have been much preferred to white women. Based on this argument of using people as objects, wouldn't that put women into the category of subject–even above white men? Regrettably the answer must be no. It is important to keep in mind that experiments are generally only done that may further *subjects' goals* (where subjects are those in power). Were women considered subjects historically, we would see a good deal of research directed at their goals and well being. Instead, it is only within the past couple of decades that any serious amount of research into women's medical concerns has been undertaken. Even today we see that one of the largest new studies on heart disease was based on data solely from males–44,452 of them. Those men were enrolled in the *Health Professionals' Follow-up Study* suggesting that this was not a cross section of men but a higher class group. What is interesting is that even though a previous large study conducted on women noted that amount of walking *rather* than pace was the "key to a lower risk of heart disease" the new study presents

itself as applicable generally even though it is counter to the earlier findings (on women).[16] Susan Sherwin lists some of the questions feminists must consider in evaluating research for its effect on women: "feminists [should] ask how research topics are actually chosen: which issues are investigated and which are neglected by medical researchers, whose interests are served by the projects pursued and whose interests are ignored. . . ." (Sherwin 1992 159).

An Institute of Medicine Committee report from 1994 acknowledges that pregnant women and even women of childbearing age have been excluded from research (especially drug studies) on protectionist grounds but, they note, "Protectionist policies do not adequately account, however, for what many perceive to be the relative inattention to the study of health problems experienced primarily by women"(Mastrodianni 1994 36-37). One reason given for excluding women from experiments has been a desire to gather "more usable data" and not to 'skew' the results (skew for what population?) rather than a desire to respect women as subjects (Merton 1996 223). Women have been accused of being less reliable–they are believed either to not follow directions, to lie (in some way that men evidently would not), or perhaps are just not intellectually as capable. They are said to be prone to cyclic changes which might make the data "less reliable". Risks of birth defects or financial costs if the subjects become pregnant (since it seems to be believed that some women cannot be trusted to maintain a reliable form of birth control) also make women less likely to be involved in research (Merton 1996 223, 226-228).

While this point is not posed in most critiques, it is worth considering that another reason that (especially white) women have been excluded from experiments may be because of the

---

[16]Men's study reported in Oct. 23, 2002 *JAMA* "Exercise Type and Intensity in Relation to Coronary Heart Disease in Men" by Mihaela Tanaseascu et.al. Note on women's study reported in article discussing same men's study "Running, Weight Training Healthy for Heart: Study" (*Reuters*, Oct. 22, 2002). See http://jama.ama-assn.org/issues/v288n16/abs/joc20649.html and http://reuters.com/news_article.jhtml?type=healthnews&StoryID=1616187 accessed Oct. 25, 2002.

perception that the experiments might damage a man's woman and his source for future heirs, etc.–creating a loss for *him*. It is not reverence for the selves of females which excludes them, but mistrust and lack of maleness--specifically a perceived lack of rationality or lack of "typical responses" from them.

Yet, it might seem, therefore that if exclusion from experiments is what is disrespectful, than surely it cannot also be the case that the inclusion of minorities, for example, is also a slight–surely one or the other is an indication of respect. However, the inclusion of minorities (ethnic, cultural, or economic) is rarely an exercise in positive valuation. Minorities are regularly included not because they possess the positive traits experimenters see lacking in women, rather, some minorities may not have the economic status to decline and thus may be inexpensive to use–especially for more dangerous experiments. Those selected may be less educated about what questions to ask and less likely to have the resources to later hold a person or institution responsible for an experiment that caused them long term harm. Using the examples of the Nazis and the Tuskegee studies, Susan Sherwin has noted: "Researchers often choose to conduct their experiments on populations that are considered expendable by the dominant groups in society." (Sherwin 1992 164)

The list presented at the beginning of this discussion on experimentation illustrates some of the most offensive examples of this use of minorities. In the most egregious cases the data gathered is not being gathered to help the ethnic or economic group used for experimentation, but is gathered for extrapolation to non-minorities or for the curiosity of science with no serious application of the data at all. (See for example James Jones's book Bad Blood (The Free Press 1993) which is a look at the Tuskegee syphilis experiments done on poor black men or Acres of Skin by Allen Hornblum (Routeledge 1998) a look at years of experiments carried out using inmates at Holmesburg Prison). Chapter four will further consider the intersection of disembodied

theories and unjust research practices.

For most expendable bodies, the thinking seems to be that it is better to get some use out of them rather than none. The least emotional example of this thinking for most people is the case of animals, so let me begin there. While, as I will argue in chapter four, what happens to animals is itself important and thus should be a concern of ethicists, considering the example of animals will also elucidate how views of some other groups in research are manifest and will illuminate some of our views about bodies generally. Since this relationship may not be obvious to some, let me present an example of how this extrapolation from animals to humans can work.

For animals in research, the belief as I understand it has been that either 1) there are so many of them that using a few won't make much difference in the world but it may help (or fulfill some desire of) some superior group[17] (AMA 1996 75); or 2) they rely on us for their existence so we have some right to a profit from that investment–which may particularly imply that otherwise their existence was a waste (a slight variation of this belief is sometimes conveyed as a survival of the fittest argument) (Loos 1996170-71); or 3) you cannot really wrong or hurt those who fall outside of the category of fully human (AMA 1996 75) (Warren 1996 42, 46) and 4) to whatever degree they are hurt or wronged, it is for a larger good or to avoid some larger evil such that not using them for the particular purpose would at least verge on the immoral. (AMA 1996 79) (Baldwin 1996 97) There are of course other reasons given for the use of animals specifically including appeals to authority or to popular opinion (AMA 1996 77, 80) but this is a good general sample of the thinking that allows animals to be used for virtually any human need that the general population does not find aesthetically too revolting. A more detailed discussion of these sorts of ideas appears in later chapters but let this overview suffice for the time being.

---

[17]Note that this implies that each individual is roughly the same as the next and has no individuatingly significant traits.

Interestingly, these sorts of justifications also may be (and have been) used when discussing minorities who are being exploited in some way. This should not be surprising based on the fact that it has not been uncommon to associate minorities with animals–both of whom are heavily associated with body over reason. The studies that led to the book Acres of Skin illustrate the first two justifications. The idea was that in supporting people (in this case, keeping them in jail) society via authority figures had some "right" to derive some good from their expense. In Acres of Skin, the author also describes how jailed men were used as research subjects for the "larger good".

The third reason, that those who aren't fully human cannot be really hurt appears in various forms in papers addressing the unproblematic acceptability of animals in research[18] but it is also exemplified in the Tuskegee Syphilis Study that was done on poor, illiterate, black men. A book on that topic, Bad Blood, explains:

> "[Physicians] perpetuated the ancient myth that blacks matured physically at early ages and were more sexually active throughout their lives than whites. Blacks, they explained, had originated in a warm, tropical climate and were therefore closer on the evolutionary scale to man's bestial ancestors . . . [Further,] the smaller brain of the Negro had failed to develop a center for inhibiting sexual behavior." (Jones 1993 23)

So, according to the author, since these men were in some ways closer to animal ancestors (as evidenced by the believed lower control over their sexuality and the possession of what scientists believed was a "smaller brain") this suggested that the use of these men was really not quite the same as using full-fledged humans. This allowed the experimenters to justify, in their minds, different treatment.

The final justification, that the end result justifies any hurt that might be suffered, is also illuminated in the thinking behind the Tuskegee Study. The men of the study received no

---

[18] See for example the AMA paper on the use of animals in research cited earlier. (AMA 1996 75)

treatment, even after the discovery that penicillin was effective, but this was rationalized for the sake of better understanding syphilis. James H. Jones reports: "It was a non-therapeutic experiment, aimed at compiling data on the effects of the spontaneous evolution of syphilis on black males." (Jones 1993 2) Here the final "good" was scientific knowledge and this good, it is implied, outweighed the importance of the lives of the participants.

So in the case of lower class or ethnic and racial minority men (and sometimes minority women) the human bodies used to gather data for science, rather like the non-human animals used for research, are not invisible bodies–they are seen and at times observed very closely but are not considered as valuable as others. Those who fall into this category are expendable bodies–perhaps believed to be expendable because they are "primarily bodies" in the eyes of those who do the research as opposed to valuable, integral individuals. Chapter four will continue this discussion of bodies in research.

Women's Fertility and Pregnancy

Rather than being expendable bodies as such, for surely women serve a number of useful purposes even in a hierarchical/patriarchal society, pregnancy brings out the *invisibility* of the female body. How can a dualized, social hierarchy react when bodies that are defined as background try to "invade" the foreground as is often the case during pregnancy? Their size is no longer small, the gender is no longer immaterial, and the body makes visible its biological, fleshy, non-abstract nature. She is body, writ large. Margarit Shildrick, in a particularly apt phrase that she draws in part from the work of Lacan, asserts that the "leaky female body" is, both "excessive and absent." (Shildrick 1997 171) She notes that women are seen as "neither fully autonomous nor authentic language users, but are irrecoverably set in the pre-discursive body. And that body as such is effectively the absent body." (Shildrick 1997 171) By this she means that women are perceived as more primitive both as pre-discursive beings as well as inhabiting a state of bodiliness

primarily. Women are both excessive in this disordered and physical state of being bodies but yet remain strangely out of view. This paradox is important for studying the treatment of women when pregnant and is considered throughout chapter five. Social structures, I will argue, suggest we want to protect and care for pregnant bodies (even if we cynically suppose this is largely for the sake of the fetus). But how can one care for an absent body–a female body? Somehow society tries to maintain both the absence of the female body and the protection of the that body as a pregnant body–a body that even more problematically is coded as two individuals within one skin–one potentially male.

Pregnancy is a normal occurrence but how women are treated at this important point in their lives, what care and education are given to them, *for them*, rather than for the developing fetus, and discussions of why women still have so little control over this "normal" process are significant considerations. The development of technologies that allow otherwise infertile couples to conceive may reinforce ideas that women "should" have children even at great expense, pain, danger, and psychological cost, yet the underlying ideas are seldom challenged except by feminists. A pregnant woman's experience with her doctor, her community or a non-pregnant woman's experience with the medical establishment regarding her fertility are topics that seem not to be nearly as popular as the so called 'conflict' between the mother and fetus[19] or between woman and doctor.

While it is no longer the case that women are viewed merely as Aristotlean flowerpots that grow the seed of men/souls, neither is it the case that this image is wholly absent from society. The experience of women during pregnancy has been largely ignored except by feminist bioethicists who are often enormously focused on topics of fertility and reproduction. The pregnancy and birth

---

[19]For further discussion see James Lindemann Nelson's article "Making Peace in Maternal/Fetal Conflict" (*Theoretical Medicine* 1992.)

experience is given much less attention than a topic like death, for example, by bioethicists who seem more devoted to liberating the mind/self from an ailing body, than dealing with the incredibly complex issues of embodiment and inter-relatedness surrounding pregnancy and birth.[20]

One might gather from this that a woman's fertility and topics surrounding *her* pregnancy have already been dealt with adequately, but in fact the actual 'normal processes' of the topic seem to be only minimally covered when they are covered at all. Some will find this acceptable believing that bioethicists deal with conflict and thus should be primarily interested in controversial issues like new reproductive technologies and maternal/fetal conflicts. As has been illustrated by studies like the multi-decade Tuskegee study which was not kept secret as such (and in fact was the source for several published articles in popular medical journals), there need not be protests in the streets or news flashes and sound bites covering a topic for it to qualify as ethically problematic. The ethical problems encountered in doctors' offices and hospitals surrounding fertility issues and normal pregnancy by everyday women could easily fill many books.

Pregnancy has been neglected for a variety of reasons but one particularly significant reason may be our difficulty in seeing women as subjects not merely in general but especially when they are pregnant and perceived as extraordinarily bodily. Margrit Shildrick points to the fact that the radical separation between mind and body seems to relegate women to the lower of a two tier system. She says "[W]omen, tied as they ostensibly are to their bodies, and most particularly to

---

[20]One illustration of this point is a survey of popular bioethics/medical ethics texts purchases from a national book seller (i.e. top sellers). The survey indicates five books of the top fifty with death as the title topic while only two clearly consider pregnancy as a title topic. The two books that are clearly about pregnancy consider issues of genetics. It might, however, be reasonably countered that what books the general public purchases may not reflect bioethicists' priorities. A quick look at indices from the Hastings Center Report, the major journal for the field, again shows a bias toward discussions of death and dying (among other topics) over birth and pregnancy. Again, those that do look at topics around pregnancy at all tend to focus on genetics and new reproductive technologies. (This information gathered from 1998-99. For the 1998 and 1999 report indices, see: http://www.thehastingscenter.org / publications.htm)

their reproductive bodies, have been deemed largely incapable of autonomous rational thought."(Shildrick 1997 167) Not only is a woman at this point "body" but she, as a reproductive body, seems generally incapable of rationality and self-determination. Evidence of this can be found, for example, in cases of forced cesarean section without or against women's consent. James Lindemann Nelson cites Mary Anne Warren's discussion of such cases including the case of cancer patient Angela Carder who died after hospital administrator's sought a court ordered c-section in 1987. Doctor's agreed her fetus was in all likelihood not viable and that Carder would probably not survive the surgery–both the baby and mother died. (J. Nelson 1992 321)

Further, problems arise concerning how a body, given the current dualistic biases, can be a subject if she embodies another? For many years but especially from Mary Ann Warren's work forward[21], the relationship of two "inhabiting" one body has been conceptualized as a 'conflict', but this provides (in many cases) a very peculiar view of pregnancy. Nelson has made this point and argues that this "customary approach . . . [of] trying to determine whose rights trump whose–is under significant strain [in the context of pregnancy]. Seeing conflicts between the interests of women and their fetuses on the model of a clash of rights may generate something that comes uncomfortably close to an antinomy." (Nelson 1992 320) Repeatedly 'one' must reign superior over the 'other,' though who "wins" may vary. Poor or minority women are generally cast as villains, which favors fetal interests. Middle class white women may be viewed in either role depending on their attitudes and "innocence" in the conflict.

This is a ridiculous paradigm for pregnancy because in the majority of cases, when a woman decides to carry the fetus to term, there is not a conflict between fetus and mother.

---

[21]Warren's image of the violinist hooked up to another non-consenting individual leads one to understand both parties as fully formed, rights bearing people. Her point was that the violinist's rights do not trump the other's, but the effect was to present both parties as full subjects and to present rights conflict talk into the pregnant woman's relationship with her body and fetus. (See "A Defense of Abortion" by Mary Ann Warren)

Assuming a clash from the onset may make discord actually more likely. Of course, sometimes a pregnancy may become a conflict between the two parents or other times the mother's desires for her body do not coincide with the conditions which will be beneficial for the developing fetus's future in the world. Such "conflicts" might be significantly fewer if safe and reliable forms of fertility control existed so women who did not want to carry a child would not feel compelled to do so. But, rather than focus on a societal cause, the "conflict" remains the popular issue and places a woman in the position of participating in a clash with herself, further entrenching the dualism that has harmed her throughout modern history. She experiences the dualism that divides her from her fetus, her body, and perhaps even her family or physician. The focus on conflicts highlights and these deepens divisions by pointing to differences and casting them as opposing positions.

Traditional bioethics has done little to diminish this harm; indeed the focus on conflicts "between" mother and fetus has likely exacerbated the difficulties. Society has readily taken up the cause of investigating such conflicts between mother and fetus but, Nelson points out, parents often risk the health of their (born) child without the same sorts of concerns or critiques. He says:

> Fetuses may be at risk from parental decision-making. We often expose born children to dangers in a way that seems to pay only qualified attention to maximizing the overall welfare, or to respecting the child as an end in itself. A pregnant woman's two beers a night exposes her fetus to some danger, a dad's buckling his two-year old into the car for a drive through snowy streets to the liquor store exposes the child to some danger. (Nelson 1992 325-26)

It is important for mothers-to-be to have access to information about how pregnancy will change their bodies and how to benefit the future life of a baby they choose to carry. However, as I will go on to show later, by further separating inseparable beings, bioethicists have created conflicts rather than solving them. Teaching women how to further alienate themselves from their bodies rather than how to better understand themselves as fully integrated beings is yet another example of how disembodied bioethics creates prejudice and injury. This, of course, just begins to touch on these

topics that are explored in much greater detail in chapter five.

In that same chapter I will also consider other sorts of topics that might be covered that would actually empower women. These could include a woman's right to her own sexuality and to control her fertility, for example. Instead of focusing in these areas, I will attest, most bioethicists tend to focus almost wholly on abortion or on new reproductive technologies; the former topic (abortion) in particular again brings up suggestions of maternal/fetal conflict and distracts us from the woman's embodied experience in favor of a dualized view of her as either a rights bearing "self-governing self," or a rights infringing "anti-life" being. The latter, reproductive technologies, often places a woman in the position of being in conflict with her own body as her body refuses to act "normally" and produce children as she (and society) believe that it should. These popular distinctions tend to force pregnancy into dualisms that are both artificial and harmful to women and their relationships. The facts that current birth control methods are often inadequate (may fail and often lead to life-impinging side effects), sometimes unsafe, and are on occasion coerced (poor women put on Norplant, for example[22]) and so on, have been considered far too little as have the issues of access to affordable pre and post-natal care or pressure on women to be mothers. Also largely missing is a woman's experience of pregnancy–both her changing identity and her experience and relationships with others (including doctors) during this time. Clearly this area deserves careful consideration and in chapter five I will flesh out these concerns among others and explain how all of this leads to women as invisible bodies–especially during pregnancy.

Other Missing Bodies

Pregnancy is full of problems that are exacerbated or caused by disembodied theory but it is only one of a variety of areas that illustrate the invisible body. Society, it seems, does not know

---

[22]See again, for example, Coerced Contraception, (Georgetown University Press 1996) pages 53-107.

how to deal with bodies that do not fit the masculine model of health and, because thinking is dualized, if one does not fit the picture of health then one must be ill. Medicine in particular is prone, like society generally, to see women's bodies as absent. This leads to further de-contextualization of individuals but also to eyes that see only symptoms rather than persons. Bordo contends:

> In the medical model, the body of the subject is the passive tablet on which disorder is inscribed. Deciphering that inscription is usually seen as a matter of determining the "cause" of the disorder; sometimes (as with psychoanalysis) interpretation of symptoms will be involved. But always the process requires a trained–that is to say, highly specialized–professional whose expertise alone can unlock the secrets of the disordered body. For the feminist analyst, by contrast, the disordered body, like all bodies, is engaged in a process of making meaning, of "labor on the body."(Bordo 1993 67)

Using the medical model's definitions, individuals cannot read their own bodies or symptoms–how can they observe objectively "from inside" their bodies when scientific theory tells us that (outside) observation is key? Thus when bodies stop looking like the white, human, heterosexual, middle class male ideal of health (or if they never do) then they are labeled as sick and their symptoms noted as evidence.

This allows women, and especially pregnant women, to be viewed as patients. It also suggests that the elderly as well as individuals with disabilities will be viewed as chronic patients. All of these "conditions" (femaleness, being elderly, having a disability, or being actually ill) become intermingled because they are deviations from the masculine norm. Drawing on Klienman, Shildrick expounds on this connection:

> It is important to mark here that yet again the specific devaluation of the female element in moral discourse, indeed the denial of female subjectivity is mirrored in the often unexpressed but very real devaluation of those who are sick . . . The broken body, however, demands attention, and sickness becomes highly stressful to self-identity: 'The fidelity of our bodies is so basic that we never think of it . . . [thus] chronic illness is a betrayal of that fundamental trust. (Klienman 1988 45) (in Shildrick 1997 168)

While fully investigating the invisible nature of disabled bodies and aging bodies cannot be covered fully here, the final chapter will touch on these topics because the similarity in their treatment to the female body and pregnant body are rather revealing. Now, however, I will move on to the second half which will sketch some of the motivation for these concerns and begin by looking first at the concept of oppression.

Oppression and the Gaze of Science

Oppression is one or more institutionalized practice(s) that keeps certain people from fully participating in life in a way that many others can. (Young 1990a 38) It will become clear in further chapters that this is the sort of thing that occurs when theory is put into practice that ignores the body–people are not able fully to participate and they are limited by society because they belong to certain groups (and because those groups are associated with the body)[23]. Sandra Lee Bartky's "On Psychological Oppression" focuses especially on stereotyping and fragmenting perception as elements of objectification and oppression of women. (Bartky 1990 22-32) When biases and hierarchies maintain some individuals as inferior, the ongoing nature and impact of the bias becomes oppression.

Bartky's work on Foucault helps to illuminate the issue of the invisible or missing body in bioethics in yet another way. Using Foucault, she describes what is often referred to as 'discipline against the body' or social structures, rules, and expectations that shape people's ideas by strictly prescribing behavior and limits. Her discussion illustrates how

[23]It is possible that groups' association with bodies develops after some sort of negative predisposition is already in place. If this is the case or if an association with the body leads to the discrimination, the bias is strengthened through social constructions of the body as dirty, unpredictable, and unstructured.

women or minorities may internalize the message communicated by medicine that the body's failure is a personal failure (especially for women) and further that the absence of bodies seems to result in the invisibility of women. So if women are especially associated with the body, as I argue in chapters two and three, then they are likely to internalize that perceived connection and may believe that bodily failure is a manifestation of personal failure.

Bioethics as a field has tended to ignore the body at least in terms of embodiment. This may be because it draws its substance primarily from two other disciplines, science (medicine in particular) and philosophy. Medicine, as a science, mirrors philosophy in its dedication to generalizability and detached reason. Science rather than philosophy, however, seems to have won the popular vote, at least in North America. While philosophy is viewed as too abstract by much of the U.S. public, science has the advantage of being based on "cold hard facts" (as they might be referred to) and this belief in science's certainty, both by much of the academic and general public, gives the field an edge over many other disciplines in its power to persuade. Science asserts a normalizing power (Young 1990a 125) that is also seen to a lesser degree in philosophy. Bioethics did well, perhaps, as a field seeking to legitimize itself, by aligning itself with such power. Obviously the older disciplines fit the interests of the new, but science, in particular, could share its cultural power with bioethics. Unfortunately, bioethics appears to have taken many of the (perhaps unseen) biases of the older fields and subsequently tended toward solidifying, rather than critiquing, these prejudices. Iris Marion Young considers this difficulty:

> . . .modern racism, sexism, homophobia, ageism and ableism are not superstitious carryovers from the Dark Ages that clash with Enlightenment reason. On the contrary, modern scientific and philosophical discourse explicitly propound and legitimate formal theories of race, sex, age and national superiority. Nineteenth and early Twentieth century scientific, esthetic, and moral culture explicitly constructed some groups as ugly or degenerate bodies, in contrast to the purity and

respectability of neutral rational subjects. (Young 1990a 125)

The prejudices we see today, she intimates, are not only not challenged by modern science but rather are *reinforced* through cultural constructions. The cultural authorities of science and philosophy have posed some groups as counter to reason and thus less worthy of some sorts of social consideration.

Iris Young approaches these topics as generalized social phenomena leading to oppressions, and in doing so provides a foundation for other critiques. This dissertation draws on ideas from a variety of philosophers including several important publications by Young. The goal here, in contrast to Young's more general and foundational purpose, is to synthesize the ideas of a variety of others who have considered the difficulties of dualism and the meaning of embodiment and to show the relation between dualism and disembodiment. In this process, I endeavor to draw on my own understandings and seek to illustrate specifically how mainstream medical ethics and medicine perpetuate disembodied, dualized views. Further, I will show throughout the work how this shortcoming is damaging to specific groups in particular and creates flaws in new and existing bioethical theory particularly. While science is much broader than medicine itself, the latter certainly must fall under the larger rubric. In turn, since medical ethics draws on the scientific/medical model in its understanding of medicine, a critique of the field of this sort must consider the roots of bias in science itself.

Some theorists have suggested that scientists' ignoring bodies is detrimental to women in part because of the normative gaze that science encourages. Young, for example, describes the normative gaze of science as an attempt at "taming" the unreasonable nature/woman (or more generally, any non-"white male") and notes the gaze's imposition of hierarchy and standards of beauty for the body. (Young 1990a 125-26) She observes that historically, women (and in fact most oppressed groups) have had a distinctive association with sexuality and have been subject to

corresponding, though perhaps unintended, actions and unconscious oppressions in which the dominant group participates. (Young 1990a 128-135) The legitimating power of science may be part of the problem. She says that "many people deny claims that ours is a racist, sexist, ageist, ableist, heterosexist society precisely because they identify these "isms" with scientifically legitimated theories of group inferiority and socially sanctioned exclusion, domination and denigration . . . " (Young 1990a 132) These biases may not always be obvious to those holding them:

> Racism, sexism, homophobia, ageism and ableism, I suggest, have receded from the level that Giddens refers to as discursive consciousness. Most people in our society do not consciously believe that some groups are better than others.(Young 1990a 130-31)

Young makes an important distinction noting that both law and corporate policy have become bound to a "formal equality" and equal opportunity policies, but this sort of commitment to formal equality leads to prohibitions or taboos against drawing attention to difference including race, gender, or disability. To point out in public such distinctions as old age, ethnicity and so on has become, in Young's words, distinctly poor taste. Nervousness about difference or prejudices is, however, likely to manifest in private conversations or unconscious behavior such as avoidance or stereotyping. (Young 1990a 132-34) The tendency to shun difference and attempt to create homogeneity is also conveyed by Rosi Braidotti who expresses the tendency of society to prefer a disciplined, beautiful, young, American ideal over any sort of variation:

> Many have questioned the extent to which we are all being re-colonized by an American, and more specifically, a Californian 'body-beautiful' ideology. In so far as US corporations own the technology, they leave their cultural imprints upon the contemporary imaginary. This leaves little room to any other cultural alternatives. (Braidotti 1997 224)[24]

---

[24]While Braidotti's point here may seem merely cultural, it is also a norm that is medically enforced. Medical specialties such as plastic surgery and sometimes dermatology are the most obvious cases of this but dictates from family doctors (for example, on diet and weight) may also serve as support for such ideals.

In effect society, via those who own American technologies, has said if we must have bodies, they should be bodies only of a very specific sort. Braidotti's insight into the source (or at least support) of this trend is important. The corporate world (which is, as noted elsewhere, almost wholly masculine run) may play a large part in our social acceptance of ideals that cannot be reached. So with the architecture of dualized thinking in place, prejudice manages to maintain its hold on social structures often leading to subconscious or unconscious bias against difference and especially those of particular groups.

What might be called "practical consequences" of disembodied beliefs directed at women or minorities go beyond socially acceptable appearance and likely go further than a generalized social diminution and poorer self-concept that may result by failing these 'tests'. There can in fact be some very serious consequences. For example, women's decreased status in the medical system because of their (definitionally sick)[25] body may lead to less power to consent, or denied treatments for themselves or unconscious/incompetent family members. It may lead to less power to contest unjust distributions of medical goods including insurance coverage[26]. It may also create poorer outcomes as a result of research or teaching that is standardized toward the less messy and "more reliable" male body and male ideal. The downplay of embodiment in bioethics biases what is valued most highly (autonomy or male reason) and what is taken least seriously (personal accounts of bodily experience, for example). The continuation of this practice will not only reinforce the

---

[25] For discussions see Iris Young's article "Pregnant Embodiment "(1995) or for works on the definitionally sick female in history, consider works by Enreich, Freud, etc.

[26] For example, while Viagra, an anti-impotence drug, is now covered by almost half of indemnity insurance plans, contraceptive pills for women, even though they cost half as much as a Viagra, have been on the market about thirty years longer and would ultimately save insurance companies thousands, are currently covered by only around fifteen percent of insurance companies, according to Lisa Hayden's 1998 article in the *Cleveland State University Journal of Law and Health*. (page 7 of the article)

paradigm of reason over experience, disembodied over embodied –which in medicine seems especially difficult to justify – but fails to challenge the anti-female biases that have existed in medicine (and society). It also fails to note disadvantages suffered by some because of their race, class, ableness, age, or sexual orientation. Instead of regularly questioning them, current bioethical practices augment these leanings.

Feminists, and those who seek to change this bias in medical ethics, cannot rely too heavily or confidently on counter theories and critiques of anti-body theory by those classically known for such work. Their work, unfortunately, may maintain a form of sexism (and perhaps racism, ableism, etc.) which needs to be addressed before their critiques can facilitate the work to be done without further entrenching prejudices. For example, Bartky critiques Foucault's oversight when he assumes that a man's relationship to his body is the same as a woman's relationship to hers. (Bartky 1990 65) Her critique demonstrates the very important point that including the body as a standardized body (male) would not solve the criticisms against bioethics–the body must be connected to real and specific people and inclusive of differences in order for its attempts to right these wrongs to be successful.

Rewards for the Rational and Reasons for Concern

I have identified various groups as oppressed in this chapter, without giving much evidence to support this assertion. In this section, I hope to remedy that by reviewing some of the rewards that exist for those who fit more closely the ideal as contrasted with the social sanctions for those who are more bodily. In other words I want to provide some concrete evidence that women and minorities are seen as less valuable (or at least are less rewarded) compared to their white male counterparts. Some might think it odd to connect these groups' oppressions merely to their social image as bodies. I do not in fact

mean to say that it is *only* because of their bodied-ness that women and minorities suffer. Such "bodiedness" does, as should be clear by the end of this dissertation, play an important, if not key role in the oppression. In some cases being perceived as body may start the oppression whether or not this is so, however, history indicates that those who are oppressed will be further oppressed because they will, at some point, be linked to bodies. This is developed further later.

In the West, men, especially higher class white men, are considered to be of the highest caliber of mind and their judgments are generally preferred to those of others. Individuals not possessing whiteness or maleness may prove themselves to be at this 'superior level' but they are the exception to the general rule. Evidence by example may be a good place to begin proving this assertion. The statistics that follow show that the highest level executives, church leaders, tenured professors, military officers, government leaders (i.e., decision makers and authorities), and even higher paid skilled jobs are made up, by a large majority, of (white) males. Those women who do hold such positions are usually paid less than the men in the same position, suggesting their lower status. For example, The Bureau of Labor Statistics notes that women earn equal pay in only about two out of 90 jobs (U.S. Department of Labor May 1996) and another source reports that women hold just two percent of the highest ranking jobs in the Fortune 500 and less than five percent of the highest jobs in corporations generally. (World of Work 1998 7)

The Hartford Institute for Religion Research reports in a 1995 study of Protestant denominations that the percentage of women in each tradition who are clergy varies from one percent (Free Methodist Church) or four percent (the Southern Baptist Convention)

to twenty-five (United Church of Christ) or thirty percent (Unitarian Universalists). (Hartford Institute appendix II) The Evangelical Lutheran Church in America (ELCA) went from 73 women as pastors in 1977 to 790 in 1986 and then to 1519 in 1994. The increase appears significant until the 1519 women are compared to 11,706 men in 1994 who were pastors for this rather typical denomination. In spite of the increase, the women still only make up about eleven percent of the total. Hartford Institute appendix II) Additionally the ELCA reports that those women who do go into the ministry wait longer for their first calls to serve a church. (ELCA 1996 1)

Professors, especially those who are tenured and higher paid, also tend to be disproportionately male. While women have increased their numbers in academia significantly, many of them have gone into adjunct positions. As one paper notes:

> While 43.2% of women faculty work as adjuncts, under 30% of male faculty are adjuncts. Between 1975 and 1985 the percentage of all tenure-track positions held by women rose from 18.3 to 20.7%; the percentage of all non-tenure-track positions held by women rose from 33.6 to 40.3% [Lomperis 1990, 669]. Among women, 29.4% of full-time faculty are in adjunct positions; for men the comparable percentage is 14.7%. . . . A frequently heard reason for hiring women as adjunct faculty is that women have different career goals than men do, and those goals are less suited to the commitment required in a tenure-track position. However, research provides evidence that men and women entering academia have similar aspirations and expectations [Teevan, Pepper and Pellizzari, 1992, Chronister et al. 1992; Gappa and Leslie, 1993]. (Buckless 1996 2-4)

This same discussion notes that even though the numbers of women in the academic profession is increasing, *eighty-seven percent* of the overall increase in women faculty between 1977 and 1985 is attributable to “nontenured, off-track job offers”, which tend to offer little job security, research opportunities or employee benefits. (Buckless 1996 2)

Of the top three ranks in the military, women only held .3% of the third highest rank and 0% of the two top ranks in 1995. In 1997 women still were not in the top rank but two women (1.7%) held the second highest rank and three (1.06%) held the third highest. The top rank (O-10 General/Admiral) pays a minimum of $11,000 more than the second highest. The rank of O-2 (First Lieutenant/Lieutenant Junior Grade) showed the highest percentage of women of any officer rank at 17.52% in '97. Of the top five ranks, O-6 thru O-10 the highest percentage of women was 6.08% (695 out of 11,423 total) in 1997. The total number of female officers increased a little less than one-half of one percent between 1995 and 1997 and made up 30,709 out of 226,939 total military officers (13.53%) while 13.71% of the total enlisted force were women in 1997.[27] Some of the discrepancy in numbers is due to the smaller proportion of women to men who join the military forces but while the overall percentage of women is continuing to increase slowly (about a quarter of a percent higher after two years) this does not explain everything. For example, why is the number of woman *applicants* to the armed forces 22% of total applications(DOD 1998)? What happens to cause a decrease of about eight percentage points in the number of women who attempt to join verses the number actually in the forces? One might think that it is a case of very young women who start out wanting to join the military but change their mind. However this seems less the problem when one considers that 24% of applicants of age 25 and up are women. (DOD 1998) [Active Component Applicant Tables, Appendix A 1998]

As far as woman in government, the trend remains the same. While no women

---

[27]For further information see (http://www.gendergap.com/military glasceil.htm) (November 2001).

have ever served as US President or Vice-president (and only one has ever been nominated for these highest positions); as of January of 1999, 67 women were members of Congress or about 12.4% of the total. Several states have never sent a woman to Congress. There have been 113 individuals appointed to the US Supreme Court and only two of those have been women (1.7%). (In fact, the first woman was appointed to the Supreme Court within the past twenty-five years). Out of 1,181 Federal judges, 154 (about 13%) are women and 1,032 of Federal judges have been classified as Caucasian with eight others of unknown race/ethnicity, leaving 141 judges (about 12%) for all minority races combined (African, Asian, Native American, and Latino). (Federal Judicial Center, History Office 1997)

Of course, women have made significant inroads into what were once known as male dominated professions but still "work longer hours than men and are paid on average 25 percent less than men."[28] (International Labour Organization 1996) A 1998 U.S. Current Population Survey reported that there had been little change in the last fifteen years in women's full-time employment occupational groups:

> In 1983, women held 77.7% of administrative support occupations, in 1998, they still held 76.3 percent of these jobs. Women represented 7.9 percent of precision production, craft and repair workers in 1983, about the same in 1998 . . . In the professional specialty occupations, where women earned the most, they were less likely than men to be employed in some higher paying occupations such as engineers, computer systems analysts, and architects, and more likely to work in those with lower earnings, for example, teachers (except college and university) and social workers. (U.S. Department of Labor 1998 2)

---

[28]Several sources cite different figures: David Moberg in an article from *In These Times* reports 73% earnings for women while a *World of Work* article reports that internationally "women earn between 50 and 80 percent of average male wages". (32)

A Michigan study found that 51% of women work in environments that are all or mostly female while only 9% work with all or mostly male workers (Gallagher 2000 1)

Those women who do enter less traditionally female careers may still not be seen as being as rational or capable, at least according to their paycheck. The British Medical Journal, in a 2000 report on research done in Pennsylvania, says that women physicians earn on average $63,000 less per year than their male peers even though all doctors surveyed had been out of medical school between ten and thirty years and a large majority were in their 40s or 50s.[29] (Josefson 2000 258) According to another report from the U.S. Labor Department, while the wage gap is lower for younger workers (to age 24), it is actually higher for older women aged 55-64 who earn 64.7% of men's salaries. (U.S. Department of Labor July 1996 9) Additionally, "two-thirds of working women are employed in sectors of the economy with the lowest pension coverage rates [while] 12 million women work for small firms which do not offer pension plans." (U.S. Department of Labor May 1996). So the highest level "mind centered" occupations tend to be predominantly male and the women who do hold similar jobs, tend to be paid lower wages with fewer benefits which translates, in a capitalist economy, to a perceived lower worth.

Conversely, those who take orders, clean up and take care of others (emotional, non-authority jobs) are quite disproportionately women and minorities. [see table 1][30] The

---

[29]Adjusted for the number of hours worked the article notes that the wage gap falls to 14% below males' pay (still more than $30,000 a year difference). The article does not comment on what accounts for women's shorter work hours.

[30]Even though women have made significant gains in earnings and positions available, the gap between men and women's work remains. This impacts later life as well–in 1996 just over half as many women as men received pension income (34% vs. 18%). Even then, women's pensions were about 57% (on average) of men's. Full data available at

1990 Census showed that more than 77% of clerical and about 63% of service jobs were held by women. (Gallagher 2000 1) The U.S. Department of Labor Women's Bureau reports:

> Three out of four American women working full and part time get paid less than $25,000 a year; about half of all women work in traditionally female, relatively-low paid jobs, as clerical workers, nurses, and child care workers. (U.S. Department of Labor, Women's Bureau 1996)

Men are favored by a pro-reason/absent body theory by being seen as more competent, less emotional (irrational), and more in line with the 'stuff' that matters, as it has been defined. Since competence and ability to judge are central concepts in bioethics, one that determines how much voice one will have in a given matter, being seen as more competent is a high reward. This belief that the white male is more rational, more intellectual, etc. causes theory, that favors the mind to the near exclusion of the body, to further favor the already favored group. It need not actually be the case that white males are more rational or intellectual and, in fact, evidence of such is rarely sought[31]. The mere conviction that this is the case is adequate to bias those holding such beliefs. That is, if theorists believe and thus act as though one trait is superior to another, and there is a belief (true or not) that the trait is possessed by some group(s) and not (or less) by others,

---

http://www.urban.org/retirement/briefs/1/brief_1.html.

[31]There have been "studies" that sought to prove whites' or males' intellectual superiority over minorities and women–the most popular recent one being "The Bell Curve" which attempted to prove whites intellectual advantage over blacks. Historically, of course, studies measuring how much mass could be held in a white man's skull vs. a woman's or a minority's skull sought to prove the same thing. While such investigations are dismissed now as silly or biased, the underlying thinking against women and minorities seems to remain as evidenced by lower pay, less respect, and lower ranking positions in society.

then theory is likely to be biased toward the 'superior' group. This is a bias that either needs to be eradicated (or at least justified)or else the practice just remains bad theory.

The need for attention to the problems that are created by dualized understandings is apparent but the work cannot stop there. To really address prejudice in medical ethics and medicine, it is important to consider the source of themes that appear repeatedly and serve to reenforce biases against some individuals over others. Those themes, I will continue to argue, are bound up with dualism and disembodied fantasies of self. The next chapter will move on to carefully trace and define dualism and its role in rejecting bodies.

"The rejection of dualism, of the positive-negative polarities between which most of our intellectual training has taken place . . . reaffirm[s] the existence of all those who have through the centuries been negatively defined: not only women, but the 'untouchable', the 'unmanly', the 'nonwhite', the 'illiterate': the 'invisible'. Which forces us to confront the problem of the essential dichotomy: power / powerlessness." Adrianne Rich Of Woman Born

Chapter Two
Dualism–From Ancient to Contemporary Manifestations

In order to understand accurately the position of the body in western culture it will be useful to look at the sources of contemporary convictions. The reason for doing this is twofold: 1) to establish that bodies are still viewed through a dualistic lens (that is the mind and body are seen as separate and unequal) and 2) to show how very deep this bias runs. Demonstrating this latter point will explain in part why dualism remains intact but it will also underscore the need for a concerted effort to overcome such an entrenched, but as I will argue, damaging belief.

In this chapter I will review the long history of dualism as a means to better understanding its prevalence in western thought. Understanding that dualism exists is not in itself adequate though. I will therefore also distinguish dualism from the simple drawing of distinctions and offer a means for understanding how contemporary dualism can exist in spite of the outward rejection of separate mind and body substances. This will distinguish traditional metaphysical dualism from what I will call evaluative dualism. This latter dualism, I will argue, has become closely associated with reason and idealized autonomy and creates structures and understandings today that lead to harm for women and minorities in particular. Since bioethics is such a new field it will be necessary to look to the traditions it draws from as a field in order to illustrate how dualism affects it. The specific involvement of bioethics as a field is explained in greater detail in chapters four and five. This chapter then, will begin illustrating the continuing power of this dualized way of looking at people and the world–a project that continues throughout the dissertation.

Even though contemporary philosophers and medical ethicists may outwardly assume that

mind / body dualism is no longer a part of our thinking and certainly not a part of theory, dualism remains a very real feature of contemporary understandings of the self. This assertion is not unusual. Critiques of contemporary dualism are common in today's feminist literature. Ecofeminists like Carolyn Merchant and Val Plumwood trace current damaging attitudes back to varying forms of dualism and Donna Haraway and Rosi Braidotti, among others, also contend that the influence of Descartes still produces serious contemporary distortions in how human beings are commonly understood. [32] Of course, the Cartesian notion of a separate "mind substance" has not been popular in philosophy for many years–a change occurring well before the dawn of medical ethics as a profession. In spite of that, the impact of modern day theory suggests a strong underlying theme of dualism as should become clear in the pages ahead. As Susan Bordo has put it, the "philosopher's fantasy of transcendence has not been abandoned. The historical specifics of the modernist, Cartesian version have simply been replaced by a new, postmodern configuration of detachment, a new imagination of disembodiment . . ." (Bordo 1993 227) I will argue in the following chapter that in essence, while the frames may have changed, the lenses through which we view the world are roughly the same.

Dualism is a concept that manifests itself not only in a mind / body split but in a wide variety of dualized "pairings". What is problematic, as I will argue, is not just that dualism continues to permeate culture as such, but that our culture consistently ranks these dualized pairings–almost always labeling one as superior to the other. This ranking, I will show, leads to various prejudices and each division arguably reinforces intuitions concerning the veracity of other pairings.

The interpretation in western culture of entities and events in dualized terms need not, of

---

[32]For examples of these critiques see Donna Haraway's "Situated Knowledges" in *Feminist Studies* 3 (1988) or Rosi Braidotti's book Patterns of Dissonance (Routledge 1991) especially chapter eight.

course, necessarily lead one to conclude that binaries are always bad. Generally speaking decisions depend on distinguishing one possibility from another. So *deciding*, rather than randomly choosing if I want to donate to charity A or cause B, for example, depends on my knowing how they differ. Most binaries or dualisms could theoretically be neutral if we made distinctions only but cultural practices rarely stop there–we almost always go on to rank the two choices as good/bad or at least better or worse and then go on to extrapolate this determination to other areas or people. If distinctions made were entirely personal without social or political implications then perhaps ranked dualisms could even arguably be acceptable (though I am not sure what exactly could constitute a *purely* personal choice in all but the least significant instances) . This following section will explore this shift from seemingly neutral distinctions and consider how exactly it is that dualisms become a problem.

Evaluative Dualism

How does maintaining dualism actually cause harm? Generally, before oppressions can be serviced by dualistic thinking (which could be a merely metaphysical distinction), a second concept of hierarchy or ranking must be added or assumed. A person as body and mind (or body and soul) by itself has little political import (though the separation's veracity and usefulness can be argued) but once the divisions are ranked, then politico-ethical questions must arise at least in so far as the dualism and ranking consistently impact some groups positively but others negatively. Thus metaphysical dualism, once hierarchy is included, becomes evaluative dualism.

A number of works have been written on the ethics of mind/body dualism and often these critique dualistic thinking and the associated hierarchy generally, since it is rarely the case that this evaluative aspect is left out. One such source of this type of critique is feminist Val Plumwood:

> The set of interrelated and mutually reinforcing dualisms which permeate western culture forms a fault-line which runs through its entire conceptual system....Dualisms are not just free floating systems of ideas; they are closely

associated with domination and accumulation (Plumwood 1993 42)

This sort of claim would not make sense to someone who assumed dualism was merely a metaphysical distinction. Authors like Plumwood, however, try to show that dualism is almost always hierarchical (some may claim always). Thus it is a sort of evaluative dualism that is associated with domination.

Plumwood lists a number of dualisms key to Western thought and argues that they naturalize a corresponding oppression. For example, the dualisms of male/female or human/nature are used to naturalize oppression of females and of nature; as male and human are valued as superior ends of the dualisms. (Plumwood 1993 43) The disparity appears indisputable once ranked in terms of superior and inferior, the case goes, since one side (we see by looking at the definition itself) is better than the other, and thus the oppression appears natural, incontrovertible or even justified. Plumwood discusses the appearance of dualisms as ancient but notes that many dichotomies appear with the modern, post-enlightenment consciousness with the earlier oppressions not disappearing but in fact clearing the path for new ones.(Plumwood 1993 43) She charges that dualism is based on domination and exclusion:

> I shall argue that denial, exclusion and devaluation of nature can be traced far back into the intellectual traditions of the west, at least into the beginnings of rationalism in Greek culture. ...it is not only a masculine identity as such which underlies the Platonic conception of reason and of the life of reason, but a master identity defined in terms of multiple exclusions, and in terms of domination not only of the feminine but also of the slave (which usually combines race, class and gender oppression), of the animal and of the natural. (Plumwood 1993 72)

So, she asserts, the domination associated with even ancient dualisms create, naturalize and help maintain over time numerous exclusions from the masculine and master identities (i.e. the ideal). These exclusions do not end with the rejection of the feminine or female gender but go on to bolster the rejection and domination of those who differ in race, class, sexual orientation or even species from the middle class male master identity.

Not surprisingly, other feminists, such as Marxist feminist Nancy Hartsock, are also critical of dualism and its attached hierarchy. Hartsock says: "Dualism, along with the dominance of one side of the dichotomy over the other, marks phallocentric society and social theory." (Hartsock 1997 157) She contends that it is not accidental that women are associated with the material and the body. (Hartsock 1997 157) Not only is the mind considered as separate from the body, but the mind is also superior to the body on a variety of counts in such a schema. Further, it becomes clear that certain people are associated most closely with the mind while certain other groups of people are identified with the body. This tradition can again be easily traced at least as far back as Plato.

So, while metaphysical or substance dualism (which maintains the body and mind are substantially separate) is no longer considered seriously by philosophers, practices and structures based on dualized understandings have not disappeared. Dualism continues to impact daily life. Mind remains effectively divided from body and a variety of theories and practices hold evidence that dualism remains a part of the social imagination. Some of this evidence will reviewed as the chapter progresses and in the latter chapters of this work.

Modern dualism is not some armored entity springing fully formed from the head of some post-Cartesian thinker, of course. The roots of dualistic understandings go very deep into human history. Briefly reviewing some of this historical background should help to better situate the concept. I will focus on three areas for illustration before moving on to offer evidence of dualism's prevalence today. First I will look at the very early, presocratic background. From there, the discussion turns to Greek society and Plato. Finally some important religious philosophies that show tendencies toward dualism will be reviewed. While early dualism was often a metaphysical concept, the current form of evaluative dualism is simply a "new imagination of disembodiment" (as Bordo has said) built on historical constructs of traditional dualism.

The Earliest Influences

It is difficult to know just how far back the roots of dualism can be accurately traced. Since Western Philosophy prefers to stay within what is often called the western canon, I will focus primarily on classical texts of that tradition, particularly considering the mind / body and male / female binaries that existed in these early days. While many critics trace dualism no farther back than Plato (some in fact only going as far back as Descartes), I think there is good reason to believe that dualism goes back even further in time (as I will discuss). So, as mentioned, I will briefly pursue that pre-Socratic history as well. What I hope to show with such an extended history is that dualism is not just a philosophy based on one or two figures, like some philosophies, such that it can be relatively easily modified. Rather dualism goes so far back and is historically so persistent as to be more or less a part of what constitutes "culture" as we think of it. A secondary purpose of tracing this history is that it will also modify what I believe is an inaccurate view of Plato as the primary source of dualism as is sometimes alluded to in literature that is critical of dualisms. [33]

The ranking of male and female and the association of the female with disorder and formlessness goes back at least to 2500-3000 B.C. (Grun 1991 2) For example, it has been noted that during the "phasing out" of the Goddess (when a mother goddess such as Innin is now worshiped beside her son, Tammuz a young god[34]) a "major religious festival in Sumeria celebrated victory of god of spring over goddess of chaos." (Grun 1991 2)

Some historians put the beginnings of dualism in the form of hierarchy and male

---

[33]See for example, Val Plumwood's book The Mastery of Nature. (Plumwood 1993) She harshly criticizes Plato as the key innovator of dualism.

[34]Later, the goddess will be seen as a marriage partner to an affiliated god and finally she will essentially disappear in favor of monotheistic ideologies that will worship only a male god. (Grun 1991 2-24)

domination back even farther in time. For example, Riane Eisler, author of Chalice and the Blade, focuses on the development of a 'dominator mentality' that allowed for hierarchy and patriarchal rule. Her innovative approach of looking to ancient art and evidence gathered by other scholars for clues about culture–without first making traditional assumptions about ancient history (for example, without assuming that cultures have always centered around war or around the phallus) makes her work something well worth considering in looking for the origins of dualism and the sometimes related concept of hierarchy. Eisler argues that dualism and domination as central to culture have not always existed universally but were introduced by nomadic cultures. One early archaeological sign of change from an earlier sort of world view, as reported by V. Gordon Childe, was labeled by the scholar "the Late Neolithic Crisis" where he reports on changes:

> ...signs of a change from a matrilineal to a patrilineal organization, the gradual disappearance of once-ubiquitous female figurines, and increasing evidence of warfare...[along] with the collapse of village settlements and the adoption of increasingly more pastoral, or roving, animals based modes of production. (Eisler 1995 88)

While some might want to glorify these early Indo-European nomads (Aryans) as creators of new cultures, others have noted that these people actually offered few if any cultural achievements and they primarily can be credited with destroying earlier cultures. (Eisler 1995 88-89) Archeologist Marija Gimbutas postulates three waves of incursions by these people into Europe–the first around 4300-4200 B.C.E. and the last around 3000-2800 B.C.E.. (Eisler 1995 89) While earlier art, according to Eisler, showed images of love, reproduction etc. the latter culture shows glorification of warriors and weapons and suggests the later culture can be charged with the introduction of slavery into Europe. (Eisler 1995 90)

If Eisler is right, this suggests that some of the very earliest ideas of dualism may have actually been introduced alongside the creation of patriarchal culture. Thus "man's" association with reason, ideas about the soul, and perhaps even woman's association with what is left over

(and lesser), may have come out of, or at least was influenced by both early religious traditions and people seeking to overcome or dominate the early history of feminine, earth based understandings of the world.

It is understandably difficult to trace or measure these early impacts–even early influences generally understood as precursors to what we now call Western culture are sometimes based on second hand accounts of particular philosophies or on retrospective interpretations of gaps in what history we have received. The Pythagoreans are one example of this.

While Pythagoreans are generally considered "pre-Socratics," little is known about the early Pythagoreans and most of what is attributed to them comes from later writings.(Owens 1959 33) Some of these Pythagoreans were actually contemporaries of Plato and even Aristotle after him, rather than predecessors. Pythagoreans were not merely philosophers or mathematicians, according to Frederick Copleston, but were a religious group of somewhat ascetic character. (Copleston 1946 45-46) They have many claims to fame including what was probably a significant influence on Plato's conception of the soul and its destiny. (Copleston 1946 53) It may even be the case that dualism as we know it might better be traced to them than to Plato. As Erik Ostenfield has noted "glorification of Greek innocence on the mind-body issue should be tempered by consideration of ... Orphic-Pythagorian texts, e.g. Pindar's Second Olympian Ode and Empedocles' Katharmoi. We have here a concept of soul that is quite distinct from the body...."(Ostenfield 1987 72) Ostenfield also reminds us that the Pre-Socratic Anaxagoras held that *nous* (mind) was 'mixed with nothing' but "knows everything about everything and has the greatest power." (Ostenfield 1987 72)

The Pythagoreans are often associated with the doctrine of opposites.(Owens 1959 36-37) The two primary opposites were the 'limited; and the 'unlimited' and the other pairs were merely reflections or aspects of the first. (Owens 1959 36-37) Some drew up tables reflecting central

pairs:

Limit and unlimited	Resting and moving
Odd and even	Straight and curved
One and plurality	Light and darkness
Right and left	Good and bad
Male and female	Square and oblong (Owens 1959 36)

According to Joseph Owens the first in each pair is considered an aspect of the good. (Owens 1959 37) Genevieve Lloyd agrees and writes: "The Pythagoreans saw the world as a mixture of principles associated with determinate form, seen as good, and others associated with formlessness–the unlimited, irregular or disorderly–which were seen as bad or inferior." (Lloyd 1984 3) This fits again with the move away from the earth religions and the feminine. What was valued in the new understandings was that which could be more easily understood. That which is limited, resting, and in the light was easier to grasp than those aspects associated with the unlimited, plurality, moving, curved and dark. Even today most traits that are considered less stable or clear continue to be identified with woman, mystery and the inferior.

Greek Culture and Plato: Dividing the World in Two

The Western tradition is most traditionally traced to Greece with the presocratic philosophers and of course Plato and Aristotle. In addition to dualistic understandings of the world that divided nature and culture and mind and body, Greek and Athenian cultures were notoriously misogynistic and phallocentric. (Agonito 1977 23) A variety of dualisms (especially the sharp division between male and female) helped to bolster this sort of world view. One contemporary discussion of Greek attitudes comes from Riane Eisler's discussion of ancient gender relations. Fathers were allowed, she offers as an example, to decide if children would be exposed (left out in the elements to die) while mothers had no say in the matter. Not surprisingly many of those

exposed were girls, some of whom were "rescued" by other citizens for a life of slavery and prostitution. (Eisler 1995 110-111) Women, even if not slaves, were confined to women's quarters, were not educated nor able to vote and were (preferably) married off early. There was little work a woman was allowed to do to make money and Athenian laws even limited the amount of money a "free" prostitute could charge insuring that economic independence was impossible. (Eisler 1995 107) This is the setting for Plato's writing.

Socrates and Aristotle it seems clear from the philosophies that remain, held the traditional and negative Athenian view of women to be true (Agonito 1977 41-42) though Plato's view is less obvious. His ideas of women guardians (or women even being allowed out of the house and in politics at all) discussed in the Republic are a tremendous contrasts to his society's prejudices. (Agonito 1977 23-24) It is ironic then, or perhaps unfortunate, that he is sometimes labeled as *the* source of the dualism which has allowed biases against women to remain intact over hundreds of years[35]. Still it must be acknowledged that while it is *not* clear that the division of body and soul he proposed was entirely (or mostly) his creation,[36] Plato's writing has heavily influenced Western thought on mind/body dualism. That is, while the concept of dualism may not have originated with him, and his acceptance of it could have been motivated by a wide variety of things, it is still his work that first overtly carries the message to most of the Western world.

Plato's struggle to extract the soul from the body runs throughout much of his work. This division seems to be an early western development of dualism. Some philosophers have cautioned

---

[35]A number of people have traced mind/body dualism back to Plato and appear to place the bulk of the "blame" for the concept at his feet. One such philosopher is Val Plumwood who charges him with being anti-woman and anti-environment directly. (Plumwood 1993 87-89) She also critiques feminists who have placed the blame on Enlightenment figures including Descartes rather than earlier in time.

[36]For example, later in this chapter I consider earlier traditions of dualism including the Pythagorians (many scholars agree that Pythagorian philosophy influenced Plato.)

against projecting modern ideas such as dualism back into ancient philosophies. (Ostenfield 1987 18-19) But while Plato's conception of dualism may not have been termed 'dualism' or possessed some of the intricacies added later, it would take a non-standard reading of his work to deny that he viewed body and mind as separate in a significant way.[37]

Plato's treatment of mind / body dualism is presented primarily in his discussions on the soul as he apparently became increasingly dissatisfied with the body. One of the earlier discussions of Plato's view on the topic appears in the Phaedo where he hopes to prove the immortality of the soul through a variety of arguments including a reference to the soul's ability to view the eternal forms thus showing, he believes, that it is more like the forms than like the perishable body (Phaedo 73c - 77a). Socrates insists that "souls must have existed without bodies before they were in the form of man, and must have had intelligence." (Phaedo 76c)

Passages in this, among other dialogs clearly provide evidence for Plato's views on not only the division of the soul from the body and its corresponding senses , but also the ranking of those parts. For example in the Phaedo, while discussing how the soul is like one's eyes and can be blinded (though the soul is not subject to the inaccuracies of the senses) Socrates says: "So in my own case, I was afraid that my soul might be blinded altogether if I looked at things with my eyes or tried to apprehend them with the help of my senses." (Phaedo 99e) In fact, in this same dialog Plato goes even further in his ranking of body and mind (soul) and assumes that essentially all that is good in a person is part of the soul, while that which is bad is often part of the body.

> Wherefore I say, let a man be of good cheer about his soul, who having cast away the pleasures and ornaments of the body as alien to him and working harm rather than good, has sought after the pleasures of knowledge; and has arrayed the soul,

---

[37]In his authoritative A History of Philosophy (Vol. 1), Frederick Copleston asserts "[Plato] was neither materialist, nor epiphenomenalist, but an uncompromising spiritualist. The soul is clearly distinct from the body;....The reality of the soul and its pre-eminence over the body finds emphatic expression in Plato's psychological dualism, which corresponds to his metaphysical dualism." (Copelston 232)

> not in some foreign attire; but in her own proper jewels, temperance, and justice, and courage, and nobility, and truth.... (Phaedo 114e)

Similar themes appear in the Republic–one of his most thorough discussions of the soul. Arguably, it contains what are probably the most positive discussions of the body in his primary works though it remains clear that a good body is one that stays out of the way of the mind/soul. In this work he discusses the importance of maintaining the body, especially for those who are to be guardians of the State. Here he even includes women as those who should seek to strengthen their bodies[38]. It is clear, though, that his goal is to *protect the soul* from the ills of the body rather than to elevate the status of bodies generally (Republic 441e - 442a). Certainly both the male and female guardians will work to develop stronger bodies but it seems this will occur because they have stronger faculties of reason such that they will work to ensure that poor physical training will not harm their eternal soul (Republic 457a, 498b) This theme of the body's interference with the good works of the soul appears again in the Timaeus (72e-73a etc.).

Plato's dislike of the body is further developed in the Republic, where he presents the tripartite nature of the soul (Republic 435d-441c): the rational, the spirited, and the appetitive. These he ranks in the order just listed with the appetitive portion rating the lowest. It is somewhat unclear, and has been a discussion for scholars, whether Plato believed that all three portions of the soul survive death–the myths suggest that he believes all parts survive but other dialogs make it sound as though it is the rational portion that lives on leaving the spirited and appetitive portions to die with the flawed body. [39] This latter interpretation seems to more accurately fit the spirit of Plato's work since it is the rational portion that would have access to the eternal forms while it is difficult to imagine that he would have thought the appetitive portion would be granted such a

---

[38]This is primarily discussed in Book Five.

[39]For example, see Frederick Copelston's discussion of this ambiguity in A History of Philosophy: Vol. 1, Part 1 pages 232-241.

tremendous honor (or that these lower parts would have anything to do in the post-mortem condition, for that matter).

Since the same take on the topic of mind and body arises with force again for Plato in the Timeaus, this suggests that Plato's view remained firm over time on the this division since the Timeaus is recognized as one of his later works. He gives us a larger than life illustration when he imagines a world-soul which is similar to the human soul[40]. Genevieve Lloyd writes on the topic:

> The relationship of the world-soul to the world is mirrored in that of the rational soul to the body which is subject to it. In the mythology of the Timaeus, a cosmic Reason hovers round the sensible world, influencing human minds.....The identification of rational thought and rational universe was not for [Plato] an unreflective assumption. It was achieved by deliberately downgrading matter to the realm of the nonrational, fortuitous and disorderly, while preserving for form the correspondence with rational, knowing mind.(Lloyd 1984 5)

Reason, according to Genevieve Lloyd, was viewed by Plato and even earlier Greeks such as Euripides and the Pythagoreans as a triumph over "the dark powers of the earth goddesses" and its fertility consciousness. (Lloyd 1984 2) So, while Plato may not be wholly to blame for dualistic thinking about selves and the world, neither does he seem to be "innocent". His contribution has bolstered and, for some, created a way of thinking that as I will later show, has been severely damaging to so many.

Certainly Plato's influence on the West should not be underestimated. Clearly he is the one who put dualism, in an early form, on the western philosophical map. Still the prevalence of mind / body dualism is tremendous and such a thorough saturation may easily suggest that there were multiple sources. After all, it is not the case that society has internalized all key elements of Plato's philosophy. One of Plato's most celebrated philosophies–that of the Forms–remains foreign to the average person whereas dualism seems almost universally understood (and generally

---

[40]Plato discusses the world-soul in a number of places in this work. See for example the Timeaus 29d-30c.

adopted[41]) by even uneducated Westerners (as well as many others.) This may suggest that there were non-Platonic influences embedding these ideas into the western psyche.[42]

Though the reflections of Plato or even those of the modern era have perhaps lost some of their vigor today, mind/body dualism and, as I will later discuss, the corresponding idealization of rationality over other traits still maintains quite a hold on much of contemporary culture and the related sense of reality. The concept of one's mind being separate from one's body is so embedded in Western culture that it is rarely stated but more often just assumed on some level. Though today's philosophers may on one hand reject dualism, by holding functionalist or materialist views for example, the cultural acceptance and underlying structure of dualism is apparently still present in many contemporary philosophies anyway, as will later be considered. This is one reasonable way to account for the discrepancy between the seeming denial of dualistic understandings in existing thought and yet the lack of tools (primarily language) for acting and speaking in a way that truly moves beyond dualism. Some post-modernist and feminist philosophers have challenged dualism, but even many falling into these two groups cannot fully detach from the understandings of this dualized nature. Modern day English, for example, seems immensely reliant on this assumption and to try to speak otherwise often comes across as messy and awkward. For example, even "embodiment"–the term often used to counter dualistic understandings of the self–seems to itself maintain a dualism. The term sounds as though something (someone) is *in* a body.

Plato's influence, while important, is only one part of a much larger phenomenon. Essential to the present day maintenance of dualism are systems of thought that are popular among

---

[41]The evidence of adoption for many Westerners is a belief that the identity/soul is non-corporeal. Often this is exhibited in the believed ability of the soul to survive bodily death.

[42]While the embeddedness of dualism in contemporary culture has not yet been established, arguments for such an assertion appear in the pages ahead so I ask the reader's patience on this point.

the wider culture. One example of this is the early and ongoing presence of dualism in religious thought.

Spirit's Transcendence: Religious Origins

Though the origins of dualism are complex, some of the West's reliance on a mind/body division that can survive such formal changes may be attributed to religious reenforcement and the Judeo-Christian tradition in particular. The binary thinking that supports the seemingly "obvious nature" of mind/body dualism permeates the West's social, economic, and psychological understandings of the way things really are. This in itself has some interesting aspects, but it becomes more problematic when one keeps in mind the evaluative nature of dualistic distinctions..

In dividing the mind from the body the two "parts" were given attributes that seem to almost follow by definition. So, a body is material, extended, and prone to the hazards faced by physical entities–aging, break-down, variation from one instantiation to the next, etc. Minds, however, are usually thought to be immaterial by those supporting dualism (or at least not entirely material) and so are not prone (at least not as much) to the body's difficulties. Minds (or souls), in fact, are often considered to have some sort of immortality or a transcendent nature. Philosophers, following Plato and other's lead, may attribute this immortality to the faculty of reason that makes up the soul[43]. So a mind or soul is at its best when it employs the greatest amount of reason while rejecting that which has been considered counter to reason. The latter catagory includes emotions,

---

[43]It is interesting that while philosophers have heavily favored reason as the ideal element of the soul, some religious traditions (for example, conservative Protestants) actually discourage the development of reason as it is traditionally conceived and instead insist that the good and immortal soul will be faithful, obedient, and unquestioning. An important similarity between traditional philosophy and conservative Christians (as well as many other religions), though, is that both traditions enforce the rejection of knowledge gathered from the senses or instinct and insists that the 'evil' or at least unpredictable body must be kept in check in order to protect the mind or immortal soul. So in some ways, the two different approaches to dualism are not really as radically different as they initially appear and either pro-reason or anti-reason based traditions both end up rejecting the body.

information from the senses (body), and bodily instinct. One bit of evidence for this preference of reason is the use of terms like "dispassionate" as a form of praise for one seeking the truth. The person receiving the praise has managed to adequately distance him or herself from emotions, and bodily sensation.

Traditions in the East, Middle-East, and Africa may have passed down some of this notion as well as more traditionally western religious teachings. Egyptian civilization might seem like a counter example since it seems to have revered the body as suggested by the extensive process of mummification that the members of higher society underwent after death. This appears, however, to have been a means of maintaining a house for the soul[44], suggesting even here they assumed a form of dualism.

In the East, three of the most influential philosophers in recorded history held philosophies that might lend themselves to dualism and may have influenced those beyond their own countries. Siddhartha Gautama (Buddha), who lived about 100 years before Socrates, advocated renouncing the sensual pleasures as a key to happiness. G.A. Gaskell says: "The incarnate Self (Maitreya) is born in the evolving soul as the Spirit of Love and Truth destined to become the soul's Savior by teaching it how to rise above the things of the world and free itself from the passions and desires of the lower nature." (Gaskell 1960 130) This rising above the material world and its passions seems to clearly be a form of rejecting the body for the good of the soul.[45]

---

[44]The Egyptian practice of preserving the body was important in the culture's practice and served not just as a tribute but a service to the deceased's "ka". It was believed that the 'ka' a replica "protecting genius" of each individual, was with him or her from birth and guided the dead's fortune in the afterlife. (Breasted 1959 49-54) It is believed this practice goes back as far as the fifth millennium BC. The matter is complicated though when later evidence arises that the ancient Egyptians believed that "the actual personality of the individual in life consisted....in the visible body, and the invisible intelligence, the seat of the last being considered the "heart" or "belly"." This intelligence animated the body. (Breasted 1959 55)

[45]Some traditions do focus on types of meditation which seem to direct a good deal of attention to the body. It is not obvious, though, that this is always an acceptance or celebration of

K'ung Fu-Tzu (Confucius) taught that obeying and respecting elders and those in authority as a means to harmony. Though his teachings seem less critical of the body when contrasted with Buddhism, dualism is still present. For example, Gaskell defines "Confucius" as "a symbol of the Higher Self active on the mental plane of the soul." (Gaskell 1960 169) This at least suggests that a lower self exists and it is not on the mental plane of the soul.[46]

Lao-tzu's philosophy of Taoism, while appearing more in harmony with nature and more open to the "messiness" of human life, also presents the principles of yin and yang. It may be argued that these concepts were not ranked in the way that mind and body later were but they did associate the active principle with the male and the quiet, receptive principle with the female. This form of dualism is presented in lists that seem quite similar to dualisms suggested elsewhere. For example these "two aspects" (yin and yang) include "Spirit and Matter having the conditions of Energy and Inertia respectively." (Gaskell 1960 744) Here too matter is associated with degeneration / decline and being moved while spirit is active and the mover. Further, "the masculine is pure and the feminine is turbid; the masculine moves and the feminine is still." (Gaskell 1960744) So clearly yin and yang represent a sort of dualism and the preferred side is likely to be the masculine (which is spirit). All of these philosophers lived at approximately the same time as one another but roughly 100 years prior to Socrates and Plato. (Gaskell 1960)

Of course the influence of the Hebrews, who first united more than 1000 years before Socrates, may well have influenced later thought profoundly. Judaism's insistence on one male god was certainly a tremendous influence on the previous multiple Goddesses and nature

---

the body any more than it may be a concerted effort to control the distractions that the body may try to impose on the enlightenment-seeking mind. One focuses on breathing as a means to mental development but to reach Nirvana, one must learn to be detached. (Rahula 1959 47-50)

[46]Although there may be some division and preference for mind over body, the Confucian contribution most relevant here is the insistence on hierarchy.

worshiping cultures. In the next section, I will discuss the Jewish and Christian influences on contemporary thinking which have impacted the Western world through the writing of religious scholars.

Religion and Dualism: Lloyd's Analysis

Perhaps one of the most significant feminist critiques of dualism is supplied in Genevieve Lloyd's The Man of Reason. In this work she critiques some of the key (and inter-related) dualisms of Western thought including nature/culture; nature/reason; formless/form; female/male or feminine/masculine (especially where the masculine is associated with the active while the feminine with the passive); immaturity/enlightenment, etc.. In each of her pairs the first is lesser, negative or anti-man of reason. The second of each pair is the converse and thus represents the preferred and rational (the rational being the highest good). She cites the Pythagoreans as some of the earliest recognized thinkers employing divisions or dualisms. She observes that later Greek philosophy takes this type of separation and applies it to the form–matter distinction and links the male (in reproduction in particular) with the active while the female is associated with passivity. (Lloyd 1984 3) Lloyd also finds some of the early sources of dualisms in the *Judeo-Christian tradition* actually point back to the early Greeks[47].

Though Judaism is sometimes associated with monism, Lloyd references early tendencies towards dualism. Philo, a Jewish writer in the first century AD interprets the story of Adam and Eve through "Platonic eyes". Lloyd writes:

> In Philo's retelling of the Genesis story, woman, symbolizing sense-perception, is the source of the fall for man, symbolizing Mind. Sense-perception, like woman, was created to be a 'helper and ally' of Mind. The order of God's creation in the Genesis story reflects the rightful priorities among the human faculties: 'first he made mind, the man, for mind is most venerable in a human being; then bodily sense, the woman, then after them in the third place pleasure. (Lloyd 1984 23)

---

[47]Elizabeth Grosz traces dualized notions of self back even further to Egypt where a "less dense copy" of the self, "invisible but still material", lived on after death. (Grosz 1994 62)

Later she quotes Philo's writing directly:

> There is in the soul a male and female element just as there is in families....The male soul assigns itself to God alone as the Father and Maker of the Universe and Cause of all things. The female clings to all that is born and perishes; it stretches out its faculties like hand to catch blindly at what comes in its way...(Lloyd 1984 25)

Clearly this supports Lloyd's reading that woman is bodily and not eternal or soul-like. Woman is tied to that which perishes and the parts of the soul mirror this–that which is noble versus that which perishes and grasps blindly rather than knowing.

Christian philosophers do not fare better on this count of women and Reason. Augustine was clearly aware of Plato's work and took it seriously based on the several references he makes to him (and the Greeks)[48]. He tries to liberate women from what seemed to be a misogyny of early exegesis says Lloyd. (Lloyd 1984 29) This is supported, for example, in his discussion of the resurrection and the question of whether women will retain their sex. He says: "Before they sinned, the man and the woman were naked, and were not ashamed. From those bodies, then, vice shall be withdrawn while nature shall be preserved. And the sex of woman is not a vice, but nature." (Augustine City of God, chapter XVII) Lloyd, however, believes he still maintains women in an unclear relation to Reason. (Lloyd 1984 29) He sought to avow a equality in Reason between the sexes (in order to maintain spiritual equality) but still seemed compelled to find sexual difference that allowed man to remain dominant over woman[49]. Lloyd considers his view: "What woman *is* as a rational spirit [must be] distinguished from man. It is this bodily difference that must bear the

---

[48]See for example City of God Chapter XVI or Chapter XIII.

[49]For example, Aquinas writes of Augustine's exegesis. "According to Augustine, "flesh" is taken here for the woman, because as the flesh obeys the spirit, so woman should obey man. Adam (Gn 2:23) said of the woman, "This, at last, is bone of my bones." And note, according to Augustine, that just as the possessions of a household are wasted away if the woman rules and the man is subject, so a man is wasted away when the flesh rules the spirit." (Commentary on the Gospel of Saint John Ch 1 Lec 6 Sct 160 p 81)

symbolic weight; and its symbolic role must be articulated without detriment to woman's equality to man in respect of Reason."(Lloyd 1984 29) So woman shares in reason but is still lower than man because of her bodily difference. Bodily, woman was made for man "made subject, by virtue of the sex of her body, to the male sex". (Lloyd 1984 29) Augustine is clear about the superiority of the soul over the body: "This, indeed, is true, that the soul is not the whole man, but the better part of man; the body not the whole, but the inferior part of man; and that then, when both are joined, they receive the name man..."[50] (Oates 1948 234) This inferiority stemming from the body is, granted, not all important in Augustine's overall philosophy (Lloyd 1984 31) but Lloyd argues that in spite of his seeming commitment to equality, in structure his orientation is very similar to that seen in his predecessors. (Lloyd 1984 33)

Aquinas, according to Lloyd, shows no need for male/female symbolism in regard to the soul. Clearly there can be no question that Aquinas valued reason as superior, he says: "reason in man is rather like God in the world." (Opsuc XI,I de Regno, 12) It is also clear that he believed the soul was distinct from the body and the latter was inferior. "If intellectual and spiritual pleasures are compared with sensible and bodily pleasures, in that comparison spiritual pleasures are in themselves and absolutely the greater." (Summa Theologica I-II. Q XXXI. Art V) He is careful to maintain the distinction that allows man to remain superior to woman contends Lloyd[51]. Man is in the image of God and woman is made for man (and not vice-versa); it is woman's "role in generation....that makes her man's helpmate." (Lloyd 1984 35) For activities other than generation

---

[50]This is taken from the notes written by Whitney Oates in Basic Writings of St. Augustine published 1948–specifically regarding City of God Chapter XXIV.

[51]There are numerous occurrences where Aquinas indicates man's stronger association with reason and woman's stronger association with the body or flesh. See for example: Summa Theologiae Supplement Q 62 A 4 Rp 5; Commentary on St. Paul's Epistle to the Ephesians Ch 5 Lec 8 p 217; or Summa Theologiae Q 93 A 4 Rp 1. These essentially state that man is to woman as God is to man.

man is better served by other men, Lloyd relates.[52] Even though woman does not symbolize a lower *form* of rationality–man possesses a *predominance* of reason. (Lloyd 1984 35-36) Reason is reason, Aquinas seems to say, but males hold a "predominance of reason" and this supports, he believes, male's position as dominator and woman's position as "naturally subject to man". (Summa Theologiae Q 92 A 1 Rp 2)

So, for both of these most influential Christian philosophers it is not woman's soul or Reason that maintains her in an inferior position per se, but her body and sex that are given the credit. Whatever amount of Reason *is* seen in her, is good and male (and thus in the image of God). Where woman is more bodily or connected to bodies she falls to the side of the spectrum opposite reason. Throughout this early thinking, dualisms are essential elements that must necessarily be in place in order to maintain this hierarchical ranking.

Bodies and Scientific Reason

Reason took on a renewed significance with the work of Rene Descartes. Reason, perhaps first and foremost, allowed certain humans to understand themselves as superior to those with lower or non-existent levels of reason. Those who have fallen into the latter group at one point or another have included women, racial and ethnic minorities, the young, the elderly, the sick, the poor, the uneducated, primitive or unsophisticated tribes and peoples and non-human animals. Discussions of many of these groups appear in the chapters ahead but the overall point to be made is that reason as a distinguishing characteristic has allowed certain individuals to feel justified in

---

[52] Aquinas writes: "It was necessary for woman to be made, as the Scripture says, as a "helper" to man; not, indeed, as a helpmate in other works, as some say, since man can be more efficiently helped by another man in other works; but as a helper in the work of generation." (Summa Theologiae FP Q 92 A 1 Body) Aquinas perhaps intends helper and helpmate to be interchangeable and wants the emphasis on the arena where woman is helpful to man–which is only really as the bearer of his children. Even in a child's education, Aquinas contends, man is better than a woman because he has a stronger arm for punishment and a his "reason is more perfect." (Summa Contra Gentiles Bk 3b Ch 122 p 113)

ruling over or ignoring those who fall into those groups mentioned. Even if this is discovered to be true, is this necessarily a bad thing? Ideas of ruling over another seem inherently problematic and yet there do seem to be cases where having authority seems warranted or even essential for the welfare of the "weaker" or society at large. For example, it seems appropriate that parents should have some say over the actions of their children. People should not allow their dogs to run around biting others and the uneducated should be protected from harms to themselves or others that might result from their lack of knowledge. We should help to protect those with severe mental illness who are unable to make the best judgments for their own well-being and goals. So while a critique of the "infallibility" of Enlightenment reason is necessary, it is important not to suppose yet another dualism as a 'fix' which might suggest that either we value Reason as the ideal or we reject reason altogether. Both extremes are problematic.

For example, one advantage of the dawn of the age of reason was its ability to structure a viable science. Prior to this age, knowledge of biological processes and other areas of investigation had moved slowly forward, but *reason* provided a method and confidence that has supported modern modes of investigation. Science as we know it, as will be discussed in later chapters, seems to often lean heavily on dualisms as a means of "uncovering truth" in addition to its reliance on reason. A hypothesis is generally set up in a form of seeking to determine if option A is the result or option B (which may in some cases be the negation of A). Reason in the form of stripped down "facts" that can be isolated, watched, counted and calculated has allowed society at large to move forward at a pace that would perhaps not be possible were variables such as context, individuality etc. included in our thinking.

But what about science's reliance on the body itself? Science, which is the basis for medicine and arguably a cornerstone for our society's preference for Reason, might in fact seem to be a counter-example to a rejected body theory. Surely the scientist uses his or her body to gather

the data that becomes the basis of virtually all scientific discovery. The relationship of mind to body in science and the scientist is indeed complex. On the one hand, science is reliant on the senses (via the body) in order to gather empirical data. On the other hand, the highest caliber of science is that in which the scientist's personal impressions or subjective experience is removed or at least removable from the end product so that the experiment and results can be replicated by others (who, it is hoped, will avoid bringing their own subjectivity to the process as well.) Arthur Strahler says this is why:

> we must never refer to the single measurement as fact. Generally we refer to collections of such observations as raw data. With proper precautions based on long experience scientists may judge the data to be "good", "sound", or "reliable" and proceed with an investigation as if they were dealing with facts. (Strahler 1992 24)

So, I contend that while the body is (perhaps sometimes grudgingly) part of the data gathering process, the signs and *specificity* of the body's experiences are removed as much as possible. This is one reason, it would seem, that science may prefer the most reliable technological processes over more subjective/interactive ones. The latter is left to "soft sciences" such as psychology. Technology can, then, further help to remove the person from the subjective nature of data collection.

Removing the human element may be a goal, but it is of course an imperfect process. For example, those who must use a microscope to view micro-organisms, currently must subjectively participate by determining what sort of shapes are present, what qualities those shapes have or how many there are. This is why single observations are not adequate–they are too prone to human error (which is to say they are prone to being specific rather than universal observations.) Science as a whole might be quite delighted to find a machine that would do this work of visual analysis to lessen the human impact on the result. If I look into a microscope my eyes can gather the result that there are 10 organisms per field and if the person next to me looks at the same slide, in the

same place, they will be likely to arrive at the same conclusion such that visually gathered data of this sort is seen as relatively impersonal. Auditory data may be gathered relatively objectively if I am well trained, while smell and taste are seldom used potentially because they are thought to be more subjective and touch seems to be used even less as a tool for data except for gathering the broadest distinctions. The senses of the body, while currently necessary, are not always trusted. This mistrust in science can be traced back at least to Descartes. He (sometimes at length) discussed the instability and unreliability of the senses in determining what is real [53] and favored the setting aside of sense data all together for determining ultimate truths in favor of a focus on reason alone.

Of course even the most 'objective' data must still be interpreted after it is gathered but this need not necessarily rely on what is traditionally conceptualized as the body. At this point in the process interpretation may draw on (formerly proven) fact and abstractable reason rather than on sense data. So while science certainly uses the body it puts effort into removing the specific body as much as possible. Scientific method itself "is designed to minimize the commission of observational errors and mistakes of interpretation. The method uses a complex system of checks and balances to offset many expressions of human weakness..." (Strahler 1992 28) The many precautions that are set up to minimize the variation that fallible humans and bodies are prone to, suggests that science would welcome an even less personal interaction within experimentation and that it, like those supporting mind/body dualism, still ranks the mind as superior and the body as inferior. So while the body is used to gather raw data, it remains "raw" data until the theoretical and objective mind and reason can pick out what bits are "anecdotal" or flawed. The attempt to decontextualize science will be considered more carefully in the next chapter but the ambivalence (at best) about the body and science's heavy reliance on abstractable reason should serve as signs

---

[53]See for example, Descartes Passions of the Soul, page 346 or 337.

that science itself has not escaped dualism.

Contemporary Dualism in Everyday Life

The earlier portion of this chapter should have made it clear that the roots of dualistic thinking run back deep into history while it continues into our present world via religion and contemporary practices. Though mind and body division may not be discussed specifically or directly as frequently as before (as the mind / body division is perhaps seen as obvious[54]) the corresponding dualisms such as women and nature as opposed to man and culture remain common themes either implicitly or explicitly–in spite of the cliched nature. For example, Patricia Waugh quotes contemporary Existentialist philosopher Jean Paul Sartre as commenting on the female sex as representing "the obscenity....of everything which gapes open"–in other words their lack of boundaries or limitlessness. (Waugh 1997 211) According to Waugh the point of such a view for man is "to retain the purity of a subjectivity, a human-ness defined as autonomy, pure reason and transcendence". (Waugh 1997 211) This is an autonomy and subjectivity seemingly not found in women.

The widespread nature of dualism even today is evident in many areas–especially mass entertainment. Contemporary books and movies of popular culture provide numerous examples of dualism where, for example, good and bad are clearly and unchangeably opposed. A number of scholars have investigated what films can tell us about the beliefs of the public that consumes them and the mythologies that they uphold. Micheal Rogin, for example, suggests that films have supported the demonization–the marking of another as 'other' and as evil (as can occur in dualism)

[54]Keep in mind that a mind / body division need not mean the mind and body are separate substances as such. In fact other than philosophers, few people would even understand what "mind substance" might be. Instead this separation focuses on mind / rationality's superiority and often times on the idea that the soul / self survives death.

of particular groups throughout modern history.[55] Themes of light and dark mirror this good/bad contrast in one of the most widely watched series of movies: "Star Wars". In the films (blond, young, powerful, white male) Luke Skywalker must learn to reject the "dark side" of the force by using his youthful athleticism, bodily discipline and his 'light' saber. The dark side is personified in arch enemy (and later we find, father), Darth Vader, who appears only in black, has physical injuries that handicap his breathing and whose face is hidden (until he is dying when we see its deformity and ugliness). In what might seem an inconsistency, Darth Vader is surrounded by an army of white clad Storm Troopers while Luke Skywalker's closest friend Hans Solo wears primarily black. Storm Troopers, however, have no personality or individuality and are more like robots than people. Their lack of humanness presents a good canvas for emphasizing the evil and darkness in their master. Hans Solo, we find, does have numerous human shortcomings, he lies, cheats and smuggles but it becomes clear there is no real evil in him–underneath his black vest he is wearing a white shirt perhaps reflecting the goodness inside. Hans bad-boy persona illustrates even more clearly Luke's upright nature while Hans ultimate bravery and good heart show that he really isn't so bad after all. Ultimately, youth wins over age, white over dark, human individuality over (non-human) aliens/automatons, beautiful bodies over ugly ones, and so on. In the end, we may or may not notice, it all remains a story of men who (even as the hero) use force and weapons to triumph over foes. The only female character, beyond Luke's older aunt/guardian who is killed early on, is named Leia. She is an upperclass, Caucasian "princess," dressed wholly in white (except for a scene in a later film where she is put into a gold bikini "harem" outfit to show she has

---

[55] John Lenihan's review of Micheal Rogin's book Ronald Regan, the Movie and Other Episodes in Political Demonology (University of California Press 1987) summarizes a key theme in Rogin's book: "Outbursts of fear and repression of Indians, blacks, workers, immigrants, or Communists are generated by institutions and elites, including Hollywood and the political leadership...." (Review of Books, 1987) Thus Rogin suggests it is not extremists that support this particular type of dualism but those in power.

been appropriated by an unscrupulous male slug). She is able to do some fighting on occasion, but must more often be rescued by the brave men Luke and Hans, including being freed from her capture by the giant slug.

The Star Trek series and movies have had more than an average share of analyses into underlying themes or messages.[56] One film that may be of use here is the Star Trek movie "First Contact" which takes the classic man versus machine theme and adds a twist–now the machine, 'the Borg', becomes female and not only seeks to assimilate[57] all of the men of the Star Trek ship but tempts the ultimate in male rationality (the rational male machine Data) with her feminine flirtations and promise of flesh. The Borg queen is almost all machine (more so than the regular drones whose bodies are used by removing their drive for individuality) except for her head and upper torso, interestingly allowing for a machine with cleavage. She threatens the boundaries of these men by drawing them away from their rationality. In the end the good machine Data is able to resist the temptations of the evil queen and save himself and all of the other men by destroying her by demolishing her flesh (rather than her circuitry) by giving up his own weakness of desiring flesh and bodily sensation. The mind's Reason wins over flesh and femaleness even though both of these latter traits are housed in the unusual shell of machinery.

It is not just science fiction that provides these dualized themes that seem to sell so well to the general public. Huge hits like "Fatal Attraction" and "Basic Instinct" both pit evil temptress-

---

[56]See for example Enterprise Zones: Critical Positions on Star Trek by Taylor Harrison, Ed. (Westview Press 1996) for an entire book based on critical analyses of various episodes or themes or see "Star Trek and History: Race-ing toward a White Future" by Daniel L. Bernardi in *The Journal of American History* (Dec. 1999).

[57]When the Borg assimilates someone, 'it' takes away that person's individuality and autonomy and makes them part of the evil "collective". The drones that they become are much like the female worker bees in a hive working for the good of the hive/collective. They work toward common goals of assimilating other unsuspecting people into this mindless work and serving the demanding queen who manipulates them and offers them no reward for their effort.

murderesses against the good male (in spite of his human shortcomings (i.e. wanting sex)) and contrast the former woman with a relatively impotent female partner who plays the good girl to the hero perhaps in order to emphasize the bad girl image of the unmarried, over-sexed, psychotic and manipulative woman. "The Crying Game" teaches its watchers that the only really good woman is not a woman at all, while the biologically female woman is again evil and murderous[58] . The majority of popular, big box-office movies, unless they fall under the category popularly termed "chick flicks" (which feature almost only women) tend to have only two female characters (if women appear in more than bit parts)–generally one of whom is good and the other who is always bad. The list of movies in this category could go on at length and is mirrored in popular fiction books.

Dualism is not however just part of the West's fantasy life. The dualism which is evident in entertainment is just one type of manifestation of practices and understandings based on dualized views. The following section explores a few of these areas.

Extended Influence

There are numerous contemporary examples of dualisms in today's society. U.S. politics feature a dualized two party system in spite of repeated attempts to create a viable third party. Gender distinctions placing people squarely into either male OR female categories are strictly enforced both socially and surgically. People may have to fit themselves either into the category of white or non-white on application or data forms. Such dualisms illustrate this is far from an ancient ideology but is present in modern daily life. This continuation of a Cartesian ranking of Reason over bodily sensation even seems to be that which makes us superior to our early, seemingly irrational, predecessors and certainly what makes us superior to non-human animals.

---

[58]This interpretation of "The Crying Game" is drawn from a presentation given to the University of Tennessee Philosophy Department by Professor Renee Cox of Chattanooga.

This is all well and good, one might think, but even if popular or civic society shows signs of dualism this need not mean that dualism and a focus on rationality as superior to, and separate from the body is part of the practice of medical ethics itself. As a new field, perhaps it has taken up a new outlook. Surely medical ethics, a field that confronts sick bodies regularly, is more likely to be free of such bionized ideals. While some particular bioethicists may avoid such assumptions, mainstream bioethics seems not to have escaped such biases. Since ultimately this dissertation is focused on the role of medicine and bioethics specifically, let me discuss this briefly here though this will be illuminated in much greater detail in later chapters dealing specifically with bioethics.

Bioethics idealization of rationality and the mind appears most commonly in the recurring focus on autonomous choice. Autonomy virtually always appears as a (if not *the*) key element of mainstream bioethical decision making. Harry Moody notes this tendency to appeal to autonomy:

> ...few principles of contemporary bioethics are as honored as the ideal of individual autonomy. The free and informed consent by an intellectually competent patient is acknowledged as an indispensable stardard... (Moody 1992 134)

While Moody, unlike many bioethicists, goes on to strongly critique autonomy as a cure-all, he expresses a point on which most would agree–autonomy is central to bioethics. I will not undertake a full discussion or critique of the concept here, for surely that is a chapter (or more) in itself but it is worth noting that autonomy is almost always listed as the first principle of medical ethics. There is a lot to be said for respecting self-determination and I do not mean to belittle that in any way. I do want to point out though that autonomy is generally understood as the self-governing of a rational agent. Therefore full self-determination is a privilege only for those we deem fully competent and rational and for those who are fully independent. Let me offer some support that this is the sort of understanding that exists in the field. In Mappes and DeGrazia's often used text book Biomedical Ethics, they list several things that might interfere

with an autonomous choice. Two aspects that are necessary to make such a choice include "freedom from external constraints" and "freedom from internal constraints." (Mappes 2001 40-41) In essence, a dis-embodied abstract subject (abstract in that no internal or external constraints exist) is able to make fully autonomous choices. Those who exist in context (and thus have external considerations that might heavily impact their choice) or those that suffer from any sort of social prejudice or mental strain that might lead to internal conflicts or constraints, cannot by their definition make fully autonomous choices. This version of autonomy clearly favors those already in power and those not associated or impacted by their own body.

It might be countered that the bioethical obsession with autonomy might be in place out of concern for the ill, vulnerable, or powerless–we must respect the self-governing rights of those least able to express them. It appears that autonomy based policy or theory is striving to allow those with sick or even comatose bodies to exercise their personal values rather than having those imposed on them. Again, it is not at all clear that it is the vulnerable body that is the focus so much as the rational agent who might be "trapped" or limited by that body that seems to be of concern. Dworkin's discussion of Margo, discussed previously, illustrates the tendency of mainstream liberal thinkers when valuing autonomy to neglect or ignore the situated body / person. Further, as noted above, not everyone is as likely to be perceived as autonomous as some others. Susan Sherwin notes that "many feminists perceive that the concept of autonomy, rather than working to empower the oppressed and exploited among us, in practice often serves to protect the privileges of the most powerful." (Sherwin 1996 53) Susan Wolf issues a similar warning in an article on physician-assisted suicide arguing that a focus on autonomy leads us away from the situated nature of individuals. (Wolf 1996 298-301) Moody notes in particular that the ideal of autonomy must be questioned as appropriate for long term care situations and the elderly. (Moody 1992 134-135). If there are reasons to believe that women, the chronically ill, and elderly are not

protected by the employment of autonomy as an ideal, then it is hard to imagine that the vulnerable overall are protected.

So while a fuller analysis lies in the chapters ahead this should give us a reasonable starting point. If autonomy is a central idea of bioethics from which many other theories spring (as is reasonable to believe), and if focusing on autonomy means focusing on the rational mind to the neglect of the situated self and at least some vulnerable populations, then bioethics apparently does employ understandings that split mind and body and that value the rational mind above other elements. Thus bioethics has at least on some level inherited the dualism, as will be shown further shortly, that creates bias and harm for certain groups of individuals.

The Harm of Rejecting (Some) Bodies

Body itself should be defined if one is to understand what is being left out. Most people will discuss the body in terms of its materiality. The concrete and manifest nature of body is indeed an important aspect but it is not in itself exhaustive. In speaking of the female body, Wendy Harcourt defines body in a slightly different way. She says it "is a historically and culturally specific concept that enmeshes women in a set of historically bound contradictions and social relations."[59] (Harcourt 1994 80) Thus it is the body that puts us in a place (in time, space, or community). In theory that ignores the embodied subject in favor of the dualized self / soul vs. body / object, the body is not an interface or primary location as Elizabeth Grosz will call it, but is concretely and solely "thing". As Gabriel Marcel's philosophy remonstrates: While 'body' can be an object, the 'body as mine' "is object for nobody".[60] (Gallagher 1962 17) Marcel challenges the propensity of thinkers to make bodies into non-relating objects that can be manipulated but have no

[59]Though Harcourt's discussion is focused on the female body, there is no reason to believe that this understanding is not applicable to bodies more generally.

[60]Marcel's assertion is illustrative of the tendency mentioned earlier to make others into "Others" but his work on embodiment will still be of use generally.

agency themselves. Though this quote only suggests that one's own body cannot be objectified (a sort of Cartesian embodiment, if you will), it does give a starting point for the project of re-embodying subjects.

The rejection, or minimally, the mistrust of the body has the consequence of diminishing the standing of individuals more closely associated with the body, simple because of their association with the body (as discussed earlier and as considered in the next chapter). As mentioned, those that would fall into this group would include women, racial and sexual minorities, those of a lower social class, the disabled and the elderly. This in itself is quite problematic from an ethical point of view. In addition though, dismissing the body is a disservice to everyone whose reality is distorted in an attempt to fit the theory to life or vice versa. People often must reject what knowledge or understandings they gain from their body and while this is a loss for everyone–it is especially likely to be harmful for those who for social or biological reasons are more associated with bodies than others.

First, separating and then rejecting the body fetishizes it by making it dirty or obscene and again, in turn, fetishizes those more closely associated with the body. Further, rejecting the body separates us from one another by focusing almost wholly on our monadic (reasoning) mind thus making our 'tentative' contacts with others into experiences where they are necessarily "Other"[61]. Numbers and other abstractions must appear as more real than the experiences of these "Others" whom I cannot access except through the trading of rationally interpretable data. Any other attempt at interaction is likely to either be, or appear to be, hostile. Making the body less real than abstractions of the mind, as Plato did so long ago, is a disservice because it asks us to reject

---

[61]Luce Irigary's article "The Fecundity of the Caress" (which criticizes Levinas's philosophy of self and other) 'touches' on this point. By using visual/mental connections to others, we keep them at a distance, whereas touch or "the caress" as she calls it, literally connects individuals and rejects the monadic/"Other" philosophy.

important aspects of ourselves, of others and our connections to them, and makes it impossible for us to come to terms with ourselves as whole, integrated and bodily beings.

The fact that dualisms still exist may seem unimpressive to some, just as the believed existence of yin and yang does not seem especially problematic to some Eastern thinkers. The point that women are associated with one side of this dualism, the side that is less valued, is unfortunate for them but does not in itself adequately refute dualism as a concept and means of understanding the world, such thinkers might argue. I think there is sufficient evidence that the harm dualism does, and the inequalities it produces, is at least adequate to challenge its usefulness and fairness. Even those readers who might reject these points surely could not easily maintain that dualism is an accurate account of human experience as it exists in the world. Granted many people believe that their mind and body are quite separate in some way, but the opinions of the masses are not in themselves adequate proof, one might think. However the average person does not *experience* their body as radically separate from themselves. One does not generally seek out or welcome a means of killing the body such that their immortal mind might be free to do more important things than the material tasks of maintaining a body. People experience their bodies as themselves[62]. When physical pain is experienced–it is not just reasoned away and when psychic or emotional pain is experienced, often the body reflects that anguish. It is not just my mind that decides if I feel happy today but also my body which is me as well. The next chapter will discuss

---

[62]This is not meant to diminish the fact that some people do feel trapped in their body either because of the extreme pain or because it feels like the wrong body for one reason or another. I would suggest, however, that perhaps much of this imagery of feeling trapped is due to the dissociation that is taught in a dualistic society (or even that dissociation which is *necessary* to survive mentally in a dualized community that is itself rejecting). Perhaps this dissociation makes people believe that not only are the two parts separable, but that the body is generally responsible for their negative experiences. Less dissociation and more acceptance of people as whole and situated individuals, might well lessen these experiences which mirror this artificial but current state of the society generally–but such is only possible in a world that accepts bodies and human variation.

how an inability to separate self from body has especially been true for those whose body is used against them both as a means and a justification for oppression.

There is a potential objection to an important claim made here that should be considered before preceding further. To the charge that women, rather than men, are especially hurt by a mind/body dualism (because they are more often associated with the body), it has been countered by some that men are not seen as less body but in fact are heavily associated with the body through sports, strength, and space. That is, it is inaccurate to say women are viewed as more bodily–such is just a construction by feminists who ignore the less intellectual conceptions of man to create a dichotomy that does not really exist. Even though this topic is continued and developed more fully in the following chapter, it is important to clarify an important distinction regarding male and female bodiliness now before moving beyond the discussion of mind / body dualism as such.

Some men, football players or other burly "jocks"who not only use their body (sometimes for their profession) but also are caricatured as bodies that burp and scratch are perceived as rather less than intellectual creatures (that is, they are not associated with mind). Construction workers, firefighters, and those whose occupation associates them with their body; or high powered business men or most other males who assert themselves as deserving of more space than women also fall into this group with a body focus. [63] All of these men are not only aware of their own bodies, but others seem to either associate them with (or at least must acknowledge) these men as bodily in their existence.

There is, however, a significant difference between the body association of these men and the body associations of women which makes a difference in males' "bodiliness" vs. females' (at

---

[63] For studies on gender and space see, for example, Body Politics (1986) by Nancy Henley, 36-42. Research discussed by Nancy Henley as well as others like Deborah Tannan discuss the tendency of men to take more space (for example, while sitting) than women, regardless of the proportional size of the person.

least between white, middle-class males' bodiliness and females'). In looking back at the list of which (or when) men are most often associated with the body (aside from being patients–discussed later) it is fairly clear that when white, middle/upper class men "are bodies" they are asserting power–usually power over something or someone else. When women are most often associated with bodies, they are bodies predominantly rather than predominantly power asserted via a body, as with these men. To better illustrate this, consider when women are most heavily 'body': A) Women are viewed as bodily in pornography. Here traditionally women are bound, naked, submissive etc. and shown routinely 'waiting for a male' (in their body position or minimally, concretely waiting as a consumable paper image) to use them for the male's own desires. Even pornography featuring female domination must be chosen and acted upon (traditionally by a male) so that such domination is chosen and not a true domination at all. B) Women are bodily as reproducers of babies, where women's reproductive capacity must be carefully controlled to make sure that women don't "mess up" the babies by their personal habits or their ignorance of how to take an especially active part in the doctor controlled birth process. Linked to this is, C) women's cycles, which make women moody, unpredictable and thus unsuitable for positions of power or rationality. D) Women's weakness as 'feminine bodies' is another common association with bodiliness, where women must be protected by men privately (husbands), publically (police) and are still violated because of "their weakness" through rape and other brutality. [64] E) Women are body when they are sexual beings themselves. Many feminists have noted that women are traditionally feared as sexually uncontrolled and thus are blamed for indications of their sexual irresponsibility by condemnation for unplanned pregnancies, STDs, and sexual offenses against

[64]Court cases where women are unsuccessful at getting adequate restraining orders against a batterer, "Rape Awareness" programs that tell women it is their responsibility to not be raped, and social prohibitions against women walking outside without a man illustrate some of the ways society tells women it is "their weakness" and not the male brutilizers misuse of power that is the cause of violence against women.

them. The "weakest willed" of all sexual females, the poor, are put on doctor controlled and administered birth control methods (Norplant or 'the shot') to keep these wild (irrational) women from reproducing willy-nilly.[65] There are other cases, but the most common and most generalizable are consistently images of female bodies lacking control, lacking power, and lacking rationality.

Football players, boxers, etc. may not be viewed as intellectual but unless they are minority men–which as it happens, they often are–they will generally not be viewed as bodies in need of control. White men's bodies, when they are acknowledged, are generally a source of power and sometimes even competence. Further, when white middle/upper class men are not seen as bodily, it may be assumed that they are intellectual and thus praiseworthy in their own right. For example, consider the caricature of the computer geek, or more specifically intellectuals like Steven Hawking, Jean Paul Sartre, Winston Chruchill, or professors, scientists, rich business executives, or political analysts in general who are revered but whose bodily appearance would never be considered as relevant (or minimally, does not threaten their position or opportunity to advance).

Women, in contrast, arguably cannot escape their bodiliness via their minds or their power. The only ones who can be viewed as other than primarily bodies are those who are seen as essentially masculine and as having sacrificed their femaleness to be accepted in a male world, and even they are viewed as in some way as pitiful or amusing imitations of real men. For example: Janet Reno–whose appearance and sexuality were discussed far more than her high office or policies; Hillary Clinton, whose work to create laws to protect children and political activities are overlooked in favor of her lack of control over her husband's sexual wanderings or new 'more

---

[65]See, for example, Ellen Moskowitz and Bruce Jennings' edited volume, Coerced Contraception?: Moral and Policy Challenges of Long-Acting Birth Control, Georgetown University Press, 1996.

feminine' hairstyle; and Ophra Winfrey, one of the richest women in the U.S., but who instead is best known for her lack of success in weight control (and often the source of jokes to that end). Even professional female athletes who surely should be known for the power of their bodies are better known by the person on the street for taking off their shirt after a win, their daring new spandex sports clothes, or who they are sexually involved with, rather than for their records. These are images that focus on the body but not on power. These are just a few of the better known examples.

This is what is meant by "women are seen primarily as bodies". Men–especially those who are not minority men but are part of the higher classes–may be seen as having certain associations with *their* bodies but that is often just one aspect of their existence. They are still primarily self-governing subjects. Women as a group are often denied the social recognition of being viewed as other than primarily bodies or as primarily objects. Minority or lower class men as well as transgendered individuals or visibly homosexual men[66] often share in the oppressions focused on the body. They may have body focused jobs–as manual laborers or even as professional athletes (whose incomes would surely put them in the upper class) but if they do not have a preferred male body, then because of their skin color, sexuality, or lower social status/income they are likely to experience some of the hardships that women do while gaining little social recognition of power granted to white, middle class males. The next chapter turns its focus to bodies and how it is that while bodies have been the source of oppression for certain groups, further rejection of the body is not the answer. The chapter will provide further argument and support for the assertion that certain bodies (female, black, or homosexual bodies for example) are

---

[66]The distinction of "visibly" homosexual is made because men who are straight looking, closeted gays or secretly bi-sexual are often saved from the negative body associations of women and minorities so long as they are perceived as straight men and do not fall into the lower class or racial minority categories.

viewed as radically different from what I will attest are idealized non-minority male bodies.

"Distinctions can *always* be made. And because distinctions can always be made, it is crucial that we always ask not merely whether a distinction holds at some level of analysis or description but what purposes it serves and what elements it obscures." Susan Bordo Unbearable Weight (1993 66)

Chapter Three
Embodiment–Situated Bodies

This chapter will look at how women's experience with body is different from males' and how, in spite of progress in this area, women are still significantly limited by their particular association with their bodies. The obvious question will then arise–why should one prescribe a greater focus on the body if an association with their bodies is such a harm for women? This will be considered before moving on to define embodiment and why it is a preferable view to the traditional dualized view considered in the last chapter.

As discussed in more detail in the last chapter, white men's bodies, when they are recognized as such, are typically construed as a source of power or competence, while women's bodies and those of minorities are often viewed as in need of external controls or as powerless all together[67]. I do not want to suggest that white men do not suffer in any way from disembodied ideologies. To do this would be inaccurate for at least two reasons. First, not all white men are perceived as equal to one another. Many men who fall into these preferred gender and racial categories suffer from belonging to some other non-ideal group. Many are economically in the lower class. Some are disabled, a circumstance that often reduces their earning ability and denies

---

[67]Again, see for example Unbearable Weight by Susan Bordo (University of California Press 1993). For example, she notes the trend in movies of the eighties to suggest that the way people of a lower class might attempt to escape their class restrictions is through exercising tight control over their bodies (she suggests the movies *Rocky, Flashdance* and *Vision Quest* as examples of this.) She says "...unlike film quests of a previous era (which sent Mr. Smith to Washington and Mr. Deeds to town to battle the respective social evils of corrupt government and big business), Flashdance and Vision Quest render the hero's and heroines commitment, will and spiritual integrity through the metaphors of weight loss, exercise, and tolerance of and ability to conquer physical pain and exhaustion. (Bordo 1993 195-96)

them other prerequisites extended to able-bodied men. Others may be viewed as deviant, thus calling their right to white male privilege into question–for example, they may be gay, transsexual or transgendered, or carry what are considered physically divergent traits (though not physically disabling attributes as such) or have a visible mental disease such as schizophrenia. Some of these men will fall into more than one group.

The second reason that such a sweeping generalization doesn't work is that all people suffer to some degree from the inaccurate notions of self created by dualism. Peoples' relationship to themselves, their communities and their world certainly must be negatively impacted by this erroneous understanding. So even those of the privileged categories/classes suffer from disembodied theory.

Having said this, it is not the case that all people suffer equally from the oppressions that flow from the created hierarchies. Those who suffer the least, and benefit the most are those already in power–those who have a stake, perhaps, in maintaining oppressive social systems. So, the well-off white, heterosexual, non-disabled, basically healthy man[68] is not suffering significantly from the systems maintained by dualism. Any suffering that might occur, is mediated by the benefits that such a system of thought helps maintain for such a person. In other words, the dualism that may make him less aware of his connected nature also contributes to keeping him in a position of power. This may seem a small price to pay in some people's eyes while for many, it may be an altogether unnoticed cost of their privilege and power. Dualism is of course not the only structure that supports his power, but is certainly a part of the foundation.

Many men, similarly, are able to overcome whatever it is that creates a potential

---

[68]I have not included the distinction of age, here, because it is not clear that age itself is always a detriment to men so long as they maintain the other characteristics of wealth and able-bodiedness for example. This is evidenced in part, I think, by the fact that many men who (at least in the US) count as senior citizens or "the aged" make up a significant portion of some of the wealthiest people in America.

disadvantage– sometimes by hiding the non-preferred trait or other times by compensating for it with another desirable trait. For example, both the 'intellectually weak' or the 'physically weak' male can still often effectively demand respect and power (based on an alternate strength) in a way that many women cannot–examples of this will be discussed shortly. In some cases, however, men who possess extreme versions of non-ideal qualities may vary too markedly from the acceptable to compensate with other traits. It is conceivable, for example, that extremely effeminate males may seem to society too much like a woman to qualify for the rewards of masculinity though there appear to be no large-scale studies to verify if this is or is not the case. Based on society's treatment of those who significantly vary from gender norms (see for example the footnote on agentic women on the following page), such a man may be too much like a woman and/or too much like a non-heterosexual[69] to qualify for all of the privileges a more masculine man might get. So while it does not seem possible for a man to be too strong physically or too rational and intellectual (masculine ideals), he can be too feminine.

The problem of the "male ideal" is still a serious obstacle for those who fall outside of the preferred traits. The number of people who in some way are not "white, wealthy, able-bodied, heterosexual men" (etc.) far surpasses the number of people who meet all of these criteria. Some less-preferred traits are easier to hide than others and for that reason may be less problematic in some circumstances. This problem of an 'ideal' may be endemic to the traditional approaches to ethics in the West. Seyla Benhabib presents such a point in her article on "The Generalized and Concrete Other":

> Universalistic moral theories in the Western tradition from Hobbes to Rawls are substitutionalist, in the sense that the universalism they defend is defined surreptitiously by identifying the experiences of a specific group of subjects as the

---

[69]The term non-heterosexual is used instead of homosexual because there is likely little concern for the complexity of gender and sexuality. The dualism is between heterosexual and non-heterosexual–the latter being defined in dominant society by the former.

> paradigmatic case of all humans. These subjects are invariably white, male adults who are propertied or professional. (Benhabib 1987 158)

Benhabib further argues that women's experience has been excluded from "the moral point of view" and believes this is because the concept of a moral self has been "disembodied and disembedded." (Diprose 1994 12)

The Ideal Female and a Male Ideal

Even though the female ideal is based on weakness, there is such uneasiness surrounding "the feminine" that both for most very pronounced femininity, or a conspicuous lack of femininity are detriments for women. Physically powerful *and* physically weak women are both viewed as wildly comical. Intellectually strong and intellectually weak women likewise are for the most part not esteemed. Because this balance is so precarious, for the vast majority of women the only consistent way for a female to gain any power is to appear to reach and maintain society's current standard of appearance (i.e. feminine bodily discipline). A woman who can maintain this (necessarily temporary) state and possess a reasonable degree of intellect and appropriate other feminine traits of self-deprecation and friendliness to friends and strangers, is the woman most likely to have respect. A variation from any of these three standards may easily cause a fall from favor: too much or too little intellect (cold/unapproachable vs. ditzy or airheaded); too friendly or too unfriendly (clingy / needy vs. a bitch)[70]. Unacceptable height, weight, hair, facial features, or age also all have their corresponding labels of contempt that express the disdain for women who

[70]Not surprisingly, it has been found that women who "display masculine, agentic traits are viewed as violating prescriptions of feminine niceness" (L. A. Rudman, 1998). Agentic women seeking jobs were perceived as less socially skilled than agentic males, another study suggested, and "communal applicants (regardless of sex) invariably received low hiring ratings." Thus, the researchers concluded, "women must present themselves as agentic to be hireable, but may therefore be seen as interpersonally deficient." (Rudman, Journal-of-Personality-and-Social-Psychology.1999 Nov; Vol 77(5): 1004-1010.)

fail to control their bodies.[71] An example of the impact of having a socially unacceptable trait was published in the *New England Journal of Medicine*. A longitudinal study of overweight adolescents found significant impacts, especially on females, with some for overweight males. The study found:

> In 1981, 370 of the subjects were overweight. Seven years later, women who had been overweight had completed fewer years of school (0.3 year less; 95 percent confidence interval, 0.1 to 0.6; P = 0.009), were less likely to be married (20 percent less likely; 95 percent confidence interval, 13 to 27 percent; P < 0.001), had lower household incomes ($6,710 less per year; 95 percent confidence interval, $3,942 to $9,478; P < 0.001), and had higher rates of household poverty (10 percent higher; 95 percent confidence interval, 4 to 16 percent; P < 0.001) than the women who had not been overweight, independent of their base-line socioeconomic status and aptitude-test scores. (Gortmaker 1993 1010-12)

Overweight female subjects were about twice as likely to be unmarried as heavy males (who were about 11 percent less likely to be married than their non-overweight counterparts.) The researchers concluded that early obesity "has important social and economic consequences, which are greater than those of many other chronic physical conditions. Discrimination against overweight persons may account for these results." (Gortmaker 1993 1112).

Skin color also plays a role in social acceptance and self-esteem. Sahay and Piran, in a 1997 *Journal of Social Psychology* article, looked at this difference for minority women. They note a number of possible reasons for a general preference for lighter skin, including the historical fact that (for example, for South Asian women) the conquerors were Aryan and British, suggesting that light skin may be associated with power. They tell that "in many Indian languages, the words fair and beautiful are often used synonymously and there is often a preference for a female with

---

[71]For example, a study on social acceptability found "Younger people are perceived as possessing a host of socially desirable attributes, some of which are the same traits attributed to attractive people." In particular, even among "attractive targets generally", one study found specifically that older men "rated older attractive targets as less socially desirable than younger attractive targets." (Perilini, Journal-of-Social-Psychology. 1999 Jun; Vol 139(3): 343-354.)

light complexion in marriage." (Sahay 1997 162) Many women of early European heritage can at least be assured of always possessing at least one preferred appearance trait–white skin. (Sahay 1997 162) This study which focused on light, medium and dark skinned South Asian-Canadians predicted that the darker the woman's skin was, the lower her body satisfaction would be. They found instead that it was the medium skinned women who faired the worst. They suggest that this is because the darkest women must reject the white ideal of beauty, since they have no means of achieving it, while the medium skinned women may see the white ideal as not out of the realm of possibility. (Sahay 1997 168) Light skinned women manifested the highest levels of body satisfaction–they found it to be even higher than European-Canadian women. They did not find this surprising since "tanned skin" has become more popular often than very pale skin (Miller 1990) and "non-Whites who look more European are believed to resemble the White beauty ideal but are simply labeled exotic (Buchanan, 1993; Chapkis, 1996; Hooks 1992; James 1990.)" (Sahay 1997 1968-69)

Skin color plays a role in self-esteem and life experiences for men as well. One study's findings for a group of Latinos in Boston noted that darker skin continues to affect men:

> Once controlling for traditional human capital variables, differences in hourly wages persisted between dark-skinned men and the remainder of the male sample. This difference may be attributed to labor market discrimination received by dark-skinned Latino men as it did for Mexican Americans (Telles & Murguia, 1990). (Gomez 2000 99-100)

One might reasonably extrapolate that men who have more advantages also have higher self-esteem. This appears to be the finding here. In more specific terms this study found:

> Lighter skinned Latinos had more education, owned their homes at higher rates, were more likely to be married, and used Spanish more often as a language for communication than their darker skinned counterparts. However, only hourly wage (the natural log) was found to be statistically significant at the p = . 10 level. This level of significance, although lower than what would be conventionally reported, still captures a trend in the negative direction of this exploratory study. (Gomez

2000 96-97)

It is interesting that it is the lighter skinned men who more often speak Spanish. It appears that by appearing less of a threat to the ideal in other ways they have the opportunity to use practices that are more “ethnic”. Similar findings were found in a longitudinal study on African-American men–lighter skinned men fared better than darker skinned blacks on a number of counts including income and education. (Hill 2000 1437)

Gomez notes in the study of Latino skin color that the racial difference (i.e. lower income for darker skinned individuals) does not seem to be present for Latino women (Latinas). This finding may initially be misleading if one then assumes that wages for women of this ethnicity were good or reasonably equal to men's wages. The author explains this by saying: “although the working Latinas in this sample received substantially less income than their male counterparts, skin color was not a factor. Rather, the type of jobs they were involved in (i.e., manufacturing, personal, and professional services) was significant.” (Gomez 2000 98)

So while Latinas’ salaries were reported as a direct result of their "concentrations in secondary tier, low-wage jobs.” (Rodriguez 1991) In contrast, men have more diversified industry representation and receive higher wages." (Gomez 2000 98) While the study discusses this lack of variation in Latinas pay as a *lack* of increased discrimination against darker skinned women over lighter, dark skinned women, it seems just a reasonable to consider it as racial discrimination that is magnified by gender discrimination (or vice versa). Specifically, minority women are especially concentrated in low paying jobs even more so than Latino men. This would seem to support a hypothesis that greater variation from the cultural bodily appearance ideal or norm is penalized more highly than lesser degrees of variation.

In regard to self-esteem not directly related to income, some studies looked at the

experience of African-Americans as contrasted with European (Caucasian) Americans. Dukes and Martinez for example found a complex interaction between race and gender on self-esteem. While core self esteem is about the same for minorities and whites (based, they say, on numerous studies) they look at data that considers not only the two variables of race and gender but also two different sorts of self-esteem--public self-esteem and core (roughly "private" or personal) self-esteem. Their study and discussion of the literature in the area of "ethgender" is too involved to discuss in adequate detail here, but a general conclusion they reach based on previous work is:

> In sum, due to institutional racism, schools are more coercive of racial minorities, and the result is lower public self-esteem. They are less coercive of females, and the result is public self-esteem that is more on a par with males. Families are more coercive of females, and the result is lower core self-esteem. Minority families insulate youth from institutional racism, and the result is core self-esteem that is more on a par with that of whites. (Dukes 1994 116-119)

This sort of finding that minorities may have some protection from "mainstream" bias is reiterated in a study on black and white women and body image. "To the extent that African-American women identify more with their racial/ethnic culture than with the dominant culture and to the extent that they interact mostly with other African-Americans, they may be "protected" from white norms regarding body styles." (Molloy 1998 634-36) The researchers say, however, to the degree that black women identify more with the dominant culture, they may well be more susceptible to eating disorders and body image distortion.

In further discussing differences between African-American women and Caucasian women in terms of a more fluid concept of bodily beauty and lower incidence of eating disorders for the former, Molloy and Herzberger suggest that there are multiple reasons for such findings:

> There are various reasons for this difference between African-American and white women and why African-American women as a cultural group seem to be better "protected" from body image distortions (Hsu, 1987; Root, 1990). First, both groups of women partially base their judgments of their bodies on what men of their race desire (Parker et al., 1995). Since African-American women believe that African-American males prefer larger women, they have less need to lose weight

> and therefore, feel more attractive. White women, however, believe that white men prefer ultra-thin women. Research on men's preferences tend to support these perceptions (Cunningham, Roberts, Barbee, Druen, & Wu, 1995; Greenberg & Laporte, 1996; Powell & Kahn, 1995). While the perceptions in certain cases may be inaccurate, they still may cause white women to feel less attractive. Another protective factor for African-American women is their gender role orientation. Harris (1994) found that African-American women are more likely to describe themselves with masculine or androgynous traits, while white women describe themselves as feminine or undifferentiated. (Molley 1998 632)

This presents an interesting and complex relation between gender, race, social advantage and self-esteem but supports the findings of the study discussed earlier revolving around South Asian women and skin color. They suggest that those women who "come closer to the ideal" (those with moderately dark skin) suffer more than those who are well removed from the ideal because of their very dark skin. Perhaps for many African-American women, their variation from the ruling class ideal causes them to turn to a community that is often more supportive of them. Unfortunately however, it is not a wholly positive situation for black women. Pressures still exist from dominant culture which some are unable to overcome with a more masculine approach–for example, black girls often have lower self esteem academically than whites. (Trescott 1995 2288) Pressures from within the black community also create difficulties for girls. There is sometimes significant pressure from the girls' boyfriends to have a baby "to prove their love"–a pressure that leaves some young women in difficult situations (which is prior to considering economic hardships created by concentrations in low level jobs and job discrimination.) (Trescott 1995 2288)

Obviously, even as skin color causes lower self-esteem in some cases, there is also evidence that being in a preferred race does not necessarily solve the problems of attitudes toward women's bodies. One study looking at eating disorders and attitudes about appearance in white and minority populations reported that: "The groups did not differ in terms of binge eating, attitudes about weight and appearance, self-esteem, the number of attempts to lose weight, and the

reasons for their failures. Findings suggest that unhealthy eating attitudes and practices may be similar for women who diet, irrespective of ethnic background." (Le Grange 1998 395)

Disabled individuals are often "punished" for their deviance from body standards when their impairment is made into a disability.[72] Alden Chadwick asserts:

> disability happens when society, through its organizational structures and social policies imposes limitations on people with impairments. (Barnes 1990) In the social approach to disability the body is not seen as the cause of disabled people's problems, rather it is the point at which the oppression they face becomes visible....David Hevey points out that 'impairment' is the totality of disability as far as western culture is concerned–that the only thing of significance is the form of disabled people's bodies. (Chadwick 1994 38-40)

So, even though what makes an impairment a disability or handicap may be largely social, society chooses to attribute disabled person's limitations to the (body) impairment alone. "'Normal activity', 'normal function' and 'normal social role' are the criteria against which the degree of impairment, disability and handicap are measured." (Chadwich 1994 37) The variation form the norm seems to justify the oversight of society as to their part in the limitation of the disabled person.

Some have suggested that women who identify themselves as lesbian may have fewer problems in these areas of bodily self esteem and prescribed aesthetics. Sherry Bergeron researched the connections between sexual orientation and body attitudes including feminism and internalization of societal norms as a possible causes for variation. Her article reports that the only subscale where lesbian identity made a unique contribution (and internalization cannot be "implicated") was in attitudes about strength and fitness. (Bergeron 1998 398) And, while feminist identification did influence attitudes for women of either orientation, it was found that lesbians

---

[72]This distinction is drawn from the work of M. Oliver who defines impairment as an abnormality in function while a disability is "not being able to perform and activity considered normal for a human being" while handicap refers to an inability to carry out a normal social role. (Chadwick 1994 36)

were no more likely to be feminists than heterosexuals, and even more interestingly, "feminists and nonfeminists did not differ in their internalization of sociocultural norms, the primary predictor of body attitudes." (Bergeron 1998 399) For example, both hetero- and homosexual women scored similarly on the subscales of "disparagement" and "feeling fat"–clearly sexual orientation did not influence this portion of how women viewed themselves.

Heterosexual women were found to have poorer attitudes about thighs and buttocks than lesbians, but the authors contend that this was due to what they called internalization (which appears to mean the internalization of social norms). (Bergeron 1998 398) In other words, though most areas studied showed little variation solely between lesbians and non-lesbians, in this particular area, heterosexual women internalized cultural attitudes about these aspects of appearance (thighs and buttocks) more so than lesbian women did, irrespective of their feminist or non-feminist leanings.

Aging is another area where women suffer socially for their deviation from the norm or more accurately from the *ideal* of youth. One article by Myra Dinnerstein and Rose Weitz compares the aging process through a review of popular media materials as they (the media) had presented two prominent women–Jane Fonda and Barbara Bush–both women who have claimed to be resisting the dominant system of feminine appearance. The authors say: "substantial evidence indicates that the media not only can reflect cultural expectations but also can reinforce the validity of those expectations, suggesting that rewards will accrue to those who conform." (Dinnerstein 1994 6) They note that some studies in this area have shown that it is not that the media is overt in this practice, but rather presents encoded messages that must be "decoded" by the viewer, in light of their own lives. The problem then lies in the fact that there are a limited number of decodings and "most texts do have a preferred meaning." (Dinnerstein 1994 6)

Originally seeming to be opposed to plastic surgery (perhaps for feminist reasons) Fonda's

launch into the world of fitness and later into the world of glamourous wife to millionaire Ted Turner seems to have changed her mind as evidenced by her participation in plastic surgery for breast augmentation (in addition to other procedures.) Fonda's body, they note, "has thus come to symbolize the duality of current feminity: tight muscles but with large breasts." (Dinnerstein 1994 12) While muscles or a masculine body can easily represent power, as Bordo has argued, the "inflated breasts serve as a reminder that the female body is there for male desires." (Dinnerstein 199412) Fonda has tried to present her view as one that suggests that where ever you are (physically; age or shape-wise) you should be the best you can be.

> Fonda has expressed the desire to construct a new image for aging women....Ultimately, however, she has not done so. Her fit and muscled body and her unwrinked face offer a standard that few women can attain, suggesting that only by remaining young and fit can women be sexual, strong, and good....at every age, she has managed to sell her youth. (Dinnerstein 1994 13)

Barbara Bush presents herself often with the phrase "what you see is what you get." The authors however note that Bush seems extremely aware of the dictates of femininity and feels at least some need to conform. She wears contact lens to avoid glasses, several strands of pearls to cover her "sagging neck", walks and rides a stationary bike regularly to maintain her weight, and pays special attention to her wardrobe and "well-coiffed" hair. (Dinnerstein 1994 15) Bush regularly uses self depreciating humor to apologize for her appearance. This sort of humor (mocking oneself for not meeting social norms) is most commonly seen in groups with little or no power, the authors assert. (Dinnerstein 1994 15)

> To "normalize" Bush's appearance, the magazines, like Bush, have stressed her grandmotherly qualities, labeling her "every American's favorite grandmother." (Mower 1992).... They have focused on her work with children and her role as the matriarch of the large Bush clan (Reed 1989). In this role as super-grandmother, the magazines allow Bush to remain outside the normal discipline of femininity, a disembodied maternal archetype. (Dinnerstein 1994 16)

If both of these women, who are spared of many of the traits disliked or "discouraged" by society

(i.e. they are white, wealthy, heterosexual, and able bodied) are yet unable to escape the dictates of a feminine body requirement, then one can imagine that less 'acceptable' women will often suffer more severely from aging.

The special impact of aging on women is reiterated in a study on aging, physical activity and body image by Nina Loland who reports: "Men were significantly more satisfied with their appearance than were women, independent of physical activity and age." Even women who maintain bodily health are made to feel inadequate as they mature. Laura Hurd studied the body image of women aged 61-92. In her article from the *Journal of Women and Aging*, she concludes: "The women in the study exhibit the internalization of ageist beauty norms even as they assert that health is more important to them than physical attractiveness and comment on the 'naturalness' of the aging process." (Hurd 2000 77)

Some may be tempted to blame any judgmental attitudes and standards around age (as well as other aesthetic dictates) on women themselves, claiming that women create these prescriptions for the female ideal. While women in general may participate in supporting the structures of oppressive attitudes (as appears to be the case with Fonda and Bush, for example), this cannot be blamed wholly or perhaps even primarily on women. For example, one study showed that older men specifically rated older attractive persons as less "socially desirable" than younger attractive persons. (Perilini 1999 343-354) Further evidence may be drawn from the fact that while the Western world's media (through ads, articles, commercials, and "feature stories") reinforces or determines the female ideal–most of the big media owners and top executives (including Ted Turner, Fonda's husband) are male. People heading the largest media corporations are not likely to allow messages of any sort that and/or create.

Even though numerous women have made great strides toward being viewed as equal with men in terms of their minds or reasoning ability, there is not always a very significant change in

social attitude in comparison to the ground gained. The Harvard Business Review reported that though women in management said that they felt that progress had been made toward gender equality, they still experienced negative attitudes and unfair treatment on the job. (Rheem 1996 13) Corporate and academic women, legal professionals, and specialists in a skilled trade are still held to the standards of bodily comportment and appearance. Individual women may have found a particular context where this is not the case but such situations are not the norm. As already suggested, this bodily discipline demanded of women is expected to one degree or another in many different types of minorities as well (where the term minorities refers not only to racial minorities, but also to less preferred sexualities, ages, and physical (dis)abilities as viewed from a first world, western perspective) [73] and those who do not comply are punished socially in one or more ways.

Bodily Ideals as Feminine Power?

Surely this is too strong a position, one might think. Why is being associated with the body necessarily negative–isn't there power gained by those who have learned how to use their body to their advantage? For example in the West, super-models like Kathy Ireland are able to demand large sums of money from advertisers–money that those advertisers would not spend unless they knew ahead of time that her image would motivate an expected response. Though her UK study focuses on regular people as opposed to supermodels per se, Beverly Skeggs has termed

[73]Minorities, when referred to in the following pages should be understood in these terms unless the specific minority is indicated–for example if terms like racial minority or sexual minority are specified. This is in no way meant to lessen the individual nature of any particular identity but is used descriptively since persons with disabilities, racial minorities, and transsexuals, bisexuals homosexuals and transgendered people are each a minority and are pushed to the margins for that status. (Though all racial minorities viewed together are probably not a numerical minority). The elderly, or elderly women in particular, are less clearly a minority in number but are minorities in the fact that they too are pushed to the margins of society's attention. Women are clearly not a minority numerically and are listed separately in part because feminist critiques must consider the impact on women in particular (though not necessarily exclusively). So the phrasing is not meant to homogenize difference (that is in fact counter to the project) but is meant to illustrate how the same mechanisms are damaging for a wide variety of individuals based on certain identities with the implication that correcting these flawed structures will help a great number.

this sort of notion "bodily capital":

> [While] attention to appearance is devalued as a trivial pursuit, we are all part of a scopic economy of bodily capital assessment whereby, regardless of sexuality, we enter and know our positioning in relation to others via their bodily and visual value. Physical (or bodily) capital is another way of systematically organising distinctions. (Skeggs 2001 301)

A preferred body/appearance can make a lesser amount of natural or learned talent acceptable so that some women can move ahead in a highly competitive world where they might otherwise be left behind. Examples most visible are public entertainers, for example singers like "The Spice Girls" of the late 1990s or Britney Spears whose songs themselves are not especially meaningful or musically interesting. Yet their bodies and images gave them a power that some might argue could not be found in talent alone. Competent and skilled professionals who do have talent in their fields, whether actresses or (to some degree) professors at the local university, can demand greater attention and may have more say in how their career progresses if they are also physically attractive.[74]

Some women may try to circumvent this side effect of non-ideal appearance (to some degree) by becoming "one of the boys". That is, rather than take on the traditionally accepted female physical traits, they talk, act and look similar to those in their field who are men, and thus at some level are able to 'pass' for a male. For some women this may feel like a natural way to act and more in tune with their personality–for others it is more forced, but such stereotypic behavior is likely no freer than stereotypic "feminine" behaviors (both are highly dictated by social standards). Such behaviors may even involve severely criticizing other females or tolerating

---

[74]As cited earlier, a New England Journal of Medicine article reported that young women who were overweight were more likely, seven years later, to have received less education on average and have $6710 per year ($3942-$9478) lower household income than their peers–*independent* of previous socioeconomic status and aptitude test scores. (Gortmaker 1993) A separate article in a legal profession magazine notes, attractive law associates are more likely to be made partner over those perceived as less attractive. (Estrin 1996)

regular sexist comments and references if that is approved of by men (or a man in power) in the area.[75] This theoretically further distances the individual from other women, and in a dualized world, makes her "more male". Only a small number of women have chosen, or perhaps are fully able, to use this perhaps subconscious strategy in a truly accepted way–the majority of women are judged against current standards. Even those women who are able to 'pass' in this way often suffer other consequences and sanctions. (Wade 2001, Lippa 2000, Kawakami 2000) For example, one study found that traditionally masculine traits were associated with higher mortality rates at all stages of life regardless of sex. (Lippa 2000) "Women who display masculine, agentic traits are viewed as violating prescriptions of feminine niceness" reports Dr. Laurie Rudman and Dr. Peter Glick, but these "agentic traits" are more likely to get them jobs (though they are liable to not be liked). (Rudman 1999) Other studies, however, have found masculine traits to be perceived as empowering by women. (Griffin 1999) Women who choose this route are, at least, perhaps able to escape some of the bodily appearance dictates placed on women generally though it is not clear if this 'escape' actually happens or not.

People like to see attractive things and pretty bodies and it seems odd to suggest that we as a species should feel ashamed of this tendency. Aesthetic preferences are not inherently ethically problematic. If you like red wooly sweaters and I like green cotton ones neither of us need be "wrong". But aesthetic preferences, when socially constructed, may well have political import. For example, it is generally not the case that some people like tall, thin, busty, Aryan women who are in their twenties while a roughly equal number of others aesthetically prefer shorter, heavy,

---

[75]One easy, and fairly well known, example of this is found in the behaviors and philosophies of Ayn Rand whose work and life express her hatred of femaleness but her acceptance in a male world. See for example: The Cult of Ayn Rand by Jeff Walker (Open Court Publishing 1998) or other biographical accounts. Other examples might be drawn from various court cases where women have endured harassment and sexist or racist jokes in job or educational settings for years before reporting the behavior to legal authorities. (Though clearly not all of this latter group would fall into the category of possessing masculine behaviors.)

elderly, Latino women. Of course, this is not the only area of widespread aesthetic agreement. As a society there is little variation in what is considered attractive and the preferred image is consistently reinforced through a variety of media.

It could be argued that what most people view as attractive actually *is* more attractive and this is why there is little variation in preference–there is no social construction involved merely objective reality. However, there is no objective or "universal truth" that qualifies lighter skin as preferable to dark, long curves to rounder–more organic shapes, or a smooth surface as better than a wrinkled one. In some cases, in fact, we prefer the latter. Sun-tanned Caucasian women are often seen as more attractive than very pale white women, classic paintings of rounder women are often preferred to those showing thinner models, and we may sometimes even admire the male whose wrinkles or gray hair make him look "distinguished" or wise, over their smoother counter-parts yet we still tend to choose aesthetically the young Aryan woman over the elderly Latino woman. (Perlini 1999) This argument of objective beauty would be a more persuasive if beauty had remained constant throughout time, but clearly norms have changed [76] (Hyde 2000 157), so the presence of a static ideal (or Form) of beauty seems unlikely. The 1970s super-thin, flat "Twiggy" look would not carry the status today that it did then. Now, women should still be slim but should

---

[76]While it is common for people to reference differences between Reubenesque women and today's ideal, one need not look so far back to see a difference in what was beautiful in a woman. A look at almost any 1950s women's magazine will show that wider hips, for example, (good for child bearing) emphasized by a tiny waist to show frailty, was preferred to (what might have been called) a boyish look of slim hips that is popular today. Dark tans were not popular in this era (women working in the garden were often shown wearing hats) but became very popular in the late 70s and 1980s–less than three decades later. The political reasons seem obvious enough–women of the 1950s were to be housewives and mothers. They should be in the house and should not show any signs of wanting to look at all ethnic via their skin color, clothing choices, etc. but should be very American in their "look". This is what being "well off" in the 1950s meant. In the 1970-90s, though, birth-control, the "sexual revolution", and a new interest in exotic women mandated that well off women should be well toned (work out in a trendy gym), tanned (have the leisure to lay around in the sun or tanning bed) and sexually available but not mothers with hips. They should be paying high prices for skimpy garments, new diet plans, make-up, and plastic surgery. There is nothing to suggest that either of these periods displayed some sort of timeless ideal of beauty.

have large breasts–either via nature, surgery or for the less adventurous–push-up bras.

This variation over time should at least suggest that it is unlikely that aesthetic preferences are individually constructed in the way that a favorite color sweater might be chosen. Most of the time preferences considered 'beauty' in our society appears to be a narrowly, and carefully defined social constructions arguable created to do political work.[77]

Even for those who do fall into the preferred social ideals of appearance, it cannot be said that what they derive from this lucky or hard won state is an enduring source of power. The seeming power that is derived from a socially acceptable body is a very limited kind of power. Most obviously, it is a power that necessarily fades or disappears with time as social constructions of the ideal change or as natural aging occurs (which in women is routinely rejected as ugly). The power that does exist in this sort of "beauty" is also a very limited and impersonal power. It is limited in that not only will it by definition fade, but it is power only in certain realms of life. It is impersonal in that one beautiful person is as good as another who has an equal number of valued traits (though the "newer" face may be favored over the older because of youth or "novelty"). It is limited in that it provides a certain power to persuade via advertising (for beer or compact discs) for example, but little power to make any serious social change in the current political system. In fact, one of the traits traditionally considered beautiful in a woman is that she not be too argumentative, opinionated or in the shallowest cases, too intellectual. Being beautiful can open certain doors for certain women (and men) but it cannot be counted on as a reliable source of power over time. For one thing, beauty, by current standards, places limits on what a woman can act like and still be seen as attractive–if she is too critical, for example, she may fall out of favor and lose whatever power she might have been thought to have. Just as disruptive though, is the

---

[77]See see Susan Bordo's Unbearable Weight (University of California Press 1993) or the popular book by Naomi Wolf, The Beauty Myth (Anchor Books 1991) for discussions of the social construction of beauty ideals and the ends those constructions seem to serve.

fact that "beauty" changes over time and those relying on it primarily are likely to lose whatever power they might temporary glean this way, either through changing trends or though aging (which has, at least in the western world, endured many decades as a generally unattractive trait for women.) Further, since this sort of culturally defined beauty exists firmly in a hierarchy, attractiveness as power is certainly not going to achieve equality for all women–some by definition must be less attractive or unattractive for the condition of "beautiful" to remain a form of status in the current system at all.

These problems aside, it seems an even more significant problem with any power derived from bodily appearance is that it is seen as a "power over" others–most often over males. Obviously not all power is bad. Having the power to accomplish one's goals is often a positive and affirming sort of power whereas "power over" another connotes violence to the other's sense of self and dignity. Power over another, as discussed in chapter two, continues and re-creates a dominator model of relationships. The thinking seems to be that a beautiful woman can make men act in ways that they otherwise (as rational creatures) would not. It is seen as sneaky and manipulative power–a power that does nothing to raise the status of women and is, in fact, a reinforcement of stereotypes that have been used to limit women's acceptance into the realms of management, politics and social action.

One might think that showing "power over" someone would fit nicely into jobs that seem to require having power over others (management or politics etc.) yet this form of power is most often viewed negatively in women while the same traits may be positively evaluated in men[78].

---

[78]The International Labor Organization reports that less than five per cent of top jobs in corporations are held by women. Even though they represent forty per cent of the world's work force, women rarely make up more than twenty per cent of management in organizations generally (and the top positions in the "most powerful organizations" are composed of only two to three percent of women.) (Wirth 6-9) World of Work 1998.

There are exceptions of course, and some women can use tactics of the dominator mentality to reach positions of power. She may do so either by acting as a traditionally masculine man might (discussed previously) or by using her bodily appearance to manipulate others, for example. However if bodily beauty is a "power over" type of power then this only serves to strengthen the very systems that reinforce other oppressions against women and minorities.[79] Thus a particular person may experience some short term advantage but ultimately continues and supports structures that will again, in the end, likely damage her at some point or, at least, damage many in her community.

Riane Eisler realized, as some feminists before her, that how we understand bodies will significantly influence how we understand the world and power. She says:

> How we image the relations between bodies–and most critically, how we experience these relations in our own bodies–is not only a metaphor for politics in its most basic sense of the way power is defined and exercised. It is how we first unconsciously learn, and continually reenact, the way our human bodies are supposed to relate in all relations... (Eisler 1995 164)

Eisler contends that maintaining relations of "power over" others perpetuates a dominator mentality. This sort of thinking maintains current power structures rather than challenging them. If women hope to achieve full consideration and actual equality, they cannot support the patterns of domination that have been used to oppress all non-dominant groups.

One implication of this is a rejection of liberal notions of determining equality. For example, in viewing where women (or minorities) fall in the hierarchies of our time, for example the relative lack of women in the highest level corporate jobs, we can see that women do not have

---

[79]Riane Eisler, among others, has discussed this distinction of "Power Over" vs. "Power to". See works such as The Chalice and the Blade (Harper San Francisco 1988) and Sacred Pleasures (1995). Val Plumwood's Mastery of Nature (Routledge 1994) also contains relevant distinctions of this sort–both authors are discussed in chapter two.

equality. However *merely* rearranging the hierarchy so that 50% of those jobs are held by women will probably not serve the ultimate end of just distribution and treatment nor would it bring an end to unfair discrimination. Long term solutions will only come from reconceptualizing individuals, relationships and society so that irrelevant considerations do not harm any group. Such a profound re-visioning is no small task but as I will continue to argue, beginning with the body in context will, I believe, move us toward this goal. This idea is discussed further later on.

Racial and Sexual Minorities as the Disembodied Other

For some people it is not clear that race and sexual orientation place individuals in the category of body while avoiding images of embodied subjects. The case that blacks, in particular, have been labeled as more body (thus less mind) than whites has appeared in numerous books and essays [80] while the focus on homosexuals bodiliness has been more hidden until recently.

Susan Bordo attributes the special association of minorities with bodies to two primary but related sources–one a belief that blacks are more animal-like than whites and two, the remnants of slavery where blacks, as slaves, were valued primarily as bodies[81]. (Bordo 1993 9-11) That is, slaves who did not have bodies capable of work would have been viewed as a liability, though a slave with little abstract rational capacity but a capable body would still be of value so long as there was at least enough mental capacity to learn simple, menial tasks. The belief that blacks are more animal like led to beliefs that blacks were more sexual–or at least less able to control their sexual urges such that the stereotype of the black rapist and the oversexed black woman (who, as oversexed women could never really be raped) emerged. (Bordo 1993 9) She suggested that the

---

[80]See for example Angela Davis's classic text Gender, Race and Class, (Random House, 1981).

[81]Bordo discusses a contemporary instance of the residue of such biases in the case of Anita Hill describing how she bore the brunt of the "construction of the black woman as mere body, whose moral and emotional sensibilities need not be taken into consideration. (Bordo 1993 11)

black woman "breeder" (depicted also as 'Jezebel' by Patricia Hill Collins below) is "often depicted in jungle scenes in contemporary advertisements." (Bordo 1993 9):

> By virtue of her sex, she represents the temptations of the flesh and the source of man's moral downfall. By virtue of her race, she is instinctual animal, undeserving of privacy and undemanding of respect. She does not tease and then resist (as the stereotype of the European temptress); she merely goes "into heat." Hispanic women are often similarly depicted as instinctual animals. But the legacy of slavery has added an additional element to effacements of black women's humanity. For in slavery her body is not only treated as an animal body but is property, to be "taken" and used at will. (Bordo 1993 11)

Patricia Hill Collins argues the point (which has been repeated numerous times here) that either/or thinking or dichotomies are necessary for maintaining oppressions of race, class and gender. (Collins 46, 68-69) She discusses the four major *stereotypes* of black women that emerge from this either/or thinking that have helped to maintain oppression for black women in particular. As stereotypes, of course, these images are constructions rather than reality. The first stereotype or controlling image she lists is that of "the mammy–the faithful, obedient domestic servant." (Collins 1990 71) In this role black women are seen as servile, "desexed", and unquestioning like a loyal family pet (only one that does many or all of the family chores.) Collins quotes Barbara Christian in regard to this image:

> All the functions of mammy are [seen as] magnificently physical. They involve the body as sensuous, as funky, the part of woman that white southern America was profoundly afraid of. Mammy, then, harmless in her position of slave, unable because of her all-giving nature to do harm, is needed as an image, a surrogate to contain all those fears of the physical female. (1985 2) (Collins 1990 72)

The second image is that of the "family matriarch"–the mother who is never home enough to care for her children (Collins 1990 74-75) but is harsh and "unwomanly" when she is home. Some might even blame this image as the source of de-masculization of the black male thus seemingly reducing or relieving white society of the blame for black men's social hardships. The dominating image proves the matriarch's incivility while her absence "accounts for" any failures of

her black children. (Collins 1990 75)

The third image, that of the "welfare mother" is, Collins offers, a contemporary translation of slavery's breeder woman image. The image suggests that "Black women were able to produce children as easily as animals....the breeder woman [image] served to justify slaveowner intrusion into Black women's decisions about fertility." (Collins 1990 76) While the control of fertility during slavery meant 'encouraging' pregnancy, the contemporary version maintains the notion of easily produced children but now blames poor women for the lack of control they show thus again leading to calls for external control of black women's fertility by dominant white society. The image also reinforces the idea of depleted self-control by emphasizing a presumption about a poor work ethic intimating inadequacy as caretakers. Collins writes: "The image of the welfare mother fulfills [a political economy] function by labeling as unnecessary and even dangerous to the values of the country the fertility of women who are not white and middle class." (Collins 1990 76)

Finally the image of the Jezebel (sexually aggressive woman) rounds out the stereotypes projected onto black women. As mentioned earlier by Bordo but here too by Collins, the image is useful in "accounting for" the high number of sexual assaults by white men reported by black slave women. Collins contends that this forth image of the oversexed black woman ties together the other three images–all have sexuality at their core. (Collins 1990 77) What is especially significant here, is that they all locate the black woman squarely in the realm of the physical and bodily.

Other minority groups may also be labeled with portions of this imagery. Latino women are viewed very much in the role of welfare mothers and Latinos generally may be marred by stereotypes about laziness. Native peoples, because they are perceived as less advanced or more primitive are often believed to be more animal-like (perhaps especially in light of the animal

imagery used in traditional rituals)[82] and Asian women may be viewed as passive and servile to men. All of these images lead dominant culture to believe that minorities are more closely linked to the body, much as women are, and therefore are viewed as less rational, less mind.

Sexual minorities are labeled as sexual whenever their orientation is pointed out.(verbally or otherwise) While it would be unusual for people to generally think of their straight friends and colleagues *primarily* in terms of their sexuality, this may be inescapable for someone whose identity label distinguishes them from the 'norm' and makes them sexual by definition. That is, by being visibly or publically homosexual, bisexual, or transgendered, one is already labeled sexual in a way that 'straight' people rarely are. It seems that the label tends to sexualize an individual who likely has no greater or lesser sex drive on average than their non-homosexual (for example) counterparts. This perceived hypersexuality is perhaps what makes homosexual males especially scarey to some white, straight males while making lesbian or bi females especially attractive to some of those same males. Whatever the case, defining someone in such terms, somewhat like a disabled person who is labeled as such, focuses the social imagination on the body of the person rather than on the embodied nature of the individual. This leads to problems similar to those faced by women, generally.

Embodied Women vs. Women as Bodies

If the power associated with the body is so inadequate, and if the strong association of women or minorities with bodies has been harmful, then is it not a peculiar move to suggest that there should be a *greater focus* on the body? Initially this may seem counter-intuitive but only because there is a confusion in terms. I argue that bodies should be taken more seriously and the understanding of persons should not ignore this important element. In the case of women, for

---

[82]See for example Eagle Man's (Ed McGaa) article "We Are All Related" in Mother Earth Spirituality (Harper Collins 1990).

example, some may at first confuse this with a plea to see women *as bodies* rather than to see women (and everyone) as embodied–these are not identical ideas. Were one to say "(a) woman is (a) body" in our current society one would likely be: 1) objectifying her (that is treating her as one would treat a material object–as a means only); 2) denigrating her (since one would be overlooking the many other aspects of her existence and denigrating since there is a tendency to disvalue bodies alone as worthy of full respect); 3) (similarly) associating her with the negative end of the mind/body dualism which exalts the (male) mind and, 4) giving her a standard of worth that is largely unalterable by herself as individual and one that (according to current standards that value young bodies) would necessarily diminish over time. But while associating women with bodies in this way is a bad, there are at least three reasons why it is not counter-feminist to say that bioethics should pay more attention to bodies. The first is because the vast majority of women already (and consistently) are heavily associated with the body, as already discussed, so that to ignore embodiment is to in effect support structures that oppress women and in some sense (in so far as women are viewed as bodies) to ignore women themselves. Clearly to support an image of woman as only body would be harmful since it ignores the complexity of lived experience. The move being proposed, however, does not actually or necessarily add to the problem of women's close association with bodies because the charge here is to see *persons* as *embodied*, *not* as bodies only. Were we to view anyone as body only (instead of the current view of women as sometimes "primarily body") we would be creating a view that at least in today's society would obviously not be adequate nor accurate so this cannot be the charge or goal here. Being embodied is not equivalent to being a body and it is the former not the latter that is being proposed.

The call for embodied bioethics is a insistence that we take the body seriously, not a command to ignore all else. Just as importantly, though, taking the body seriously emphasizes the fact that *everyone* is embodied, a recognition that allows the pains and fortunes of this state to be

acknowledged for everyone–*not solely women and minorities*. This is yet another reason why attending to bodies in this way is not counter to feminist goals–by associating individuals with bodies, rather than just women and minorities, it will likely begin to lessen the hold of dualism on everyone and, since women and minorities often suffer substantially from dualism, it will in particular help them. Yet a third reason feminists should encourage taking the body seriously is that it will underscore the significance of one area of "women's" current epistemological power – the experience of the body.[83]

Women, it has often been noted, do a great deal of the work that deals with bodies. They often do the bulk of child care, elder care as well as professional jobs of caring for bodies such as nursing. Minority women are especially concentrated in some of these areas. One study noted that those who professionally deal most often and directly with bodies (in hospitals and long term care facilities)--nursing aides--are overwhelmingly African-American and Latino women. (Rossman 1997 393) If women are taken more seriously epistemologically, this will increase their status in a currently sexist society. This is not to say, of course, that women have some innate knowledge of bodies that is lacking in men (this is still controversial) but rather is an effort to recognize that knowledge is not the property solely of those engaged in abstract study. Knowledge, as more feminists have begun to acknowledge, can be of diverse types on a variety of topics. For example, Mary Field Belenky et. al. cover a variety of epistemological strategies in their book Women's Ways of Knowing (Basic Books 1986). The effort from feminists concerned with this topic is not that "women's epistemology" be touted as a priori superior to all "male ways of knowing".

---

[83]For various (probably socialized) reasons, "women's knowledge" is often considered phenomenological (experiential and bodily)–probably because that is the role women have played. While certain "body things" do occur only to women, other 'body things' happen only to men. If everyone is considered embodied this may free women from the socially expected role of being the default caretakers of bodies generally.

Rather, the hope is that women's experiences not be discounted as necessarily inferior if they do not match standards of justification insisted upon in more traditional epistemologies. Elizabeth Anderson conveys this idea, that certain types of knowledge have been downplayed or ignored, from a feminist point of view:

> ...feminist epistemologists suggest that various kinds of practical know-how and personal knowledge (knowledge that bears the marks of the knower's biography and identity), such as the kinds of untheoretical knowledge that mothers have of children, are undervalued when they are labeled "feminine." Given the androcentric need to represent the "masculine" as independent of the "feminine," this labeling has led to a failure to use untheoretical knowledge effectively in theoretical reasoning. (Anderson 1995 50)

Of course not all voices will be helpful. Women, as men, sometimes have ways of looking at the world which are harmful or problematic, and for such cases it may be necessary to challenge these interpretations. The goal is to not rule them out based solely on their variation from the standard or the class, race or gender of the speaker.

Understanding women's experiences as important will likely focus the attention of physicians, scientists and bioethicists on those female experiences commonly associated with the body–menstruation, maternity, breast disease, care of the sick, etc., which will help women's lives right now. In some areas, as will be considered in the chapter on pregnancy, women will have better understandings of certain sorts of things, based on their experiences. Similarly, other minorities will have to be viewed as possessing specific and important understandings of the world.

While some women have achieved marvelous success in a wide variety of fields of knowledge very different from their more traditional sisters who have focused on body work, a fair number of this former group may have felt the need to give up that part of themselves (that men also give up) which associates them too heavily with the feminine or with the body. In the attempt to reach the universal by ignoring the specific, some of these women have had to sacrifice in ways

that are different from their fellow women. This rejection or disregard for part of the self is not helpful for anyone.

Defining Embodiment

Having discussed some of the liabilities of approaches that neglect or caricaturize the body, I now want to draw the contours of a more adequate approach. I will use the phrase "theories of embodiment" in the following to emphasize the fact that there are many possible, fruitful developments of a general orientation that take bodies with sufficient seriousness. Here, I will describe the features such theories will share. In theories of embodiment the body is not an object in opposition to the self nor is it separable from the self. This need not mean the body *is* the self in toto as materialists might suggest. Neither do good theories of embodiment simply invert the mind/body dualism by accepting a dualized opposition– idealizing the body and thus ranking the mind as necessarily inferior.

Instead, embodiment theory reconceptualizes the self and relationships by not asking 'how is my mind related to my body', as one might ask 'how are my fingers related to my hand?', but instead asks "what is it to exist–to be manifest in the world?" Just as importantly, good theories of embodiment also consider how the understanding of oneself as manifest in the world (1) is inextricably caught up with our understanding of our relationships to other selves , and (2) creates a normative reality. Theories of embodiment do not start with the view that people are monadic bubbles sharply divided from one another. Rather, they emphasize that there are connections and relationships. Such work begins by noting that individuals are always situated in a place, time, culture, and community. The starting point is *connection*, and not division, isolation, or epistemic solipsism. The question is perhaps not how am I separate nor how are my "parts" related to each other, but "how am I related to a wider context?"

While theories of embodiment are partially metaphysical theories, as will become more obvious in the chapter discussing pregnancy, embodiment also challenges some of the aspects of more traditional epistomological theories. Embodiment theories have a great deal to offer ethics and social philosophies as well, in a variety of ways, since embodiment gives us a way to understand people and interactions. So embodiment speaks to a variety of areas of life and thought. I will be focusing on the normative implications of embodiment theory, stressing their advantages over the normative implications of philosophical accounts of human beings that slight the significance of the body.

As employed here, embodiment involves three aspects. The first is embodiment as "body"–in this case specifically the manifest, physical, substantial body that is commonly evoked by the term body. In employing this aspect, embodiment assumes that beings are embodied in that they are bodies–that is, beings are not selves "inside" a body but are composed of body (and perhaps other 'parts'–though those parts are not ranked as the traditional dualized mind/body split is arranged.) Rather, individuals exist as bodies. This however, should not be taken to imply that human beings are solely bodies, a distinction to be discussed later. So to be embodied is first, to be "bodied".

The second understanding of embodiment asserts that our "bodiedness" is what situates us in the world. That is, our body is our location[84] or our means of being "manifest" (as traditional phenomenolgists might put it) that puts us as individuals into place, time, and context generally. So embodiment assumes that we are always in context so long as we are manifest and, importantly, that our context makes up part of who we are. We do not exist in reality outside of some sort of context. That context is often in flux to one degree or another. So, our context as a part of our

---

[84] This is the terminology used by Rosi Braidotti in Patterns of Dissonance (Polity Press 1991) page 219.

embodiment, as part of us, is not a fixed set of characteristics that we gain at birth that never vary. Rather, as our place in time and space etc. changes, so do we change–via our context (which is part of us). The second understanding of embodiment then is that we, via our bodies, are always in context, that context is in flux to one degree or another, and that context is a part of what we are.

Our identity therefore is not static and that is in part due to the fact that our identity is in some measure composed of our communities and interactions in the world with others. This leads to a third slightly more difficult aspect of embodiment: in so far as we are in a changing context and this context makes up part of who we are, we always maintain a certain individuality because of our bodies. That is, while the division between myself and my family member (for example) is not as sharp as traditional Western culture has made it out to be, neither am I identical or indistinguishable from my fellow family member. This distinction is largely possible because of my "bodied" embodiment. I can never be in an identical context as even my closest friend because spatially, bodily, we cannot have identical perspectives or contexts. His or her body differs from mine, encodes the world differently from mine and maintains a place in space different from my own body. So in what seems a paradox, it is my bodiedness that both establishes interaction and contact with my community and with others–interactions and identities that are part of me–but it is also my body that distinguishes me from those same others no matter how close our lives otherwise might feel and seem.

This aspect may appear difficult to incorporate into the theory as presented thus far. Individuality seems to oppose connectivity. This sort of thinking is often based in dualistic understandings of the world–understandings that are difficult to shake: either you are a part of us or you are apart from us. This is the sort of starting point that might lead one to believe that individual is synonymous with autonomous monad–a sort of definition that would make this third

element look contradictory. However part of this larger project is to redefine what it is to be an individual.

If people are defined in part by their relationships, it is important to understand what that refers to. In order to have a meaningful theory of relation, there must be more than one (thing, person, idea etc.) so this immediately problematizes presumptions based on radical or solitary autonomy. My identity as a friend, as a spouse, a teacher or a parent all literally depend on relationships to specific others in my communities. I cannot genuinely have any of these identities without others who are involved in that particular relationship.[85] My role as a spouse would depend on there being someone else who relates to me as mate or life partner in some way, for example. I am not that individual whom I call my spouse nor am I that person I call my friend but neither am I 'who I am' without that person. Obviously these relationships can change with time and even if the interaction of one relation ends, the history of that relationship may continue to impact 'who I am' today while other sorts of new connections will shift my identity with time. There must be individuals in communities, in specific contexts, for there to be real and on-going relation. Without relationships, a good deal of who I am could not exist.[86] So too, there must be individuals beyond myself in the narrow sense, in communities, in specific contexts for there to be real relation.

To reiterate the three aspects of embodiment the first point is that to be embodied is to be bodied. The second consideration is that because we are bodied we are always in context (which is

---

[85]For more detail on identity within a community (specifically communally shared narratives) see Hilde Lindemann Nelson's book Damaged Identities, Narrative Repair (Cornell, 2001).

[86]It is of course possible that I might relate to objects or things–I might think of myself as a violin maker or as a stamp collector. These are sorts of relations roughly speaking, too, though plainly there is only a one way action and thus no *inter*action.

often in flux). Finally, while being bodied places us in context, it also distinguishes us from others who are similarly situated. As already stated, it is not possible for me to be out of context ever (so long as I am manifest) and thus it is not possible for my identity to be one of solipcism sometimes assumed in strict theories of autonomy–my community(s) is(are) always a part of me. Individuals are generally a part of more than one community at a time (for example while I may be a teacher, I may also be a hospice volunteer and a sister–all involving completely separate sets of people and different settings. Many, especially those of us who are more privileged, generally have at least some say in what communities we are connected to at a given time. So while relationships may define a large part of who we are, this need not lead to some sort of determinist view.

It thus need not be the case that the body is the entirety of who I am. It is necessary but other parts are as well. Most obvious of the other necessary 'parts' of a self, based on the previous discussion, is relation to others. Body need not be 'ranked' as most important–it may be that my communities, that make up part of my identity, are equally or perhaps more important. Ranking is not helpful in this case and leads back into the loop of dualistic constructions. It seems a bit like ranking if the heart, the nervous system or the lungs are the most important of the organs; clearly each is important but only so long as the others are present and functioning. So let it suffice to say the body is imperative without assuming it is "essential" where essential refers to 'the essence of the self'. It may theoretically be that it is, in fact, primary (first) in this sense but such a discussion is unnecessary for the work here and is likely to lead away from embodied understandings in the long run.

Embodied Theory

Many philosophers are likely to turn immediately to Merleau-Ponty when the topic of embodiment arises–after all, it is his work that is famous for considering "the lived body". I do

believe that important elements can be drawn from his work but these elements must be considered carefully and with a critical eye as I will discuss shortly, before incorporating them into a larger schema.

Merleau-Ponty is best known for his phenomenological work on perception where he insists on the "primacy of perception". By this he means:

> ...the experience of perception is our presence at the moment when things, truths, values are constituted for us; that perception is a nascent logos; that it teaches us, outside all dogmatism, the true conditions of objectivity itself; that it summons us to the tasks of knowledge and action. It is not a question of reducing human knowledge to sensation, but of assisting at the birth of this knowledge... (Merleau-Ponty 1964 25)

Thus, that which is perceived forms the foundation of all else. He writes: "The perceived world is the always presupposed foundation of all rationality, all value and all existence. This thesis does not destroy either rationality or the absolute. It only tries to bring them down to earth." (Merleau-Ponty 1994 13) I take this in part to mean that perception is first but generally not all of understanding.

Predictably, and important for the work here, he must make room for the body in order to highlight perception in this way. He goes beyond this, however, and includes discussions of embodiment as well. In spite of this, there is reason to believe that his notion of embodied existence is at least mildly ambivilent about a non-dualized self or at least how to discuss a non-dualized self/body as I have been trying to discuss it here. This is evident to some degree in his various discussions of interior and exterior. He notes that "there is an interiority or depth of 'being within flesh'" which allows for the opening of the phenomenological self to the perceivable world. (Vasseleu 2002 30) It is difficult to

distinguish how 'being within flesh' differs from a dualized understanding of existence. It seems that Merleau-Ponty would want to reject such an interpretation based on his criticism of dualism. (Fielding 1999 73, 78) Part of the difficulty likely lies in his emphasis on depth (depth of embodiment) which according to Helen Fielding allows for the "mysteriousness of existence" which is lacking in accounts limited to a spacial "surface" focus of the body such as presented by Michel Foucault. (Fielding 1999 73) It may be the insistence on depth, which suggests an internal subject in many vocabularies, that led Foucault to insist that phenomenolgists such as Merleau-Ponty merely replicated the Cartesian mind/body split–an interpretation that Merleau-Ponty would likely reject. (Fielding 1999 78)

The question of a split set temporarily aside, Merleau-Ponty should be considered helpful in his vision of embodied individuals existing beyond the confines of a single individual (as traditionally conceived). As Fielding notes, " descriptions of the phenomenological body are descriptions of a body intertwined with the world and with others, not the body in its objective meaning." (Fielding 1999 78) Vasseleu also notes one discussion of this in The Visible and the Invisible by voicing the notion that the body as living flesh is "a sensibility inextricable from its inhabiting of a world: 'things are the prolongation of my body and my body is the prolongation of the world, through it the world surrounds me'."[87] (Vasseleu 2002 27) The caution here must be against understanding the self as 'all'. If I am so closely linked with all perceived things, and in

---

[87]This was taken from The Visible and the Invisible, trans. Alphonso Lingis, Evanston, Illinois: Northwestern University Press, 1968, page 255.

fact the world, then I could begin to see others *only* as myself (thus assuming I have their perspective and can ignore differences such as race, class or gender). Thus it is important to maintain the "intertwinedness with others" while understanding their connections are important and while connected, almost necessarily different from my own.

Merleau-Ponty tries to avoid a focus on descriptions of the body as such believing that this leads to a vision of the body as object. (Fielding 1999 78) He also discourages the discussion of "body parts" since the "decomposed body is no longer a body." (Fielding 1999 80) He does want to focus on the body as flesh, as phenomenological body, or as "lived body" but it is difficult to understand how this will occur without descriptions of the body overall. His caution about body parts seems warranted but does it follow that one should avoid body discussions generally? While he would allow descriptions of the perceptions one had of their body, how might one go about this without discussing their body specifically and without limiting themselves to the psychologists' "feelings talk". This move becomes even more problematic if, as Gail Weiss has suggested, Merleau-Ponty's descriptions tend to assume a male body. (Weiss 1999 10) So one must use care when including these notions in a theory of embodiment in part to uncover if there is an underlying ambivilance about the nature of bodies "as nature" vs "as culture". As Vasseleu has written in interpreting Merleau-Ponty's work: "The lived body is a cultural identity produced within the perceptions that dawn through it, while the body that offers itself to biology offers itself as an object, not as flesh." (Vasseleu 2002 28) While this may primarily be a critique of the divisive practices of science on Merleau-Ponty's part, it could also be a carry-over from more traditionally dualistic understandings. As such it might in fact assume a male body and because of the assumed inability to consider bodies per se without objectifying them, inadvertently presupposes a specific body to avoid the offending discussion.

Feminists tend to be mixed on Merleau-Ponty's work but most suggest it should not be accepted wholly without careful analysis. For example, though Elizabeth Grosz commends Mearleau-Ponty for not assuming a traditional dualism and for acknowledging the importance of context, Gail Weiss is one of several feminists who have noted that his work (among others) while helpful in some ways, has been justifiably criticized for the "invisible" way that the norms in his account of embodiment seem to center around a masculine body. (Grosz 1994 86, Weiss 1999 10) If her accusation is correct, then he probably reproduces at least some of the same problems as more traditional theories (though clearly he makes progress towards inter–relatedness and acknowledging bodies adequately). Even Elizabeth Grosz, who spends a great deal of time discussing Merleau-Ponty (among others) in her book Volatile Bodies, acknowledges a feminist hesitancy in wholesale acceptance of Merleau-Ponty's work:

> ...of all the feminist writings on his works with which I am familiar, even those feminists strongly influenced by him remain, if not openly critical, then at least suspicious of his avoidance of the question of sexual difference and specificity, wary of his apparent generalizations regarding subjectivity which in fact tend to take men's experiences for human ones. (Grosz 1994 103)

Many more traditional phenomenologists are also susceptible to the criticism offered by Luce Irigaray in "The Fecundity of the Caress" (a work critiquing Levinas). She asserts that interpreting relations as primarily mediated by visual perception, is more likely to objectify the other as "other". (Irigaray 1986 265-66) This idea is a variation on the writing done on the male gaze which institutionalizes or idealizes again a preferred situatedness and its related understandings (in this case male)[88]. Irigaray focuses on the distant, detached and objectifying

---

[88]Foucault, among others has considered the gaze and its power over individuals. (See for example Discipline and Punishment "Hierarchical Observation".) Feminists have employed this concept but have noted in particular that the nature of the gaze in Western Culture is male. (See for example, E. Ann Kaplan "Is the Gaze Male?" in Women and Values (Marilyn Pearsall (ed.)

(continued...)

nature of 'seeing' another and argues for the more immediate and personal interactions centered on touch ("the caress"). (Irigaray 1986 257, 265-66)

So, while some of the terminology used by the best known phenomenologists may prove helpful at points, as well as perhaps even parts of their descriptions, I will not focus on their work further but primarily on the definitions of embodiment already developed by feminists who are aware of the shortcomings of more "classic" works. Since the goal of this dissertation is to illustrate the implications of embodiment for bioethical theory, an in depth exploration of traditional texts (such as Merleau-Ponty's) on embodiment itself, is too unwieldy for this particular project and can be found laid out very nicely by writers such as Grosz[89] as well as others cited previously.

A further problem for feminists seeking a theory of embodiment (from non-feminist sources) that reflects those who are left out of current theory, is the almost inescapable tendency toward believing that there is a view from nowhere that will define this concept. Gaile Weiss considers that problem as it appears for some of the best known phenomenologists:

> The promise of phenomenology for feminism comes from Husserl's view that no object, attitude, or belief is too mundane for phenomenological investigation; in fact, the realm of phenomenological inquiry is the realm of the life-world itself, and this latter, for Husserl, includes memories and anticipations, possible as well as actual experiences. A significant danger, on the other hand, comes from Husserl's naive belief in the neutrality of that investigation. And, I would argue, while Heidegger, Sartre, and Merleau-Ponty disagree with Husserl on several points (especially regarding the goal of phenomenology as the discovery of essences), all three retain as an essential part of their own respective methods, an (invisible) commitment to a "neutral discourse" that refuses to interrogate its own intentions and forms of givenness. (Weiss 1999 42)

---

[88](...continued)
Wadsworth 1999)

[89]See for example Elizabeth Grosz's Volatile Bodies (Indiana University Press 1994) chapter four.

Seyla Benhabib has approached this sort of problem in terms of "concrete" existence. The distinction can give a good starting point for understanding what it is to be embodied. After considering the difficulties that arise in trying to employ a concept of "generalized other" (universal or nonspecific other), she adds:

> The standpoint of the concrete other, by contrast, requires us to view each and every rational being as an individual with a concrete history, identity, and affective-emotional constitution. In assuming this standpoint, we abstract from what constitutes our commonality. We seek to comprehend the needs of the other, his or her motivations .... each is entitled to expect and assume from the other forms of behavior through which the other fields recognized and confirmed as a concrete, individual being with specific needs, talents, and capacities. Our differences in this case complement rather than exclude one another. (Benhabib 1987 164)

In recognizing the specificity of the individual–the particulars of where and how they experience the world and their body, we begin to participate in re-embodying people.

One shortcoming of Benhabib's description is that it focuses on respect for every "rational being". Rationality is certainly useful and I would not suggest that it has no place in ethics but it is a difficult term to use without bias, in large part because of the baggage the term has gathered over the years. Rationality (in terms of who possesses it and who does not) has often been used as a means of excluding others' views or importance because of (at least a perceived) lower level of rationality. A special problem in such a critique, which has been made clearer by A. MacIntyre's book Whose Justice, Which Rationality (University of Notre Dame Press 1988), is that rationality is not a single concrete way of thinking or acting. Rationality can be interpreted very broadly, for example to include some non-human animals, or very narrowly, which may exclude certain groups of adult humans. There is, then, no general agreement that a certain set of understandings is THE (real) rationality such that the other forms are clearly misuses of the term. Some might argue that

rationality has been a term that rather than being defined *then* applied to a population, has been created to include and exclude certain individuals (essentially moving from the population and desired conclusion to a theory of rationality.) While proving this would take a chapter in itself, it is not necessary to show this point specifically. It should serve to point out the problems that the term is associated with and thus suggest that it does not do the moral work that is most helpful here.

Charles Taylor similarly wants to emphasize the specificity of the individual. He approaches the question in terms of identity. This can be especially helpful here because it helps to explain that the identity of an individual is made up in part by others. He begins this by questioning the "monological bent" of traditional (mainstream) philosophy by asserting that a crucial feature of human life is that it is "fundamentally dialogical [in] character." He contends that we only are able to define our own identity and become fully agents though the attainment of "rich human languages of expression". He defines 'languages' very broadly to include other means of expression including physical and artistic expression, for example. (Taylor 1992 32) "We learn these modes of expression through exchanges with others....we are introduced to [such languages] through interaction with others who matter to us...." (Taylor 1992 32) And later he imparts that regardless of how we feel about the fact, "my own identity crucially depends on my dialogical relations with others." (Taylor 1992 34)

Taylor asks the reader to consider what is meant by identitiy and then offers that:

> ...it is who we are, "where we're coming from." As such it is the background against which our tastes and desires and opinions and aspirations make sense. If some of the things I value most are accessible to me only in relation to the person I love, then she becomes part of my identity. (Taylor 1992 33-34)

Taylor's metaphor of place and history presented in the common phrasing "where we're coming

from" is nicely in line with the terminology used by theorists discussing embodiment more specifically (such as Braidotti.) Two other moves in this brief passage are illustrative of important underpinnings of the importance of embodiment theory for ethicists. First, it allows that identity does not exist wholly in an autonomous individual. In the example above, exchange of emotion for example, may make the traditionally termed 'other' a part of myself. A second important move by Taylor is the notion that our identity and thus 'where we are coming from' is a necessary element for understanding one's own (or another's) aspirations and opinions. For the ethicist who assumes a neutral, non-situated self exists, the desires of many people will not make sense and may seem irrational. Understanding 'where someone is coming from' may make a world of difference in the perceived rationality of her or his choice as I hope will be made clear in the pages ahead.

One area where Taylor's views may be seen as differing from the embodied position presented here, is when he appears to limit the discussion to a situated history as providing a background for the self (if history is understood as experiences of the past). Situated embodiment, as I want to define it, instead looks at time more broadly and the situatedness of someone as more *constitutive* to themselves rather than mere background. Time and place influence us not just through our history but through are current situation as well–the interaction as it occurs is important and not just its impact after the fact. It is thus not merely the 'lived experience' that is important but the living experience. Taylor's work in this instance also seems not to adequately acknowledge the bodied nature of individuals as significant to identity. It may be that he understands that point as obvious or he may assumes some degree of dualism (in its contemporary form) where a person is really their mind. It does seem significant to me however, in discussing multiculturalism (as he is) to consider the body as rather important. It is the body that for some ties them to their culture and certainly the body which may lead to the harmful projections and oppressions mentioned earlier.

Anne Fausto-Sterling, like Taylor, wants to emphasize the importance of where we are coming from. Her writings grow in part out of her background as a biologist and thus may take the body as more central than Taylor. It is not terribly controversial to believe that bodies change the world but what is sometimes overlooked, according to Fausto-Sterling, is the fact that the world also changes bodies. She argues that the nature / nurture debate seems to assume that one or the other of these possibilities is accurate rather than understanding nature and nurture as intertwining.

In her book Sexing the Body (Basic Books 2000) focuses specifically on the existence and creation of sexuality in humans. She offers the idea of "systems theory" as a means of moving in a direction that goes beyond dualism but emphasizes the importance of context as it interacts with and changes bodies. Though the goal here goes beyond describing sexuality alone, her ideas still provide an interesting challenge to those prone to ignoring the body. She offers the example of one systems theory study which involved a goat with no front legs. The goat learned to hop around on its back limbs and it was found, after its death, that it had developed an 'S' shaped spine (similar to humans) as well as thicker bones and muscle changes typical of moving on two legs. (Fausto-Sterling 2000 26) She explains the implications for systems theory and understanding human experience: "this (and every goat's) skeletal system developed as part of its manner of walking. Neither its genes nor its environment determined its anatomy. Only the ensemble had such power." (Fausto-Sterling 2000 26) Thus, she suggests through further argument, sexuality for example, cannot be explained simply in terms of genetics but probably not simply in terms of nurture either. Her challenge of the nature / nurture dichotomy will prove helpful as this chapter progresses toward an understanding of embodiment.

Embodiment in Grosz and Braidotti

One major theorist considering embodiment from a feminist perspective who does not assume a male body at the outset is Elizabeth Grosz. Grosz's book Volatile Bodies is focuses on the ontological status of the body. This is a very important element of embodiment theory but is less central in this dissertation than it would be in a non-applied work. Still she, like others, is critical of the social understandings that dualism has created, especially in terms of how such an arrangement deals with (or ignores) the body.

While Grosz's writing unlike this dissertation, maintains that dualism, in the sense of separate mind and body "things" (what I've called substance dualism), is a serious concern for contemporary philosophers and feminists alike, she also believes (more in line with the arguments here) that there has been a general tendency to subordinate the body to a lower level below the mind. (Grosz 1994 vii) She declares that the goal of her book Volatile Bodies is to "displace the centrality of the mind [or} psyche" and to point out the sexed nature of subjectivity. (Grosz 1994 vii) Her work does not lead to a mere reversal of terms however. In regard to her project of re-visioning the self, she writes:

> [This] does not involve the abandonment of the terms associated with the subject's psyche or interior. It is not part of a reductionist endeavor. It does not claim that notions such as agency, reflection, consciousness–indeed, all the categories of interiority–are unnecessary, useless, or wrong or that these terms are capable of ready transcription into other terms. Rather, they can be remapped, refigured, in terms of models and paradigms which regard subjectivity on the model not of latency or depth but of surface. It is for this reason that I have sought out models and conceptions of corporeality that, while nondualist as well and nonreductionist, remain committed to both a broad, nonphysicalist materialism and an acknowledgment of sexual difference. (Grosz 1994 viii)

Her goal is to move the body "from the periphery to the center of analysis." The advantages, argues Grosz, are numerous. For example:

> The subject, recognized as corporeal being, can no longer readily succumb to the neutralization and neutering of its specificity which has occurred to women as a

> consequence of women's submersion under male definition. The body is the ally of sexual difference, a key term in questioning the centrality of a number of apparently benign but nonetheless phallocentric presumptions which have hidden the cultural and intellectual effacement of women; it helps to problematize the universalist and universalizing assumptions of humanism, though which women's–and all other groups'–specificities, positions, and histories are rendered irrelevant or redundant....(Grosz 1994 ix)

Dualism is a special concern for Grosz. Dualism, at least Cartesian dualism, seems to rob women's bodies of agency, in particular by "reducing the body to the passive object seen as a tool or instrument of an intentional will" rather than a source of power, knowledge or even "resistence". (Cheah 1996 110) She is not however convinced that other forms of traditional theory fair much better than dualism. Pheng Cheah writes about Grosz's objection to traditional teleological views:

> But while a teleological account of nature invests bodies with activity, this activity is always the predication of unintelligible form. This can lead to a biological-deterministic justification for the oppression of women particularly because the form/matter distinction originating from Greek philosophy is always articulated through a gender matrix where the productive or creative agency of form is associated with a masculine principal while matter, which is passively shaped, is coded as feminine [Grosz 5; Butler, chapter 1]. (Cheah 1996 110)[90]

Here it is clear that both sorts of approaches (dualism or teleology), from Grosz's perspective, are damaging and limiting to women in particular. Theory has traditionally assumed a male body, according to Grosz, yet ignores the sexual specificity of that body which leads to censure of particular subjectivities falling outside of this norm.

Grosz emphasizes repeatedly the specific nature of bodies and the importance of not assuming a male ideal (or any single type) as standard. "There are always only specific types of body, concrete in their determinations, with a particular sex, race, and physiognomy. Where one

---

[90]There is reason to believe that Cheah is correct here in her interpretation of matter's association with woman. As Anne Fausto-Sterling has pointed out the term matter itself is "derived from *mater* and *matrix*, referring to the womb and problems of reproduction." (Fausto-Sterling 2000 22) See chapter two for further discussion of the connection of women and matter.

body (in the West, the white, youthful, able, male body) takes on the function of model or ideal."(Grosz 199419) The domination of such a model may be undermined, Grosz says, by affirming the field of difference or multiplicity of other kinds of bodies and subjectivities. "Only when the relation between mind and body is adequately retheorized can we understand contributions of the body to the production of knowledge systems....socioeconomic exchange [etc.]" (Grosz 1994 19) Her directive is that subjectivity must make room for differences in bodies. Similar to the implications of Lloyd in the previous chapter, Grosz believes the very foundations of Western life may be brought into question for failing to create this sort of space:

> If subjectivity cannot be made to conform to the universalist ideals of humanism, if there is no concept of "the human" that includes all subjects without violence, loss or residue, then the whole of cultural life, including the formation and evaluation of knowledges themselves, must be questioned regarding the sexual (and cultural) specificity of their positions. (Grosz 1994 20)

It is not just masculist thinkers that overlook the damage that is done by traditional dualism. Feminists have been known to use these distinctions in an attempt to advance the status of women. This leads to the old problem of trying to build a new house using the master's tools. While sometimes using these "tools" to tear down the old structures can be liberating–sometimes it is done subconsciously because there is not adequate reflection about the nature of the understandings or tools themselves. If the work of tearing down and building up are inadequate in their critique (for example if they merely recode old structures with new terms), then they do not offer as much change as might be possible if the larger structures were questioned outright. Cheah discussed Grosz's critique:

> Grosz points out that feminists concerned with the social construction of subjectivity recode the mind/body opposition as a distinction between biology and psychology and locate political transformation in psychological change where the body either is irrelevant or becomes the vehicle expressing changes in beliefs and values [17]. This effectively ignores the point that the body is a unique social, cultural, and political object. (Cheah 1996 110)

Feminists, as well as theorists more generally, must carefully consider the normative implications of the philosophies they assume as starting points. The normative nature of dualism is key to understanding the full implications of these traditional theories.

Specificity for Grosz does not stop at the biological distinctions of male/female. To further emphasize her point criticizing attempts to universalize any one body, Grosz asserts:

> The specificity of bodies must be understood in its historical rather than simply its biological concreteness. Indeed, there is no body as such: there are only bodies–male or female, black, brown, white, large or small–and the gradiations in between. Bodies can be represented or understood not as entities in themselves or simply on a linear continuum with its polar extremes occupied by male and female bodies (with the various gradations of "intersexed" individuals in between) but as a field, a two-dimensional continuum in which race (and possibly even class, caste, or religion) form body specifications." (Grosz 1994 19)

This inclusion of race and class as aspects of body pushes the standard understanding of bodies and opens up more fully a space for diversity in context. Her mention of history is also useful in understanding how bodies exist in the world. That is, while context or situatedness is always in flux, this does not mean that there is no continuity or that someone who is female today will be male next week (in fact that happens somewhat seldomly)[91]. Some features of life, and of our identities, have a tendency to persist through time and change. Similarly, one does not lose their history but does, however, add to it and, just as importantly, one's way of relating to that context or history may differ over time. Still, as Grosz points out yet again, "bodies are always sexually (and racially) distinct, incapable of being incorporated into a singular, universal model..." (Grosz 1994 19) It is for this reason that it is not adequate to assume an ideal body for which some will

---

[91]Changing from one gender to another seems to be generally a process that takes place over a good l length of time but it may be the case that some transgendered persons do experience a more sudden shift in their gender identity–it seems reasonable to assume that there is a variety of experiences.

never, by definition, be able to 'fit'.

Rosi Braidotti is another important feminist theorizing in the area of embodiment. While she and Grosz would likely agree on a number of key points, Braidotti approaches the project differently by emphasizing place but also considering the impact of psychoanalysis on body and woman as a means of understanding what it is to be embodied. According to Braidotti, body is the interface / threshold / intersection of material / symbolic forces, where multiple codes of power and knowledge are inscribed. Rather than being an essence, she says, "it is one's primary location in the world". (Braidotti 1991 219) This seems an odd way to speak in a world where dualism is generally assumed. It is difficult for Braidotti (and most theorists who challenge the mind/body split) to use language that does not seem to presuppose this traditional dualist division. It is especially difficult if one does not accept traditional materialism but, like Braidotti, wants to offer some third alternative. Braidotti's imagery of body as interface may seem to vary little from the idea of body as vehicle, but in also using a term like intersection, or the description of 'primary location in the world,' she perhaps better illustrates why her vision is different in a significant way than the vehicle view. While an intersection may suggest multiple 'things' (pointing to materialism) it does suggest 'things' that are not ranked in necessity or importance. Further, it may be used in reference to an action for which both, neither, or all 'parts' participate (unlike a vehicle that is acted on[92]). An intersection, when it is not an action, is a place–perhaps like Braidotti's latter descriptor. Body as place in the world takes on an importance not present in more traditional understandings. The idea of body as place has importance, too, when considering a second element of embodiment theories. Having a place can indicate connection and reference other positions without necessarily opposing the other. Having a place puts one in relation–to

[92]It is true, especially in medical arenas, that the body is said to interpose itself on the self. This again presupposes dualism prior to explanation.

other persons, other entities and other times. This form of being does not try to circumvent or overcome historicity or culture but rather highlights these things.

A dualized division separates individuals into two artificially compartmentalized parts–with perhaps neither adequately recognizable as self. To move beyond the mind as soul/sole self, Braidotti, in Patterns of Dissonance, discusses the process of 'repossessing the body' or taking back the body which has been dis-integrated. This begins, she says, by rejecting totalizing masculinity[93] as antecedent to all theory in favor of individual subjects. She explains that the rejection of masculinity/rationality leads to "interest in the sex-specific nature of the subject....when speaking of subjectivity, one must begin with embodiment." (Braidotti 1991 218) So, by refusing to maintain masculine theories of a dualized self[94] as predicate to all other theory, we begin to see subjects and individuals, rather than engaging traditional totalizing theories.

This ultimately, she says, leads to a radical theory of difference–that of speaking the/from the body. This phrasing is important for Braidotti's attempts to avoid the trap of speaking 'of the body' as though it is object and separate from subject. She adds, "the body thus defined cannot be reduced to the biological, nor can it be confined to social conditioning." (Braidotti 1991 219) That is, the body becomes self and gains meaning from many sources rather than being simply understood in only biological terms, for example.

Braidotti argues that a radical feminism of sexual difference is another (and to her mind

---

[93]It is interesting that she uses the term *totalizing* here. Totalizing can refer to all-encompassing-- looking at the sum rather than the parts. It also can have connotations of 'destroying all' (demolish).

[94]The dualized self is usually associated with masculine ideals because the mind/body, reason/emotion split almost always values masculine sides of the dual nature as superior. See for example G. Lloyd's Man of Reason (University of Minnesota Press 1984) for a discussion of dualism and masculine/feminine. (See also previous note.)

important) way to elaborate on the notion of embodiment.(Braidotti 1991 219-223) She says "as soon as the affirmation of difference as positive value has replaced the demand for equality–it connects with certain aspects of psychoanalytic theory, in particular its critique of the primacy of rationality and the notion of the sexed nature of the subject." (Braidotti 1991 220) What she is asserting here is: 1) affirming difference as a positive aspect of life rather than seeking to overcome that difference (for the sake of universality or equality) is a positive move toward embodied subjects; 2) this sort of thinking links up with psychoanalytic theory on at least two counts–both (a) critique rationality as the primary good and (b) acknowledge the sexed nature of subjects (rather than assuming a universal (male) subject). It will be obvious to feminists that she is drawing from French feminists (who draw heavily on psychoanalytic theorists or those who critique them) rather than the often called American feminists (who may or may not be American but focus on equality between the sexes as the primary goal of feminist work.) Psychoanalytic theory is especially helpful to her when discussing sexuality and the fact that bodies are sexed in nature.

It is important to note that embodiment should overcome the dualism that typifies modernity but need not avow 'materialism' in the traditional sense. Elizabeth Grosz distinguishes a group of feminists she terms "sexual difference feminists"–a group it seems reasonable to place Braidotti in. This group focuses on "the lived body" and expresses this position without reverting to the potentially masculine origination of materialism:

> There is a refusal or transgression of the mind/body dualism, which may be replaced by monism or a more uneasy yet noncontradictory relation between the bionized terms, or possibly even a head on confrontation of the polarized terms. (Grosz 1994 18)

It does not appear that by using terms like bionized and polarized she is suggesting a real dualism exists but rather is discussing the terms that must be dealt with in a society that already assumes

dualism. Thus the transition to a non-dualized concept of self, while not a necessarily easy move, has been made by theorists concerned with veracity but not limited to traditional approaches. Difference feminists, in particular, have found this a key element to a real recognition of individuals and thus a means of rejecting totalizing theories.

Braidotti's contribution to understanding embodiment is significant. As a difference feminist, she embraces the specificity of individuals while not doing so at the expense of disengaging them from their contexts. Her notion of individuality as place or intersection offers a visual metaphor for an existence that can do both of these things–both maintain individual perspectives but necessitate relation to the world and with others–a relation that is open to change. As such, people are not, I would offer, fully contained (or restrained) within the traditionally conceived body but instead are definable in part through their relationships and in part from their specific location that is not ever identical to any others' location. At the same time, such an understanding does not dissolve rights to physical integrity since part of respecting an individual is respecting their place and space in the world. These ideas are developed further with the help of other feminist theorists in the following section.

Boundaries and Particular Bodies

Important insights are also offered by Gayle Weiss's investigation concerning "body images." Her discussions of embodiment center there. She contends that by acknowledging that body images (which is a more complex version of "bodies" as the term is traditionally used) have a moral element or "dimension, is itself a rejection of the mind/body dualism that has led to an exclusive identification of morality with the mind (and with reason in particular)." (Weiss 1999 129) In her move away from dualism and toward an embodied ethic, she says:

> To emphasize the moral agency of particular bodies at once involves paying attention to how gender, race, ethnicity, age, and class status are embodied and to

> how these (differentially) affect the nature of the interactions between individuals as well as the obligations that arise out of those interactions." (Weiss 1999 140)

To Weiss's position, I would minimally add sexual orientation and physical and psychological ableness but I think the thrust of the comment is still important: stressing moral agency of particular embodied individuals involves not only attending to the specificity of the individuals (age, race etc.) but must also look at the *interactions* and responsibilities that arise from those specific orientations. In other words, I do not assume to universalize others into "Others" or try to fit the people and relationships that already exist into a static theory; but rather, I try to create theory that accounts for the very individual nature of each person involved. Just as importantly, I not only acknowledge the relationships that make up each person's reality–I in fact focus on them.

So as Weiss moves us closer to understanding the connections between bodies and ethics, hopefully it is becoming clear that to be embodied is not to be "in a body". To be **in** a body is to already assume a more traditional theory (probably involving dualism) and to act perhaps as though my experience is extrapolatable across numerous variations. Embodiment deals with individual bodies but also with relations between bodies. It does not posit an actor on a static background who can just as easily be moved to another background. Weiss, like the previous theorists, discusses the importance of particularity for her ethics of embodiment:

> Rather than ignoring the particularities of our respective bodies, as Kant or Rawls would have us do in order to attain the status of impartial moral agents, the particularities of my own body and the bodies of others need to be taken into account in our moral decision making for the very reason that these decisions are not reducible to abstract, rational deliberations that take place between one mind and another mind in a phantasmatic intellectual space....(Weiss 1999 158)

She goes on to note a point by Linda Alcoff that one of the many reasons acknowledging this situatedness is essential is because it is likely that at some point I will have to speak on behalf of another. In doing so, it is imperative that I see for myself (and perhaps make it clear to others)

how it is that I differ from that individual or group I claim to represent. (Weiss 1999 158)

In order to better understand Weiss, and others such as Grosz who have similar views, it is important to understand the fluidity of boundaries and to understand that bodily *experience* is essential to understanding bodies. It is not the case that "I" in my entirety, begin and end at my skin's edges, while you begin and end similarly with the ground between us as dead space or static ground. Part of me exists in the interaction that occurs between the two of us. This is not to say that you have a right to give me a tattoo because boundaries are fluid such that giving me a tattoo is the same as getting one yourself. It is not that there are no individuals but there are no individuals out of context. As Helen Fielding reports on Merleau-Ponty's view,

> ...there is between myself and the other, a "surface of separation." Although our sensible bodies have contours, outlines, and surfaces, the surfaces where our lives come together support the depth of our own unique histories, with their psychic, social, and sexual particularities. The surface is "not a frontier, but a contact surface" (1968: 271; 324). Accordingly, phenomenalogical descriptions of embodiment, rather than merely providing commentary or an endless spiral of signification and that refers to nothing, instead show up the essences as truths that can only be comprehended through the depth of the spatially, temporally, situated subject. (Fielding 1998 79) Depth of Embodiment

So, while the surface is not so fluid as to make no difference, it is not for many of those interested in emobodied nature a barricade or obstacle to keep out the world, that would again assume I am 'in' my body. Instead it is one of the sites where I most commonly interact in and with the world. Certainly this contact surface has a particular and important moral significance, but for Fielding, the "phenomenalogical body" surface is clearly not the full stop boundary of an objective entity .

Fielding reemphasizes the non-objective nature of the body throughout her work. "It is indeed critical to understand that the body is not an object per se. The phenomenalogical body is instead defined by its capacities and regions of existence that can only emerge to develop as particularities relationally." (Fielding 1998 82) It is in the interaction or the relationship that the

body/self is most precisely defined. I cannot dissect and describe a person as I can dissect and describe an architectural structure. (Even architects must begin by viewing the terrain as it already exists–even something as static as a house, has a ground that must be plotted first. Imagine how much more complex the ground of a living entity must be.) In order to understand the person, I must hear and understand their experience of existing and that must include the particularities of their being in relation.

It also needs to be understood that one is made particular through their relationships but that does not mean that one is defined only externally. One critique that Fielding has of Foucault's work is his insistence on the docile nature of bodies which seems to render one incapable of agency or perhaps even primarily victim:

> ... docile bodies of the modern episteme are not the agents that effect change. The inexhaustability of the depth provides for an embodied meaning for the subject, not meaning that has been imposed externally, but meaning that emerges from an intertwining of the embodied subject's particularity with the generality of her world, and in her relations with others; as such it cannot be reduced to the discursive." (Fielding 1998 82)

So, even while one is in relation, one maintains agency at the same time defining and being defined by the world and those relationships. One is free not in the sense of modernists who conceptualize 'each person as an island'–this view ignores context (and in doing so ignores part of the individual's particularity). Instead identity and freedom are co-created, so to speak, by the individual, and their relationships with the world. The person chooses within a context with the constraints of that context.

This bi-lateral (multi-lateral?) interaction is in many ways an important concept for Grosz as well. Grosz views the causal relationship of materiality and psychical processes as dynamic and bidirectional. That is, as Pheng Cheah notes in her discussion of Grosz: "Psychical processes do

not impose themselves upon biological processes unilaterally but are demanded to augment biology through constituted susceptibility in the latter." (Cheah 1996 122) This move problematicizes both traditional dualism(s) and materialism. Grosz's work in Volatile Bodies reflects this important idea while at the same time illustrating why she thinks that animate bodies are not mere material objects as such: "If bodies are objects or things, they are like no others, for they are centers of perspective, insight, reflection, desire, agency... Bodies are not inert; they function interactively and productively. They act and react. They generate what is new, surprising, unpredictable." (Grosz 1994 xi)

Another helpful account of embodiment for biomedical settings is in Margarit Shildrick's book Leaky Bodies and Boundaries. She, like Grosz, wants to draw into question traditional accounts of dualism and materialism. I will bring in her work further in the following chapters but want to introduce an overview here. Shildrick rejects masculine postmodern views (such as Derrida) in favor of a feminist view of the subject. She says, "I favour a feminist rewriting of the subject that demands attention to the corporeal body. Now this sense of embodiment is precisely what has been omitted most often from masculine accounts of subjectivity." (Shildrick 1997 167) She goes on to critique the mind body division that features a universal, transcendent subject:

> The privileging of the so called higher faculties of reason, intellect, spirit and so on over the material and mundane grounds a two-tier system in which women, tied as the ostensibly are to their bodies and most particularly to their reproductive bodies, have been deemed largely incapable of autonomous rational thought. Quite simply, women are deemed to live their bodies in ways that men are not, and this constraint on transcendence is alone sufficient to disqualify them from full subjectivity. The absent body characterizes male/moral discourse and women, being all too solid, are paradoxically situated in that absence. (Shildrick 1997 167-68)

She asserts that neither the corporeal nor the female can be excluded if women are to occupy positions as full subjects. She finds the belief in dualisms inherent in both medicine and

psychoanalysis. If current standards are maintained then women are "neither fully autonomous nor authentic language users but are irrecoverably set in the pre-discursive body. And that body, as such, is effectively an absent body." (Shildrick 1997 171) This point is precisely what I have tried to convey in discussions about why not acknowledging the body adequately is a special difficulty for women, who are deemed more bodily. Roughly if women are bodily in a way men are not and the body is effectively absent in moral discourse, then women's full participation as moral subjects is seriously limited if not excluded.

Shildrick's book highlights the importance of embodiment for bioethics while being especially critical of the ideals of rationality and autonomy that bioethics inherited from "mainstream systems of morality". She contends:

> The charge is that the freedom to make and exercise one's own choices is conceived largely in terms of freedom from interference, which at worst can swiftly degenerate into a kind of moral isolationism. Accordingly, co-members of the moral community become 'others', competitors to the sovereign ego unless firmly assigned to object status...Though the assumption is that everyone is free to partake equally of the benefits of such a system, the strong and powerful inevitably end up highly advantaged, even against those others with a theoretical capacity for autonomy. (Shildrick 1997 119)

Shildrick covers a wide range of topics including the value of deconstruction as a means of resistence. She considers the problems of the current system from both modern and postmodern perspectives. Those studying embodiment in bioethics can glean numerous insights from her book (far too many to list here). Some of those ideas overlap with other theorists already considered[95] but other of her ideas will be discussed more in the next chapter.

The chief work of embodiment theories, as a whole, is to challenge the masculine thinking

---

[95]For example, Shildrick discusses the problems of dualism and binary systems as well as questioning the underlying structures of traditional moral theory including the preference for male rationality and a biased and exclusionary understanding of autonomy.

of dualism and in so doing release those caught in the objectifying image such thinking creates. The artificial division of the self may seemingly benefit some group(s), but ultimately it cannot be justified in theories concerned with the nature of real people. When dualisms define who we as humans are (and who we are not) the mind-body split often takes on a central role–sometimes not even questioned but taken as fact. For much of the Western world the body is a thing separate from the self. As has been considered previously, the critical turn for philosophy (often attributed to Descartes work) that takes enlightenment 'reason' to a new level seems to have solidified the division rather than questioning it. Descartes cogito teaches that 'he is' but his use of reason to define the self as separate from body was taken as a necessary and powerful insight rather than a peculiar way to carve up people and the world.[96]

Dualism as a Normative Concept

Drawing on the work of Benhabib (referenced earlier in this chapter), Rosalyn Diprose argues that understanding ethics as a set of universal principles that guide the actions of "self-transparent, isolated, rational minds....disqualifies women from ethical social exchange insofar as our bodies signify womanhood." She suggests, however, that including difference and embodiment as key elements of ethics redefines what is meant by the concept. She sees this, however, as an essential move:

> Even if we grant that ethics is about moral principles and moral judgement, it is also about location, position and place....and taking a position in relation to, others. Being positioned and locating others requires embodiment....It should not be surprising then that 'ethics' is derived from the Greek word ethos, meaning character and dwelling, or habitat....My habitual way of life, ethos or set of habits determines my character (my specificity or what is properly my own). These habits are not given: they are constituted through the repetition of bodily acts the

[96]As discussed in chapter two, Descartes does not invent mind body dualism (Pythagoras, Plato, etc. were earlier proponents of it) but his telling of it is taken on with new vigor in the modern age even though Plato's dualism actually seems a stronger separation.

character of which are governed by the habitat I occupy... (Diprose 1994 18-19)

She believes that this understanding of ethics makes a place for embodiment thus defining ethics, in her terms, as "the problematic of the constitution of one's embodied place in the world." (Diprose 1994 19) This idea of place, much as for Braidotti, is important for her definition of embodiment but for Diprose is also important for ethics as such.. Embodiment can not only be "interesting" for ethicists but in fact central to the practice. There is good reason to believe that including a strong sense of embodiment is not only reasonable, but preferable to more traditional theories.

Dualism is not merely a metaphysical theory. Though perhaps that is its origin, dualism has taken on social, political, and cultural power during its long reign. Dualism, in laying down certain understandings, ways of interpreting the world, and ways of acting in our social/personal interactions, has become a strongly normative concept. Even if we were to grant that dualism describes the metaphysical status of human beings (though this is far from being clear or beyond criticism), or of the world (an even more controversial stance) it is no longer used to just describe–it now prescribes as well. It prescribes not only the lens we use to view what is around us but reinforces other cultural forces that lend weight to rules about how to judge, rank and value our environments, society and one another.

Most people will admit that there are vexing metaphysical or epistemological problems associated with both mind/body dualism and even with the materialist views that oppose it. Some of the problems with dualism have been suggested already but the clearest difficulty for a metaphysician with this view is the age old question of how the two substances (mind and body) can interact with each other in a useful way. If mind is really so different from body, then why can ideas be expressed (via the body)?

Geoffrey Madell discusses dualism briefly in his book on materialism. He acknowledges

that some have suggested the problems of "other minds" or of "private language" should be offered as tough positions for dualism. He, however, insists that the major problem for dualism is exactly that mentioned above:

> A much more profound difficulty for interactionist dualism is presented by certain aspects of the difficulty which has always been felt to be a central one, that of understanding the posited causal interaction between the mental and the physical. (Madell 1988 140)

He offers the Humean view that "what causes what is a matter only our experience can reveal" (Madell 1988 140) as a possible response, but is dubious about its ultimate usefulness in solving the problem. He says "It is doubtful whether [Hume's doctrine] can dissolve the oddity of the claim that it is in the brain *and in the brain only* that perfectly ordinary physical processes have the power to produce something utterly unlike themselves, namely, immaterial states." (Madell 1988 140) Roughly, the question goes, how can one sort of thing or substance produce another sort of substance that is wholly unlike itself? This is a question that philosophers have tried to answer but none have given what most would consider a fully adequate response as is indicated in part by its continued presence as a source of debate.

On the opposing side, Madell's consideration of materialism is in part summed up in his statement:

> It is a central theme of this book that one of the fundamental inadequacies of materialism is its failure to make sense of the intrinsic and non-dispositional properties of consciousness. We have seen that the central property of intentionality, the immediate 'aboutness' of thought, disappears in materialist analyses. Another, and very closely related, area in which this failure shows itself is that of awareness as such, the sensory awareness we have of the world around us. (Madell 1988 78)

So while dualism is unable to answer the concern of how two such different entities as mind and body can interact if they are in fact so separate (and even be produced one from the other),

materialism has a tough time explaining the phenomenologicial aspects of consciousness and intentionality. One can coherently explain that the stuff or atoms in this rock are like the stuff that makes up my body and this is in turn like the stuff that is my brain but it is much more difficult from this position to explain the fact that it feels or seems to be a special sort of thing when I produce a thought or purposefully carry out some action.

While a larger discussion of these two approaches might clarify their individual positions and problems, the reason for raising these considerations here was to note that neither of these most central attempts to define the self, either through dualism or through materialism, have shown themselves to be obviously true. Therefore it is reasonable and, as I will argue at more length shortly, actually preferable to think of the self as embodied over either of these more traditional approaches.

Metaphysics itself need not be morally problematic, but how we interpret it becomes a issue when we do certain things we claim are based on it, and those things are not morally justified. One example is when we assign status based on traits that are given more significance than those traits justify–as is done with various dualisms, in particular mind-body dualism. One illustration of this might be our tendency to regularly discount knowledge acquired through the body as such over our more traditional and preferred "objective" (abstracted–non-bodily) cognitive knowledge (the prior type perhaps being labeled anecdotal while the later is labeled universal or 'fact' depending on the extreme of the case). This particular example will be illustrated in a good deal more detail in the next chapter.

It is preferable to think of "the self" as embodied for a number of reasons. First, approaching the self as embodied seems to fit more accurately with our phenomenological self. It feels like we are embodied and our experiences more often than not, reinforce this perception

whereas generally we do not feel like a separate mind and body (although we may talk about ourselves quite often in these terms). Neither does it seem to fit with our experience that thought is simply an extension of muscle and oxygen, for example. Phenomenologists may call this experience of an embodied self "the lived body". (Vasseleu 2002)

Another reason it is not irrational to suggest that we choose to view existence as embodied existence is that doing so does not violate anything we know to be true and in fact seems to match up with a number of things that are reasonable and seem as though they are true. We believe that people do exist in time and place and that people are influenced by communities and surroundings. We *experience* the world via our bodies and not as rational, isolated, generalizable concepts that we communicate merely mind to mind (if that).

A third reason for choosing to view selves as embodied is that while there is no good reason to deny that we are embodied, there is good reason to use it as a preferred theory of the self for political and moral reasons. Materialism as generally practiced[97] has had a tendency to lead to notions of normal and abnormal selves (as defined in science) and this has allowed for ranking of individuals and their traits.[98] Dualism, as discussed in chapter two, quickly moved from a metaphysical concept to a normative one where if mind and body are separate–one is clearly

---

[97]I have linked materialism and science to some degree throughout this discussion. Since materialists cannot rely on intuitive notions or on divine word for their information about the world, it would seem reasonable to assume that they draw on some sort of empiricism or science for this information. This is not to say that all scientists are materialists.

[98]For an example a biologist who is materialist would hold the view that bodies and minds (and all the stuff of the world) is made of material substances that can be studied. Such a person is likely to have a view about what, for example, an ideal frog of species A is like, or what traits a bonobo primate should have "by definition". Frog specimen "X" is a perfect specimen of species A while this particular frog "Y" is not as good of an example. Trait Z is preferable to W, etc.. Thus ranking is employed as part of the thinking itself. As Shidrick says both ideal rationality and the medical model "privilege the unity and clarity of categories" which suppresses difference and connection. (Shildrick 1997 120) Such priorities lead to determinations of normal and abnormal based on the constructed categories.

superior to the other. Once mind is ranked as superior, then those associated with mind likewise are ranked more highly than those thought to be associated with body. While this shift from metaphysical description to normative prescription may serve many social or even psychological functions, a major impact of this move is to bolster the situation of powerful groups. By employing embodiment over these other views, the temptation to hierarchy is remove or at least lessened. That is, it doesn't give dominate groups or forces in society a toe hold for oppression as dualism (in particular) seems to have done.

It is possible that those in power at any given point in history are able, because of their resources, to use any theory of the self to their political advantage. As mentioned before, dualism without the hierarchy is merely descriptive rather than normative. Embodied notions of the self currently are not used in a similar fashion (to maintain power structures) but in fact are a means of problematizing the current structures that do exist. If it were found down the road that embodiment had been taken over to be used in a way that is similarly damaging then it would at that time be necessary to challenge the position.

Currently, however, this is not the problem that confronts us so it is prudent, based on the mis-use of the present (unproven) theories, to choose a theory which is not only at least as theoretically sound as the others, but one that (beyond not doing further harm)–may actually resolve some of the inappropriate uses that will continue to be considered throughout this work.

Thus the reader should keep in mind that when dualism is discussed further in this dissertation, it is not the sort of dualism that one might see in a philosophy of mind text, but is a normative schema that rejects social hierarchy that is based on unnecessary dualisms. That is, the goal here is not to secure through argument the ultimate answer to the traditional metaphysical questions about the self, but rather to mobilize a way of thinking about the self that doesn't lead to

conceptual bifurcation. It aims to find a system for understanding people that does not allow the political imagination to rank ways of being human (gender, race, class, age or sexuality) that define some as inherently inferior while maintaining others as superior.

Equality and the Difficulty of Objectivity

We cannot do away with distinctions. This would make communication difficult and thought virtually impossible. We can and should, however, challenge and remove social hierarchies that are damaging and do little more than keep certain people oppressed while maintaining others in positions of power. So while I will question the distinctions made by popular theories of the self, I am not questioning the value of distinction itself.

Feminists of the 1960s and 1970s tried to use a notion of sameness (developed perhaps most fully by Simone de Beauvoir in The Second Sex) to create equality. Contemporary feminists may refer to this form of feminist thinking as "liberal feminism". Liberal feminism emphasizes minimizing differences and sometimes ignoring distinctions (for example, the popularity of androgyny in the 1970s) as a means, or at least an attempt at, achieving equality . Sameness, for feminists who hold this liberal position, is an indicator (it is hoped) of equality. Equality between men and women is often the stated goal of feminism so the move toward sameness (believing sameness is analogous to equality) seems quite reasonable. Of course there is a good deal more involved that makes this simple equality lead to something different than personal and political equality. A full discussion would prove too considerable for the purposes here but let me give a brief and common example of what is far from a new idea.

Segregation laws in America were said to provide services to groups of people such that blacks and whites were "separate but equal"–though clearly those services provided to blacks were not equal to those provided whites. However, even if there had been some means of making the

two sets more nearly identical (so that "black" and "white" schools mirrored each other, for example), it is difficult to believe that this would have led to equality for blacks in a racist country. Even if racism could have been magically lifted, generally speaking, and a great push was instituted to make everyone the 'same', it seems likely that the ideal which everyone would have been expected to adopt would have been the image, values, and mannerisms of those in power. By definition, sameness would not have allowed room for variation in culture, beliefs, habits or goals, so the culture, beliefs, and goals that would have been repressed would almost certainly, it seems, have been those of African Americans rather than those of Western European Americans. It is difficult to believe that such a philosophy would have been any more effective in the case of gender.

Some versions of social equality, i.e. those that seek equality through sameness, seem to insist (perhaps indirectly) on conformity to a "standard" as a means of measuring and maintaining parity. As above, that ideal is likely to be an already established standard. Thus such an ideal of equality as sameness, as promoted by liberal feminists, is likely to encounter at least some of the problems already discussed.

I hold, as those who sometimes call themselves "difference feminists"[99] that distinctions should not be ignored but in many cases celebrated. However some distinctions are used as justification for ends that are not adequately supported by the variation noted, and these are

---

[99]At least one feminist has used the term difference feminism to refer to those feminists who celebrate a Gilligan-like care ethic. This type of feminism has been termed, more accurately, "feminine ethics" by Rosemary Tong in her book Feminist and Feminine Ethics (Wadsworth 1993). My use of "difference feminism" refers not to a celebration of the difference (and sometimes argued superiority) of the feminine over the masculine but rather the notion that differences in race or ethnicity, orientation, age, and even gender (etc.) not be ignored in an attempt to create an illusion of equality. Those differences should be valued for what they are and used to honor the specificity of human life. When differences are ignored–it is the differences of those on the margins that are neglected first and never the differences of those in power.

inappropriate uses. For example, while it is not necessarily problematic to make a distinction noting who in a couple can most easily breast-feed a child, it is inappropriate to use that distinction to decide who should do most of the childcare overall. The ability to breast-feed is not a justification for this much larger decision which should consider a wide range of factors. Keeping such problems in mind, it is still important to adequately acknowledge diversity among groups and individuals–differences often grounded in their particular embodiment.

As mentioned earlier, embodiment means always being situated. One is always and necessarily in a particular place in time or history, in a particular culture and environment, and must constantly be understood in relation to others, a historical self, and the world. To be a "self" is to have a context. To be embodied is to be particular.

In contrast, oppressive systems of thought generally deny some part of this particularity. There is some explicit or implicit understanding that the highest evolved of us is able to step outside of one or more of these ways of being situated. If we are truly intellectual, truly scientific we must be able to step away from our context to objectively observe whatever 'it' is we plan to study or claim to know. So the highest achievement in some of these systems of thought suggest that it is possible to have what is often referred to as a god's eye view, or if not that, then a view more removed from mundane reality than is accessible to the masses. Theories of embodiment accept the immanence of one's life and hold that it is not ever possible to have perspectiveless existence. This resolute immanence of life does not appeal to personal transcendence often believed to be an ultimate goal of "higher level" beings.

Liberalism makes a mistake by trying to derive justice by ignoring difference. Diana Tietjens Meyers considers the classic work of John Rawls who asks readers "to leave aside all knowledge of their personal situations" as a means to achieving justice or impartial reason.

(Meyers 1994 23) Rawls seems to believe, Meyers contends, that all people "share the same profile of interests, [such that] one lone person performing the deduction from the original position can represent everyone."[100] (Meyers 1994 24) That is, any person's conclusions about justice will be identical to anyone else (with Rawls's method) so "impartial reason does not require consulting with people who seem to be different from oneself." (Meyers 1994 24)

Liberal feminism[101] itself errs in assuming that ignoring or burying differences leads to equality (at least equality in a meaningful sense.) It is theoretically possible to down play or cover difference such that the male gaze sees everyone as the same . Yet, the result is that much of what is most important to non-dominant people about their lives gets excluded from what that gaze regards as morally significant, so that the net result is still inequality.

Let me briefly comment on the problematic belief that one is actually able to remove oneself from one's context. In order to make this point more vivid, I will briefly consider the most immediate concern which is the potential for violence that "the gaze" allows those in power. Ann Kaplan expresses this in an article called "Is the Gaze Male?". She says: "men do not simply look; their gaze carries with it the power of action and of possession that is lacking in the female gaze..." (A. Kaplan 1999 280) In this passage, Kaplan is referring to eroticism, but her point seems important here as well, especially when we consider her further comment about another instance of removed spectators:

woman is located as other (enigma, mystery)....the implications of this for cinema

---

[100]Meyers draws this from John Rawls book A Theory of Justice (Harvard University Press 1971) page 139.

[101]People with these beliefs are also sometimes referred to as employing American feminism or equality feminism. Liberal feminists, for example, tend to focus on working toward equality in pay by diminishing the differences between males and females rather than completely recreating the social structures, per se.

> are severe: dominant (Hollywood) cinema is seen as constructed according to the unconscious of patriarchy, which means that film narratives are constituted through a phallocentric language and discourse that parallels the language of the unconscious. Women in film, thus do not function as signifiers for a signified (a real woman) as sociological critics have assumed, but signifier and signified have been elided into a sign that represents something in the male unconscious. (A. Kaplan 1999 279)

In film we are always outside of the action–we are "the objective observer" in a manner similar to how many might believe they are as an observer of real life. But the implications for this belief are important because they are often damaging, particularly in real life. First, the observer who believes themselves removed from the situation almost necessarily "objectifies" the participants or events being observed–that is, he or she experiences others as objects; i.e. not as real individuals but as signs of something in the (male) unconscious. This is damaging because, a) it is inaccurate–the participants are not objects so the observation is already prejudiced; b) an object (in the eyes of the observer) seems to be something that *can* be removed from context but such a removal is damaging for further reasons (discussed shortly); and c) it projects unacknowledged elements of a unconscious mind that is likely biased by sexism, racism, etc. into what is later believed by the observer to be objective reality.

All of this creates a subconscious belief that being in context is optional when in fact, one is always situated. The idea of being an objective observer is sometimes an ideal and other times may be quite harmful, depending on the situation. It is probably better to have someone who is as objective as possible as a legal judge but we might find too much objectivity in a family tragedy, for example, inappropriate. Certainly one can make objective observations about human defined terms. "This blanket is red" for example, simply iterates something that the majority of observers would find true (if the blanket is indeed red) because they have vision, see in color, and have agreed

that this sort of hue will be called red. Most of the time such statements are innocuous[102] but many other assertions are less clearly objective as well as potentially more harmful. When one is dealing with matters that require interpretation, as is the case with most research, this is exceptionally important. One can conceivably be more objective, perhaps ironically, by acknowledging their situatedness so that they make their biases both transparent to themselves and to others. Acknowledging all relevant biases, however, is an exceedingly difficult task. Margrit Shildrick makes a similar point about someone trying to make an objective determination on behalf of another:

> It is not simply the intervention of a third party is problematic, but that it is not at all clear what a rational assessment of one's own interests might consist in. The question of the ideological constructions of interests is scarcely considered,... Similarly the nature of rationality is taken to be transparent...[but] appeals to a rational calculus often fails to provide a clear-cut guide for moral action, but is inextricably caught up in the agent's subjective judgements (Shildrick 1997 66)

It may be fairly clear, and in that sense objective, that a particular given study conformed to the rules of good research protocol, had an adequate and appropriate sample, etc. and thus it can be objectively reported that this percentage of subjects had reaction 'X'. When the scientist or reader makes further inferences, however, they must be aware of their own and their participants' situatedness in order to be as accurate as is possible. For example, if the sample was done on first world people or contained no women, then this should be considered, otherwise inferring that "X has this impact on people" is not so innocent. The individual bias, if it exists, of assuming that such differences do not matter cannot be overlooked if one is to truly be as objective as possible.

---

[102]Occasionally, some seemingly harmless, seemingly objective statements are actually more complex than they may first appear. For example, we may call this particular bit of land X while those living there call it Y. In this sort of case, saying this place is called X is a means of exerting power, just as when a group of people call themselves one name but those in power insist on another. (Asian vs. Oriental, for example)

To treat all of those impacted by our actions as subjects rather than objects is of the upmost importance. This is a task that is easier to do for some groups as opposed to others that have been defined over a period of time as more object than agent.[103] A rock can be taken out of context, taken into a lab and studied and while it is not exactly the same as it would be in its natural environment, it is close enough for most purposes. A person in a lab, however, is not "out of context" as we might imagine, but in a foreign and perhaps artificial context–this is not irrelevant when one hopes to extrapolate the findings of the study to those who remain in more normal, less controlled environments.

This may seem an oversimplified example since surely all but the worst scientists (in this case) realize there is a significant difference between a rock and a person–that is why rock studies generally do not have to go through IRBs. The caution that is meant to be emphasized here is that when one places themselves in the role of objective observer, they must be sure not to objectify (perceive as objects) those they see. It sounds easy enough but as will be apparent in the next chapter, this has not been such an obvious point for some scientists who were removed enough from their experiments to see the individuals as numbers or solely as a means to the end result. Other evidence and examples that refraining from objectifying individuals is not always apparent is easy enough to find in sweat shops, or on magazine racks that host scores of photos of women's bodies (in particular) as objects to be bought and used. When individuals become numbers or part of the mass of nameless others, it is very difficult (though conceivably not impossible) to continue to see them as whole and significant beings rather than to separate them further as Other. An observer, should they set up a self (subject) - Other (object) understanding of the world, is simply mirroring the dualisms that underlie theories allowing such perceptions. Caroline Whitbeck has

---

[103]For example see Shildrick Leaky Bodies and Boundaries (Routledge 1999) pages 14, 98, or 168.

said "the self-other opposition is at the heart of other dualistic oppositions, such as theory-practice, culture-nature, spirit-matter, mind-body [etc.]" (Whitbeck 1989 51)

If I imagine myself as an objective observer then I also assume a position of power over the situation and beings I am observing. Because by definition I am leaving out some of the particularity of the actual event then I am also necessarily choosing which particulars I will "leave in" or attend to. Certainly it seems unreasonable to suggest that one should or could include all particulars at any given time. However deciding what is attended to is important, especially in light of the inescapable biases formed in a racist, classist, patriarchal society.[104] How to deal with this difficulty will be discussed later but the point to be made here is that 'who the observer is' is significantly *more* than an incidental detail–in some cases it has been central to perpetuating social bias.

Finally, this "objective gaze" fails to note the skewing that occurs in the real world event when someone who is impacting the environment (the observer), pretends not to be. My choice to act as though I have no impact has itself an impact, so that the situation I perhaps intended to observe is changed before I can even start the observation. Whereas if I am seeking accuracy in description, I am more likely to achieve that by acknowledging my place and impact. A scientist, for example, can try to leave preconceived notions or biases aside in an attempt to objectively record a real moment in time but this is an attempt that will be difficult at best. Acknowledging the unrelenting specificity of life and the inextricable role one plays in each situation is actually more honest and ironically less biased than the unaware "removed" observer.

---

[104]Studies in social science suggest that people tend to prefer those who are more like themselves, something that at times colors their interpretation of information (Sommers 2000 1367). This bias appears to be stronger among higher status groups who show greater ingroup bias. (Bettencourt 1998 759)

As I have persistently tried to show, an ontology supporting dualism is prone to the problems just discussed. Materialism, while perhaps not as problematic in some ways, still maintains the masculine biases that seem to allow much of what is damaging in a dualistic theory to remain in tact. The assumptions underlying the form of materialism accepted in the west still assumes a male ideal and still seems to ignore, more so than not, the situated nature of individuals. The very basis for science–a prime source of materialist understandings of the self–assumes that information gleaned from this small group of individuals can be extrapolated to this larger group of people. The character of scientific method (discussed in the previous chapter) actively seeks to remove context and individual difference.[105]

Hopefully it should also be clear from both the previous chapter and this one, how maintaining either sort of view (or others like them) is oppressive to many individuals–primarily those who have less social power. I therefore propose that adopting an embodied theory over these other forms is a normatively productive move. This normative ontology again does not propose to adequately begin to address the problems or accuracy of such views beyond that mentioned previously. The goal instead is to offer a view that there seems to be little or no reason to reject but offers many normative reasons to accept.

---

[105]The preference for "controlling variables" in scientific experiments is one of many examples of this. There certainly can be arguments that science has done a great deal of good for humanity by employing these practices. The problem, as viewed from non-standard points of view, might be that the experiments have focused primarily on questions important to those already privileged and has sought to extrapolate findings from the white male norm to minorities and women–sometimes with hazardous results. (For example, heart attack symptoms or HIV symptoms for women varied significantly from men and were often overlooked by a community that assumed the studies done were universalizable.) [See chapter four for details and references on these topics.]

"At a minimum, the politics and ethics of equal dignity need to be deepened and expanded so that respect for the individual is understood to involve not only respect for the universal human potential in every person but also respect for the intrinsic value of the different cultural forms and through which individuals actualize their humanity and express their unique personalities." (Rockefeller 87 - comment on C. Taylor Multiculturalism and "The Politics of Recognition")

Chapter Four

Disembodied Bioethics: Research

It has been suggested in previous chapters that the field of bioethics most commonly employs methods and philosophies that are dualistic in effect and that presuppose a binary view of reality. This normative or evaluative dualism is pervasive enough to be a key feature enabling the maintenance of disembodied views of the world and individuals. People are considered to be primarily "in the mind" or brain such that the body, in turn, is of little importance or only of instrumental significance in itself. In the following pages, I want to offer examples that demonstrate how this sort of disembodied paradigm has both 1) been the case and 2) been detrimental. In some cases it can be reasonably argued that it is not bioethicists that are creating the structures that lead to problems–in fact, some of the examples will begin prior to the dawn of bioethics as a recognized field. Chapter two went into some detail tracing the long history of dualism so clearly I do not plan to suggest that bioethics created either dualism or "anti-body" theory. Rather, I will show that bioethics has done little if anything to challenge this conception of persons and in not doing so tacitly supports a normative or evaluative dualism and the oppressions that it fosters. I also intend to show that *if* embodied theories had been employed in understanding these medically related areas, some of the problems that have occurred, or more importantly those that continue to occur, might have been eliminated.

The applied areas that I will consider in most detail, as suggested in chapter one, include experimentation and pregnancy. These areas are significant–certainly to the individuals that they

touch most directly but to society at large, as well. They will also provide an example of at least two different conventions of perceiving embodied individuals in disembodied terms. This will begin with a look at how medicine and (once it gained a professional identity) bioethics, have dealt with these particular areas or failed adequately to consider these subjects. I will then go on to suggest what the contour of social understandings and actions would be if these topic areas were to be conceived of in a more productive way by using embodied understandings, rather than more traditional conceptions of self. I start by considering an area that has clearly been treated as a topic worthy of bioethical attention, but one where the mis-conceived notion of a self led to, or at least participated in, systematic, severe and long term abuses to individuals. That area is medical experimentation.

Experimentation

Bioethics is built around some key problem areas in medical settings–death, technology and biomedical research to name a few. Human experimentation has been a primary focus of the field's identity since its inception. The fact that abuses had occurred was viewed as some of the evidence that the world needed bioethics–and thus bioethicists–to protect the [Western] world from future abuses[106]. Thus such a central issue for bioethics as a field deserves careful attention by the profession.

A great deal of useful work has been done on the topic of research abuses. International codes, such as the Nuremberg code, have no doubt participated in reducing maltreatment in many

[106]Though some bioethicists have looked at issues arising in non-first world countries, (for example Ruth Macklin or Peter Singer) the focus on technology as one prime 'problem' has traditionally focused most of bioethicists' attention on first world and Western issues. Issues of "too much care" are often not such a central concern in less industrialized nations. There are a variety of other reasons that may have led to bioethicists' focus on first world issues including the fact that those with the opportunity to pursue academic fields tend to be in the first world.

cases. While these codes have by no means solved all of the problems, it seems unfair not to note the improvement that came about if not from the codes, then from the sentiment and public pressure concerning clear abuses of humans in research just prior to the codes' existence. I will consider the intriguing possibility that the codes are effective to the degree that they seem to be because of an underlying, *perhaps unintended theme* in some stipulations which appears to recognize people as embodied. So their effectiveness, at least in part, may correspond to a different sort of conception of persons. Another important point I want to emphasize is that while the codes have helped, there are still clear abuses that occur even today. Some of this mistreatment may be caused by our failure to acknowledge in an adequate way the fact that subjects are always embodied–having it merely suggested by larger principles is not enough. Thus I hope to show that if bioethcists can successfully encourage embodied theory and practice as a primary means of considering individual 'subjects', there is reason to believe that abusive treatment in medical experimentation could be significantly reduced.

The next section will briefly consider these codes mentioned above before moving on to look at a couple of large scale experiments that had clear ethical problems and have gained a great deal of recognition because of that. The Tuskegee syphilis study will be considered and then, briefly, some of the human radiation experiments, the latter of which were made public a relatively short time ago. I hope to make it clear how these experiments exemplify disembodied views of research subjects. Later in the chapter the discussion will turn to more current research and problems that have not yet been fully dealt with.

Codes for Research

I have suggested that there are some parallels in classic research codes and elements underlying embodied theory such that the effectiveness such codes have had may, at least in part,

be due to this sort of conception of persons. The Nuremberg Code was created as a response to the unethical research done by the "Nazi doctors" during WWII and was composed while the Tuskegee trials were still going on. The code is clearly written as a safeguard for humans in research while animals are in fact specifically discussed as precursors to any experiment to be done on humans. Setting this aspect aside briefly, the code has some recommendations that suggest elements similar to theories of embodiment (though the code does not go far enough). This code seems to note the importance of the body to the individual but the emphasis is still focused on the legal right to self governance *over* considerations of individual context. Here are some of the key elements discussed: first, voluntary consent is "absolutely essential" and the subject involved must have the ability to exercise free choice and have the legal capacity to consent, and second, any experiment should lead to "fruitful results" that will benefit society and such results should be "unprocurable by other methods of study and not random and unnecessary in nature." (Mappes 2001 234)[107] Other elements of the code include that the experiment should be carried out in such a way so as to avoid unnecessary physical injury and mental suffering; the degree of risk should not exceed the "humanitarian importance" of the problem to be solved; adequate facilities should be provided to protect the subject; and quite importantly, the investigator must be willing to bring the experiment to an end if there is reason to believe that continuing the experiment would result in injury or death to the subject. (Mappes 2001 234) The focus on the individual (especially in this last element) as important over the results is a noticeable feature of the code–the good of the majority cannot take precedence over the well-being of the individual in most cases. Thus this code favors some

---

[107]Clearly this addresses Nazi abuses specifically. Such experiments included no form of consent (some were not even told they were being exposed to chemicals or radiation, for example) and subjects' pain was generally ignored. Further, according to Andrew Ivy an investigator of the crimes, much of the data gathered was scientifically unusable and "fruitless". (See "Nazi War Crimes of a Medical Nature" reprinted in R. Edwards and G. Graber's Bioethics (Harcourt Brace Jovanovich, 1988) pages 188-93.

specificity and attention to individual experience over the ultimate benefit of moving toward 'objective findings' and abstractable fact.. While it is highly unlikely that embodied theory (as such) influenced the writing of this code, and I do not mean to suggest that here, it does show that some of the strongest protections for individuals are elements that would also follow from embodied theory and practice. The benefit of a more directly embodied approach is that it goes even further in recognizing important aspects of individuals as I will continue to show later in the chapter.

One potential problem for this code, which depends on the definition of "injury" used, is that the code *could* be read as allowing some misuse of a few people if they consented and if the humanitarian importance to society was great enough. By misuse (as opposed to abuse) I am suggesting that even if someone consents and a greater good is achieved, it is possible that it might still be wrong (in the sense that it is a misuse of the subjects) to undertake that research.[108] While this code would not allow those subjects to die for a larger good and it may even forbid injury but the caveats that discuss humanitarian import and results available from "no other means possible" might be interpreted as allowing injury or significant decline in health or well-being for a minority. That is, the code could be read as allowing experiments that would otherwise be not be considered

---

[108]This is controversial as some ethicists will believe that a person can give informed consent to participate in *almost* anything and by definition it is therefore appropriate. While conceivably it may not be abuse in many cases, some projects may still seem a misuse of subjects. For example, it has been suggested that the use of undergraduate students for psychological experiments as a requirement (or extra credit) for a class is inappropriate. Surely these are adults who can weigh pros and cons but it is arguably still inappropriate to give a reward these students would find difficult to pass up as incentive, especially if the research may have lasting negative impacts on the students (for example the well known Milgram studies that led subjects to believe they were administering shocks to others.) Similar rewards of money or a hot meal may be inappropriate in some situations in that certain subjects cannot really afford to pass up the opportunity in spite of possible negative effects. Misuse is a special concern when negative outcomes are likely–especially those of a lasting nature.

under codes focused more heavily on the health of each subject while such might be justified under this code if there might be an adequate social gain from what could cause harm for specific individuals.[109]

The code does seem to fall short in its lack of acknowledging the importance and role of difference in the experiment–there is no mention of the fact that certain groups tend to be more often exploited while some are more often ignored. More recent documents considering what research is appropriate (through IRBs in particular) have begun to notice the significance of this oversight. For example, Moreno et. al. note that research involving vulnerable populations need to make efforts to include representatives for those groups when determining if particular research projects are appropriate. (Moreno 1998b)

The historical events that led to the Nuremberg code make it understandable that animals were excluded from consideration–such widespread abuse to humans was horrifying and the belief was that animals could help to reduce the possibility of this sort of thing occurring again.[110] This belief that animal research will save humans from suffering has not always proven true and has probably sometimes led to a false sense of security and a lessened vigilance for the safety of those

---

[109]The problem here lies in part with the debate about whether adults should even be asked to sacrifice their health for the good of society at large. Historically there have always been people willing to do this and their sacrifice may in some cases (or may not in other cases) have led to advances. For example, some argue that people should not be allowed to donate organs or parts of organs while alive even to those close to them–specifically living related liver (lobe) donations. Similarly it is not clear one should be encouraged to make certain sacrifices for research but some believe it is their 'right' to do so. This merely notes that this code *may allow* for such research not that it *necessarily* leads to misuse.

[110]Discussions later in the chapter of animals in research will more carefully consider topics in this area.

people who are first treated after animal trials have been 'successfully' completed.[111] While the code highlights informed consent, it says little about experiments that might be done on those unable to consent (i.e., children or incompetent adults) but seems to *imply* that such research should not be done.

The Helsinki Code (originally of 1964 but updated several times including in 2002) discusses this last matter more directly when it considers the possibility of "proxy consent".(World Medical Association 2002 24-26) This code, written by the World Medical Association, distinguishes between therapeutic research and non-therapeutic studies and again notes that the good of society cannot outweigh the importance of protecting the individual. Like the previous code, this one does mandate that the experiment must balance the risk with the benefits of doing the research. In an improvment over previous versions (such as the 1996 version) current wording more clearly emphasizes the need for protecting individuals absolutely over the good of science per se.

While not using the terms of embodiment, this code is even more aware of the importance of each subject. So both codes begin to acknowledge the importance of individual specificity and difference, and are particularly effective in so far as they do, however they arguably do not go far enough in recognizing cultural and historical, not to mention differences in race and gender, as worthy of note and significant to the overall exercise of research. So both codes begin to do the sort of work that embodiment theories would recommend but stop short of fully reaching an adequate discussion that might better protect and respect everyone involved by acknowledging difference in areas beyond consent per se. If embodiment were a central notion for rewriting the

---

[111]See for example the case of primate experiments that may have misled researchers to believe a genetic treatment was safe in the J. Gelsinger case discussed later in this chapter. Gelsinger died after treatment.

codes then some of these things might be better highlighted since at least some of the measures (such as the respect for individual experience) seem to already correspond nicely with embodied understandings.

Tuskegee and the Radiation Experiments: Government Sponsored Abuse

It is almost impossible to discuss ethics in human experimentation without referencing the Tuskegee trials. What made this a particularly bad case was its clear underlying racism and the study's duration. It continued on even after the codes for human experimentation were established after World War II and even after a cure for the disease itself was found. The bulk of the study involved no therapy or treatment for the disease but had the goal of "compiling data on the effects of spontaneous evolution of syphilis on black males." (Jones 1993 2) The original study was supported by the Rosenwald Fund (a philanthropic fund set up to promote the welfare of African Americans) and the Public Health Service, and was intended to last six to twelve months. (Jones 1993 52)

Syphilis is a disease that can be congenital (passed from an infected mother to her fetus) but quite often is acquired when the syphilis microorganism enters the body through the skin or mucous membranes (often, but not only, through sexual intercourse). The organism is a fast growing disease that affects tissues throughout the body within days of the initial infection. (Jones 1993 2) The greatest damage occurs during late syphilis when tumors form on tissues and bone and are often visible as ulcers on the skin. Bones may be destroyed at this stage but the cardiovascular and nervous systems may also be severely compromised, sometimes causing a "softening of the brain that produces progressive paralysis and insanity." (Jones 1993 4)

Such a nasty disease might make one wonder why anyone would agree to a study that offered no treatment. Most of the study subjects were poor and illiterate and were offered a variety

of incentives to participate including free treatment of minor ailments, a hot meal on the day of the exams, and burial stipends for the family to use. (Jones 1993 4) There is disagreement, according to James Jones in his book Bad Blood, about what exactly the men were told at the study's onset. One doctor with firsthand knowledge reported that subjects were told they were being treated for rheumatism or bad stomachs, but he claimed "We didn't tell them we were looking for syphilis." (Jones 1993 5) Instead the subjects were eventually told they had "bad blood" and were told that they were not to receive any type of treatment or they would be dropped from the study thus losing the benefits they were initially promised. (Jones 1993 5-6) A woman referred to as Nurse Rivers, African American herself, was employed as the primary contact for the men in the study and she assisted with the autopsies after the men had died.

The study, begun in the 1930s, originally had been set up because it was believed possible that syphilis did not impact blacks in the way in did whites and in fact that syphilis was of little concern to that population. An original study site was set up with at least minimum treatments for those found to be infected (this was in fact required of the researchers by their agreement with state health officials.) (Jones 1993 116-17) As researchers were eventually treating more than 500 individuals ,and numerous others came to the clinics in hopes of other medical treatment, the cost of the study rose. The fact that subjects received only half of the recommended treatment dosage was not adequate to bring the costs in check. Though everyone in the study was being treated, there was only a 3% serological reversal due to the low treatment dosages. (Jones 1993 118-19) In an effort to reduce the number of people being tested at the clinics, one of the primary investigators had the idea of eliminating women to reduce the clinic's cases. (Jones 1993 120)

The researchers wanted to do spinal taps on those found to have syphilis but feared that the word of this procedure would spread quickly dissuading individuals already enrolled. One way

they sought to overcome this difficulty was by directly lying to the men. Researchers told the men they were going in for an examination but once at the hospital site would stay overnight and be told as little as possible about the lumbar punctures. This required the hospital hosting these men to absorb the cost of their stay. The goal was to speed through the exams to keep others from hearing about the experience prior to completing the exams. (Jones 1993 120-22) Men were told in an official looking document that they had one more chance for a free special examination and if they could "stand it" a special free treatment. The letter emphasized that this was their last opportunity to take advantage of this sort of opportunity but mentioned nothing about a lumbar puncture. (Jones 1993 127)

The doctor leading the study in the field, Dr. Vonderlehr, was reluctant to see it end and proposed that the study be continued for years into the future. He said, "Should these cases be followed over a period of five to ten years, many interesting facts could be learned regarding the course and complications of untreated syphilis." (Jones 1993 126) When Dr. Vonderlehr was promoted to the position of director of the Division of Venereal Diseases, he was able to push forward with the low budget, no-treatment version of the study that would follow the men over time. (Jones 1993 130)

It was discovered in the mid-1940s that penicillin was an effective treatment for the disease but the then director of the Division of Venereal Disease (Dr. John Heller) had made a decision not to offer this treatment to the men. (Jones 1993 8) In fact treatment continued to be discouraged in spite of the fact that some in the control group had become infected as well. (Jones 1993 176) Even though some subjects were ordered by the draft board to seek treatment for their syphilis, the study continued. The study was continued into the 1950s as new 'rationales' were provided for its

value[112]. It was not until the 1960s that a member of the medical profession complained. Dr. Irwin Schatz wrote the author of a published article on the study:

> I am utterly astounded by the fact that physicians allow patients with a potentially fatal disease to remain untreated when effective therapy is available. I assume you feel that the information which is extracted from observations of this untreated group is worth their sacrifice. If this is the case, then I suggest that the United States Public Health Service and those physicians associated with it need to reevaluate their moral judgements in this regard. (Jones 1993 190)

The doctor received no reply. By the time the study finally ended, multiple decades had passed and the six to twelve months initially proposed, had long been forgotten.

Tuskegee did not signal the end of problems in biomedical research for ethicists. Beginning in the 1940s and running through much of the cold war, some of the federally sponsored "human radiation experiments" had some similarities with Tuskegee. A number of the studies were funded at least in part by government agencies. Many of the several thousand experiments that were so funded were, according to the advisory committee who studied them, "unlikely to cause physical harm." (Faden 1996 497) While Phillips suggests that more than 800 Americans were subjects of human radiation experiments, the advisory committee considered a larger number of studies estimating that about 4000 studies of this sort occurred during the period of 1944 and 1974. (Phillips 2001 239) (Faden 1996 497) In some of the studies found to be most problematic, the subjects were either poor or uneducated or mentally incapable of informed consent.

Between 1944 and 1974 there were cases where radiation was administered without subjects' permission or sometimes, knowledge. (Phillips 2001 238-39) (Moreno 1999) (Faden 1996 502) In a very few cases "the government intentionally released radiation into the

---

[112]In 1952, for example, it was suggested that the study would provide an excellent opportunity to study aging.(Jones 1993 184)

environment for the purpose of studying its effect on humans" though it has been suggested that it is unlikely these releases led to specific harms in the absence of other factors. (Faden 1996 505-06)

What makes these studies particularly outrageous, according to Donald Phillips in an article originally published in 1994, is that

> [one,] subjects chosen were people who had little understanding of radiation and were highly vulnerable, namely, prisoners, the mentally retarded, newborn babies, the terminally ill, members of minority groups and the indigent. ...[and two,] the dangers of radiation were well known within the medical community. (Phillips 2001 239)

Phillips' view is not shared by everyone, some of whom suggest the description is too simplified to adequately convey the complexity of the wide variety of experiments undertaken during this period and the scientific understanding of radiation. It seems reasonable to believe that his charges were not an accurate description for many of the experiments done. So, rather than consider the 'radiation experiments' overall, I would like to focus on some that were ethically questionable keeping in mind that many others had little or no negative impact and some were even beneficial to medicine overall and thus, public health. (Faden 1996 498)

Often a primary sponsor involved in commissioning the experiments and tests were the Department of Defense or the Atomic Energy Commission (AEC). (Phillips 2001 239) Experiments varied but some of those of concern included:

> [1]...doses of radioactive radium and thorium were injected into or fed to 20 subjects aged 63 to 83 at the Massachusetts Institute of Technology (MIT) from 1961 to 1965. A congressional report states that the doses used were up to six times the maximum amount of internally deposited radioactive material that was determined later to be a safe dose...[2] teams from MIT and Harvard University fed radioactive iron and calcium to as many as 125 residents at a Massachusetts state school for the retarded to determine whether a diet rich in cereal would block the digestion of these two elements. The research was sponsored by the AEC and the Quaker Oats Company...at least some of the patients and their parents were not told that exposure to radiation was part of the study....[3] In the late 1960s, a

> study....exposed at least 16 cancer patients, 13 of whom were black with little education, to radiation to measure changes in intellectual abilities of the patients. (Phillips 2001 239-40)

This last study would have had a special difficulties since all of the participants had relatively low intelligence quotients and showed evidence of "cerebral organic deficits" *prior* to beginning the investigation, according to the study's own report. (Phillips 2001 240)

The U.S. Advisory Committee on the Human Radiation experiments was especially concerned with research like that of the second example above because it was an example of "nontherapeutic experimentation on children"–a population that was particularly vulnerable to radiation. (Faden 1996 196) Prior to 1964 there seem to have been no written rules for research on children but the attitude toward pediatric research not involving therapy appeared to be one of assumed consent. According to William Silverman, a physician during the 1950s, doctors of that period often did not believe it was necessary to obtain permission of parents prior to including a child in nontherapeutic research. (Faden 1996 201) The Advisory Committee investigated about 21 cases that fell into this broad category and of those they found that in about half "the risks were in a range that would today be considered more than minimal, and thus as unacceptable in nontherapeutic research with children." (Faden 1996 213) Four of those eleven cases were, however borderline and might have been just barely above the minimal risk line. The committee expressed special concern for those studies carried out on institutionalized and mentally handicapped children whose cooperation was successfully obtained through offers of "extra milk and an occasional outing." (Faden 1996 213)

There is general agreement today among researchers and ethicists that Tuskeegee and the sorts of human radiation experiments like those considered above were examples of unsatisfactory research but what can they tell us about embodiment specifically, or more exactly, what can

embodiment tell us about what went wrong? I want to take time to highlight some main ideas along those lines. There are two main areas beyond the dualisms of race and class that embodiment highlights here: individuals and their bodies and people out of context. First and perhaps most obviously, Tuskeegee and some of the Human Radiation Experiments point out extreme examples of what can occur when people are viewed as primarily bodies. Cathryn Vasseleu, in discussing Merleau-Ponty's distinction of physical body (instead of lived body), offers: "[b]iology treats 'the body' as a thematizable *object*, moving towards an *already abstract* meaning."[113] (Vasseleu 2002 28) As abstracted bodies these research subjects were used as objects for goals that are not their own and not for their benefit. The subjects of these studies experienced oppression at the site of, or against, their bodies and thus violations against their person as a whole. Second, these research projects provide examples of people who were not appreciated as existing in complex and interconnected environments. This decontextualization allowed researchers to view their subjects more narrowly than they actually exist by cutting off those aspects they could not visualize as an individual body for research. This theoretically makes room for social or "medical" constructions about racial and class difference (among other prejudices) that may mentally reduce doctor's culpability for harm against these people, in their own minds. All of these aspects contribute to an embodied critique of these infamous cases. Toward the end of this chapter I will look at how embodiment challenges these various prejudices and reinstates culpability by returning context. First, however, I must return to bodies.

Animal Research: the Body Writ Small

In research, the ultimate bodies (and those most often used) are those of animals–they are the rarely disputed epitome of body without rationality–bodies without the intrinsic worth granted

[113]Emphasis added.

by dualism. There might be some sort of argument for the use of those "lowest on the totem pole" for discoveries that prevent vast amounts of suffering, though that is not itself obvious without further argument[114], but there is some evidence for believing that the use of such 'purely body' entities does not always stop the vast amounts of suffering that it is billed to do, but may actually increase the overall suffering both for those used (as might be obvious) but also, at least sometimes, for those are supposed to be helped by research, as I will consider shortly. For this reason, it seems appropriate to include some discussion here, while discussing research, of animals exploited for their bodies for sometimes unnecessary and inaccurate studies into human ailments.

Some might find it insulting to include animals when the discussion to this point has seemingly focused on people. The use of animals in research is not often given significant attention in standard bioethics texts, though it may be included briefly. Few commentators in the area of medical ethics adequately acknowledge the problems that exist. A notable exception to this is the work of Peter Singer who is sometimes seen as an animal rights advocate first and a bioethicist second. Singer's work is interesting and generally viewed as philosophically viable though almost always controversial. Others have written in both the fields of animal rights and medical ethics as well but none seem better known than Singer.

It may not be obvious and therefore will be helpful to further explain why animals might fall into a discussion of embodiment at all, and then to examine what goes on and why it can be argued to be problematic both for the animals used but also for the people it is said to serve. Confusion about how animals could earnestly be considered as beings worthy of serious moral

---

[114]This is the traditional question surrounding the value of Utilitarianism–can the few be sacrificed for the good of the many–a number of theorists and writers have said no. This is also, however a question of whether those less like ourselves (via rationality, etc.) can be used for ends of our own.

consideration would likely be a result of maintaining a traditional dualized understanding of the world or by defining embodiment (and embodied theory) differently than has been done so here. If our culture continues to hold an image of a mind *in a body* that works toward the ends of the true, rational self or soul, then this will raise questions for many people about the appropriateness of discussing animal research. Some theorists have maintained this rational definition of a moral self and thus in order to include animals, they have made arguments for their rationality[115]. While these arguments are interesting, they need not be a central concern here. Instead, recall once more some of the key elements of embodied theory and an embodied self mentioned in the previous chapter. Remember the key question is not 'how is my mind related to my body', as one might ask 'how are my fingers related to my hand?', but instead "what is it to exist–to be manifest in the world?" Theories of embodiment contemplate how the understanding of oneself as manifest in the world impacts others, impacts relationships, and creates a normative reality while maintaining that individuals and situations always occur in a place, time, culture, and community. The starting point is connection, not division, and the question of how am I related to a wider context plays a key role in understanding the moral world.

Consider now how animals fit into such a way of thinking–when I consider how I fit into a larger world and what it is to be manifest in that world, the world is not the empty sterile box of abstraction but is the actual world filled with others–some of those others make up a part of myself. My body places me in the real world just as animals' bodies place them there. The real world, we find, is not occupied merely by whites, merely by heterosexuals, solely by males and not even wholly (or mostly) by human animals. Over time society has begun to realize that non-whites, non-heterosexuals, non-males and non-humans (among others) also form close bonds and

---

[115]See especially the work of Tom Regan.

connections to those around them. People who have been looked down upon because they are thought to be more closely associated with the body, were often compared to animals (as discussed in previous chapters.) In fact it has been noted that the Nazis, for example, referred to "gypsies, Jews, Poles and Russians" as belonging to a subhuman species "primates somewhere between the range of the human....and a chimpanzee." (Ivy 1988 189) Animals, in our minds, epitomize bodiliness–which is to say they are non-human, non-rational, and beyond consideration. That is, animals do not necessitate the sort of respect that would mandate that we treat them as other than *primarily* means to other ends.[116] *To consider bodies is to consider what animals are–manifest entities in context, impacted by a past, interacting now with the world as it exists*. To consider the worth of animals does not lower our worth but acknowledges our reality when what we do bears directly on the lives of others, regardless of the type of sentient species in question. Thus animals are worthy of consideration in their own right but they also serve as a glimpse of how we view bodies more generally. How we treat animals may tell us important things about how our understanding of the world plays out on those we perceive as more bodily.

A number of non-medical ethicists have critiqued the practice of animal experimentation: Bernard Rollins, Tom Regan, and fairly recently Steven Wise, for example. Generally, one may get the impression there is more sympathy by the larger community for critiques (by animal experimentation opponents) of experiments done that clearly offer little assistance to scientists studying vital human conditions and especially disease. For example, more people would oppose

---

[116]Certainly modern research is not oblivious to a need to reduce pain and suffering in animals during experiments, *so long as the results are not compromised*, however this sort of attention is the sort we might give to the natural environment rather than that of preferred sentient individuals. Animals can and have been sacrificed or caused a good deal of suffering even for the most minor of human goods. (See for example Baruch Brody in Why Animal Experimentation Matters, E. Paul and J. Paul, eds. 2001, pp. 131-147.)

psychological torture to puppies or investigations into what physiological changes occur when a kitten or rabbit is kept in a glass box in the sun in order to raise their temperature (Singer 1990 61) more so than they would object to those same animals used in cancer research. There is seemingly also more sympathy to those arguing for reducing experimentation on higher order animals (primates)[117] over lower ones (mice and rats) at least as long as there is no dread human disease that might be helped by such experiments on these higher animals. I think much of this thinking is not unreasonable. It is much tougher to decide about animal experiments that potentially save human lives than the less essential studies and it may seem obvious to many that human health warrants the loss of some rodents.

Many otherwise thoughtful people are uncomfortable or even offended at the idea of comparing non-human animals to people in any serious way. They believe this "lowers people" who should be due much greater respect than those animals of a lower order. By overcoming this sort of thinking, Peter Singer has made a larger impact than many others concerned with the treatment of animals–it is also how he has alienated more than a few people. To begin his argument, Singer presents an interesting historical fact in his chapter "All Animals are Equal". He takes note of the historical nature of oppression (though this is not his phrasing) and how the oppression of one group is contrasted to the oppression of another group. Singer considers Thomas Taylor's satirical essay "Vindication of the Rights of Brutes" which was written to show the absurdity of Mary Wollstonecraft's Vindication of the Rights of Women (1792) (an important early argument for the rights of women.) Taylor hopes to show the ridiculous nature of Wollstonecraft's arguments by substituting brutes (i.e. animals) in the place of women. (Singer

---

[117]See for example Steven M. Wise's book Rattling the Cage, Perseus Books, 2000 which is especially concerned with experiments on primates.

1990 1) Surely if the argument could be made for animals, he implies, then it must be invalid, as surely animals are not, and should not be, "equal".

This tactic is related to one that was used by women themselves when the question of women's right to vote was becoming more and more heated. Women were incensed that the white, male government was considering letting blacks vote when women still could not, and they used this as an argument for women's right to this participation. Feminists, especially black feminists, have recounted that these early women's rights advocates tried to win the right to vote by discrediting the right of African-American men to vote. Feminists of the day complained 'how can you let the black man vote when your own wives and sisters cannot?' I include this point here as just one illustration of how oppressed groups are categorized together and sometimes in their attempt to rise above that oppression try to separate themselves as superior to others who are also oppressed. Just as suggesting that women have political rights equal to men does not suggest that they have more rights than men or that men have no rights, suggesting that animals deserve consideration (as Singer terms it) does not mean that people do not. It seems that the deeply entrenched hierarchy that dualized systems of thinking have reinforced do not easily grasp this concept. Fears exist that if animals' "rights" are taken seriously then humans' rights will be lessened. This has some sense of truth for certainly some things that are all right to do now would not be acceptable later if animals were better respected. But is it really a human right that is being taken? Some argued that abolishing slavery, for example, took away the right of slave owners to possess coerced laborers or corporate bosses early in the twentieth century may have felt they lost the "right" to overwork and underpay child workers, but is it really a right that they lost? Arguably the right to use animals for human research is not humans' to have anymore than those above had "rights" to exploiting people.

Many animal rights philosophers, including well known authors such as Mary Midgley and Bernard Rollin, took a moderate view on animals in research during the last couple of decades. Rollin describes how taking an abolitionist view is a bit like being a kamikaze pilot except that such pilots had some chance of making a difference (whereas he believes animal research abolitionists have none). (Rollin 1992 139) He therefore recommends an approach that will not alienate researchers–for example one that makes research animals lives better in the research process rather than removing the process as such. Midgley begins an essay on research with, "I shall say nothing here about how we should deal with situations in which animals are killed for vital human interests, for life and limb, as in essential medical research." (Regan 1989 216) Instead she is interested in that research which does not serve "vital human interests". Further, some will argue that it is ridiculous to debate the curtailing of research when more animals are used for food and other human desires than are used in all of research.[118] The thought seems to be that if something is to be eliminated it should be something less vital than research–again not an unreasonable position. One response to this, however, is that just because different sorts of animals are abused in different settings (for example either by being fed poisons for research or by living a life in a dark restrictive crate to be killed at a few months of age for meat) it seems odd ,at best, to say that abuse 'A' should be allowed because abuse 'B' exists as well. Returning to an example with people, in order to add some perspective, this might be like saying it is okay to conduct AIDS research on third world women that will lead to infant death because on another continent experiments with baby formula and third world women and their babies has also led to infant

[118]For example see Carl Cohen's article from the October 2, 1986 *New England Journal of Medicine* "The Case for the Use of Animals in Biomedical Reasearch" pages 865-70.

death.[119] The discussion here is focused on research and arguments for or against slaughtering animals for food may best be dealt with in another context. The fact that one is not resolved does not make the other insignificant. So let us move to arguments or concerns that deal more directly with research

Concerns That Maintain Animals as Test Objects

It seems to me that there are three central concerns of those who suggest that restricting animal research is unethical. The first concern is that humans, who clearly have worth and deserve lives that are as free from interfering and painful diseases and conditions as possible, will continue to suffer from the many diseases and conditions that currently plague us if animal research is reduced or stopped. This is because of the belief that animal research is the only real means (or at least most effective means) of discovering cures and prevention. Part of this concern includes the belief that by better understanding animal physiology we will better understand human processes that will lead to cures and improvement of the human condition. The second concern is that were we to eliminate animal research, humans themselves would become guinea pigs (thus increasing human suffering) since new medications and products would not have been cleared though animal experiments first. The third reason that people may resist ending animal research is that so much of our current science including huge portions of universities would be adversely affected by dismantling this central practice. Funding would be lost and researchers with their years of training would be stranded. I will deal with these first two concerns but will consider the third only briefly. It seems to often be a poor form of an argument–it is like saying 'we can't stop building

[119]One problem with this analogy is that it assumes a more complete defense of animal worth and general animal rights to be clearly analogous to many readers. Fuller arguments for this larger point can be found in works by Peter Singer such as Animal Liberation (Second Edition, New York Review, 1990) or in writing by Carol Adams such as The Sexual Politics of Meat (Continuum, 1990).

weapons of mass destruction, for example, because so many people would be out of a job.' If the practice is wrong, the fact that it is widely used is not morally as relevant as the other concerns. The examination of this concern will, however, provide further evidence of the dualistic biases that underpin such thinking as will be shown in that discussion.

The first concern is that people will continue to suffer from terrible disease because animal experimentation is the only way to find cures, seems to be based on two problematic but related points. One, people will argue that animal experimentation has been part of curing some of the worst diseases of our past. The group "Americans for Medical Progress", a company funded by the research industries, suggests that cures for polio, smallpox, measles (etc.) were found because of animal research and they say treatments for diabetes, leukemia etc. have been discovered again because of the use of animals. The group claims that life expectancy is now 25 years longer than at the turn of the previous century "because of scientists' work with animals in developing medical cures and treatments."[120] A less controversial source also holds a view of this sort–the American Medical Association. They assert in an article originally published in 1989: "Biomedical advances depend on research with animals, and not using them would be unethical because it would deprive humans and animals of the benefits of research." (AMA 1996 76) This article also attributes a longer life span to animal research (specifically that animals were used to develop vaccines and drugs) and notes several times that most people do not support ending animal research.[121] (AMA

---

[120]From a flyer called "If Animal Rights Activists Win, Medical Progress Grinds to a Halt" produced by "Americans for Medical Progress Educational Foundation" Alexandria VA. The flyer does not discuss improvements in sanitation and nutrition as relevant to the extended life span.

[121]The AMA article does acknowledge that a few diseases may have been helped by improved sanitation and nutrution but suggests this only played a minor role in improved health and lessened disease which is primarily attributable to the work of science, medicine and animal trials. They say: "Animal rights activists attribute advances in longevity and health to public

(continued...)

1996 76) The second problem is the sometimes unspoken (or in the case of the groups above–not so subtly stated) assumption that animal experimentation was the only way these cures could have been found, and yet, there is not evidence to support that no other means could have as readily led to the same findings.[122] These are problem points because it does seem reasonable to believe that research on animals *was done in conjunction* with finding cures or treatments for these sorts of conditions. It is also a problem because it is impossible to say with certainty that some treatments would have been found without this experimentation, though a number of authors suggest that such findings without using animals would be very possible especially in today's research[123]. In contemporary society, in the U.S. anyway, this becomes even more difficult to disentangle because federal laws make animal experimentation mandatory for many treatments to even be considered for people. So which came first, the cure or the animal experiment? If the latter, then was it in fact the *only* or even the best way to arrive at the end result? Some theorists [124], will argue that it is likely that many of the experiments done today on animals are not necessary for the treatments that are developed if you exclude the legal requirement for testing. Few people understand how

---

[121](...continued)
health measures and better nutrition. scientists agree that for a number of infectious diseases such as typhoid fever, influenza and tuberculosis, such measures were important; however, for most infectious diseases, improved public health and nutrition have played only a minor role." (AMA 1996 77-79)

[122]This is not to say that there would be no cost involved now. Rather because our resources and time have gone into animal research and very little into developing other processes we assume this is the way to do research. Had efforts been put into other means then it could have as readily led to the discoveries discussed, at least theoretically.

[123]By today's research I mean research that has begun to seriously look into animal alternatives such as in vitro testing (among others). Some European researchers have moved wholly to non-animal experimentation including at least one pharmaceutical company.

[124]See for example, Physicians Committee for Responsible Research or the book Sacred Cows and Golden Geese by C. Ray Greek, MD and Jean Swingle Greek DVM (Continuum 2000).

this could be. One part of the answer lies in advances in in vitro toxicity testing. A 1999 report of a ten year study involving 29 laboratories in 15 countries (USA, Japan, Canada, Mexico, England France, Spain, Italy, Germany and the Nordic countries in Russia) found "conclusive proof that an inexpensive battery of cell culture tests is considerably more accurate in measuring and understanding toxicity than are the animal tests currently used." (BW Healthwire 1999 1) In vitro studies use cell cultures rather than animals and in this report were said to be 75% accurate in predicting human lethal toxicity while animal tests generally are only 60 to 65% accurate. (BW Healthwire 1999 1)

Another reason that advances without animal research are possible is because animal research often only serves as a secondary measure once the problem has already been isolated. That is, generally speaking successful animal experiments more often occur when scientists already know what the problem is, what mechanism is responsible (or whatever it is that they are researching.) Understanding diabetes is often attributed to animal research and in fact two people won a Nobel prize after "discovering insulin" in dog studies. (Greek 2000 50) What is often not mentioned is that the understanding of the involvement of the pancreas and insulin producing cells had been building for well more than 100 years prior to that time (though progress was briefly slowed in 1895 when a scientist declared, based on dog studies, that the pancreas was not involved.) (Greek 2000 49) One of the scientists winning the Nobel prize admitted that the contribution he and his colleague made was not in discovering insulin (for which they are credited) but for producing evidence from "the animal lab." (*BMJ* Aug. 4, 1923 165-72) Thus the animals served to model what the scientists already knew.[125] This does not always work smoothly, as

---

[125]To say that they 'knew' the information is of course controversial. If the only way someone will accept that something medical information is known is once it is verified in animal experimentation then of course to say something was known prior to that would make no sense. I

(continued...)

suggested by the animal experiments following the discovery of penicillin. "Alexander Fleming saw penicillin kill bacteria in petri dishes in 1929 and tested it on rabbits. It did not work. . . .Based on the rabbit work, Fleming put the drug aside, believing it to be useless as a systemic medication." (Greek 2000 73) Fortunately Fleming had not tested on guinea pigs which would have died and perhaps eliminated research on the drug altogether. (Greek 2000 73) So animal experiments often do not *cause* the discovery[126] of medical advances–they primarily are used as validation (in the best cases) that what already was discerned was also the case for animals. This is not to say that gathering further evidence that a given finding is true is of no import, for certainly more information is important for arriving at the best possible determinations. However, ethicists have long held that furthering knowledge alone is not adequate justification for a practice–this seems especially true for practices that cause pain or other forms of harm and may not be necessary (i.e. other alternatives may be substituted).

Even if toxicity is statistically better predicted by other means and many studies only serve as back-ups to already gained knowledge, isn't it reasonable to believe that animal studies help to better understand how biological systems work generally such that they lead to greater advances in that way? Some have suggested that computer models are as effective at teaching at least basic physiological processes but what about those things that are not yet fully

---

[125](...continued)
would suggest that this begs the question however and would offer that *to the degree* something can be 'known' after animal research, similar levels of knowledge are potentially attainable through other means.

[126]I do not want this to be interpreted as a dichotomy–while animal experiments in some cases do not lead to the finding per se, it would be foolish to say that animal experiments never lead to any discoveries. However some discoveries via this means of research is not *by itself* adequate to justify animal use. Just as the fact that a particular study on a given group of people might lead to a discovery does not by itself ethically justify that study–so too animal experimentation needs further defense for reasons that I continue to elaborate in this section.

understood–especially disease processes where normal physiology breaks down? Authors and doctors C. Ray Greek and Jean Swingle Greek (one a medical physician and one a DVM) argue in their extensively referenced [127] book Sacred Cows and Golden Geese that animal models are not helpful in many cases because most animals studied are just too different from the humans they are supposed to imitate. This seems odd, they admit, because if you open up a rat, dog or pig you find things look much the same as they do in a human "with a few differences" –this similarity is the basis for using animals for this sort of research in the first place. The differences, however, are not always adequately appreciated.

> Consider the most commonly used species in toxicology research, the rat. Rats have no gall bladder. They excrete bile very effectively, Many drugs are excreted via bile so this affects the half-life of the drug. Drugs bind to rat plasma much less efficiently. Rats always breathe through the nose. Because some chemicals are absorbed in the nose, some are filtered. So rats get a different mix of substances entering their systems. Also they are nocturnal. Their gut flora are in a different location. Their skin has different absorptive properties than that of humans. Any one of these discrepancies will alter drug metabolism. And these are only differences on a gross level. Smaller differences, being largely chemical are more difficult to observe... (Greek 2000 59)

These microscopic genetic and chemical differences make accurate testing unlikely but the Greeks point out additional difficulties including the fact that animals cannot report on their well-being to tell the researcher they have some ache or pain, so researchers must wait until animals "manifest grand scale malaise." (Greek 2000 59) Until then, the scientist is guessing about the lesser effects (which may prove to be larger effects in humans.)

---

[127]Greeks' book supplies well over 900 footnotes for the 225 page text from numerous sources drawing from primarily scientific and medical journals (such as Lancet, JAMA, British Medical Journal etc.) but also including a good number of scientific books, medical texts and some animal rights literature. A lack of reviews from scientific sources may be due to the fact that Greeks' position is not compliment-ary to science or medicine's use of animals and is quite opposed to the AMA position (the AMA happens to publish a large number of medical journals and arguably impacts them all) or there may have been some effort to ignore the book's existence. The reviews that exist are from non-scientists but are positive.

Animals do not always prove to be helpful in supplying models of disease either, at least if the goal is to find a cure for humans. Certainly it would be naive to say that animals have never proven valuable in the search for cures and understanding but the extent to which science has invested in this sort of research is at least sometimes questionable. The Greeks' book covers many of the major research areas including cancer, cardiovascular disease and AIDS. In regard to cancer, for example, they say: "Researchers have found many chemicals that inhibit the blood supply needed for newly forming cancers in animals. However, they have not yet found a chemical that works in humans." (Greek 2000 130) Regarding AIDS and animal research, even though physicians in the late 1980s felt confident that animal models would lead us to information on AIDS[128], scientists back in 1995 admitted that "no animal models faithfully reproduce human immunodeficiency virus type 1 infection and disease in humans." (Greek 2000 195) After considerable discussion and numerous examples the authors assert:

> We have already posited that the only true contributions to our knowledge on AIDS and HIV have come from clinical observation, mathematical and computer modeling, epidemiology and in vitro research. That all advances issue from human-based studies renders meaningless the animal model. (Greek 2000 199)

Animal experiments do not seem to be the obvious and efficient route to cures or even to fully understanding human disease that many seem to believe that they are.

Even so, one might think it is better to at least try things out on animals before testing or prescribing it for people just to make sure, to the degree possible, it is safe. This is in fact the next objection to reducing animal research–leaving humans as the guinea pigs for new procedures and treatments. Greek and Greek suggest that using animals first does not keep people from being guinea pigs in nearly the way we might think. In discussing research on cardiovascular disease

---

[128]For example, an AMA white paper from 1989 declares "the development of a vaccine against AIDS is dependent upon continued studies conducted in animals..." (AMA 1996 79)

they say:

> Granted, animals are not so dissimilar to humans that techniques used in one can never be used in the other. However, since non-humans are not *consistently predictive* models, the first humans to undergo procedures are every bit the guinea pig, no matter how much animal practice occurred before.(Greek 2000 173)[129]

There are numerous examples to illustrate this point but one now infamous drug will at least give one an idea of the scope of the problem.

Thalidomide, it is well known, was a drug given to women for morning sickness that was also an antispasmodic, antihistamine, etc. so that it was also included in some cough syrups and analgesics. (Greek 2000 45) A German doctor was the first to suspect that it might be the culprit of increased teratogenesis in newborns from mothers who had taken this drug. Greek and Greek describe the scientists actions:

> As the incidences of deformity increased, scientists frantically attempted to reproduce teratogenesis from thalidomide to scores of animals looking for proof in animals of what they already *knew* occurred in humans–that thalidomide could cross the placenta and drastically damage unborn offspring–and they could find none. Since animal testing had not indicated a problem with thalidomide, its use persisted. Hence, animal testing delayed the recall of this highly teratogenic drug. (Greek 2000 45)

Finally one breed of rabbit and eventually some monkeys gave birth to deformed offspring but only when doses of ten to three hundred times the human dose were administered. One scientist noted that even different "strains" of the same species had very different sensitivity to thalidomide compared to other strains. (Greek 2000 45)

The Jesse Gelsinger case might be interpreted as another example of false security from animal tests. The investigators were admonished for not revealing the outcome of tests on three

---

[129]Emphasis theirs.

primates. (The number of studies on lower level animals was not indicated.) According to McCarthy the investigators explained "experiments on three primates, had not been reported because in two cases it involved a different gene-therapy and in the remaining case because it involved a mild illness, not death, at a dose 17 times higher than the highest dose in the trial."(McCarthy 2000 997) In Mr. Gelsinger's case a dose 1/17 the size given to a smaller primate (the closest physiological relative short of testing on another person) led to death even though it only caused mild illness in the primate. It is impossible to say, it would seem, whether the animal studies led researchers to unwarranted beliefs in the research's safety but it is a stronger possibility to suspect that the belief that animal tests had probably been run might have led subjects, like Mr. Gelsinger, to a false sense of security unless they were told that animal experiments had not been done or that the results were not necessarily useful predictors in this case.

Greek and Greek list well over forty drugs (as just a few examples) that made it cleanly past animal experimentation only to go on to cause severe side effects or death in humans. Among these are antibiotics, asthma medications, arthritis treatments as well as treatments for more vulnerable populations such as diabetic drugs, cancer treatments and heart disease medications. These are not primarily old drugs (such as DES) but many are newer including Celebrex, an arthritis drug advertised to the public on TV in the past few years. It was connected to ten deaths and eleven cases of GI hemorrhage–and that was in its first three months on the market. (Greek 2000 62) Flovent, an asthma treatment still on the market, has led many to bronchial complications ranging from "mild to life threatening" while Seldane, an allergy medication "tested extensively on animals...with no ill effect" caused life-threatening heartbeat abnormalities in human beings. (Greek 2000 63, 65) Whole classes of drugs have repeatedly failed to show side effects in

many animals that later appear in humans (such as birth control pills and beta blockers.)[130]

Pre-testing procedures or substances on animals surely has reduced some cases of human harm. However, testing on animals does not seem to reduce the potential ill effects that a given drug or treatment will have on humans to the degree most people might imagine. What it does seem to often do is to give people a false reassurance in believing that animal tests necessarily give us good information about side effects or toxicity. It may also keep some drugs off the market (if they fail to pass animal tests) that may be the very cures that we seek–they may have terrible effects on a particular animal but none for humans. We cannot know since these drugs never make it past the early stages of testing. Here our misunderstandings about similarities and differences between bodies and about specificity seem to cause us to lose out on, or delay, effective human treatments while occasionally releasing damaging ones.

One other objection that is sometimes a concern when considering reducing or removing animal testing is the tremendous effect such a change would have on the labs and universities that currently spend so much time and money on animal testing. This seems to assume that scientists are only able to do science by using live animal models. Surely scientists trained at the graduate level have the skills and creativity to modify their techniques if it is shown that their practices are not only not helpful but in many ways are harmful. True some scientists (like in every discipline) are "one trick ponies". They have worked in the same way on the same topic with the same approach from graduate school on. This however does not seem a good argument for keeping a practice going. Science should be about accuracy, protecting individuals, and innovation.

Those companies and research facilities that support animal research, particularly those

---

[130]Greek and Greek say that studies continue to try to replicate the birth control pill side effect of blood clots in animals though they have never been able to do so even though this side effect, which has been very damaging for some women, clearly occurs in humans. (Greek 2000 63)

that "create," sell and even patent the animals used in experiments, seem to spend lots of time and money trying to show that animal research is an absolute necessity. It is not hard to imagine that thousands upon thousands of dollars are tied up in the practice of animal testing. Aside from the animals themselves[131] there are huge grants paying the scientists and universities for doing the research[132] as well as companies that produce cages, chemicals, and lab equipment. (Greek 2000 85-92) I include this point as an illustration that not all of the concern about removing animal tests is about a perceived drop in medical advances. Sometimes it is just about greed.

As mentioned, the fact that we are willing to believe that animal experimentation works smoothly for extrapolation to humans may come from our belief that bodies are relatively non-specific which grows from disembodiment biases. The fact that we believe animals have a radically different moral status than humans (such that they can be used with only minor controls[133] for virtually any experiment) seems to reflect a classic dualism. This differing status based largely on bodies and *perceived lack of rationality* is reflected in not only animal studies but in historical research such as the Tuskegee studies as well.

---

[131]It is not unusual for one lab cat to sell for perhaps $225 or $56 for a single inbred rat or $14 per mouse. Up to 100,000,000 rats and mice alone are used each year though their numbers generally are not counted in official test animal statistics. (Greek 2000 92)

[132]The NIH alone, which distributes about one third of medical research money, pays billions of taxpayer dollars every year–most of this going toward animal experimentation specifically. One congress person has suggested that the medical establishment has changed from the situation "of NIH giving grants for scientific research to one of the scientific research being done solely to get NIH grants." (Greek 2000 83, 85) In light of the fact that the NIH seems to favor animal models significantly over clinical research and many scientific jobs rest solely on grant money, it is no wonder that scientists so often choose animal research over other sorts. Dr. Edward Aherns has noted that although the majority of grants go to those researching animal models of human disease "most experienced investigators realize that animal models of arteriosclerosis, diabetes, hypertension, and cancer [for example] are different in important ways from the human condition they are intended to simulate."(Greek 2000 85)

[133]Minor controls is of course a matter of perspective. Those especially concerned with animal welfare will find the requirement that

The irony of animal experimentation is, of course, that we allow experiments on animals because they are so different from humans that they do not warrant the same sorts of protections. Yet, animals are used by researchers who argue they are similar enough to people to give us good information about effects of a given treatment. Such beliefs may be due to our especially fervent disembodied bias surrounding science at this level that aims to ignore differences (in this case among species.) So animals are importantly similar and yet simultaneously very dissimilar from human beings. Let us briefly consider how this might work.

Evidently animals are physically similar in important ways in many scientists' eyes, or else they would not be useful for human research projects. Yet morally (or in their need of protections) they are very dissimilar it seems since many projects not considered appropriate for humans are evidently appropriate for animals. Since by definition we want to maintain some important bodily similarity and most would agree animals feel pain and fear (thus a lack of one of these cannot be how we justify their use) this suggests that the difference that does justify their use must be something else. Perhaps it is either a difference in mind/rationality or social/cultural worth. If so, what sort of belief would make it all right to use those with some significant bodily similarities, who feel fear and pain (perhaps more so than others who better understand) because they are less mind OR worth less socially that *would not also* justify the same use of lower functioning humans or less socially desirable humans? It seems we would not want to allow the latter so it is important to determine what sort of justification would not lead us to these conclusions.

Discounting Animals for Human Benefit

Imagine for a moment that Greek and Greek are wrong. Perhaps somehow they have misinterpreted human and animal physiological differences. Certainly animal experimentation supporters (such as Ellen Frankel Paul) will contend that experiments that go through animal and

human trials (for example for pharmaceuticals) most often do not later lead to irreversible side-effect or death and there is good reason to believe that this is true.(Paul 2001 5) So for the sake of argument, let us set aside the arguments by Greek and Greek and instead assume that animal experimentation 1) is seldom prone to errors that put humans at greater risk by giving them a false sense of security in a drug or procedure; 2) has consistently led to significant benefits for human life and health in leading directly or indirectly to cures for disease; and 3) is the only or *at least* most reasonable means for obtaining such improvements and cures much of the time. If all of this is granted, it still is possible, I will argue, to show that animal experimentation is most often not *ethically* justified. There are several points that embodied theories can offer to suggest problems with the practice as I will elaborate below.

To begin with, the practice of animal experimentation adds to the problem of dualisms in two ways by first separating those in power–the actors such as physicians and scientists–from the 'passive others' who can be used as body objects. It emphasizes the power already existing in the former and underscores the imposed powerlessness of those in the latter group. It magnifies the evaluative dualism of mind over body. Second, this contributes to dualism by suggesting that *either* we experiment on animals *or* we put people at risk (instead of considering that there are more than these two alternatives).

Animal research also can be viewed critically by embodied theory for not respecting beings with embedded and embodied natures. That is, experimentation most often seems oblivious to the possibility that animals have social structures and connections even though they are not human animals.[134] Studies from biologists covered even in introductory science texts suggest that while

---

[134]Consider that part of the negative impact of the scene in the children's movie *Bambi* is the horror we imagine that Bambi must feel in being cut off from his only family. While we not

(continued...)

social structures do not always mirror those of humans, many animals do live in relation to other animals in ways other than just hunter and hunted. Thus I see no reason for assuming that animals lack this embeddedness and thus no reason to assume that research that separates, injures and kills animals has no impact on a larger context of beings. That individual animals are harmed (harmable) is sometimes denied by less sensitive people–the idea that the harm goes beyond that individual is generally not even contemplated.

One additional area that embodied theory can be critical of when looking at animal experimentation is the underlying assumptions that seem to exist in our general belief that it is always better to experiment on any non-human animal over any human one. It is interesting to imagine how this is justified. If we assume, as biologists often suggest, that animals do have social connections and we note that some animals do indeed have cognitive function surpassing some humans, then we cannot claim that the reason for always choosing humans over animals is that humans have families / communities but animals do not or that humans are always higher functioning than animals. There must be something else that allows this practice. R. G. Frey argues for animal research on the basis of *human benefit*. He justifies this by asserting that "normal adult human lives have a higher quality of life than animal lives."(Frey 2001 212) He concedes, however, that he has thus far found no argument that ensures that human lives will always exceed the value/quality of all animal lives, thus when "a human life is of lower quality than an animal life it will not be right to use the animal rather than the human." (Frey 2001 212)

Unlike Frey, most people will not be willing to admit that an animal's life is superior to

---

[134](...continued)
unreasonably believe this is anthropomorphic thinking (as most talking animal cartoons can produce), why assume that animals have opposite experiences from humans in the world such that connections *do not* exist or matter?

any human's. It might be worth then considering how this might underlie many people's thinking to better grasp if this is another example of disembodiment creating bias or if animal experimentation is in some way ethically defensible.

Perhaps one of the following patterns of thought leads to this human conclusion. It is sensible to believe that many times we can empathize with humans more so than animals. That is, we can imagine how awful it would be to have a handicapped child used as a "guinea pig" as they say, but we cannot really imagine what it is like to be an actual guinea pig.[135] We may see what a simple and uninteresting life a guinea pig has from our vantage as we watch them in their tiny cages, sleeping most of the day, never reading philosophy or even a comic book. We imagine we would certainly not want to be a guinea pig. If pressed,however, at least some might prefer such an existence, if they can imagine it at all, to being a fully handicapped unresponsive individual (who is clearly also not capable of reading philosophy or doing much of anything voluntarily.) Our dislike may or may not indicate the 'value' of the other life in either case, but it does not yet give us a reason to test animals over severely mentally handicapped individuals.

Perhaps it is not the ability to empathize with, or the intellectual capacity or participation in social networks that lead to a belief that human life in any form has more value by definition. Perhaps our belief is based on a religious belief (or residue) about souls. We may, depending on our religious background, believe that humans have been granted by God or nature a higher self which may or may not (depending on the tradition) survive bodily death. If humans, no matter how cognitively impaired, have souls or the vote of God, then this shows they are superior. But still

---

[135]While Thomas Nagel is not making an animal rights point, his article "What is it Like to be a Bat?" (*The Philosophical Review* 83(4) 1974) offers a discussion of this fact. We cannot, based on our human experiences, imagine what it is like to be a bat. So too we can probably not imagine what it is like to be most animals and this impairs one of key emotions that limits harms to others–empathy.

there is no reason here that is usable for society at large to justify the choice of humans.[136] How can one first, show that souls do exist, next, that they belong only to humans and not other animals, and finally, that they impart value that should exempt one from harm that *can be imposed* on those 'without souls'? I do not believe that most philosophers are going to accept the soul justification based on religious scriptures that vary from one tradition to another. At least this seems not to be a reasonable basis for making public policy. The only other reason that I can imagine of why one might deem humans as always and necessarily more valuable than animals is that offered by Baroch Brody. He, taking a line similar to Mary Midgley, offers that we can potentially defend what he calls a discounting of animal interests (that is acknowledging that animals have interests but asserting that humans can still use them for human benefit) by drawing on a framework such as that of W.D. Ross. Ross's notion that can be utilized here is the idea that we owe special obligations to certain others but not all others (for example, we may owe our family commitments that we do not owe society overall or owe our country our service, but not the world). Thus, argues Brody, we can justify discounting animals' interests "on the grounds of species solidarity".(Brody 2001 144) Brody himself admits that DeGrazia challenges this sort of distinction by asking what it is that allows species based partiality that does not also allow sexism and racism? (Brody 2001 145) Brody admits he does not have the answer of what distinguishes "legitimate discounting from discrimination" but suggests that further ethical reflection is necessary. (Brody 2001 146)

It is not at all clear, in fact, what might distinguish this sort of preferential thinking from thinking that would also allow racism or sexism. That has been a recurring theme throughout these

---

[136]To warrant such a belief we must hold some form of dualism which I believe has been thoroughly considered and critiqued elsewhere but again, for the sake of argument, let us temporarily suspend that critique in order to add another.

chapters–oppressions are interconnected. Ross's distinction seems most helpful on a smaller scale when we owe family special obligations or perhaps owe our community obligations. Both of these sorts of bias do not need to lead to dualism or to disembodied understandings of our world. I do in fact owe those I have made closer connections and commitments to more than those I have not made any commitment to. My commitments to my family should not be commitments that lead to harming others (I do not promise my son that I will go beat up his math teacher). Family or other personal commitments may lead to *neglect* of others who might benefit from my attention–I might not donate my money to charity so I can spend it on my mother's dentist visit–but it does not authorize an active harm.[137] Aligning myself with my race could lead to simple neglect of other races but just as often, perhaps because of its tendency to be of an extreme nature, it has led to active harms directed at other races. Similarly, sexism can lead to my disvaluing a person based on gender for someone I may have less personal connection to (who is my gender). It seems that speciesism, in Brody's terms, does in this case lead to my inflicting specific pain on another group to benefit my own. I do not merely neglect the homeless animals I see wandering the street when I hold a research based species preference. I actually allow and participate through direct involvement or funding in the causing of harm for the benefit of my species over that of another. To do this I must participate in objectifying them as other, devaluing them, and asserting power over them for my benefit rather than their own.

Of course I do not mean to suggest that we should experiment on mentally handicapped individuals who cannot consent–I use that example as an illustration of the difficulty in ethically justifying the use of other sentient creatures who also cannot consent. This need not lead to an

---

[137]This is not meant to suggest that neglect is not a harm but it does seem to be a lesser harm at least in the cases suggested. It is also meant to acknowledge that one can not be all things to all 'people.'

abolitionist view any more than my larger critique of research practices should lead to an end in human experiments. It does however offer that biases, I would argue biases against bodies in particular, have led us to believe that we have rights we do not have in animal as well as human research, as this chapter will continue to show.

How would research look different if we employed embodied understandings of individuals (including animals) and their communities? It would be dishonest not to admit that there would probably be less of it or at least less of the type of research that is most often done now. Scientists would have to become more skilled at using and understanding temporal and theoretical models as well as techniques that rely on tissue and cells tests over tests on whole beings. While this sounds like it would be a terrible blow to medical advancement, it is important to remember that results of such studies would probably be more accurate than those currently used. By the time treatments had been sufficiently studied to test on humans, fewer humans would be harmed because of sloppy techniques that don't really do what we suppose they do. This would lead to fewer human guinea pigs and fewer complications. Techniques that would require practice on actual bodies might be learned, as they often are now, by using cadavers, when appropriate. In one sense progress will appear to slow down but real and unharmful treatments will probably come about faster. Even if not, somewhat slower progress might be warranted for the suffering it will eliminate for individuals and families of those harmed by current practices.

Assuming a Norm: The Damage of Exclusion

The human experiments discussed earlier are just a couple of the more extreme examples of disembodied research but there are other notorious studies that could be reviewed but that might lead one to believe that abuse in this area is primarily a thing of the past–something left behind in the 1960s and 70s. Some problems that are perhaps less immediately shocking or are smaller in

scope have been dealt with only in the last couple of decades but reveal another sort of bias in experimentation–that is the bias of exclusion. For example, women historically have often been left out of many studies and clinical trials generally. Or, some experiments may reflect only certain ethnic groups. At least for women of childbearing age, this exclusion has been arguably been a means of protecting those who are, or may become pregnant during a trial (not only jeopardizing the fetus and creating a potential for lawsuits but also compromising the study when participants drop out.)[138] In other cases it may have been thought that any variation of women's bodies from men's was insignificant–studies on men should be adequate for extrapolation to everyone, the thinking seems to have been.

Lack of inclusion is difficult to observe (at least according to an Institute of Medicine book on Women in Health Research published in 1994) because there is no accessible form of information regarding gender, race and ethnic backgrounds of study participants.(Mastroianni 1994 69) While the NIH mandated a registry for information on women's health and health data, the *Committee on the Ethical and Legal Issues Relating to the Inclusion of Women in Clinical Studies* finds this too narrow:

> The committee supports the efforts of NIH to establish a registry of clinical studies and recommends that such a registry include information on the participation of women and men and on the racial and ethnic composition of participants in such studies, as well as the research questions addressed, that such information be reasonably accessible to investigators and the public, and that the scope of the studies included in the registry be comprehensive. (Mastroianni 1994 69)

The committee writes that at least all government sponsored studies should be included but there should be discussions with the FDA about the possibility of including private research as well.

---

[138]This reasoning has been challenged by various groups and individuals advocating women's rights. See for example the book Women and Health Research edited by Mastroianni et. al. for the Institute of Medicine, 1994.

Such a registry could be used both to set research agendas but also to keep any bias in check.

Leaving women out of research has had a variety of bad consequences and it is reasonable to believe that not knowing if tests are preformed on only one racial group or on many (such that society is truly represented) could similarly have a great impact. For example little is known about why blacks have higher incidences of renal failure than whites. One 1995 study found that while "low socioeconomic status and limited access to health care were strong risk factors for kidney failure,...they explained only part of the excess of ESRD in blacks. Racial and social factors account for a large part of ESRD incidence."(Pegneger 1995 1201) If race had not been isolated then this important question could not have even been raised[139]. This is the case for women as well as minorities.

Women and Research: HIV and Heart Disease

In regard to sex bias, two well-known examples are the impacts of gender bias on women's HIV/AIDS status and thus treatment, and the affect of heart research preformed almost wholly on men. A 1999 article in *AIDS Weekly* noted that women represented forty percent of the new HIV cases and were the fastest growing group of newly infected people. Even so, it is noted that the majority of studies done on HIV are studies involving men. (*AIDS Weekly* Nov. 15, 1999) A mere three years earlier in 1996 a report by the same publication reported that HIV was on the decline for US Women, according to Dr. Susan Davis of the Centers for Disease Control. Dr. John Ward, also from the CDC, reported that between 1990 and 1995 "the overall risk of AIDS reported" was: "1 in 350 for black men; 1 in 650 for Hispanic men; 1 in 1,100 for black women; 1 in 1,800 for

[139]Some may question that race has a biological existence at all–this may or not be relevant here. If particular groups are affected differently then that information is important to know. We may find that environment, health care access, heredity and so on are actually what lead to a difference in a particular case, rather than race as such. However, without being aware of the discrepancy in the first place, such an investigation is less likely to occur.

white men; 1 in 2,500 for Hispanic women; and 1 in 15,000 for white women." (*AIDS Weekly Plus* July 22, 1996) How can these two reports be accurate? Was there a sudden infection of women within the three years that separated the two articles?

The difference may be accounted for with two points. First, while HIV itself may have increased for women, it may take years for the condition to turn to AIDS, so those cases of AIDS in the early 1990s probably represent HIV infections from the previous decade when perhaps there were not as many women infected. The second point, however, suggests the bias that the 1999 article referred to when noting that most studies had been done on men. A 1998 article in The *Lancet* found a difference in viral load between men and women and found some variation at certain points in the disease based on race. They reported, "for all three HIV-1 quantitative assays, viral-load remained lower in women than in men after adjustment for CD4 cell count ... Linear-regression models that further controlled for race, symptoms, and zidovudine [AZT] use gave similar results."(*Lancet* 1998 1510) The authors give the following recommendations:

> At present, the US Public Health Service Guidelines for use of antiretroviral therapies in HIV infected adults and adolescents recommends that therapy be initiated with plasma viral-load thresholds of at least 10 000 copies/mL when CD4 cell counts are 500 cells/mL or more. Given that these guidelines were developed from data collected in studies of men, and that our results involved internal replications that were also consistent with previously published reports, a downward revision of the viral-load threshold for women by as much as half (5000 copies/mL) might be prudent. (*Lancet* 1998 1510)

This sort of finding was corroborated in a March 22 2001 article in *Women's Health Weekly*. It reported that a John Hopkins study had conclusively confirmed that "women have lower viral load (the number of HIV particles present in blood) than men, particularly in the first few years after infection....HIV infected women, however, progress to AIDS at the same rate as men." (*Women's Health Weekly* 2001 3) Therefore, one may extrapolate that some, and perhaps many women, were

not being diagnosed as having AIDS because they had not reached levels set by the studies conducted on men. A lead investigator on this study explained the large variation:

> This sex difference in initial viral load means that the same viral load measurement does not convey the same risk of AIDS in women and men. For example, in this study an initial viral load of 17,149 copies/ml was associated with progression to AIDS in women but not in men. In men, a viral load as high as 40,634 copies/ml was not associated with progression to AIDS....This distinction is important, said the authors, because of guidelines for the initiation of antiretroviral therapy. Until recently, the treatment guidelines recommended initiation of antiretroviral therapy when the viral load was greater than 20,000 copies/ml." (*Women's Health Weekly* 2001 3)

This suggests then that women were not only not being viewed as having such a high stake in HIV/AIDS research but also that many women were not receiving treatment that might have extended their lives. Another article in *AIDS Weekly* noted that one study "showed most women in the study initially were infected by multiple variants of the HIV virus while all of the men initially were infected by a single variant of the HIV virus."(*AIDS Weekly* Jan. 24 2000)

> Of the 32 women infected, 20 were found to have been infected with multiple variants of the HIV virus. Further tests revealed each of the women was infected by a single partner, indicating they had contracted a variety of strains of HIV from one man, not several. (*AIDS Weekly* Jan. 24 2000)

This has various implications but one in particular, as pointed out in that article, is that a vaccine, at least of the type being investigated, might work better for men than for women. The investigators believed mostly it raised more questions than it answered (*AIDS Weekly* Jan. 24 2000) While this was a very small study[140], if its findings turn out to be true then this would be another illustration of a significant impact women when research is based on the male model and sex differences are not taken into consideration.

---

[140]Only ten infected men were compared to the 32 women. The article does not discuss how women were infected by multiple strains from one man if men tend to mostly be infected by one strain.

A *JAMA* article as far back as 1991 found a difference in the effectiveness of AZT on different minority groups and its lesser effect on women. They reported:

> The rate of progression of HIV disease to acquired immune deficiency syndrome (AIDS) was significantly lower among those given zidovudine therapy than those given placebo among the blacks, whites, Hispanics, non-Hispanics, men, and non-IV drug abusers. For women and IV drug users, there was no statistically significant difference in disease progression between the two treatment groups. (Lagakos 1991 2709).

Literature discussing women and AIDS gives little concrete information of how women truly compare to men in treatment, prognosis etc. or even if the treatment of choice is really the best treatment for women. For most articles that claim X, another exists that suggests 'not X'. For example, some claim AZT has less impact on women while others suggest that it is the fact that women do not seek out these treatments, while others claim doctors do not offer such treatment. (Greer, *Lancet* 1998, Lagakos 1991) There are even competing reports about whether AIDS is on the rise for women and if so if their version even varies from men's. (Greer, AIDS Alert1993, AIDS Weekly 2001) All of this suggests the Institute of Medicine's *Committee on the Ethical and Legal Issues Relating to the Inclusion of Women in Clinical Studies* recommendation that a national database be collected in regard to variations based and sex and race may be of critical importance.

The bias of Americans in thinking that AIDS is an issue solely for young gay men is entrenched in a manner similar to the belief that heart disease is a middle aged man's condition. This is a belief that has cost a number of women their lives. If society and medicine focus on the male body, then it is more likely that important signs that appear in other sorts of bodies will be missed or dismissed as irrelevant. A 2001 article from the *Annals of Internal Medicine* related that women under the age of 60 have a worse prognosis after a heart attack than men of that age group even though after age 60 their prognosis is similar or better than men. (*Annals of Internal*

Medicine 2001) This latter information is counter to a report in the *Journal of the American Geriatrics Society* that suggested that older women have a greater chance of complications and death than older men after acute myocardial infarction. (Wolinsky 151) The *New England Journal of Medicine* reported in 1993 that about two million women are treated for cardiovascular disease every year in hospitals and about one quarter of that number die from it. They maintain that women are less likely than men to receive different types of invasive diagnostic procedures and treatment and are less likely to be included in research in the area. (Wenger 1993 247) Additional problems such as women not seeking medical help when they have chest pains may lead to the end result of more women dying soon after a heart attack than men.(Wenger 1993 247) In 2001, *JAMA* conveyed that women were less likely to receive cardiac catheterization even when the doctor was also a woman. (Rathore 2001 2849) A 1992 article in the *Annals of Internal Medicine*, however, did not find a striking difference between women and men in regard to invasive procedures. It found:

> No evidence of a difference in the rate of coronary angiography early after myocardial infarction between women and men was found after age adjustment. Among patients who have cardiac catheterization. early after myocardial infarction, women and men are equally likely to have angioplasty, but women are less likely than men to have coronary artery bypass surgery. (Harlan 1992 785)

Two other articles in the previous year appearing in the *New England Journal of Medicine* reported that women are treated less aggressively. It was also reported that women suffer angina as a symptom more often than men who may be seen as presenting the "normal" signs of heart failure. (Steingart 1991 226)

This difference in symptoms may be a key to why women and their doctors do not seek treatment as early or as aggressively as men and their doctors. If studies are primarily done on men then the symptoms that show up in men will be conveyed as *the* symptoms of heart attack. So

women, if they manifest symptoms typical for women with this condition (but only vaguely understood by family doctors) may be ignored even if they visit a doctor for those symptoms because either the symptoms will not be accurately interpreted (because there is a belief that it is men who have heart problems so that does not come to mind for women) or the symptoms may be ignored because they do not fit the belief of what symptoms are relevant indicators generally. Even though numerous sources now show that heart disease is the number one killer of both men and women, it is still perceived as a man's problem. This is critical according to a 2002 *JAMA* report that said: "Women who have had a heart attack can have a similar outcome as men provided they are treated as aggressively as men are. This treatment should include angioplasty if necessary..."(Mehilli 2002 210)

Reports such as these should suggest that traditional biases are beginning to be questioned. The fact that such studies are newsworthy, however, also reveals the bias of assuming male bodies as more paradigmatic or at least more 'standard' than 'other bodies', is not a thing of the past. In medical research the body has to be taken seriously but historically, it has been *men's bodies* that are considered, not women's. Improvements are being made in these sorts of cases and probably more women are living or living better than they did even a decade ago. The biases in research are not resolved in merely beginning to address these historical oversights though. Other areas in medical experimentation that can be linked to disembodied views continue to remain largely unaddressed though an occasional book or editorial will question the ethics of such practices. Examples that illustrate the need for further work include the use of third world populations for genetic studies, use of people for consumer studies, and the use of animals for human medical research. Two of these examples will be considered in greater detail in the next sections. At that point it will be shown how a lack of embodied understandings may be at least in part responsible for these areas of oversight and problematic practices.

Contemporary Research Abuses

Third world persons have been (and continue to be) exploited by researchers in various ways.[141] One area that has not received as much attention from bioethicists is that of genetic research in the third world. The enthusiasm created by the Human Genome Project, a project that itself seems to illustrate the non-embodied image that the West has of people[142], also created a number of opportunities for exploitation both locally and especially abroad. While the European Union rejected a directive that would have "allowed the patenting of virtually all life forms" in 1995 in response to growing opposition to the practice, the United States has not followed suit. (Kimbrell 1995 24, 26) In fact the U.S. has been called "the unquestioned leader in the patenting of life". (Kimbrell 1995 26) Patents exist on not just microorganisms but on human cells, cell and gene lines, plants and animals. Allowing such patents began in 1980 when a Supreme Court case allowed the patenting of a bacteria that could digest oil, and grew under the 1985 Regan administration to include plants, and in 1987 to include animals--encompassing embryos and fetuses as well. (Kimbrell 1995 26) Pharmaceutical companies in particular raced to "discover" various forms of life that could be patented.

Studies and testing of third world peoples, especially small indigenous communities, has

---

[141] For example a 2001 editorial in the *American Journal of Orthopsychiatry* by Carlos Sluzki notes that a pharmaceutical company who conducted clinical trials in Eastern Europe on schizophrenic patients gave a new atypical anti-psychotic drug to some patients while offering only a placebo to others. (Sluzki 2001)

[142]One article that illustrates this especially well is "Telling Stories: Metaphors of the Human Genome Project" in a 1995 *Hypatia*, Vol. 10, number 4. The authors, Mary Rosner and T.R. Johnson, note first of all that the name of the project suggests there is a single human genome but in fact there are a vast number of genomes. The question then becomes whose genome is represented by the genome that has been identified. The authors go on to show through analysis of the metaphors used to discuss the project and genetics generally that the underlying assumption is that humans are non-situated entities.

been undertaken for a variety of ends. Some scientists take blood or tissue samples from native people with the hope of finding some aspect of their particular genetic make-up or cell line that might one day be valuable, though it is not unusual for those people used not to be asked for their consent. (Kimbrell 1996 86) Sometimes such cell lines are collected with the hope of learning how to better diagnose or cure a disease. For example a patent was applied for based on blood samples from a tribe in Papua New Guinea (the Hagahai tribe). This was an attempt, the patent said, to learn more about diagnosing adult leukemia and chronic degenerative neurologic disease. The values and traditions of the tribe were not considered nor were the individuals asked for their consent. (Kimbrell 1996 85) One might suppose that those seeking such patents do not intend to use the knowledge gained to help those (or the families of those) whose cell lines led to any beneficial discoveries. This seems likely based on the patents that exist from *less exploited sources* and suggests the goal may be something other than medical advancement per se. For example one important finding toward discovering a genetic propensity for breast cancer is being kept from others by a patent holding company for the sake of greed. One article explains the particular unfairness based on the research leading to the finding:

> identification of the gene was made possible through the collaboration of young women from families at risk and the work of research teams throughout the world, including those of the international Breast Cancer Linkage Consortium. All this work was carried out before Professor Marie-Claire King of the University of California in Berkeley published details of the gene in December 1990. (Dorozynski 2001 589)

The damage does not stop there, however. The article notes: "the patent is too wide, as it covers existing as well as future molecular screening techniques." (Dorozynski 2001 589) In another case, a gene-patent shut down (or prevented) research in one-third of 128 facilities surveyed on a metabolic disorder that is easy to treat (but difficult to detect) because the patent fee from the owning company was too high. (Gopal 2002 25) Just as patented plants found only in small areas

of the world do not benefit the countries where they were "discovered," it seems that the indigenous people are likely not compensated (or at least not adequately compensated based on how much money might be made from such a discovery). (Kimbrell 1996 85) Kimbrell has termed this sort of practice "bioimperialism." Lisa Eckenwiler has suggested that more ethically sensitive research on indigenous people should, among other things ,consider "the view that bodily fluids have moral worth and are not commodifiable." (Eckenwiler 2001 60) Again by identifying subjects as body objects rather than as embodied, we fail to acknowledge their value or treat them with the respect due complex and contextualized people.

One intriguing and disturbing misuse of third world people by researchers that is possible when context is ignored and individuals are overlooked, involves traditional tribal culture, history and knowledge. Several companies have actually patented knowledge about certain plants, their medicinal uses and other local knowledge from natives (what may be called "folk wisdom"). Their "discoveries" then, that warrant the patents, were stories and bits of information passed down from one generation to another–-no significant original input was added by the patenters and yet the profits for this information go wholly to companies who were lucky enough to be original exploiters of a particular secret or custom held by a particular tribe. (Kimbrell 1996 84) Arguably this does not hurt these indigenous peoples in an outright manner but it may lead to actions that will cause harm. There are numerous possible scenarios but for one example, imagine if a particular treatment found in a native plant is found to be useful to first world companies. The plant may be excessively harvested eliminating an adequate local supply.

There are further reasons, though, to question such practices as unethical which might be even more important than those above. After all, one might theoretically be able to propagate a plant (or cell line) without depleting supplies and the benefit of taking such information to help many rather than a remote few could surely be argued as outweighing the small cost of losing a few

milliliters of blood or a few plants. However two things are going on here that disregard an embodied ethic. First, knowledge is being stripped from its context. While knowledge is generally shared and often travels from its original source, it is important to be able to go back to the source in case new aspects might be seen that earlier investigations missed. So being too far removed from its context is bad from a perspective of wanting to have the most accurate and helpful account possible. Second, this disregards the importance of embodiment by disregarding and disrespecting the community and individuals involved. People are treated as though both they and the environment are incidental to the knowledge. We often find this inappropriate and unlawful when this occurs to (at least some individuals) in our country and it is why we so dislike plagiarism, for example. Plagiarism ignores the source of ideas and the individual(s) who take part in the idea.[143] Disembodied knowledge perpetuates an artificial division between knower and known and disembeds it from context so it becomes artificially abstract. In some cases taking an idea is like taking a part of the self.[144] This may of course be even more pronounced in some cases when a literal part of the self is taken, as is the case in patenting genes. I may not need those particular cells to survive but they are not others to take (though I may offer them though blood bank donations, for example). The taking of cells ignores the contribution of the giver when a company patents them, absorbing them into a mass collection of abstracted, owned property.

Economic gain, inadequate information for participants, and the disembodied views of people have served as an impetus to inappropriate or abusive research in the industrialized world

---

[143]I use the term 'take part' to indicate an idea with a deeper connection to self. I may have an old family story I like to tell, passed down from my grandfather, which a friend hears and takes for his or her own. This may cause me to feel a loss, or lack of recognition that I might not feel if I know the score for last night's game share it and a friend who hears passes the information on without reference to me.

[144]Note that sharing of knowledge is not necessarily a loss. In many cases someone might want to share knowledge with their community for the betterment of the community.

as well. One recent case involves genetics research and questions about monetary profit. Issues of consent also played a role in this University of Pennsylvania case, as well. Eighteen year old Jesse Gelsinger died after suffering an extreme immune reaction to a gene-therapy regime given to potentially correct an inherited liver disease. (McCarthy 2000 997) The Chronicle of Higher education reported that "scrutiny has focused on James M. Wilson, who directed the university institute where the treatment took place, and who owned stock in a company, Genovo, that provided financing for the institute." Also listed on the law-suit along side of the investigators was bioethicist Arthur Caplan who the Chronicle lists as "arguably the most prominent scholar in his field" (Gose 2000 A34). Caplan had suggested that Wilson and the investigators test the genetically engineered virus on relatively healthy adults rather than on compromised newborns with the condition. The parents of such newborns would be too grief stricken to adequately consent, Caplan argued. (Gose 2000 A34) Gelsinger's death was not the only problem for the gene therapy institute though. It was alleged to have "numerous protocol violations including enrolment of ineligible patients, failure to obtain fully informed consent, and neglecting to report important safety data." (McCarthy 2000 997)

Even more troublesome was a study conducted by the Kennedy Krieger Institute in association with the prestigious Johns Hopkins University and the U.S. Environmental Protection Agency. They were recently "rebuked" by a state appeals court when a suit was filed by families of children with damage from lead poisoning. (Hellwege 2001 90) The two year study was meant to determine whether "partial abatement" in homes contaminated with lead paint would sufficiently lower the risk to children of lead poisoning. At least seventy-five homes were given different levels of partial abatement , twenty-five full abatement and another twenty-five served as a control by serving as homes where no lead paint had ever been used. The landlords were asked (or at least once required) to rent to families with young children. (Hellwege 2001 90-91) (Grimes vs. Kennedy

Krieger 2000 12) Parents signed consent forms and occasionally were asked to fill out questionnaires for which they received $15 each (Grimes vs. Kennedy Krieger 2000 76). The suit claims that "the researchers failed to timely notify them that the test results had revealed high levels of lead-contaminated dust in their homes and elevated blood levels in their children." (Hellwege 2001 91) At least one of the children had a blood level indicating more than three times the acceptable level. "The goal was to find a less-than- complete but effective abatement measure. That, the institute thought, would be more attractive to urban landlords who had been reluctant to effect expensive complete abatement of their contaminated properties." (Hellwege 2001 90) Ultimately some children suffered neurological damage which led to the suit against the Institute.

It might be unclear how any of this illustrates the importance of embodiment–it may seem as merely poor planning or poor judgement. To illuminate the relationship to embodiment, let me review some of the elements of this last case in particular. There was no notion of 'therapy' involved in the study and thus the research was labeled nontherapeutic by the court (Grimes vs. Kennedy Krieger 2000 12). In fact, based on the previous study of the researchers involved, "apparently, it was anticipated that the children, who were the human subjects in the program, would, or at least might, accumulate lead in their blood from the dust." (Grimes vs. Kennedy Krieger 2000 15) The focus that seemed to allow investigators to feel secure in their action was the fact that a consent form had been signed by the parents and that the IRB had suggested, according to the court opinion, "a way to miscast the characteristics of the study in order to avoid the responsibility inherent in nontherapeutic research involving children." (Grimes vs. Kennedy Krieger 2000 17)

Even as researchers were aware of "hot spots" of contamination in one home (whose nine year old later developed leaning disabilities) they failed to inform the family of this and failed to report the rising levels of lead in the children's blood. (Hellwege 90-92 2001) (Grimes vs. Kennedy

Krieger 2000 77) This suggests that consent, for these researchers, was perhaps more of a legal requirement than anything else–a requirement that appeared to be fulfilled by an initial form rather than by an on-going process. It seems that the research "subjects," the children, were not being respected as subjects due careful protection or as unique individuals in relationships but rather as means to an end. Though the terms differ somewhat, similar ideas are reflected in the court's opinion (for example, Grimes vs. Kennedy Krieger 2000 15-17). The children's specificity was ignored in favor of a useful scientific outcome.

The best interpretation is that the researchers were working for the good of *other* children who might be less contaminated in the future if landlords were more willing to at least partially abate homes containing lead paint. A less sympathetic but certainly possible scenario based on the inadequate protections for the children is that experimenters understood the real "Subjects" for the study (the beneficiaries that the study is being done for) not as the children but as the landlords who would benefit from a lower financial strain while the families and children in particular were mere bodies for achieving that end.

The question of bias based on class and race is raised by the court when it is noted that "apparently, the children and their parents involved....were from lower economic strata and were, at least in one case, minorities." (Grimes vs. Kennedy Krieger 2000 12) Since the homes were rented (and the contaminated homes were fairly old), it is possible that the families participating in the 'experimental' branches were even more likely to be at a lower income level generally than those who might own a home or lower than those who were in the control group (renting somewhat newer homes, built post 1980). In this case lower income families and their children in particular were not valued adequately as unique situated individuals but were, it would seem, bodies of a study. So here the element of class as one contextually important aspect suggesting vulnerability was largely ignored.

So far there have been examples of black men who have been manipulated by researchers, poor, elderly and disabled adults or handicapped children who were used without appropriate consent. Women have been excluded from research thus leading to false beliefs about fatal conditions and third world individuals who are being exploited for their genetic and cultural backgrounds, or children who are used as "canaries in the mines" as the appeals court termed it. (Grimes vs. Kennedy Krieger 2000 15) People who happen to be more heavily associated with the body or are seen as primarily body have especially suffered from understandings that rank certain individuals as expendable or less rational. The bodies of those described are used or ignored in research that has focused on particular people as beneficiaries and others as "Other".

The question still might be unclear, though, as to how the exploitation of people and those people's associations with bodies are connected. For example, is it the fact that individuals are exploited because they are heavily associated with the body and bodies are rejected? This would be convenient because to remove exploitation, society could theoretically learn to stop linking certain folks so closely with their bodies (i.e. could learn to ignore all bodies so everyone is perceived as mind or its equivalent). Alternately, society could lessen its bias against bodies and thus the association of some with the body would no longer be such a problem. However, it could also be the case that people who are not in power are first classified as 'lesser' than those in power *and then* exploited because of their non-dominant position. It may then be that in this process they become more closely associated with the body because they are despised and so they are then further removed from the rational and made more clearly "Other". If this were the case then ignoring all bodies would be of no help. Individuals might still be exploited and their otherness would likely be emphasized in some other way–if not by associating them with bodies then perhaps by emphasizing a lack of reason. In this case the disvaluing of bodies generally might be a *symptom of bias* rather than a cause.

Almost any social scientist will tell you that causation is almost impossible to reliably determine and here too it seems unlikely that noting these correlated occurrences will clearly illuminate which came first, if either. Even so, the question of 'do we hate bodies and therefore hate those associated with them' or 'do we despise certain groups and therefore associate them with detested bodies' is worth considering. It is my own inclination to believe that some of both of these possibilities are true. This seems reasonable because it is unlikely that the complex nature of discrimination and exploitation can be explained with a single source. Neither does it seem that the body is *only* an afterthought that becomes associated with all groups of individuals after they are already deemed lower. The repeated connection of those who are deemed lower as "more bodily" is just too common to ignore. I think that both of these processes occur in conjunction with one another, one playing off of the other. For example, imagine that one group is perhaps determined over a period of time to be lower in the hierarchy, they are *then* associated with the body (because it too is considered lesser), which further entrenches their position as "Other." Or perhaps some group is associated with the body which labels them as lower, which creates discrimination, which in turn further associates them with the body and so on. For most of the oppressed groups that have been discussed here, the history of their status as Other is very old and the idea of finding a proof-positive "originating bias" is unlikely. Ultimately this chicken or egg question, while interesting, it need not be too detracting from the project here. It seems clear and should become clearer during the remaining chapters, that there is a strong link between being oppressed or disvalued and being perceived as "body". It also should be becoming increasingly plain that western society, in particular, is still mired in some form of dualism which specifically rejects the body. This rejection can do nothing but further harm those who are most closely associated with bodies.

So it is potentially the case (or may be the case for some groups and not others) that the

body is not the *original cause* of oppression in all cases. Even so, the body is now used as an element of the overall discrimination that many groups experience. Research is a prime example of this. So, whether the body is the original source of bias or merely a tool that further distances minority groups from those in power, attending to bodies is important in addressing that bias. Having said this, it seems worthwhile to also reiterate that to be embodied is not just to have a body but to *be a body in context*. This specificity is essential to the project of embodying individuals and to adequately including embodied terms in theory. Research abuse may be more common than abuse in some areas of medicine precisely because science actively tries to remove or ignore context in such cases. A body out of context is still non-specific and thus is less likely to be respected and more likely to be an exploitable body. So even if the originating oppression is not clear-cut, it is clear that *disembodied views continue to participate* in ongoing oppressions.

Bodies of Research

How do these examples of misuse and abuse of experimentation and research subjects fit together with one another? All of these examples assume a paradigm Subject *for whom* all research is carried out. They all seem to assume that beings generally fall into two groups: Subjects / benefactors and Other (composed of all that are not part of the first group and are associated primarily with the body rather than with the mind.) They all seem to assume that context and specificity is secondary or not important and perhaps that events that impact individuals stop at the individual body boundary rather than affecting communities or relationships (or assumes that relationships are irrelevant.) In many of these cases bodies were objects to be studied, not individuals to be cared for and valued.

Look back over the cases considered. Tuskegee men were studied not so much to find a cure for syphilis, or a cure for black men who had syphilis, but to observe the effects for knowledge's sake. The fact that these men could have been treated and even cured later in the study

was not relevant to the researchers who actively intervened when the men sought real treatment. They ignored the individuals in the study and the families and the community that were impacted by the slow and unpleasant deaths of these men. Similarly, those in the radiation experiments were being studied for the good of those who might be exposed to radiation (probably men in war or civilians after a nuclear exchange) but the studies ignored any agency these subjects may have had and chose those whose autonomy and ability to consent was often questionable in the first place. More contemporary studies focused on diseases of men and failed to consider that sex might make a difference–again a paradigm "Subject" was assumed. Similarly it is presumed that difference doesn't matter when we use animals evidently assuming we can extrapolate the information to humans who end up being hurt by such assumptions. Third world communities are even now being used for the their knowledge of their native lands without considering how first world practices alter their social networks or understandings. And even in the very recent past, studies using children as guinea pigs for lead paint studies show that research can ignore individual worth for what is a dubious gain.

Why claim that embodiment is the answer–wouldn't theories expounding autonomy, for example, adequately address this at least as well? It would not seem odd for someone to offer this as a solution here–the cases covered such as Tuskegee, third-world research and so on suggest that these groups lacked autonomy. The response to this rests in the ideal of autonomy itself. Autonomy–literally self governance–works well as a principle for those who are already autonomous or very nearly so. That is, those with the power to govern themselves over the requests and demands of those unrelated to them (but in positions of power) already possess autonomy and for them, this may be a reasonable way of addressing some sorts of problems. However, invoking the principle as a guide for those who do not have the social, physical or economic power to 'defend themselves' may be missing the point. The majority of those used in

abusive research (of those that have been discussed in this chapter anyway) may have had the *right* to self governance but they did not always *have the power* of self-governance in these cases. Sometimes this was because of deficient information, sometimes inadequate understanding, but it was almost always because either the researchers' perceptions (on some level) that those in the research were not due the same respect due those like themselves or the assumption by researchers that these individuals had the same power to self-govern as they might have themselves. In either case, no special effort was due on the researchers' part. Respecting those individuals who will participate in research does not mean giving them the right to assert power they do not really have (or do not feel they have). Instead it means acknowledging individuals where they are–understanding their cultural background may differ in priorities, seeing that their economic or social position may make them vulnerable to certain sorts of persuasion that may therefore be unfair, understanding that most people do not exist as self-governors in the sense of disconnected assertions of one's own best interests but instead act and react from their own context with their own connections and specificities. Autonomy, as we tend to use it,[145] strips away difference to propound equality but that ignores some very important aspects of many lives. It is a noble gesture, in many cases, and the idea of respect that undergirds it should be maintained. This respect, however, must meet the individual where they are rather than insisting that they take on the cloak of independent decision-making that works for those who are very differently situated. Thus embodied approaches better instruct us on not only what problems exist but on how to deal with dissimilarities without minimizing the differences that define individuals.

The worst cases of bad research view test subjects as objects and as objects they are

---

[145]It is possible that autonomy might be redefined to better reflect an embodied or situated understanding of individuals. The discussion here assumes the term in its traditional manifestation since that is how it is most often employed.

expendable material (i.e., bodies)–not "rational selves" who, it is thought, are the only ones deserving full respect. By ignoring difference the loss of some subjects (be they animals or people) seems less dramatic since the group of all 'Others' is huge. Those exploited have varied in age, race, ethnicity, location, species, and gender so what is the common theme that allows some to be viewed as expendable? As I've indicated previously our view of animals has a good deal to teach us in regard to this question. Animals have always been considered by most to be acceptable test subjects and have always been considered expendable. Why is that? I would offer that it is their position as wholly body, in most eyes, that ultimately leads to this acceptability. As "wholly body" animals lose any individuality–they become part of a mass of bodies with no individual intrinsic worth.

Individual and situated natures make a big difference. Consider those animals that society might sometimes object to in research. Even over primates, most dislike studies done on cats, dogs, and horses over most others. These are also the critters in the West that we do not consume as food in spite of their abundant supply. It seems like these animals have some small semblance of individuality to many people whereas few could tell you much at all about the appearance of an actual cow or pig and certainly could not distinguish one chicken or rat from another. We do however notice differences in cats, dogs and horses. As pets, they are more often parts of the family–at least in some minor way–and as such we can imagine that they have personalities and traits (things we do not see in pigs or rats) that make them not just one among many identical bodies. As an example of this consider those we literally consume. Many, at least those with some moral sensitivity, may be disgusted at the thought of eating a cat or dog as dinner. It is harder for us to make these particular animals wholly flesh–we imagine a specific image of a specific dog and are horrified. Cows, on the other hand, are completely abstracted for most of us (or at least not like part of the family). Some might suggest that we object to pets as research subjects simply

because they are just more attractive animals to us. Perhaps this is true but if we object to their use because we find them cute or beautiful this only reinforces the overall hypothesis. Part of our decision making process, about who can be acceptably used, relies on bodily appearance and on having an acceptable body–a body we recognize and approve.

People too can be used as expendable bodies when they are perceived as non-specific, decontextualized bodies. Often those in large experiments are seen as roughly identical–in fact they are chosen sometimes specifically for that trait. While bodies and those who are "bodies primarily" are expendable, some are more expendable than others. Those used are often not considered intrinsically valuable but rather are a means to the end of helping certain social groups attain particular goals of knowledge or health over the well being of those used. Their value is extrinsic in the way that objects are valuable only when used for another good.

Equipoise as a Possible Answer

In spite of the codes, the public concern, and the past mistakes, abuses in the area of biomedical research have continued. Again this is not to diminish what strides have been made in reducing mistreatment but the movement forward can only be tentative if we continue to view research subjects in the same terms as years ago. The specific groups who are used inappropriately may change over time (or not) but there will continue to be abuses and oversights unless there is a substantial reworking of the underpinnings of the project of biomedical research.

Samuel Hellman and Deborah Hellman discuss in a 1991 *New England Journal of Medicine* article what they see as sometimes opposed roles a physician must take on when acting both as a regular physician and as a researcher on a clinical trial. On the one hand the doctor's role as physician is to cure or at least to have the *individual's* best interests in mind. The role of experimenter or scientist, however, is to establish validity to scientific claims such that "all of humanity might benefit". (Hellman 1991 1585-87) In this role, individuals will sometimes not

receive the best possible care in order to determine if a therapy (for example) is truly effective against X.

It is certainly true that some doctors are care-givers in the truest sense of the word. Though there are not statistical data, it is reasonable to imagine that many (though not all) who are focused so closely on care are likely to become primary care physicians–a position that makes them more likely to have on-going contact with particular people and perhaps less likely to be recruiting for studies in the first place. A number of physicians, especially those most interested in the science aspect, may be specialists that have little or no individual relationship with patients. Scientific curiosity and attention to the advancement of medicine as field may play just as big a role for some of these people as ensuring the welfare of a single particular individual that they may know very little. For these men and women, social gains for larger and potentially more dramatic advances in healthcare knowledge may make them plainly "scientists first." While it seems reasonable to expect that doctors will have individual patient's best interests in mind at all times, it is conceivable that a physician in today's world might view medicine as a larger enterprise. He or she might believe that the way to truly improve health is to make large scale discoveries that help many individuals rather than a few who might visit the office in a day. People may argue that this 'large-scale' approach, if it allows physicians to allow harm to individuals, goes against the Hippocratic oath, but this is not a particularly helpful guide to its moral worth for two reasons. First it assumes a definition of harm that 'large scale advances' focused doctors might reject–the real harm, they might counter, is in band-aid treatments that do little or nothing to solve the underlying problem or disease. Only good scientific studies can avoid this sort of harm and save future generations from the misery of a particular illness. The second problem with looking for guidance from the Hippocratic oath is in the belief that physicians do or should follow the oath currently. There are clear prohibitions and expectations throughout the oath that are no longer seen as

relevant (the most obvious example is the prohibition against surgery) and most contemporary thinkers are not going to support giving up the advances of surgery. Still, there seems to be some uneasiness in accepting the physician in this dual role (with a leaning primarily toward research progress) without some concern.

Benjamin Freedman would probably see the scientist first approach to medicine (if it means putting research prior to individuals) as a corruption of a physician's ethics. Freeman offers that the best way to mediate this dual role conflict is for the physician to only participate in trials where there is a "genuine uncertainty on the part of the clinical investigator regarding the comparative therapeutic merits of treatment A and B for population P." (Freedman 2001 141) Freedman calls this condition of uncertainty "equipoise" and maintains that equipoise must exist among all arms of the trial or else the trial must be redesigned to eliminate the lesser treatment(s). (Freedman 2001 141-42)

Freedman's concept makes two assumptions that ought to be considered. One he assumes that the doctor, as physician, is more interested or at least obligated to the care or cure of an individual than in scientific inquiry for the larger good. Thus he seems to imagine that most physicians ought to see themselves as care givers first and scientists second while viewing their patients as important and unique beings much like themselves. (But this is not always the case and sometimes varies with the type of physician in question as noted above.) While this seems a normative claim, it would be helpful to see what that conclusion is based on since some "M.D.s" might challenge his definition. Two, he seems to imagine that equipoise is actually possible and *maintainable* for a reasonable amount of the research to be done. Something similar to this latter point is raised as a concern by Hellman and Hellman when they suggest that at some point researchers are likely to have a good idea of which arm of the trial is more successful, so even if a well-trained doctor (who has the requisite skills to be a medical diagnostician) is able to honestly

say at the front end of an experiment that the best option is really unclear, is likely to have a reasonable and educated guess (of which treatment is best) as the trial progresses but before it is complete. (Hellman 1991 1586-88) In many cases (especially those of replication), physicians are likely to have a pretty good idea even before the trial begins.

Some have responded to this difficulty in achieving personal equipoise (genuine uncertainty about treatments) by positing a community standard instead. Fred Gifford explains:

> The community equipoise strategy involves the suggestion that our judgment that neither treatment is to be preferred is to be assessed according to a "community" rather than an "individual" standard. Thus, though a physician may personally believe that there is some reason to prefer one treatment, patients can legitimately be randomized if there remains disagreement in the community of medical professionals. (Gifford 1995 127)

Community standard, in this sense, refers to the medical community rather than the local community. This is more commonly referred to as "clinical equipoise" a term introduced by Freedman himself to indicate "honest professional disagreement among expert clinicians." (Karlawish 1997 385) For this to serve as any sort of standard there would of course need to be some guidelines in determining *when* the community of medical professionals disagrees regarding the best treatment and *who* specifically is included in that community. For example, should the medical professionals considered be only the specialists in that field, those who work clinically specifically in that field including nurse practitioners and other diagnosticians, all medical researchers, all physicians of any sort, or physicians and other highly trained health care workers generally?

If it is granted that a reasonable measure for these questions can be established (which seems rather difficult even *after* determining who "counts"). One still must move on to decide how to measure this agreement or disagreement–certainly this cannot be a call to poll professionals on each research question specifically, so is the idea to review the literature, look to professional

meetings, or to the colleagues I've talked with"? Clinical equipoise then is still is not an ideal solution. This is in part because it allows and, in a subtle way, encourages a researcher to continue research that he or she may personally believe at some point is not appropriate (so long as his or her colleagues are ambivalent on the topic.) Further, it seems that any good scientist is going to have some underlying uncertainty about a procedure or treatment that is relatively new, i.e. the type of thing that is usually being researched. This sets up a 'measurement pardox' for the equipoise position. If the standard or level of certainty required is fairly high (i.e. creating the highest level of equipoise) then very little is certain if a new element is involved. Thus the concept does little work of weeding out projects that are inappropriate since there is not a consensus of certainty on much of anything. I could of course know that aspirin will cure a headache better than a sugar pill or that vitamin C alone is generally not effective as a cancer treatment but these studies would not be undertaken in all likelihood because no one would fund them. It seems most likely that this is the side that clinical equipoise would err on thus very little research might actually be restricted. On the other hand, if the level of certainty is set fairly low so that I only need to feel modestly certain about the claim that this treatment is better than that one, then there would be little justification for replication. Describing what would appropriately count as a mid-point is likely to be biased by the researchers objectives and thus vary tremendously from one project to another unless some arbitrary calculating method is created.

Jason Karlawish and John Lantos suggest a very different sort of community equipoise; one that as it happens, employs a number of the tenets of embodied theory as I will discuss below. Part of the problem of traditional approaches to equipoise in research is that it seeks to *further* abstract specifics which leads to a result to the question, but not one that offers much practical moral guidance since the outcome relies more on the form of "opinion counting" than anything else. In other words it works well in theory, and will no doubt work on occasion in real research but

will probably not be sufficient and reliable when guidance is most needed.[146] The focus moves further away from the actual participants in favor of trying to move toward some objective point that is not available to human inquiry. Freedman's approach is very much in line with scientific inquiry generally–it looks to the larger community of researchers. It expands its sample size, if you will, in an attempt to reach the best (least personal) conclusion. While there does seem to be value in hearing more voices, I take it that the voices here are either publications or non-specific voices. Such a procedure thus has the option of ignoring those theoretical voices that are quieter or less frequent in order to obtain consensus or it can attend to all voices (those beyond the standard journals, for example) thus making consensus unlikely.

Karlawish and Lantos offer another option. They critique clinical equipoise for confining judgements concerning evidence and research to the physician side of the physician / patient relationship. While some might balk at the idea of lay persons determining what should go on in research, the authors elaborate:

> Our argument here is not that patients should rewrite the textbooks or peer review the journals or that patients alone determine what counts as best medical treatment. Instead, we argue that health....is a social good. In order to ethically achieve this social good, clinical researchers and drug regulators need to respect the legitimate claim of patients to determine with them what evidence justifies what kind of trial. Clinical equipoise wrongly asserts that physicians have an exclusive claim to decide whether to conduct a trial and what kind of trial to conduct. (Karlawish 1997 386)

Karlawish and Lantos offer that "just as physician and patient values should govern clinical

---

[146]For example, consider the lead paint study conducted on children. The study is unlikely to be found morally acceptable by many readers but it does not seem that the equipoise standard would have done much to keep the research from going ahead. If the question asked by researchers in determining if their project met the condition of equipoise was "is it clear that children living in homes with even small amounts of lead paint will have the same bad effects as those living in houses with a good deal of lead paint?" then the answer to that question would probably be no, it is unlikely that it is clear that a small amount is necessarily harmful. This does nothing to protect these children, however because it looks only at the scientific question and not at the research procedure used.

decisionmaking, [sic.]" they should also share in research decision making.(Karlawish 1997 386) Part of what justifies this is the narrowing of the gap between clinician and lay knowledge regarding healthcare (in part due to the dramatic increase in access to health information), as well as the social aspect of such knowledge which "necessarily includes patients and their values."(Karlawish 1997 387, 394)

One might wonder why, if I complain that the medical community is too large for consensus, I might support a plan that broadens the group needed for consensus to doctors plus "society"? There is some vagueness in who counts as patients for Karlawish and Lantos, but the overall sense is that the group is in someways self-defined and to various degrees, local. Karlawish and Lantos include in their recommendations a suggestion for greater involvement by lay members with IRBs as one way of involving social values and "patient" perspectives in research. (Karlawish 1997 395) I would like to explore this further but before moving on to an IRB discussion, it is worth noting how this approach thus far is more in line with an embodied view of research than previous versions of the theory. In suggesting that those specifically affected by research have important contributions to the structure of that research reiterates a theme that has recurred several times thus far. Largely it underscores the emphasis I have placed on specificity as opposed to abstraction. Further, it emphasizes rather than ignores the context of the research itself by including individuals, or those connected to individuals, directly impacted by the resulting research or lack thereof. It does not, however, merely suggest a reversal of roles such that patients run the show while physicians lose input and agency. It highlights what contributions can be made by all of those specifically involved–contributions they can make precisely because of their situatedness. Further, this approach moves toward a tempering of some dualisms that support oppressive structures generally by challenging, for instance, the notion that all forms of knowledge require formal education as well as dualisms such as minds (researchers) as opposed to bodies (subjects).

IRBs as a Source of Change

While not set in terms of embodiment per se, Lisa Eckenwiler's article "Moral Reasoning and the Review of Research Involving Human Subjects" supports this idea of highlighting specificity when applied to IRBs (Institutional Review Boards) in particular. Her words, focused on the communication necessary for moving toward what might be considered community equipoise (not her term) on IRBs, suggest how those who are most commonly members of such boards might discover their own biases by examining *their* situatedness:

> In contexts where inequalities in communication are systematically attended to and where critical argument is one *among other* forms of expression, scientists, ethicists, and health care professionals can learn to recognize their own situatedness-their reliance on expert categories of knowledge; their class, race/ethnicity, gender, and history of cultural imperialism; their commitment to their own professional success and to that of their disciplines and institutions; and the like. (Eckenwiler 2001 60)

Eckenwiler supports the inclusion of less traditional members on IRBs in much the same way that community equipoise recommends such changes. For such diversity to work, the inequalities in communication, for example, that normally would exist in researcher / public or doctor / patient relationships must be brought to the fore. As a result both professionals and lay persons benefit. Each board member is valued for what they can bring to the process from their specific context.

IRBs are required by various state and federal regulations for most non-private research which involves human subjects (some require private research to have IRBs approval as well.) Such boards generally are made up primarily of health professionals who review proposed research regarding issues of consent, subject safety and protection, and the risk in relation to benefit expected, among other concerns.(Eckenwiler 2001 39)

There has been a reasonable amount of discontent recently concerning IRBs from a variety of sources including ethicists. Many complain that IRBs are not adequately monitoring research and therefore must do more or expand their responsibilities (Moreno 1998a 336) while others

suggest that at least some IRBs are overburdened, particularly in the area of required paperwork. (Moreno 1998b 22, 1998a 333) Some (such as the NIH) suggest IRBs need more professional members (Moreno 1998a 333) while others suggest there are proportionally too many privileged participants and not enough lay members. (Eckenwiler 2001 53-54) In short, the only clearly common themes are a general discontent with some aspect of how IRBs currently work and a belief that IRBs are essential to the ethical execution of research.

One thing that has led to recent discontent, I would suggest, is the appearance and publicity of studies that go awry or are even overty unethical. For example an article in *Postgraduate Medicine* noted that between the years 1990 and 2000, "40 investigations by the federal government resulted in restrictions against research institutions [and each] case involved violations of one or more of the traditional responsibilities." (Meslin 2002 5) I think it would be irresponsible to suggest there is a single change or even set of changes that would cure all research woes. Ideal IRB and study designs will not cure personal greed, error, or miscommunication. I do, however, believe that reframing research in terms consistent with embodiment will significantly reduce some sorts of problems including those stemming from IRBs.

Moreno, Caplan and Wolpe et. al. suggest that a major role of IRBs is that of policing research and for this reason local review works best. However IRBs often do not fulfill this aspect of their job, rarely conducting "post-approval review" beyond the execution of required paperwork. (Moreno 1998b 1955) The authors therefore insist that IRBs should be more actively engaged with the actual conduct of experiments. The educational function that IRBs serve, primarily in working with researchers to make their research fit required standards is also an important role. (Moreno 1998b 1955) Meanwhile, Eckenwiler suggests that the problem behind IRBs is their attempt to achieve impartiality. (Eckenwiler 2001 41) She insists, "the ethical review process should adopt a conception of moral reasoning that embraces, rather than resists or underestimates, the influence of

particularity."

What is interesting is that both approaches suggest that creating boards that are more aware of their contextualization leads to better IRBs. Embodiment theory would support this emphasis in a way that most traditional bioethical models would not. Further, there is a indication that where boards have worked the best and the ways that they can become most effective are *not* through means of increasing objectivity or taking a more scientific approach but by reducing the distance between themselves and the research as well as between themselves and their community. While this is rather more pronounced in Eckenwiler's voice, it seems present to a lesser degree in the Moreno, Caplan and Wolpe article as well. Both articles articulate concern about attracting good members to serve on IRBs. For Eckenwiler this means diversifying the composition and drawing from outside of traditionally used groups. She notes that "evidence suggests that IRB members are predominantly white males who hold doctoral degrees." (Eckenwiler 2001 46) In Moreno's group they see some need in special cases for experts or those "knowledgeable about" a particular population's needs (for example, research using severely handicapped individuals should have a representative of someone familiar with their experiences on the IRB.) Beyond this they focus more on the fact that IRBs have difficulty attracting and retaining "dedicated faculty" for board membership[147] but seem less concerned about the sort of diversity that community equipoise or embodiment theory would recommend. Another article notes that the NIH also suggests the inclusion of "at least one voting member" with a background adequate for representing a group of people who might have impaired capacity to consent. Otherwise, they similarly are more concerned about the professional composition than the inclusion

---

[147]Rather than filling vacant slots as Eckenwiler might suggest, Moreno et. al. propose more rewards for professionals who serve such as "course load reduction" or letters supporting tenure. This suggests they see membership as primarily academic personel.

of differently situated persons in general. (Moreno 1998a 333-334)

IRBs are a good starting point for beginning to employ embodied ideals that can be translated into research practice. Eckenwiler offers suggestions along this line though much of the literature on the topic maintains a need for traditional approaches "done better". I believe employing the ideas suggested for community equipoise might help to modify IRBs more dramatically in ways that would prove beneficial certainly to research subjects and perhaps ultimately to scientists as well. New challenges would arise in learning how to interact in such a diverse group–old ways of talking and thinking would be questioned and underlying beliefs would have to be articulated rather than assumed. This however, would be the point of the change and initial discomfort might be mediated by fewer instances of abuse once the research is underway and perhaps even more effective studies, in some cases.

Bodies and Context

The search for equality has often led people to the search for sameness. However because real differences do exist, this leads to a difficulty. We tend to believe that the only way that we can eliminate hierarchy is by perceiving everyone as the same, but this is patently false. Some feminist groups have worked hard to acknowledge differences among women and to respect differences in background, sexual orientation, physical and mental abilities, and community. Respecting those differences does not mean ignoring them (as in, 'I will pretend that I don't notice this person is in a wheelchair so I do not embarrass them') nor does it mean treating each person as identical to the next. Difference can exist without creating power hierarchies. I am suggesting that we focus on learning to respect 'individuals in their bodied state' as significant. Merely being able to see someone in terms of body should not make them automatically eligible for use without careful consideration to them as an individual and to the community such use might disrupt.

The work done in animal ethics can actually offer an illustration of how this can function.

Peter Singer, for example, offers a way to look at equality without ignoring difference. Singer's controversial stance that 'all animals are equal' leads some to point out what differences exist between human animals and other mammals, for example. The differences, however, do not by definition lead to unequal status nor do they lead to identical needs or treatment. In fact the differences, including the context and body, are key to understanding what others do need or have an interest in. For instance a dog, according to Singer, has no interest in voting in political elections–it cannot vote so it makes not sense to discuss it. "The extension of the basic principle of equality from one group to another does not imply that we must treat both groups in exactly the same way, or grant exactly the same rights to both groups. Whether we should do so will depend on the nature of the members of the two groups." (Singer 1990 2) Mentally handicapped individuals do not have in interest in designing a research protocol. These individuals do have an interest in their experience being represented such that it impacts a study on mental handicaps to better serve their needs. Indigenous peoples probably do have an interest in having their physical and social integrity respected but do not have an interest in publishing the findings of the latest drug study. Researchers should not feel unduly threatened by giving some of their power to those most affected–none of these groups are interested in taking away the scientists' job nor are most qualified to do the job. However some individuals are uniquely qualified to offer perspectives needed for better scientific research into a particular area. Scientists interested in doing the best research should have an interest in what these particular individuals and groups have to contribute to their understanding of health, disease and particular contexts.

Research that considered the embodied nature of individuals would not try to eliminate context to make the results easier to read. The context would be an essential part of understanding the processes of health and disease as they impact different populations. Paying attention to these details might lead to important conclusions that would be useful for investigating other

populations. Overall, science would have to become more thoughtful and less rigid. This sort of approach has already been posed by at least one scientist working in genetics. She was originally silenced by the scientific community for her unconventional ideas. Barbara McClintock proposed a version of nature that supposed it to be flexible and resourceful;[148] but such a view rejects the standard notion that nature is static. (Rosner 1995 113) Embodiment tells us that nature (either in terms of the natural environment or the 'nature' of a living being) is static only insofar as we abstract it from time and place by which point it is very unlike what we claim to be studying. Science would also have to reduce its primary reliance on hierarchy and routine which forbid creative work because it falls outside of the accepted paradigm. Creativity and increased understandings of relationships might lead to new metaphors that better imitate life (thus leading to important scientific discoveries.)

The next chapter will turn to another example of inadequately embodied bioethics and will consider the area of pregnancy. Pregnancy, unlike research ethics, has received very little attention so it will be a helpful contrast to exploring a range of how we view people in disembodied terms.

---

[148]Note that this view is counter to the oppositional pairs that dualism assumes. This may be one reason the idea was met with such resistance especially in medical science..

"Authoritative knowledge....is a way of organizing power relations in a room which makes them seem literally unthinkable in any other way. In childbirth, authoritative knowledge in high-tech America takes the form of active suppression of whatever it is that women might know, think, or imagine about themselves in the birth process." Rayna Rapp 1992

Chapter Five
Missing Bodies– Pregnancy and Invisibility

Bioethcists and the medical establishment have often failed to see women as subjects. There has been a tendency to ignore women's knowledge and experiences surrounding their bodies especially during pregnancy. This may at first sound odd since there an entire field of medicine centered solely around the issues surrounding reproduction. In fact, bioethicists themselves have spent many pages worth of journal space discussing topics in this area. My focus here, however, is on what sorts of things have been *left out* of those conversations. Neither medicine or bioethics has spent a great deal of time considering the *experience* of pregnancy itself–much of the interest is in reproductive technologies or in maternal - fetal conflicts (J. Nelson 1992 320). Medicine and bioethics generally have not turned to those who are pregnant to learn about these experiences or what problems they might perceive, but instead often seem to prefer data or theory that can be gathered or created "objectively" from outside of such positions at least as is evidenced by the types of studies most commonly done.

This might strike some as an irrelevant complaint; there is no dire need to turn to those with these experiences. After all, there is knowledge of the biological changes that women experience and to a lesser degree the emotional changes that occur (usually attributed to hormone changes). Doctors do not need to uncover every detail of an allergy sufferers' day, for example, to be sympathetic to the condition and to treat the individual (or a variety of other conditions for that matter).

Pregnancy is just one topic of many illustrating a larger problem that stems from ignoring or inadequately acknowledging embodiment. While many people are impacted by theory that

ignores their experience as embodied individuals, pregnancy will offer a especially helpful illustration of how women's embodiment, in particular, is neglected. This is because pregnancy is not an area where having a general idea of the biological or psychological experience or a thorough understanding of the mechanics (all of these as interpreted by medical professionals) is enough to adequately respect the individuals involved.

In this chapter I will illustrate several ways that mainstream bioethics has failed to adequately address pregnancy issues that are especially important to women. One key way this occurs is by talking about pregnancy in ethical terms only from the perspective of conflict–generally between the woman and fetus. Topics in such areas are not irrelevant but they take up such a *disproportionate amount* of the discussion that one would think most pregnancies were battles between opposed forces. If there were no other issues to discuss around pregnancy there would still be potential ethical problems with consistently projecting this conflict imagery but in fact there *are* some other very significant issues that are generally overlooked. Central to these overlooked issues are the experiences of actual women.

While most bioethicists will agree that forced c-sections are generally bad, for example, it is interesting to consider why the fact that they still occur is generally not questioned as indicative of some larger view about women and pregnancies. If a woman has carried a fetus to term (or nearly so) then why assume that she is suddenly incompetent to make decisions about that pregnancy, her body, and how it will impact the newborn and the family? It seems difficult to imagine other cases where society would allow such an invasive procedure not only without informed consent but *against* the desires and consent of the patient who 'otherwise' is competent.[149] When this has been questioned in traditional bioethics, it is generally from the

---

[149] Of course more common than legally forced c-sections are cases where women are told
(continued...)

perspective of autonomy but this leads back, it seems, to discussions of the woman and the fetus as opposed to one another. This in turn artificially separates the two from one another and context but also positions the focus on rights rather than on a woman's status as knower. In the pages ahead I will discuss the view of women as bodily and illustrate how pregnancy is an especially intriguing example of the tension between social pressures to maintain constructed dualisms and women's inability or sometimes refusal to exemplify these dualisms during this period of their lives. Bioethicists need to refocus their attentions in this area, I will argue, in order to adequately question why women's wishes (such as choice of what tests are appropriate or time and type of delivery) are often ignored by health professionals and why their status as knowledgeable moral agents is minimized. When the wishes of the dying are ignored or minimized, bioethicists tend to be quickly 'on the case,' but when we turn to birth the enthusiasm evidently wains unless perhaps there is a suspicion that the fetus's 'desires' are not being met.

From an embodiment perspective, I will show that pregnancy has been abstracted from context and relationships while the pregnant body has been symbolically separated from the woman herself. Further, I will suggest the need for a reorienting of bioethical attention from the rare to the common. This approach will better illuminate ethically problematic but regular features of pregnancy and delivery, including the disregard for women's authority over their own experiences as they exist in particular and complex contexts.

Pregnancy: The Soap Opera of Womanhood

Pregnancy is always a big deal. Either it is a hoped for goal of a couple or an individual

---

[149](...continued)
by their doctor that medically they need a c-section and not to agree puts their baby at tremendous risk. There is some reason to believe, as will be discussed later in this chapter, that a number of those 'required' c-sections are probably not really required for the *health of the baby*. It is rare for a section to be done for the mother's benefit as many times women fare worse than those with vaginal deliveries.

woman, a happy but unexpected event, or an disquieting surprise that brings unsought-after decisions. A woman who becomes pregnant at an appropriate point in a traditional marriage or partnership often brings joy and adoration from many of those around her. However a woman who becomes pregnant in less traditional "inappropriate" situations (possibly including situations such as being poor) may, even now days, bring disapproval from her community regardless of her personal beliefs about the pregnancy. Pregnancy is rarely a neutral event and may be a common topic of discussion – especially for women in traditional and female dominated settings.

I associated pregnancy with a soap opera because pregnancy, at least in technologically based western societies, is both dramatic (sensationalized in some aspects while ignored in others) and a common daily occurrence at the same time. The social/cultural imagination surrounding the very idea forces it into focus for most women (during at least part of their lives), regardless of their personal desire to be, or not be, mothers. The norms, threat, or hope of pregnancy is part of many women's daily lives, however subtle. However in spite of this hoopla, there is a shallowness to how pregnancy has been dealt with in western society–literally a lack of substance–and bioethicists generally speaking have not jumped in to remedy this. Thus pregnancy becomes a sort of sketch or ideal of womanhood, though not a universally valued one. This disvaluation is unfortunate. Aside from the tremendous importance of creating future people, it must surely in many cases be a terribly significant and bodily means of learning about oneself and relationships. However, this all becomes mythologized and amazingly both oversimplified and constructed as overly complex. Actual individuals' experience is usurped by the disembodied ideal.

This mythology of pregnancy will be discussed some further in the following sections as it becomes clear that the key features and focus of pregnancy (and even more commonly, of birth) are defined by medicine rather than by women. These focus points view women much as society has perceived bodies generally–they invariably interfere with individuals'(mind-selves') idealized goals.

So ironically women, as bodies and like bodies, are perceived as more or less getting "in the way" of producing healthy and goal oriented citizens. The physician thus finds him or herself in the role of gallantly freeing the unborn from that first, particularly troublesome, self-limiting body–that of the mother. The mother's story and certainly the pregnant woman's story often fades into the background.

Choosing Topics

What exactly are the issues that are important to pregnant women about themselves–few would know from reading mainstream bioethical literature. Certainly we know that women are often concerned about the health of their fetus if they plan to carry the pregnancy to term, but what concerns surround the woman's embodied experience of pregnancy? This must go beyond any solely care-based or maternal interests in the potential child to include the woman's experience of her body, her feelings of connection and isolation from relationships, and how it changes her identity within her community context. Iris Young's investigation into the topic more than fifteen years ago led to a realization that the many listings in the library catalog under pregnancy had little to say about the mother as subject of pregnancy, but focused almost wholly on fetal development or proscriptions for women's behaviors, etc.. (Young 1990b 160) She writes:

> Pregnancy does not belong to the woman herself. It is a state of the developing fetus, for which the woman is a container; or it is an objective, observable process coming under scientific scrutiny; or it becomes objectified by the woman herself as a "condition" in which she must "take care of herself." (Young 1990b 160)

While there may be an occasional discussion focused on the woman these days, little has changed in the mainstream treatment of the issues surrounding pregnancy since Young's investigation. The purpose here is not to provide a thorough going account of the phenomenolgy of pregnancy–this task is too large for the space available here and should be investigated carefully without idealizing one experience of pregnancy as *the* experience. Rather, the goal is to illustrate how pregnancy is

one important example of the general phenomenon of *disvaluing or ignoring bodies*–especially particular types of bodies. It is especially helpful in revealing how features of life associated with women are downplayed, distorted or erased in favor of more fast paced, male-centered topics.

If one were to determine the issues of pregnancy based on the most common references in bioethics, one would think the issues involve almost exclusive interests in new reproductive technologies, primarily, and abortion or maternal / fetal conflicts, secondarily. Occasionally issues of surrogacy also arise. (However surrogacy as a topic is usually an analysis of rights rather than a discussion of the women's concerns per se.) Many would argue that this is approach is appropriate. As bioethicists we deal with controversial issues–"normal pregnancy" is precisely that–normal. Pregnancy is not a disease, so it cannot and should not be dealt with as something to cure or overcome and it is generally not an issue of allocation because "anyone can have a baby" some might argue. It is only when it comes into areas of conflict that it becomes an issue for ethicists. Using an approach like this, I will argue, the sort that focuses wholly on the exceptions or what often turn out to be considered "sexy topics," is partially a result of our vision of the world through a disembodied lens. By sexy topics I mean those issues that are "cutting edge", sound-bite issues–especially those that lend themselves to extreme and dualized views in one direction or the other. Viewing everyday pregnancy as unworthy of discussion is unfair since it does regularly raise issues of justice, allocation, and respect–all issues that should have a place in even traditional or cutting-edge bioethical theory.[150] But pregnancy also raises issues not covered by traditional theory headings, and those often can be quite important as well.

---

[150]Issues of justice and allocation, for example, may include access to prenatal care or follow-up care. One could also respond to how society allows insurance companies, including the state, to dictate certain aspects of care while not covering others–for example covering Viagra but not birth control pills. Issues of respect might include taking the woman's experience and knowledge seriously and allowing her choices about her care.

This is not to say that new reproductive technologies, abortion, conflicts and surrogacy are not important issues–they are quite worthy of deliberation. The point is that the scope of pregnancy discussions is *highly confined* almost exclusively to these circumstances, thus leaving out in one way or another many pregnancies and pregnant women. (Koonin 1998 31-36) This is not to say that the topics currently considered (such as surrogacy and abortion) should just be dismissed. This would disadvantage or leave out particular groups of women just as current confines of discussion leave out other women. Depending which issues were ignored, this could have race and class implications in addition to those of sex and gender. Let me briefly explain.

Different topics impact different groups disproportionately. It is difficult to determine exactly how frequently new reproductive technologies (NRT) are used since there seems to be no central source collecting this sort of information. It is reasonable to believe, however, that their use is an issue primarily for white, middle or upper class women whose families can afford to partake of such technologies.[151] Abortion is different. Although the majority of those girls and women receiving abortions are white (58% of all abortions in 1995), a larger *proportion* of pregnant African-American women (534 per 1000 live births) and other minority populations (335 for 1000 live births) actually seek and receive abortions (white women had 204 abortions per 1000 births). (Koonin 1998 32-40) So, issues surrounding reproduction do have different impacts on different populations, though this distinction is sometimes missed even by feminists. Thus discontinuing discussions of these topics would chance creating further biases.

Surrogacy, in particular, may deserve more attention than it often receives, or at least deserves more attention of the sort that seems to come from feminist papers on the topic. Some

---

[151]A 1995 article by Hilde Lindemann Nelson reported the average cost per attempt of in-vitro fertilization, for example, at $10,000 each with a success rate of 16%. Many couples will go through eight or ten attempts at conception this way. (H. Nelson1995 132)

ethicists have focused on whether surrogacy can be reasonably considered legal while others debate whose child results (i.e. is the birth mother or the adoptive mother *the* mother?) Again, these are not irrelevant concerns but they only begin to touch on the issues surrounding the *woman's experience* as opposed to just her rights. Barbara Katz Rothman has suggested that our bias toward arguing about who has a "right" to the baby–or who the "real mother" is, results from our patriarchal roots. (Rothman 1989 558-559) A woman is granted the same sort of right to the child as a father. In fact legal motherhood, she says, is sometimes determined by a woman's relationship to the father. She says that as women, "we have gained paternity rights at the cost of maternity rights". (Rothman 1989 560) In other words, because the only legal relationship a father could have with a fetus or newborn was genetic, this genetic parental right was also extended to women while the recognition of nurturance has often been ignored. (Rothman 1989 560) Rights tell us very little about what appear to be some very serious difficulties embedded in the practice of surrogacy and feminist bioethicists Hilde and James Lindemann Nelson have rightly question the liberal defense of it (H. Nelson 1989 89-90)

My point in raising the issue here, however, is not to determine at this point if surrogacy is defensible or not. Rather it is to offer an example of how topics that are covered by bioethicists might be more woman centered. Here, women who have gone through this surrogacy experience are likely to have valuable insights into the experience of pregnancy. These women have had the pregnancy experience without having the additional mental elements of knowing that there will be on-going social parenthood beyond biological parenthood and this must be a very different sort of experience in some ways. Similar insights might be gleaned from women who decide to give their baby for adoption while other important concerns will be more evident to women who choose not to continue their pregnancy or from those who decide to raise their biological child themselves. Considering all of these women will better illuminate an appropriate range of topics in the area.

Importance of Pregnancy as a Bioethical Issue

How is it that issues central to women during pregnancy have been mostly overlooked? It could be that at least half but perhaps even the majority of working and publishing bioethicists are men, as is likely the case with most professions except for nursing and pre-college teaching, for example. So, including those women bioethicists who have not been pregnant, it is possible that most bioethicists who have not borne children directly, may feel that they have little to say on the topic of pregnancy or feel unqualified to speak on the topic. Conversely, it may be that issues in this area just do not occur to many. Pregnancy is a very old topic and most people at the "end of the process" end up happily with a little baby. The times when bioethicists get involved in pregnancy is when there is not this happy ending; specifically when there is a conflict between potential mother and fetus or a conflict between overall society's interests (first world, of course) and the desires of the medical profession. Obviously, the fact that there are not riots or even consistent complaints from women does not necessarily suggest that there are no concerns involved in normal pregnancy.[152] The men of the Tuskegee trials did not write their congress person and for many years women who were not represented by research did not complain (or if they did, they were not heard), but there *were* important issues to be addressed.

It may be that it is just a hard thing to pin down the problems that fall under normal pregnancy and *individual complaints* don't seem really that earth shattering to many. For example, doctors don't listen to women (but, one might think, that topic has been taken up on occasion by some bioethicists). Or, the field of obstetrics has become too technology intensive, (but that has been dealt with in other medical contexts, one could argue.) The fact that some

---

[152]Bridgette Jordan has attributed this lack of public response by women to a "birth ecology" which sets up certain norms that seem unreasonable to challenge. (Jordan 1997) James L. Nelson makes a similar point, noting that knowledge about what is best is asserted by doctors as true and women are prone to believing them. (J. Nelson 2001)

women experience depression after giving birth and a few women protest the stir-upped position that they are placed in to give birth, or feel their doctor is too distant, does not lead to evidence of substantial problems, one might contend. This sort of thinking, however, is too simplified and misses the larger picture. Feminists at least since the 1970s have used the image of a bird cage to describe oppression and that image may be used in contexts such as this one. [153] If one focuses on a single bar (problem), it is difficult to imagine what makes it an obstacle, but by noticing and understanding the number of bars present, one begins to see that it is not so easy to move freely.[154] Each of these topics contribute to a larger story that expresses women's experience as woman and as a pregnant woman in a patriarchal anti-body society. These experiences relate to one another enough that one might draw conclusions that there is something significant to understand about how society has constructed pregnancy–something that probably has to do with how we view women generally.

It is important for bioethicists to consider the experience of pregnancy for several reasons. Let me briefly state three of special importance and then go on to develop these ideas below. The first reason this topic is important for bioethics is that while some women will never be pregnant, the social and cultural norms and expectations surrounding pregnancy will affect the vast majority of them as women. This means that half of all people (if you only count women) and well more than half (if you include the men who have a regard for the those women) surely must have a personal interest in how the topic is considered or ignored. Thus, as a matter of justice (if nothing else), topics that affect such a large group deserve careful consideration. Second, pregnancy has

---

[153]This image is often attributed to Maya Angelou especially her work of that period I Know Why the Caged Bird Sings.

[154]Young has described the nature of oppression in her book Justice and the Politics of Difference. Minimally, it would seem that practices surrounding pregnancy and childbirth oppress women by marginalizing them and by making them largely powerless. (Young 1990a 53-57)

become increasingly medicalized and this has in many ways been harmful both physically and mentally for women. This medicalization, as I will argue shortly, biases our view of the experience making it more artificial and less female oriented. In removing pregnancy's focus from the woman and pregnancy itself, it leaves many women feeling fragmented. Third, bioethicists should note that pregnancy, or more accurately, the inadequate attention to important aspects of pregnancy, is a significant instance of how ignoring embodiment ignores the experiences of women. The lack of attention here not only causes problems for women in such situations but perpetuates thinking that will likely lead to further problems. Let me deal with these in more detail.

Being Female: Norms and Fertility

It is true, and perhaps obvious, based on reason and observation, that a number of women will never become pregnant during their lifetime. For example, this group in the West includes, but is not limited to, women who are themselves unable to get pregnant and choose not to use NRTs, do not have access to them, or find such technologies are ineffective in their case. Another group of women in monogamous relationships will have spouses or partners who are infertile and these women also do not choose, or have access to, IVF (in vitro fertilization). Similar to this group are lesbian couples who elect not to employ NRTs or go outside of their relationship to become pregnant. There are then women who choose consciously or subconsciously not to have heterosexual sex in spite of a heterosexual orientation–this may be for religious or other reasons. Certainly there are also women who are not infertile, who do participate in male/female intercourse, but by chance or by plan are able to avoid pregnancy with the use of birth control. So at least some women will not ever face a personal pregnancy itself. Even so, many of those in this group *still face many of the social constructions surrounding pregnancy* to one degree or another. They along with the group of women who will have a personal experience of this sort are all subject to the norms and expectations surrounding female fertility and pregnancy.

Many young girls are socialized from early on to be nurturers or mothers in particular[155]. The most obvious signs of this socialization are the very early appearance of baby dolls in most girls' lives. Even girls without dolls that look human may be taught by family, friends or outside care-givers to hold stuffed animals as though they were children and to pretend to feed, diaper etc. these stuffed toys. By the time girls reach menarche, they have usually had at least a decade of socialization that is likely to make them aware of their status as potential mothers. Some have been instructed more or less overtly that they *will* be mothers. This sort of socialization is carried out in most areas of the world–not just western countries.

Menarche is greeted by many cultures more publicly than in industrialized nations. For example, Western Apaches hold a day long ceremony to prepare a girl who has passed into this phase of her life for womanhood and motherhood–the ceremony stresses fertility and good fortune. The young girl is believed to take on the powers of one of the tribe's major deities "Changing Woman" and is able, during the ceremony and for four days afterward, to cure illness, bring rain or other good fortune. (Bonvillain 1995 181-82) Other cultures view the start of menstruation as a terrible and shameful occurrence and a variety of practices make this abundantly clear to the girl at menarche. In the Tiwi tribe, for example, a few women follow the menstruating girl into the wild where they build a hut to segregate her from everyone else. During this time she is taught numerous taboos (for example, while menstruating she cannot touch food or water directly or she will get

---

[155]See for example "Sex-typing behavior and sex-typing pressure in child/parent interaction" by Carol Jacklin et. al. in *Archives of Sexual Behavior*, 13 (5) 1984 p. 413 or "Peers and the maintenance of sex-typed behavior: The development of children's conceptions of cross-gender behavior in their peers," by D. Carter and L. McCloskey in *Social Cognition* 2(4) 1983-84, p. 294. The former study found, among other things, that fathers had a larger influence generally on sex typed behavior than mothers, though mothers were just as prone to encourage traditional gender behaviors in girls (such as playing with dolls rather than trucks) but not in boys. The latter study showed that discrimination against peers who violated gender norms increased with a child's age. This may suggest that social or familial pressure to conform to gender standards (such as nurturance in girls) continues, or becomes more entrenched, as a child ages.

sick, she cannot make a fire, look at bodies of water or talk in a normal tone of voice or else various evil consequences will follow for her or her husband. (Bonvillain 1995 183) A ritual that takes place after she has stopped bleeding illustrates, mostly through sexual symbolism, that she is ruled by men including her husband (girls are married young) and her brother-in-laws who may be potential mates if her husband dies. (Bonvillain 1995 184) At this ceremony, her father chooses who her son-in-law will be (i.e. who her future daughter will marry) and this son-in-law, the father, husband and brothers-in-law dance around the girl illustrating their rights over her. (Bonvillain 1995 184) Thus, even at this young age it is clear her job is to reproduce and to try not to cause bad luck to come upon herself or her family.

In western, first world cultures, menarche is generally an event to be hidden from the community, though as pointed out by Nancy Bonvillain, puberty is a fairly dramatic event for girls–more abrupt than for boys–the onset of menstruation is an "obvious somatic" change that the girl herself cannot help but be aware of. (Bonvillain 1995 181) The sometimes dramatic bodily changes that correspond to this time in a girl's life, perhaps along with changes in social expectations, tend to make this an especially difficult time for girls.[156] Often previously good natured, happy girls become depressed, self-conscious, and sometimes less effective in school and other previously enjoyed activities. While behavior is overdetermined, it is difficult to imagine that many girls do not in some way associate these negative occurrences with the beginning of their fertile life.

Girls and women from then on are continually reminded of their fertility–or potential

---

[156]This topic was discussed in greater detail in a key note paper by Carol Gilligan presented at the *Women and Power* conference at Middle Tennessee State University (February 1997). She described how formerly happy girls often reach a transition period in which they loose a great deal of their sense of self and independence. See also Reviving Ophelia by Mary Bray Pipher (Putnam, 1994).

fertility–by monthly periods. Those who are sexually active with men may be especially motivated to record the days of menses so that late periods can be caught early. For females who count days, or for those that take daily birth control pills, this monthly reminder becomes a daily recognition of their potential to become pregnant. While sexuality is potentially a *purely* pleasurable aspect of life for some men, that is less likely to be the case for many pre-menopausal, heterosexual, potentially fertile women who may be reasonably distracted by the fact that sex 'this time' could lead to a pregnancy–something they may hope for or something they may dread. This is further complicated, especially for those who do not want a pregnancy, by the ongoing social dictates and change in identity surrounding pregnancy.

Pregnant women are not quite the same as non-pregnant women. Because a pregnancy can only be hidden for a short time (at least for most) it is not possible to interact in public without exposing this personal detail to the surrounding community. Women who choose and are able to carry a pregnancy to term find attention focused on their pregnancy or fetus instead of focused primarily on them. Attention that is focused on them is often worry that they, as a pregnant female, will do something to harm the pregnancy by lifting too much weight or by participating in the wrong sorts of activities or habits. She finds herself treated as fragile and yet also public property. People who would not dream of touching the same woman when she is not pregnant may feel justified in touching her pregnant stomach or asking her personal details when in other circumstances she would perhaps be ignored or treated quite differently. Just as importantly, some women will find themselves being treated as mothers even before giving birth–that is, they are expected to have the best interests of the soon-to-be baby in mind, they are expected to do mother sorts of things to prepare the "nest", for example.

Some women experience this preference for the baby over the woman fairly overtly when their preferences are ignored for "the sake of the baby". Emily Martin considers one mother who

felt anger at being compelled to have a cesarian section: "This woman's anger came from feeling that her own experience of the birth counted for nothing next to the welfare of her baby. But the baby was never in distress and in fact emerged with an Apgar score of 9/10....so it is hard to give credence to the staff's concern for the baby's well being." (Martin 1987 65)

Women overall spend a significant time "being pregnant". Even if the average birth rate is just over two children per woman, many women are pregnant at any given time. Assume that a larger metropolitan area has about 77,000 live births a year[157] (this excludes, obviously, pregnancies that end in miscarriages or abortions). If the length of pregnancy is averaged to 39 weeks then that means that during one year, women in that single city would have spent the equivalent of more than three million weeks (21 million days) in "a state of pregnancy"–and this is for just one metro area. Granted the time spent in motherhood is significantly more, but the time women spend as a pregnant is not insignificant. Adding the weeks for those women who did not carry their pregnancy to term would probably raise that total by at least 230,000 weeks (1,600,000 days) for this population.[158] Since there generally more than four million births per year just in the U.S.[159] then certainly there are a lot of women and a lot of time invested in some way in this experience (especially when considering that many pregnancies do not result in birth thus adding about a third or more to that number of women who are pregnant in a given year.) So, not only do

---

[157]This is a general number estimated from different sources and is used for illustration purposes only. It would be an approximate count for a city perhaps the size of San Francisco in the late 1990s.

[158]This number is almost certainly underestimated. 25 to 30 % of the number of live births end in abortion (Koonin 1998) and miscarriages can vary depending on the region.

[159]The US Census Bureau reported in 2000 that there are 14.7 births per 1000 people and 281.4 million people in the US. This leads to 4,136,580 total births for that calender year.

images and socialization about pregnancy as well as the ongoing knowledge of one's fertility make a large impact on women, the actual time that women spend as pregnant makes considering the topic important in itself.

It would seem inappropriate to discuss pregnancy and awareness of fertility without at least briefly discussing societal and women's personal desires for pregnancy. It is likely, and certainly a belief of a variety of feminists, that at least some women feel compelled to be mothers because of social constructions and expectations that have little to do with the well being of individual women themselves. Some women may accept this role of mother happily, others more reluctantly, and some will reject it. This underlying mandate for motherhood has put additional strain on women who are unable to conceive "naturally". Some, mostly upper class women, will turn to NRTs to help them become mothers. Some are not successful for whatever reason (NRT or not) and this can cause great pain for these people. In fact, because the success rates of NRTs (IVF for example) is often not understood by those seeking such assistance, this disappointment is probably rather common.[160] Feminists would like to release the social pressure many women feel surrounding this topic and some would openly challenge some who use NRTs who they feel they need to be mothers. What feminists must keep in mind is that even women in the west are subject to context, and to expect that women's inability to conceive will jar them into a particular feminist understanding of the world (and eliminate their desire to become a parent) is often unrealistic. If women are connected, as I have asserted that all people are, then desires and decisions of this sort cannot be taken out of context anymore than any other. This need not mean that feminists with

---

[160]For example, in the case of in vitro, the success rate is around 15 percent but at least two studies (1987 and 1991) found that people generally overestimated the effectiveness listing anywhere from a rare judgment of 10% to 100%. The most common estimates for the 1987 study listed 70% success estimates followed closely by 30% and 50% as the second most common beliefs. (Johnston 1993 31-32)

concerns should not participate in dialogues questioning these social constructions but it should suggest that we need to realize the pain that is experienced by some women regarding inabilities to conceive in a world that constructs motherhood and womanhood so closely together.

While there are women who desperately want to become mothers there are also women who do not have that desire. These women may be ostracized as selfish or even immature (suggesting that mature women accept their feminine role in life, perhaps). Both sorts of women and all of those in between are impacted by social understandings of pregnancy. The same pressures are likely to be present to some degree for a wide variety of women, though the immediate community and context will largely impact the weight of those more generalized pressures. Frustrations from women all along this spectrum are likely to develop precisely because we construct womanhood and motherhood using such similar terms. If women were seen as fully embodied individuals then there might not be a single construct that all women are expected to fit. Until we acknowledge difference and context as central aspects of embodied being, we cannot fully explain why such constructions are inappropriate and harmful.

Baby Makers and Medical Mechanics

Pregnancy has become increasingly medicalized as higher tech interventions or tests become more common. Emily Martin attributes some of the beginnings of this phenomena (at least in regard to birth) to western culture (and medicine's) understanding of the body as machine. (Martin 1987 54) This understanding is obviously in line with the social understandings of people as dualized beings as dealt with in previous chapters. Martin points out: "In the development of obstetrics, the metaphor of the uterus as a machine combines with the use of actual mechanical devices (such as forceps), which played a part in the replacement of female midwives' hands by male hands using tools." (Martin 1987 54) This metaphor of "the body as machine and the doctor as mechanic" may have been, Martin believes, the dominant metaphor for early scientific medicine,

though she is interested in the juxtaposed images of the "uterus as a machine that produces the baby" verses the "woman as laborer who produces the baby". (Martin 1987 56-57) These two images are worth considering.

The uterus as machine is perhaps a slightly more active image than Aristotle described in calling a woman a flowerpot for a man's seed, but it still leaves the woman, as such, largely out of the picture. She becomes instead the container for the uterus which produces the baby. Such an image does not fully eliminate what might be called a woman's culpability in the process of course–she still has to keep from interfering with the healthy production of the uterus's child, for instance. Her metaphorical distance from the result, however, is likely to make her less liable for resulting "defects" than the understanding of the "woman as laborer" is probably vulnerable to. With the latter imagery, the mother as laborer is active in the process, however it is unlikely that the baby can be envisioned as other than a commodity within such a metaphor. Even if the labor this woman does is a form of "art" rather than a craft or general skill, the laborer/creator woman is responsible for the outcome, it would seem, unless blame for unhealthy outcomes can be pointed toward the father (for bad genes, i.e. defective "raw materials", perhaps) or an outsider who created some damage (perhaps by striking the woman or giving her some drug that she could not have known would be harmful.) Neither of these rather mechanical images seems to adequately capture the complexity of the woman's experience and certainly says little if anything about embodiment–particularly women's embodiment.

A number of contemporary doctors will argue that obstetricians today seldom consider normal pregnancy a disease. While verbally denying this on one hand, many participate in actions that suggest they do not really hold the view they claim. Iris Young, drawing on Rothman, explains:

> ...even medical writers who explicitly deny that pregnancy is a disease view

> normal changes associated with pregnancy, such as lowered hemoglobin, water retention, and weight gain, as "symptoms" requiring "treatment" as part of the normal process of prenatal care. Though 75 to 88 percent of pregnant women experience some nausea in the early months, some obstetrical textbooks refer to this physiological process as a neurosis that "may indicate resentment, ambivalence and inadequacy in women ill-prepared for motherhood." (Young 1990b 168-69)

Although she is seen as perhaps neurotic and as someone needing treatment for her symptoms, the pregnant woman as patient is seen as largely inactive in the process of pregnancy. In another depicttion inspired by Rothman, Hilde Lindemann Nelson reflects on this passive image: "The image of the woman as the fetus's "maternal background", passive, floating back out of the way as physicians labor to bring the fetus to term, flattens out the woman's part in the proceedings and renders her invisible." (H. Nelson 1994 262) Rather than being a stage set featuring the fetus as actor, the mother is actually active in the process of pregnancy. Nelson observes that the woman starts building a relationship (by drawing close or perhaps distancing the fetus) very early in the pregnancy and begins the "purposeful, creative activity of mothering" long before the actual birth. She writes: "pregnancy is not just something that attaches to women; it is not like a coat or a haircut. On the contrary, once she becomes aware of the pregnancy, a woman often takes it to be a centrally important fact about herself." (H. Nelson 1994 263-264)

Pregnancy, perhaps because it is perceived as largely passive for the woman (who thus needs guidance or treatment), is medicalized just as birth is, though the lumping together of the two makes it difficult to note this point. This conceptual blurring of pregnancy into the category of birth creates a situation which makes it more difficult to see what concerns exist independent (though often not isolated) from birth. This norm suggests that pregnancy is insignificant compared to the actual event which is either abortion (for those who do not continue their pregnancy); miscarriage (which may bring up issues of what the woman or society did wrong to cause the miscarriage) or birth. Generally then, we are most interested in the process when men

can participate too–during conception and then during birth (or any crises that might arise needing intervention). Medicine and bioethics seem to prefer the visually observable action to the pre or post periods. To be sure there are a lot of questions that arise during these "externally" active events, but they are not the only issues. It may appear that nothing significant is happening during a normal pregnancy (we even term this "an uneventful pregnancy") but surely pregnancy itself is anything but uneventful. This impression may be from of a tendency to distance women's experience–especially when it is bodily and internal to her (thus external but unobservable to the typical subject, who is male.)

Strangely, the so-called uneventful pregnancy has become rather more eventful than it might have been prior to the development of various medical technologies. Some of this technology has been used during the months of pregnancy before birth. In fact, Carole Browner and Nancy Press maintain that much of prenatal care is a process of "medical socialization".

> ...providers attempt to teach pregnant women their own interpretations of the signs and symptoms the women will experience as the pregnancy proceeds and the significance that should be attached to them.(Browner 1997 116)

This socialization is important to creating and maintaining the mythology surrounding pregnancy. Emily Martin theorizes that even the gynological exam itself (something women must "participate in" from adolescence on) separates a woman from her body. "It has often been pointed out that the posture required for this exam–flat on one's back, one's feet and legs in stirrups, a sheet over one's legs, the doctor at the end of the table–effectively separates the woman from the body parts the doctor is examining." (Martin 1987 72)

Some evidence that technology has some purpose or meaning other than improving outcomes is cited by Ellen Lazerus who notes that based on finding of Ewigman et. al. (1993) recent research shows that standard ultrasound screening does *not* improve perinatal outcome at least among low-risk women. (Lazerus 1997 135) Yet, most would agree that this procedure is

standard practice for prenatal care. The incredible rise in cesarean section births may be another example. Higher rates of this procedure are due to a number of factors including beliefs in technology as the cure-all and the tendency (especially in obstetrics) to practice defensive medicine. (Lazerus 1997 136) Having said that, it is interesting that studies have shown a significant relationship between c-sections and socioeconomic status. The argument is that cesareans are needed to save babies who are otherwise at risk. Even though many more high risk births occur at urban hospitals that are associated with medical schools, the higher number of c-sections occur in the suburban hospitals where most patients are insured. (Lazerus 1997 136-37)

According to Emily Martin, pregnant women often experience their body (and bodily processes) as mechanical: For example her research showed comments such as "There should be some switch you can psychically turn..." to be common in women's discussions of their bodies. (Martin 1987 78) Based on interviews with pregnant women, Martin says that the central image used is that the (my) self is separate from the (my) body. (Martin 1987 77) There is little wonder that this imagery has been taken on by women who have been steeped in the dualisms present throughout the social world and now are taught to further dualize their experience by separating themselves from their fetus and to a large degree even from their body. There is no vocabulary to discuss a body as self, especially during pregnancy when the fetus seems both part of the self and separate and boundaries are often changing. "In pregnancy, I literally do not have a firm sense of where my body ends and the world begins." (Young 1990b 163)

The experience of pregnancy alters one's sense of embodiment and thus of self. As Rosalyn Diaprose puts it, "Illness or any radical change in the body may represent not only a shift in one's experience of one's body (as if the body were separate from the self) but a shift in oneself per se." (Diaprose 1994 104) While this quote is from a discussion that does not deal with the topic of pregnancy generally (though it does discuss surrogacy) it stands to reason that significant

changes in the body are going to have an impact. More complexly, she puts it:

> If the social identity of the self cannot be distinguished from the lived body by which it is actualised and if one's self-image cannot be distinguished from the living body as a whole, then it should not be surprising if changes in the body effect changes in the structure and fabric of the self. (Diaprose 1994 117)

The problem arises in describing the sort of change that pregnancy might create. This is partially because it is highly unlikely that there is an identical set of changes for women generally, but also because there is so little discussion about pregnancy as an experience overall. Similarities are thus largely unknown. Other means of discussing the body, such as those used by traditional phenomenologists, are often inadequate descriptors. Diaprose, for example, drawing on contemporary phenomenology, distinguishes between the "habitual, lived body" and the "broken, alienated body."(Diaprose 1994 124) A pregnant woman is not likely to neatly fall into either of these categories. The pregnant body is "a lived body" but continual change suggests that it is not habitually lived for most women[161], but neither is it a broken body–though medicine may try to convey this message. Medicine, specializing in the latter, pulls women into the category of broken body by referring to her as patient and "offering her" treatments for her "condition."[162]

Alienation during pregnancy may occur for a variety of reasons (Young 1990b 168) but as Young has pointed out, change itself, as awareness of one's body "for its own sake," does not necessarily lead to a rupture or objectification. Traditional phenomenolgists have often made this mistake. "These thinkers tend to assume that awareness of my body in its weight, massiveness, and balance is always an alienated objectification of my body, in which I am not my body and my

---

[161]For example, Iris Young notes that "automatic body habits become dislodged". It breaks the continuity between the habitual body as it existed and one's body as it is now. (Young 1990b 163)

[162]Young notes that women are likely to objectify themselves through medical metaphors as well where a woman takes her "condition" as a cue that she "should take care of herself." (Young 1990b 160)

body imprisons me." (Young 1990b 164) This bodily awareness is thought to interfere with the participation and completion of "one's projects." (Young 1990b 164) Of course it is occasionally the case that one will experience her body "only as a resistance" that interferes with particular goals, but this is not tied to all awareness of the body's materiality. It is however intriguing that theorists in our dualized anti-body society would create a "body centered theory" where ignoring the body (or at least not being aware of it) is still the ideal state of bodiedness. It seems obvious that such a conceptualization is most likely to lead to the conclusion that the pregnant woman is a patient since she is aware of her body, or at best, the pregnant woman is passive (since she is theoretically unable to advance her goals.) Young counters:

> In attending to my pregnant body in such circumstances, I do not feel myself alienated from it, as in illness. I merely notice its borders and rumblings with interest, sometimes with pleasure, and this aesthetic interest does not divert me from my business. (Young 1990b 165)

In fact, this sort of materiality may even lead to a sense of power or validity for some women, according to Young.

Instead of her body as the source of alienation, the medical practices surrounding pregnancy are much more likely to lead a woman to such feelings of objectification (as might social constructions that define normal bodies as very different from pregnant bodies.) Young argues that pregnancy and birth may lead to alienation because a woman's condition is defined (overtly or not) as a disorder. (Young 1990b 168) The pregnant women's control over the experience and even over her body is lessened and her knowledge is questioned or ignored.

The History of Medical Childbirth

The process of medicalizing what was once an area left to mid-wives and community women has been discussed throughly in works like For Her Own Good by Ehrenreich and English (Anchor 1978) or The American Way of Birth edited by Pamela Eakins (Temple University Press

1986). Diana Scully maintains that the take over of the birth process by the mainstream medical profession was fought against in its early days by both midwives, who perceived it as a threat to their clients and to midwifery as a profession, but also discouraged by many physicians of the middle nineteenth century. (Scully 1986 50) Part of the concern from doctors opposed to the practice by other physicians was that it put a strain on a woman's sense of modesty and the husband and wife's intimate relationship. But modesty was far from the only reason. One doctor for example indicated that men must not participate in this field even though there might be financial reasons to believe otherwise. He argued the practice had, and would continue to "increase the suffering and dangers of childbearing women, and [continue to bring] multiplied injuries and fatalities upon mothers and children..." (Scully 1986 50)

According to Scully, the largest shift in the practice came with the work by the male physician J. Marion Sims. Sims was an early and quite celebrated surgeon who, though despising any need to deal with the female pelvic organs originally, took an interest in vesicovaginal fistulas. A slave woman had developed one as a result of long labor and the damage from instruments he used to deliver her baby. Because slaves had no rights, he found it easy to obtain permission to use slave women in this condition for research purposes. (Scully 1986 54) He was able to operate on a number slaves repeatedly, whose owners were often pleased at the thought of getting their unproductive slave back in adequate health to work or bear more children (i.e. more slaves). The women, a few of whom were operated on thirty or more times, were compliant because refusing a white man was pointless and Sims had fed them a continuous supply of opium for pain so that they eventually became addicted.(Scully 1986 54-55) Though Sims was described during this period as a "surgical zealot" he was later called the "evangelist of healing women" and "architect of the vagina" while upon his death a noted colleague claimed him as one of the three greatest men in history "who had done the most for their fellow men." (Scully 1986 53-54) The fact that Sims was

first a surgeon and only incidentally a gynecologist is significant in understanding the further development of the field.

During his tenure at the New York Women's Hospital, Sims was credited with introducing the idea of aggressive surgery. (Scully 1986 55) Following the new acceptance of surgical intervention, "by the turn of the twentieth century, medical journals had begun to carry numerous articles charging that midwives were 'hopelessly dirty, ignorant and incompetent'" even though the new obstetrics profession had at least as many women and children die in childbirth as midwives did.[163] (Scully 1986 56-57) Ironically, this led these physicians to argue that the best way to reduce mortality was to expand the (obstetric) profession and eliminate women midwives (though the impetus for this was arguably economic rather than care based). (Scully 1986 57)

During the next 100 years the ideas of the professionals prevailed for the most part and obstetrics grew while midwifery as a practice dwindled to almost nothing. The rise of feminism in the seventies seems to have led to questioning this trend[164] though not adequately to reverse the medicalizing process. This latter point is evidenced in the continuing medicalization of both pregnancy and the birth experience (often called the more mechanical term "the birth process".) While a growing number of women are seeking alternatives to traditional birth in the sterile hospital operating room, many still choose, or find this option chosen for them (perhaps because of insurance requirements or a lack of private insurance.) Some hospitals have tried to make the atmosphere more personal by adding wallpaper to the rooms and temporarily hiding the high tech

---

[163]Current numbers are similar but fail to include that while mortality is comparable, c-section rates, epidurals, babies that are exposed to drugs, etc. are all more common with medical obstetrical births. (Wolf 2001 197) This raises costs in the short term, but also may create future problems (not recorded in mortality/morbidity data) that mid-wives' births do not.

[164]Evidence of this concern is in various books and papers of the time including works focused on women's health like Our Bodies, Our Selves by the Boston Women's Health Collective.

equipment. In some cases, these changes are barely cosmetic at best; the woman still waits until the doctor instructs her and spends most of her time with nursing staff until the crucial moment when the doctor swoops in to "deliver the baby" amid fetal monitors and anonymous uniformed/masked nurses and med students.

Ellen Lazarus considers the view that pregnancy is always, at least potentially a pathology. She notes that a 1990 article argued that:

> despite the existence of multiple meanings of childbirth in a pluralistic society such as the United States, the monopoly of professional authority over birthing resources defines and also gives official meaning to both the biological dimension and the social context of childbirth....what a woman's body tells her has little status in the birth setting. (Lazarus 134)

Beyond the experiences immediately surrounding birth, contemporary medicalization is also illustrated in pregnancy itself and women's reproductive health. Women's fertility is largely in the hands of health professionals who are capable of making those who are infertile (and financially well-off) fertile, those who are fertile (and poor) infertile, with a variety of measures in between. As mentioned previously by Browner and Press, prenatal care can itself be considered a form of medical socialization. More specific information will be entertained on the topic of pregnancy and medicalization in the next section where the topic of "women's ways of knowing" is raised and it becomes clear that these ways of knowing are often disvalued or ignored in favor of the medical interpretations of pregnancy that ignore a woman's embodiment.

Embodiment and the Image of Pregnant Women

The way that pregnancy is dealt with and the inadequate attention to some important issues in the area, with undue intervention into other areas, is a significant instance of how ignoring embodiment ignores the experiences of women. Women are objectified by an establishment that places them in the role of patient and then acts in ways that make that label appear accurate. Medical interventions involving metal, synthetic or electronic tools are favored over the woman's

experience of her body's signals. Not only is the woman led to believe that her body is incapable of safely *maintaining* a pregnancy without intervention and advice from professionals but that she, as her body, is probably not capable of safely *delivering* a healthy child either. This message is conveyed in the high use of fetal monitors to replace a woman's internal experience of progress, of episeotomies (since her perineum is generally not really capable of such stretching,[165] a lack of which might damage both her and the fetus), pitocin (because the body does not know when to progress into more active labor) and most drastically, cesarian sections where the woman's body is fully incapable of these tasks without harming the baby, in the doctor's estimation.

So clearly the topics, which might just as easily be termed "conflicts," which are given attention are those that reinforce negative images of women and help to maintain discriminatory social structures. The issues that would probably be central to women themselves are often overlooked in favor of this other sort of topic that tends to favor doctors, fetuses or some abstract social ideology. It is unfortunate that women are dichotomized with either their fetus or doctors. Doctors, like midwives before them, should be a source of support for pregnant women but should not attempt to take over the process themselves (which actually has very little to do with them.) A woman's fetus is an actual physical part of her and to imagine first, that the two are separate (in the way that a woman and a baby that lives outside of her body are physically separate) and second, that the fetus is always potentially being hurt and thus must be protected from the mother, are both harmful and misleading assumptions. Yet both of these are common beliefs.

---

[165]Naomi Wolf cites several studies in this area–one on routine use of episeotomies (the "most common surgical procedure in U.S. birth care after cutting and tying the umbilical cord") vs. restricted use of the practice. This study found that women in the "routine use" group suffered more posterior perineal trauma and more complications than those in the restricted use group. Another 1994 study found that "women with intact perineums had less perineal pain immediately postpartum, required less pain medication, had greater pelvic-floor muscle strength three months postpartum, resumed sexual relations earlier, [and] had less pain during sexual intercourse." (Wolf 2001 172)

As mentioned early in this chapter, maternal/fetal conflicts are one of the types of subjects that are most popular among bioethicists over other sorts of issues surrounding pregnancy. Both feminist and non-feminists argue for rights of either the mother or the fetus. For example, some claim a woman is by default the prime rights bearer, others the fetus, but both views seem not to adequately acknowledge that there are not two *separate* individuals here in the most common sense. Obviously this is not like a case of viable conjoined twins who are physically connected. If this were a similar case, it would make the struggle to understand in terms other than rights talk easier because we surely would not say that one twin had an absolute right over the other a priori, nor could one be blamed for the predicament of the other. Analogy is not particularly useful because pregnancy is unlike other experiences. In fact if an analogy were available, pregnancy is not liable to yield to a single image or understanding–it is different in different situations.

James Lindemann Nelson points out that this approach of seeing the mother and fetus as having clashing rights leads to chronic ethical dilemmas for pregnancy generally:

> What then ensues is not the kind of clash among rights bearers that occurs relatively infrequently, and in which it makes sense to talk about adjudicating the conflict. Rather, the gestational relationship becomes the site of chronic ethical dilemma: the liberty and privacy surrounding the daily exercise of a pregnant woman's agency would be continually threatened; the security of fetal health and even life would be imperiled; each continually would offend against the other's rights. Eating, drinking, recreation, working, sexuality, physical integrity, safety from harm inflicted by others–all would continually be matters of a clash of rights. (J. Nelson 1992 322)

Approaching pregnancy issues in this way thus *creates* rather more conflicts than it resolves. This sort of thinking, Nelson points out, is an ethical approach developed to deal with economic and political concerns and is clumsy if not fully deleterious in cases such as this. (J. Nelson 1992 327) The relationship between a woman and her fetus is more complex in a variety of ways–it has been simplified by using standard conflict models perhaps because we are so hesitant to use the insights

of embodied theory over the more traditional, externally based models.[166]

Pregnancy is clearly not wholly socially constructed, for certainly, at least at some point in the process, there is a second physical being (fetus) that is more than a construct, though social constructions do play a serious part. Part of the social construction or mythology construes the pregnant woman as the "non-innocent" (she's had sex, for heaven's sake) potentially tyrannical or at least dominating force that is out for her own (read 'selfish') goals. She drives the mother machine/womb that is her body steering it as she pleases. If she agrees to continue the pregnancy, does exactly as the doctor orders, reads up on the latest pregnancy books etc. and has the money and time to do this without compromise, then she may be released from this negative image into one of the shining, virgin-Mary like mother–an equally confining image.

Meanwhile, at least some in society have constructed the fetus as an already developed entity (its soul already present just waiting for the body to make it mobile) that is actively trying to survive and be born in spite of a perhaps selfish or meddlesome mother. It did not ask to be born, that is the mother's doing (and the father's, at least some will admit) but it now has a right to remain in utero based on the mother's actions (or lack of adequate birth control). Seldom if ever is the fetus dualized as the mother image is–the fetus is almost always innocent and deserving.

This may sound over stated and perhaps in some cases it is. However, there is evidence that mothers still are seen as hazardous to their children generally. A National multi-discipline

---

[166]New reproductive technologies have perhaps captured attention in part because they deal with "rights"–a concept more easily grasped in current political/economic terms. If "anyone can have a baby" and babies are things to have, then those who can't have them must have some claim in correcting that situation. (So long as they can pay for it, of course). Surrogacy is also generally dealt with in terms of rights to own a child. Abortion perhaps only gained the foot hold it has because it conceptualized the body as an object of ownership. Thus, it is interesting that NRTs, abortion, surrogacy and maternal / fetal conflicts (the topics most often covered by bioethicists as discussed at the beginning of this chapter) all are dealt with in terms of rights (generally for middle or upper class whites). Rights, more often than not, are concepts of the self as mind though, and can continue quite often to ignore the body.

Database on Child Abuse illustrates these differing views of mothers as compared to fathers. The database operates on keywords or predefined topics. While some keyword topics are identical between mother and father (such as "father child relationships" or "mother child relationships"), their content is not always the same. For example while this *child abuse* database shows the keywords of "mothers" and "fathers" are mirrored, the former contains 2907 articles while the latter (fathers) contains 831. It is not that the number of articles in the "mother topics" always outweigh fathers; for example "fatherless families" shows 24 articles while "motherless families" only lists 6 (25%). At the same time, the topic of "father's rights" (40 articles) is not duplicated for mothers which instead lists "mothering" (206) and "mothers of abuse victims" (77 articles). No other topics under mother or father exist. The latter topic of *mothers of abuse victims* contains a high number of discussions on the mother's involvement or responsibility when the abuser is a man (father or otherwise).[167] We continue to see mothers as particularly responsible for the welfare of their child and especially prone to not living up to the task.

Some evidence that the woman's body is viewed as destructive to the infant is the notion held by some doctors that c-sections produce better babies since even normal labor, it is thought, is traumatic for the baby. This is evident in the fact that depending on the area, between one-quarter to one-half of deliveries in a hospital are via cesarian. (Wolf 2001 174) (Davis-Floyd 1997 4) Early imagery of gynecologists for the vaginal birth included the "womb as death missile" or "the baby's head being caught in a door jamb." (Martin 1987 64) Americans seem especially nervous about the woman's participation without intervention. One British physician working in America noted a difference between his new colleagues' attitudes toward birth: "Not everything is a life and

---

[167]Data accurate as of June 10, 2002 on the database "National Clearinghouse on Child Abuse and Neglect" put out by the *Administration for Children and Families* from the U.S. Department of Health and Human Services. This database contains over 32,000 articles according to the site information. Available at: http://www.calib.com/nccanch/database/.

death situation as American doctors would have us believe. Here you can have a woman in normal labor and everyone treats her as if this is a disaster." (Summey 1986 185) Martin points out some efforts of contemporary obstetricians to ease the trauma of birth with warm baths and dim lights for the new baby. "A role is constructed for the doctor to ally with the baby against the potential destruction wreaked on it by the mother's body." (Martin 1987 64) In light of this image, cesarian seems the only humane option even though many women find it disappointing and frustrating to miss the birth of their child. This is in addition, of course, to the increased risk to the mother which, according to Pamela Summey, is about a four times greater risk of death and ten times greater risk of infection than would accompany vaginal delivery. (Summey 1986 182)

Such a dichotomized focus helps to maintain discriminatory social structures as well. Doctors and judges who order c-sections may feel justified in objectifying the pregnant woman so that they can reach an "impartial judgement" but this removes a woman from her context, it disembodies her as though she were the "man behind the curtain" running the distant and powerful baby holding body. But a pregnant woman, like anyone else, is not out of context and not separable from her body. One cannot interfere with choices concerning her body as though it were comparable to requiring her to have headlights on her car replaced for her accompanying children's safety. Neither should one assume that she is a constant threat to the fetal body growing inside of her. Were it not growing inside of her, it would likely not be at all. There surely may be some responsibilities for her if she wants to provide the best circumstances for her fetus, and she is likely, within her own circumstances, to do what she believes is reasonable. To this end, available information is more helpful than authority figures who cast judgement on her decisions out of context. A pregnant woman who hopes to carry the pregnancy to term has a difficult job of balancing what she needs, what her loved ones need and creating the best circumstances for the growing fetus. By imagining that she can be plucked from her context and decisions can be made

in large part externally, is to maintain social ideologies that imagine her as unaware, uninterested, or lacking in all relevant knowledge. Not all knowledge relevant to a particular pregnancy, however, is gleaned from books or medical school.

Proof that we view people generally and especially those we see as more bodily (such as pregnant women) in disembodied terms is well illustrated by our traditional discussions about mothers and fetuses. We talk as though they are separate and as though the more powerful (and less innocent) of the two is not to be trusted with the well being of the seemingly weaker. We seem to assume the fetus is the woman's child, however we do not commonly use this sort of conflict imagery in other familial relationships. For example, it may not be in a grade school child's best interest to send them high fat, low nutrition prepackaged lunches, allow them to watch violent cartoons, or to expose them to second-hand smoke from their father and yet we don't immediately jump to the conclusion that the parental behavior must be interfered with (though there may be some bias on these counts against poorer or minority families). It may be that the parent has little time to pack lunches because of a busy work schedule or doesn't know what would be nutritious anyway. It may be that the parent needs the time that the children entertain themselves with cartoons to recover from a tough day, or it is uncomfortable asking other adults, especially "a man in his own house" not to smoke. There are a variety of reasons for such behaviors, some more legitimate than others, and even though we know that each of these has harmful effects, there is usually not the social outcry that these parents are interfering with the rights of their children.

The connection of the mother and fetus is unlike any other connection that we know of. That is not to say that it is a higher or a more valuable connection, but it is clearly different. Pregnancy challenges the social structures by challenging hierarchy and disembodied notions of the self. As a society we don't know how to deal with this sort of relationship and since much of our traditional theory has been built around male experience, and written by men, pregnancy as one of

the most common experiences in history has managed to escape serious and sustained reflection. Historically women and children had no rights and so this oversight was not as obvious–harming a woman, a fetus or a child was a matter of harming a man's property[168] and so standard economic models worked just fine, it was thought. When the hierarchy placing males in charge of women and children is challenged or deemed archaic, it is difficult for such traditional theory to know how to respond. The default is to fall back onto rights talk that pits one against the other but the question of status is continually challenged.

Embodied Understandings in Context

Pregnancy is also different in different situations and thus there is not *a* pregnancy experience. Major differences include the woman's planning of the pregnancy (or not)[169], her economic, emotional, and physical ability to continue a pregnancy, her desire to be or not be a mother (or a mother "again") and the father's involvement or distance from the situation. Beyond these important differences are also differences in family expectations, cultural or religious connotations, age, physical or mental handicaps and abilities, and community support which may play just as large of a role for some women. This is part of the woman's embodiment, part that is lost when the focus is for example on meeting developmental norms. A woman's situatedness goes deeper in this sort of case where embodiment takes on meaning that differs from one person to another.

Smaller variations, perhaps not outwardly obvious to even friends, make the experience *feel* different. The individual woman's bodily experience of pregnancy is not definable in terms of

---

[168] See for example Trammel vs. The United States (1980) which discusses this historical understanding of women as chattel (and thus denied any individual legal identity) noting that while this was the case, it no longer is.

[169]Koonin's article indicates that approximately 30% of live births are unplanned pregnancies. (Koonin 1998 34-39)

a pregnancy book chart. Some women will gain understandings from their body that are likely to be received with scepticism by doctors and parts of society in general. This sort of understanding has been referred to as embodied knowledge. Browner and Press define embodied knowledge in the case of pregnancy as "subjective knowledge derived from a woman's perceptions of her body and its natural processes as these change throughout a pregnancy." (Browner 1997 113) Brigitte Jordan discusses some of this sort of embodied knowledge. She notices that women may insist that they know certain things about their bodies but their doctors often refuse to believe them or refuse to acknowledge their claims.

Jordan investigated women's early self diagnosis of pregnancy in the late 1970s. Some women insisted that they knew they were pregnant before the pregnancy test was conclusive. She studied women who later had abortions (and thus clearly were pregnant) and noted that these women "were always right" about their self diagnosis. The doctors at the clinic said that the women didn't really know they were pregnant and to rely on their testimony would lead to "countless needless abortions". (Jordan 1997 59) This disparity where in one case it seemed that women knew but in another context that they did not led Jordan to conclude that: "the social interaction was such that in one case such knowledge could be produced and displayed and in the other it was not allowed and didn't emerge." (Jordan 1997 59) Similar conclusions were drawn from Jordan's late 1980s investigation of court ordered c-sections.

> Here too it turned out that some women were adamant that they didn't need a section. Some of these women had sections against their will, others had babies at home or in hiding. But what struck me is that among all the cases in which a section occurred and which an outcome assessment could be made, there was not a single one in which the section, in retrospect, appeared necessary. (Jordan 1997 59)

Often those women who were forced to have the sections (i.e. didn't escape them) were those without strong social networks or those who were poor or illiterate. (Jordan 1997 59)

Does this ability to know these things mean that women have some mystical connection to their bodies or that they are more bodily than men? Not necessarily. It does seem that women are less able to escape awareness of being embodied. As discussed, cycles remind them for most of their life that they are bodies. The media reminds them regularly of this fact with discussions about how they are failing by not maintaining ideal bodies (as discussed in chapter three.) Women deal with bodies–their own, their children's and often the bodies of those close to them via family or marriage. As discussed in earlier chapters, women are often those that fill the jobs that care for bodies at all stages of life. Women cannot easily escape their bodies and perhaps for this reason find it more difficult to ignore their own embodied nature. Those who experience the world more abstractly (historically such people have more often been men) may more easily maintain functional dichotomies even if they outwardly deny strict mind/body dualism.

Bodily Knowledge; Embodied Meaning

Embodied knowledge, as I prefer to define it, goes beyond the traditional understanding of "subjective knowledge". At this point in time, such terminology is too loaded with connotations making it seem relativistic and thus a very weak sense of knowledge. While objective knowledge is problematic in many cases, there is no need to merely reverse the trend to accept traditional understandings of subjective knowledge which will steer the discussion into fears of relativism. Embodied knowledge is not the sort of thing where you can have your views and I can have mine and everyone is always right, nor is it when you have your view and I have mine and I am right because I have more power. Instead, knowledge which can accurately be called embodied knowledge, in my view, is in fact based on deep connections to one's own being as bodied and as a situated individual as well as understanding that others are in context as well. This sort of knowledge thus involves learning to understand and interpret information that develops within an individual or within a community–a process that will often though not always involve careful

reflection.

Of course, numerous things might interfere with interpretation of any sort of data, bodily or otherwise, leading potentially to error. Bits of information that we once (or currently) categorize(d) as knowledge we later find (or may find) involved some error. Thus as new information arises what we "know" evolves to match that information. So while Molly feels that she knows that she has begun labor, her interpretation will be revised when she realizes it is pre-term labor (in one sense she was right but in another, wrong), just as when the medical establishment knew that AIDS develops when the T-cells reach a certain level, they have revised that interpretation once data on women revealed that the count is lower for women's transition to AIDS. In retrospect we see that these pieces of knowledge were not accurately termed knowledge in a broad sense–both had only partial information leading to their conclusions. The take home message is that beliefs gained through the former perhaps bodily means should not be automatically dismissed as more likely to be erroneous than what we might term scientific belief (though in science, we almost always call it "knowledge") and in certain circumstances the bodily is probably more reliable than this externally collected (outside of context) data. Thus our bias in believing science over body might reasonably be a constructed preference itself based on incomplete data.

_____Jordan's investigation into pregnancy led to interesting insights regarding embodiment and knowledge. Regarding knowledge systems generally she observes:

> In many situations, equally legitimate parallel knowledge systems exist and people move easily between them, using them sequentially or in parallel fashion for particular purposes. But frequently, one kind of knowledge gains ascendance and legitimacy. A consequence of the legitimization of one kind of knowing as authoritative is the devaluation, often the dismissal, of all other kinds of knowing. (Jordan 1997 56)

In addition to this being the case with knowledge pregnant women had concerning their own bodies,

she also found this to be true for midwives. She tells of a case of village midwives who were being trained to do the work they already did by local hospital personal in a hospital setting. In the hospital they appeared "stupid, illiterate, and inarticulate, [but] showed a completely different face when engaged in doing their own work in their own communities, where their skills were acknowledged and accepted." (Jordan 1997 60)

This tension between the mainstream medical community's understanding of knowledge and that of individual women is illustrated clearly by a video study (i.e. births that were taped). This produced certain interesting dynamics concerning a pregnant woman's knowledge vs. that of the "health care team". In one typical case a woman in active labor is left with a nurse who asks the woman to suppress her urge to push until the doctor can come in and "pronounce her ready." The woman repeatedly expresses feeling the need to push but is constrained by the nurse who convinces her not to do so. The doctor is paged several times over a period of time as the woman's distress continues to grow. A woman medical student eventually comes in and she and the nurse decide the woman should be checked–which the student does without asking the woman's permission. (The student would have no authority to "authorize" pushing even if the exam had been conclusive.) Finally the doctor arrives with a male medical student. The physician decides that it is time for the woman to push. The staff place the woman's feet in stirrups, swab her with antiseptic, and place the husband at her head. The female medical student 'delivers' the baby while the physician waits ready to suction the nose and mouth. Upon delivery the medical student announces that the child is a boy and immediately hands him to staff who dry, suction, and test him outside of the mother's view. Several minutes later, he is finally handed to the mother. (Jordan 1997 64, 67-68) Here the knowledge about when and how to deliver the baby came only from the physician and the team that supported that position as knowledge. That the woman's "belief" was not knowledge was the message that was relayed. This point is also made by James Lindemann

Nelson in a 2001 article. Inspired by Elizabeth Bogdan-Lovis' research, he notes that women who had carefully planned a natural delivery were thwarted in their goals by information presented by physicians as facts. For example, doctor's would assert that labor had gone on too long (i.e. past the *average* time for all women) or that IVs had to be maintained in place (limiting movement and options) in case an emergency arose. (J. Nelson 2001 111) The doctor's knowledge, Nelson holds, was taken as authoritative while the woman's understandings were not recognized in the same light. Everyone involved more or less accepted the doctor as the ultimate, and only real authority. (J. Nelson 2001 111-12)

To a greater or lesser extent some women have accepted that authoritative knowledge is necessary. Browner and Press note that one key reason that women report for seeking prenatal care is to obtain interpretations of their bodily experience. (Browner 1997 117) Thus we do generally believe that doctors have knowledge or expertise to contribute or else there would be little justification for seeking them out. However not all women accept medical advice or interpretations universally. One reason for this was the common experience of discovering that the professionals' information was just wrong (saying X would happen, but it didn't). (Browner 1997 117) Still, defining pregnancy as a disorder as is often done (Young 1990b 168) does tend to put the woman into the position of patient. She is labeled patient and therefore is assumed to have the diminished capacity often thought to be part of that experience.[170] In such a situation, she would, it might appear, need some authority to tell her what is in her best interest (though often it is not the woman's best interest that is of greatest concern.)

Objects, Actors, and Voices

---

[170]Nelson has theorized that the term "patient" may be used as an epistemic firewall–"a device that hides contrivances under the guise of inevitabilities". For this reason he maintains that healthy pregnant women should reject the label of patient generally. (Nelson 2001 118)

Iris Young looks at the topic of pregnant embodiment and states "the pregnant subject...is decentered, split, or doubled in several ways. She experiences her body as herself and not herself. Its inner movements belong to another being, yet they are not other..." (Young 1990b 160) The woman who is pregnant faces a number of contradictions concerning her body, and her body as source of knowledge. She believes she knows, but the doctors insist she does not. Much of this tension is due to the structure imposed by the larger society and medicine in particular. Experience must fit into currently acknowledged categories such as "me" and "other" or me and body. Young acknowledges, "we should not be surprised to learn that discourse on pregnancy omits subjectivity, for the specific experience of women has been absent from most of our culture's discourse about human experience and history." (Young 1990b 160) What seems to be an underlying assumption is that subjective and especially bodily knowledge is not knowledge at all–real knowledge is what is gleaned from books or observed objectively. 'A pregnant woman surely has not read the amount that the physician has, nor has she observed the number of deliveries of the doctor, so how could she possibly have knowledge that is better than the physician', seems to be the thinking. The pregnant woman is merely a background player to the doctor's performance. (Jordan 1997 70)

Jordan maintains:

> The physician's unquestioned status and authority rest, in the last analysis, on a social contract that accords him that authority....this authority is not only displayed, but in its implementation is interactionally achieved. It becomes visible in the ritual deference paid to the superior status of medical knowledge. It is also displayed in the way activities in the labor room are orchestrated, unfolding in the manner of a dramatic theatrical metaphor. (Jordan 1997 69)

As labor goes on, Jordan notices, there is a build up of tension but it is not a tension leading to the woman giving birth, but "rather leading up to the entrance of the physician without whom the delivery literally cannot proceed." (Jordan 1997 69) Once he (in this case, a male physician) arrives, the team members all take their places waiting for the doctor's cue. Jordan contends that

the team not only "frame him physically" but also interpret his words and actions acting as an intermediary so the doctor does not have to address the woman directly and so his words can be highlighted and repeated by the staff. She gives the example of a medical student who explains to the woman "He is checking to see if you can push, okay?" (Jordan 1997 70)

Marilyn Frye uses imagery like Jordan's concerning how women are perceived in reality generally (or as she terms it, phallocratic reality):

> I imagine phallocratic reality to be the space and figures and motion which constitute the foreground, and the constant repetitive uneventful activities of women to constitute and maintain the background against which this foreground plays. It is essential to the maintenance of the foreground reality that nothing with it refer in any way to anything in the background, and yet it depends absolutely upon the existence of the background. It is useful to carry this metaphor on in a more concrete mode–thinking of phallocratic reality as a dramatic production on a stage. (Frye 1995 170-71)

This image is useful in offering a potential explanation for many of the difficulties discussed. The woman, whose experience is ordinary and part is mundane serves more as a stagehand (as Frye might say) or even worse, a prop to the main event which is the doctor's swooping in to save the day. This would account for tendencies to focus on conflict between the mother and fetus–thus needing a mediator; it would account for the pathologizing of pregnancy which makes for a more dramatic play with more objective action and more "actors"; it would perhaps explain why the discussions of pregnancy that do exist tend to be from a male (external) perspective; and might even begin to hint at why bodies (as associated with the stagehands and not the transcendent actors) are ignored more often than not–especially if they cannot provide spectacular scenes to serve as ground for the unchanging actors.

This brings up one confusing aspect of this metaphor–the actors are traditionally the ones who move about the stage, all eyes on them, while the background and stagehands provide ground or wait in the wings. But the actors are transcendent and unchanging–how can both of these be

true? One possibility that would maintain the metaphor is to keep in mind that the one telling the story is the actor. Just as early scholars decided that the planets revolved around the earth because that is what they saw, the story is told from the actor's point of view, regardless of who actually relays the story. The actor, from his perspective, does not move but he perceives that around him as moving–generally at his direction. Frye maintains that the ground is essential for the figure to be noticed and certainly in most plays, the play can only go smoothly and pull off the illusions of reality with effective backgrounds and stage help. Importantly here, this metaphor may be useful in noticing that certain voices are heard while others by definition must be silent. In the case of pregnancy, most often it is the pregnant woman's voice that is silenced.

Embodying Bodied Individuals

Iris Young offers an explanation as to why pregnancy and female changes are perceived by definition as problematic. She writes:

> [One] conceptual ground for the tendency within gynecological and obstetrical practice to approach menstruation, pregnancy and menopause as "conditions" with "symptoms" that require "treatment" lies in the implicit male bias in medicine's conception of health. The dominant model of health assumes that the normal, healthy body is unchanging. Health is associated with stability, equilibrium, a steady state. Only a minority of persons, however, namely adult men who are not yet old, experience their health as a state in which there is no regular or noticeable change in body condition. For them a noticeable change in their bodily state usually does signal a disruption or dysfunction. Regular, noticeable, sometimes extreme change in bodily condition, on the other hand, is an aspect of the normal bodily functioning of adult women. Change is also a central aspect of the bodily existence of healthy children, healthy old people, as well as some of the so-called disabled. Yet medical conceptualization implicitly uses this unchanging adult male body as the standard of all health. (Young 1990b 169)

If we are to embody people, and women in particular, we must begin by altering our understanding of health. This process would begin with rejecting the limits of traditional dualism and continue on to learn about the importance of accepting that people exist in context, as bodies and are not, or should not be, subject to a single standard without careful reflection and dialogue.

If we embrace embodied understandings, then many of those mentioned here (as well as others more often associated with the body) would likely be better respected. By not rejecting the body we do not need to fear those who seem to represent the body nor would there be an impetus to try to denigrate less desirable groups by believing that they were more closely bound to the body. Such a distinction would not serve a political purpose if bodies are accepted as part of the living experience. If other forms of oppression did not arise then a greater equality would result and there would not need to be a sharp distinction between background and foreground and there might be less acting and more living in the world as it actually is, valuing and acknowledging the contributions of a wide variety of individuals.

Specifically, pregnant women would be seen as possessing wisdom about their own circumstances that would not need to be constantly challenged. Embracing embodiment would in many cases change the way we think about relationships–moving away from economic models and on to relational models. There would not be the confusion and frustration about knowing how to talk about a mother and a fetus since dualizing the two would make little sense. As people are connected within a community, the mother and fetus would in most cases be seen as even less separate and thus not competing for rights. Birth would become woman and family centered rather than doctor centered. In understanding the importance of context, we as a society might make better decisions about allocating resources to empower individual women to control their fertility as well as reemphasizing the importance of community support perhaps allowing some women to become mothers who might otherwise be unable to do so. Also in understanding the importance of context, we might be less likely to remove people from their context to fit them to social norms that are inappropriate for the individuals involved.

"Just as Western allopathic medicine is designed to treat illness, rather than maintain health, Western ethical theory is designed to remedy crisis, not maintain peace. But the word "ethics" implies something far less dramatic and heroic–namely, an "ethos" or way of life." Marri Kheel "From Heroic to Holistic Ethics: The Ecofeminist Challenge" (1993 256)

Chapter Six

The Future of Bodies

Feminist bioethics is a vitally important voice in contemporary discussions of the moral questions that health care practices and technologies so urgently and consistently press upon us. But feminist approaches to these questions have tended to be theoretically eclectic, and have also tended to focus on specific issues that have special implications for women. What this dissertation has attempted is the articulation, motivation, and application of a framework for feminist critique of medicine–a framework that is widely useful in helping us understand what about medical practice has been so damaging to women and to other people marginalized by gender, race, class, age or disability. This framework is deeply rooted in distinctively feminist epistemological, metaphysical and ethical concerns with the concrete, the specific, the embodied

The leading philosophical idea behind the focus on embodiment is a deep-seated distrust of dualism. While, admittedly, thought cannot proceed without making distinctions, Western thought has persistently responded to reality by breaking its features into opposing pairs, and has with equal persistence prized one member of the pair at the expense of the other. This has been particularly destructive within the male-female distinction, but the same tendency is apparent in the disparagement of the body to enhance the mind. Indeed, these particular examples of the damage inflicted by dualistic thinking reinforce one another, as I have repeatedly taken time to show in this dissertation

Feminist and other thinkers have done compelling work demonstrating dualism's influence through history, and tracing how it has bolstered both general and specific forms of oppression. I

have both drawn from and further supported that general critique by unearthing its particular influence in biomedical practices, and have shown how an alternative, nondualistic conceptual formation--embodied theory--can shed new light on what has been at stake in old problems, and indicate ways of resolving those problems that do not unjustly privilege the interests of those who have benefitted from the social and conceptual structuring of society.

Embodiment in Bioethics

Embodiment varies in some important ways from traditional theory and dualism in particular. As indicated throughout the previous chapters, embodiment theories tend to reject dualism at the outset and start out with the understanding that the body is not incidental but essential and that body is what places us in the real world. Embodied understandings focus heavily on context and pay attention to variables that situate individuals differently. This difference is not ignored or rejected as can be the case with traditional theory. Individuals always exist in a particular place, time, culture and community and their existence in that community is generally mediated by their experience of their body in that context. Often embodiment theories also acknowledge that the body is a significant means of knowing

Examples of instances where bioethics' internalization of social and medical dualisms have led to difficulties were covered under the topics of experimentation and pregnancy. While bioethics as a field has shown deep concern for the abuses that occur in human research projects, it is not clear that current approaches adequately challenge the underlying biases that allow such abuses to continue. I have suggested that in order to remedy this, bioethics must consider sentient bodies as valuable. It is not sufficient to defend the autonomous mind as though it could be regarded as separable. Such a view allows a society that tends toward dualisms to classify certain individuals as 'more body' and then, because bodies are of secondary standing, connect that status with lessened worth. Further, because we perceive non-dominant bodies as largely interchangeable

in research, we have failed to notice very important distinctions between individuals (for example, not adequately acknowledging differences between human and other mammalian bodies or between male and female bodies). The traditional way of perceiving selfhood (i.e. individuals distinguish themselves via mind or reason rather than interpreting identity more holistically as embodied) when applied to research situations has ultimately led to injury and sometimes death as was shown in chapter four. Embodied bioethics does not impose this artificial division thus mandating respect for a much wider class of individuals not based on socially perceived or mis-perceived worth.

Whereas research has received a good deal of bioethical attention, pregnancy itself has received very little. Certainly it is common to hear about unusual and conflict laden cases but these cases speak to very few of the many who have concerns surrounding pregnancy. While there have been not just individuals but whole committees that consider what good research should look like, we do not see much attention paid to what a good pregnancy experience should look like, even though surely more people participate in the latter. We may have an idea of what a good pregnancy *outcome* is–i.e. a healthy baby–but this is wildly reductionist for such a rich psycho-biological phenomena. The reasons we have not considered adequately what a good pregnancy experience is, are no doubt complex but it is plausible that part of the neglect of this important topic stems from the disinclination to accept that valid knowledge can emerge from the concrete experience of the embodied agent, as well as from traditional dualisms that cannot comfortably code two beings in one body. Again, much of this discomfort may be traceable to social and medical beliefs in dualisms that conceptually split the mind from body, but more specifically understand the female as passive "nature" and oppose her to the active (often) male-knower-doctor. A feminist bioethics that focuses on embodiment highlights, rather than hides, actual women's experiences and knowledge and while challenging dualisms, reaffirms a dedication to connection without obscuring specificity.

Future Areas for Investigation

Two examples of the many other areas that could benefit from embodied theory include questions in the topics of aging and disability. Both topics have been somewhat peripheral until lately. It might be the case that a growing understanding of the significance of difference and the importance of the body have helped to motivate the forces bringing these topics further into public view. There are features of both aging and disability, as well as ways of understanding why they have been relatively overlooked, that may be illuminated by an embodiment approach. Thus, embodiment may be able to contribute to defensible resolutions for some of these issues. Let me briefly illustrate how embodiment might enhance our understanding by beginning with the topic of aging.

Aging, like pregnancy, is seen as a condition needing medical attention. Granted, as the human body gets older, more systems are likely to begin wearing down, but this need not lead us to define aging as a condition to be treated. To define aging as synonymous with disorder is to make an error with serious implications for people's sense of identity and well-being. According to Iris Young, while frailty and senility have long been associated with aging, it was not until the nineteenth century that culture generally understood old age as associated with "disease, degeneracy and death." (Young 1990a 129) Further, to a greater or lesser degree, we tend to associate the aged with traits very much like those associated with "femaleness." This may be in part because a larger proportion of the oldest individuals are female but also perhaps because attributes such as physical frailty and "diminished autonomy", among other things that we associate with aging, are linked more with femininity over masculinity regardless of the gender of the trait bearer.[171] So to the degree the aged are perceived as female or as possessing traits that

[171]For example, Marlene Silverman in 1977 completed a study on perceptions of young

(continued...)

females also possess, we should be interested in how society perceives female-ness (especially as associated with bodies or in the role of patient) to understand implications for how we view aging.

Sally Gadow asserts that a woman's embodiment is "socially defined and subjectively lived as vulnerability." (Gadow 1994 298) This is certainly true for the elderly who are defined and generally understood as vulnerable–especially physically. Gadow continues: "In the social narrative objectification is intrinsic, not episodic, in women's experience. The resulting impossibility of living the body as fully her own means that a woman's entire embodiment, not merely occasional illness, is laid bare for medical definition." (Gadow 1994 298) It is Gadow's contention, however, that men's narratives operate episodically (for example when a leg is broken) but "between injuries, the body is lived unconsciously." (Gadow 1994 296) Thus the narrative of a woman differs from that of a man. At best, the woman is vulnerability or continually a potential patient, at its worst, woman is patient by definition. Young reiterates this finding by noting that by the middle of the nineteenth century in the US and Victorian England "being female itself was symptomatic of disease." (Young 1990b 168) It is interesting that this is also the period where Young reports changes that led to the linkage of age with "disease and degeneracy". (Young 1990a 129)

According to Susan Sherwin, among others, menstruation has often been viewed as illness but what is just as interesting is that *the cessation* of menstruation is also perceived as an illness. (Sherwin 1992 182-85) This has included the natural process of menopause which medicine

---

[171](...continued)
adult men and women that found that femininity was generally associated with "women in general" and men over age 65 more than with men at any other period of life (with some increase in perceived femininity in men age 55). This was due, according to Silverman, to perception of "psychological timidity" in those groups. (Silverman 1977 336-38) More recent studies by Kamel (1997) and Guttman (1996) suggest that elderly men indeed take on behaviors, that can be defined as more androgynous (Kamel) or more feminine (Guttman), with age.

declares is “fraught with risks and difficulties.” (Sherwin 1992 185) According to Emily Martin this may be partly due to viewing the body in hierarchical terms with a "bureaucratic system of control" which predictably has a strong impact on the perception of basic changes in the system including menopause. "Menopause is seen as a failure or breakdown of central control: ovaries become ‘unresponsive’; the hypothalamus begins to give ‘inappropriate orders’.” (Martin 1990 74) Further, variation in body size or eating habits are also often seen as illnesses especially in women. (Sherwin 1992 187) So while being female is sometimes itself pathologized, being an aging woman is that much worse in the eyes of medicine and society. The aging woman enters menopause (perceived as bodily breakdown), her body size probably changes, and the outward signs of aging that she is so carefully instructed to fight, begin to make themselves visible anyway.

I noted that how we view women, and patients, may have implications for our view of the elderly because we may perceive the elderly, irrespective of their biological sex, as female-like. That is, based on current theory and beliefs, we do not view aged individuals as self defining subjects in their own right (as younger or middle aged men are) but we see them as vulnerable physically and mentally (i.e. feminine).[172] Further, because we perceive their body as failing them, we see them as patients, or ‘nearly patients’ which in turn associates them again with the female who is the chronic patient in the social imagination. Those that we believe are physically weak and mentally feeble (a common stereotype for the aged) cannot help but be understood as female in a such a heavily dualized society which pairs strength (mental and physical) with masculinity.

Just as embodiment theory noted that pregnant women are often not acknowledged as knowledge bearers in many situations, the elderly are also often assumed to not possess authoritative knowledge about their own bodies–bodies that we believe by definition are failing

---

[172]See previous footnote for further support.

them. Like normal pregnancy, the experience of aging itself is often overlooked in favor of more dramatic and more action oriented topics like death or assisted suicide. Also like pregnancy, we tend to pathologize normal processes associated with aging. If Young is right, then this may be because we define health in terms of stasis–a state that is impossible and probably even unhealthy, certainly for pregnant women, but also for the elderly and women generally throughout the life-span.[173] Aging individuals might find the process of aging less frustrating if they did not have the expectation that remaining healthy meant remaining young and unchanging–a goal that they cannot achieve in spite of commercial claims to the contrary. A philosophy that understood the importance of context (such as age) and did not tend to assume a single unchanging paradigm of humanness, would be better able to accommodate the changes that occur with age. Further, understanding that *normal* bodies eventually wear down might help us to understand that care and attention (often not of a medical sort) are needed while people are alive as much as when they are dying. The elderly, who have lost much of the respect that was once associated with their stage of life, are quite reasonably confused and fragmented when the only attention given to them is directed exclusively to their bodies as medical objects. In many cases, "care" is likely to be the type to further alienate them from themselves and from whatever community they have left.

Disability is another area that is largely overlooked but one that would clearly benefit from the framework offered by embodiment. The field of bioethics already has a few champions of disability theory but the voices are too few for the weight of the topic. Traditional introductory texts may touch on the topic via disabled newborns but much less commonly discuss adults with long term disabilities. Like "uneventful pregnancy", chronic disability–especially that with a slow onset–seems not to catch the attention of those looking for active conflict or drama. Untreatable,

---

[173]More detailed discussions of perfection as an unchanging form, for example, may be found in chapter two.

slow debilitation or more sudden, but incurable and non-terminal disabilities, don't grab the public or ethicists like some of the more "universal" topics. Since the topics such as assisted suicide, for example, are no more likely to be at issue for a given family than chronic disability (possibly less likely in some cases) the latter deserves review with at least as much care.

Bioethics deals with ethical considerations in health and illness and particularly with interactions between professionals (or technology) and individuals. Disability fits squarely into this portrait and is a full of issues related to, or sometimes central to bioethics and medicine as practices. Embodiment theory can help to elucidate some important questions surrounding disability that disembodied theories have been hesitant to see. For example, a keen awareness of social structures and dualisms might lead us to ask 'how does a focus on illness or disease differ from living with a disability, and how does the discussion change if the two overlap?' Or, by focusing on the situatedness of individuals the question might be 'how do multiple oppressions impact individuals experience of health and disability' (i.e. oppressions related to race in addition to disability, for example)? There seems to be a tendency to treat disability as a *concept* rather than an actual experience and in doing so, say little about disability as it affects people's daily lives. For example, discussions may isolate a disease processes such as M.S. or its symptoms from how those symptoms are experienced by those who live with the condition. This has the effect of externally defining what symptoms (for example) are relevant and potentially ignoring environmental factors that may impact specific populations. Again there is a tendency to lean toward dramatic issues so just as western medicine has been noted for its preference for emergency and rescue procedures over prophylactic measures, so too it seems that bioethics has preferred acute, rescue related topics to discussions of daily living and chronic disease even though there are plenty of issues worthy of study in the less dramatic but more central topics.

One of the most salient points for this work is the likelihood that people who have

disabilities are socially and sometimes even medically ignored because they are first and foremost seen as bodies and bodies are generally rejected. Not only does disability bring the body to the foreground, but it brings what we perceive as *the failing body* into focus. This reminds us not only of our concrete existence but reaffirms the fear of the body not living up to the grandeur of the self/mind. Like people who are female, people who experience life with one or more serious physical disabilities are not able to "escape" their bodies–they are reminded daily of what it is to be embodied. So like others discussed, people with disabilities are largely defined by their body, which is rejected.

Individuals with disabilities often may feel isolated–not only because public buildings and work environments are often not physically accessible but because of social anxiety about how to interact with people with differing abilities. This discomfort may stem from trepidations about bodies and difference that necessarily grow from traditional beliefs. Those who face handicaps that make them chair or bed bound may literally become easier for other adults to overlook simply because they are out of their line of sight. Young children are taught that they shouldn't stare at those with outwardly visible handicaps and thus are taught to literally avert their eyes from such people. This can do little but reinforce ignorance about disability and the tendency to ignore or to genuinely 'not see" individuals who differ physically.

Removing idealized and dualized images would remove a great deal of the stigma attached to physical handicaps. Because people with disabilities would be more recognized than ignored, individuals in these situations could become more connected to their communities because of increased awareness of their needs and capabilities. Similar outcomes might follow for those who are considered aged and isolated for that reason. Of course all of this just begins to touch on two of the many areas that show promise for further study through the perspective of embodiment.

Conclusion: Value of the Body

Taking the body seriously by grasping the normative importance of embodiment theory and practice goes beyond creating better bioethics. Embodiment allows us to discover a host of entrenched tendencies in everyday thought that permeate our culture. Philosophy has certainly not been immune to these tendencies which often manifest as evaluative dualisms. In so far as philosophy seeks to either uncover important areas of inquiry that have been largely overlooked or seeks to create accurate and useful theory, it can itself benefit as a discipline and practice from the critical restructuring offered by embodied analysis.

Feminist philosophy has often held that the means to unearthing such deep seated biases as those that have been described here is not to construct alternative theories of equal scope and abstraction. Rather better results might be best achieved by attending carefully to an empirically sensitive analysis of how particular practices and disciplines are damaged by (normative) dualisms, or by overlooking or undervaluing the body, or by abstracting from specificity. This dissertation, in offering embodiment as a means of reframing the discussion and focus of medical ethicists, is very much in line with that feminist tradition and seeks to contribute to it by adding an investigation of health care and bioethics to that body of work.

Bibliography

"The Military 'Glass Ceiling': Active Duty Military Personnel by grade/rank and gender 1997 and 1995" http://www.gendergap.com/military glasceil.htm. [data from U.S. Department of Defense, 1995 and 1997]

"Study Finds Male Doctors' Advice Varies by Patient Gender." Women's Health Weekly (June 23, 1997): 8-9

Adams, Carol and Josephine Donovan, eds. *Aminals and Women: Feminist Theoretical Explorations.* Durham: Duke University Press. 1995.

AIDS Weekly, ed.. *"HIV Among Women on the Rise."* AIDS Weekly: NewsRX. Nov. 15. 1999.

AIDS Weekly, ed.. *"HIV Declines Among U.S. Women."* AIDS Weekly Plus: NewsRX. July 22: 19-20. 1996.

AIDS Weekly, ed.. *"Proportion of Women Among HIV Infected Is Rising."* AIDS Weekly Plus: NewsRX. Nov. 10: 32. 1997.

AIDS Alert. *"Studies Show Little Difference in Survival Among Men and Women."* AIDS Alert: American Health Consultants. 8 (9): 146-148. 1993.

AIDS Weekly, ed.. *"Study Finds HIV Infection Differs in Men, Women."* AIDS Weekly: NewsRX. Jan. 24. 2000.

Alcoff, Linda Martin. *"Towards a Phenomenology of Racial Embodiment."* Radical Philosophy 5 (95): 15-26. 1999

AMA (American Medical Association.) *"Animal Experimentation is Justified" in Animal Rights: Opposing Viewpoints, Andrew Harnack, ed..* Originally published as "Use of Animals in Biomedical Research: The Challenge and Response," AMA white paper (Chicago 1989). 1996.

Avishai-Bentovim, Orit. *Medicalized Motherhood: Perspectives From the Lives of African-American and Jewish Women.* Piscataway, NJ: Rutgers University Press. 2000.

Barker, Drucilla. *"Dualisms, Discourse, and Development."* Hypatia. 13 (3): 83-94. 1998.

Barker, Drucilla. *"Dualisms, Discourse and Development."* Hypatia. 13 (3): 83-94. 1998.

Bartky, Sandra Lee. *Femininiity and Domination: Studies in the Phenomenology of Oppression.* New York: Routledge. 1990.

Basow, Susan *"Student Ratings of Professors are not Gender Blind."* AWM Newsletter 24 (5): 1994

Belenky, Mary Field et. al. *Women's Ways of Knowing.* New York: Basic Books. 1986.

Benhabib, Seyla *"The Generalized and the Concrete Other." in Women and Moral Theory, Eva*

Kittay and Diana T. Meyers (Eds.) ? Rowmon and Littlefield 154-177 1987

Bergeron, Sherry M. and Charlene Y. Senn *"Body Image and Sociocultural Norms: A Comparison of Heterosexual and Lesbian Women."* Psychology of Women-Quarterly 22(3): 385-401 1998

Bettencourt, B. Ann and Bruce Bartholow. *"The Importance of Status Legitimacy for Intergroup Attitudes Among Numerical Minorities."* Journal of Social Issues. 54 (40: 759. 1998.

Bonvillain, Nancy. *Women and Men: Cultural Constructs of Gender.* Englewood Cliffs, NJ: Prentice Hall. 1995.

Bordo, Susan. *Unbearable Weight: Feminism, Western Cluture, and the Body.* Berkeley: University of California Press. 1993.

Bosch, Xavier. *"Ethics Group Advises Caution Before EC Issues Stem-cell Line Patents."* The Lancet. 359 (9320): 1839. 2002.

Braidotti, Rosi. *Patterns of Dissonance.* New York: Routledge. 1991.

Bray, Abigail and Claire Colebrook. Signs. 24 (1): 35-67 ?

Breasted, James Henry. *Development of Religion aand Thought in Ancient Egypt.* New York: Harper and Brothers. 1959.

Brienza, Julie. *"Upper Echelons of Large Law Firms Have Few Minorities or Women."* Trial. 31 (6): 94-95. 1995.

Brody, Baruch. Chapter in *Why Animal Experimentation Matters: The Use of Animals in Medical Research.* New Brunswick: Transaction Publishers. 131-147. 2001

Browner, Carole and Nancy Press. *"The Production of Authoritative Knowledge in American Prenatal Care."* In Childbirth and Authoritative Knowledge: Cross-Cultural Perspectives. Edited by Robbie Davis-Floyd and Carolyn Sargent. Berkely: University of California Press. 1997.

Buckless, Frank A. et. al. *"The Academic Underclass: Accounting for Women as Adjuncts."* [online academic article] 1996 [cited February 27, 1996]

Burkert, Walter. *Lore and Science in Ancient Pythagoreanism,* translated by Edwin L. Minar, Jr. Cambridge: Harvard University Press, 1972.

Calhoun, Cheshire *"Justice, Care, Gender Bias."* The Journal of Philosophy 135 (9): 451-463 1988

Calhoun, Cheshire *"Responsibility and Reproach."* Ethics (January 1989): 389-406

Caplan, Arthur L., Glenn McGee and David Magnus *"What Is Immoral About Eugenics?"* BMJ

319 (7220): 1284-85 1999

Carr, Phyllis et. al. *"Relation of Family Responsibilities and Gender to the Productivity and Career Satisfaction of Medical Faculty."* Annals of Internal Medicine 129 (October 1, 1998): 532-538

Carter, D. Bruce and Laura McClosky. *"Peers and the Maintenance of Sex-typed Behavior in Their Peers."* Social Cognition. 2 (4): 294-314. 1984.

Chadwick, Alden *"For disabile people the body is the principal site of oppression, both in form and what is done to it."* Austrailian Disability Review: Journal of the Disability Advisory Council of Austrailia 4: 36-44 1994

Cheah, Pheng *"Review Essay: Mattering."* Diacritics 26 (1): 108-139 1996

Churchill, Larry, et. al.. *"Genetic Research as Therapy: Implications of "Gene Therapy" for Informed Consent."* The Journal of Law, Medicine and Ethics. 26 (1): 38-47. 1998.

Collins, Patricia Hill *Black Feminist Thought.* London: Harper Collins Academic. 1990.

Copleston, Frederick, S.J. *A History of Philosophy: Volume I Greece and Rome, Part I.* Garden City NY: Image Books 1962

Cornwell, Christopher and J. Edward Kellough *"Women and Minorities in Federal Government Agencies: Examining New Evidence From Panel Data."* Public Administration Review 54 (3): 265-270 1994

Culliton, Barbara. *"NIH Push for Women's Health."* Nature. 353 (6343): 383. 1991.

Dean-Jones, Lesley *Women's Bodies in Classical Greek Science* Oxford: Clarendon Press 60-109 1994

Dinnerstein, Myra and Rose Weitz *"Jane Fonda, Barbara Bush and Other Aging Bodies: Femininity and the Limits of Resistance."* Feminist Issues (Fall 1994): 3-21

Diprose, Rosalyn. *The Bodies of Women: Ethics, Embodiment and Sexual Difference.* London: Routledge. 1994.

Dorozynski, Alexandre. *"France Challenges Patent for Genetic Screening of Breast Cancer."* British Medical Journal. 323 (7313): 589. 2000.

Douglas, Pamela. et. al. *"Selection of Patients for Coronary Angiography and Coronary Revasularization Early After Myocardial Infarction: Is There Evidence for a Gender Bias?"* Annals of Internal Medicine. 116 (10): 785-91. 1992.

Dresser, Rebecca. *"Dworkin on Dementia: Elegant Theory, Questionable Policy".* Hastings Center Report. 25 (6): 32-38. 1995.

Dukes, Richard and Ruben Martinez. *"The Impact of Ethgender on Self-esteem Among Adolescents."* Adolescence. 29 (113): 105. 1994.

Duncan, Grant *"Mind-Body Dualism and the Biopsychosocial Model of Pain: What Did Descartes Really Say?"* Journal of Medicine and Philosophy 25 (4): 485-513. 2000.

Dworkin, Ronald. *Life's Dominion.* New York: Alfred A. Knopf. 1993.

Eakins, Pamela. (Editor). *The American Way of Birth.* Philadelphia: Temple University Press. 1986.

Eisler, Riane. *Sacred Pleasure: Sex, Myth and the Politics of the Body.* San Francisco: Harper San Francisco, 1996

Eisler, Riane. *The Chalice and the Blade.* San Francisco: Harper San Francisco. 1987.

Ekins, Richard and Dave King *"Towards a Sociology of Transgendered Bodies."* The Sociological Review 47 (3): 580-600. 1999.

ELCA *"Women Wait Longer for First Calls in the ELCA."* Chicago: Evangelical Lutheran Church of America Press Release (December 13, 1996).

Eldridge, Jennifer and John Gluck. *"Gender Differences in Attitudes Toward Animal Research."* Ethics and Behavior. 6 (3): 239-256. 1996.

Estrin, Chere B. *"Power and Prejudice."* Legal Assistant Today May/June 1996

Faden, Ruth (Committee Chair.) *Final Report of the Advisory Committee on Human Radiation Experiments.* New York: Oxford University Press. 1996.

Fausto-Sterling, Anne. *Sexing the Body: Gender Politics and the Constructions of Sexuality.* New York: Basic Books. 2000.

Fielding, Helen. *"Body Measures: Phenomenological Considerations of Corporeal Ethics."* Journal of Medicine and Philosophy. 23 (5): 533-45. 1998.

Fielding, Helen *"Depth of Embodiment: Spatial and Temporal Bodies in Foucault and Merleau-Ponty."* Philosophy Today 43 (1): 73-85. 1999.

Francis, Leslie Pickering and Anita Silvers, eds. *Americans with Disabilities: Exploring Implications of the Law for Individuals and Institutions.* New York: Routledge. 2000.

Franzoi, Stephen L. *"The body-as-object versus the body-as-process: gender differences and gender considerations."* Sex Roles: A Journal of Research 33(5/6): 417-438. 1995.

Freedman, Benjamin. *"Equipoise and the Ethics of Clinical Research" in Biomedical Ethics, Thomas Mappes and David DeGrazia, eds..* Boston: McGraw Hill. 259-265. 2001.

Frey, R.G.. Chapter in *Why Animal Experimentation Matters: The Use of Animals in Medical Research.* New Brunswick: Transaction Publishers. 197- 214. 2001

Gadow, Sally *"Aging as Death Rehearsal: The Oppressiveness of Reason."* The Journal of Clinical Ethics 7(1): 35-40. 1996.

Gadow, Sally *"Whose Body? Whose Story?"* Soundings 77(3/4): 295-307. 1994.

Gadow, Sally *"Women's Health Care: Too Much of a Good Thing?"* Paper presented at the University of Tennessee Conference on Women, Health Care and Ethics 1-17. 1993.

Gagne, Patricia *"Conformity Pressures and Gender Resistance Among Transgendered Individuals."* Social Problems 45 (1): 81-101. 1998.

Gagne, Patricia and Richard Tewksbury. *"Conformity Pressures and Gender Resistance Among Transgendered Individuals."* Social Problems. 45 (1): 81-102. 1998.

Gagne, Patricia and Richard Tewksbury. *"Knowledge and Power: Body and Self: An Analysis of Knowledge Systems and the Transgendered Self."* The Sociological Quarterly. 40 (1): 59-83. 1999.

Gallagher, John *"Business: The Workplace/Traditional Roles: Women's Coworkers Are Often Other Women."* Detroit Free Press. 10 March sec E: 1,8 . 2000.

Gallagher, Kenneth. *The Philosophy of Gabriel Marcel.* New York: Fordham University Press. 1962.

Gerber, Judith *"Beyond Dualism--the Social Construction of the Natural and Social Construction of Human Beings."* Progress in Human Geography 21(1): 1-17. 1997.

Gifford, Fred. *"Community-Equipoise and the Ethics of Randomized Clinical Trials."* Bioethics. 9 (2): 127-48. 1995.

Gluck, John et. al., eds.. *Applied Ethics in Animal Research: Philosophy, Regulation, and Laboratory Applications.* West Lafayette, Indiana: Purdue University Press. 2002.

Gomez, Christina. *"The Continual Significance of Skin Color: An Exploratory Study of Latinos in the Northeast.* Hispanic Journal of Behavior Sciences. 22 (1): 94-103. 2000.

Gopal, Kevin. *"The Real Price of Gene Patents."* Pharmaceutical Executive. 22 (3): 25. 2002.

Gortmaker, SL, et. al.. *"Social and Economic Consequences of Overweight in Adolescence and Young Adulthood."* New England Journal of Medicine. 329 (14): 1008-12. 1993.

Gose, Ben. *"Penn, Doctors, Ethicist Named in Suit Over Gene-Therapy Death."* Chronicle of Higher Education. 47 (5): A34. 2000.

Greek, C. Ray and Jean Swingle Greek. *Sacred Cows and Golden Geese.* New York: Continuum. 2000.

Greer, Michael. *"Women Account For Increasing Share of New Infections."* Medical Letter on the CDC and FDA. Apr. 22. 2001.

Grosz, Elizabeth. *Bolatile Bodies: Toward a Corporeal Feminism.* Bloomington IN: Indiana University Press. 1994.

Grosz, Elizabeth *"Ontology and Equivocation: Derrida's Politics of Sexual Difference."* Diacritics Summer 25 (2): 115-124. 1995.

Guillen, EO and SL Barr. *"Nutrition, Dieting, and Fitness Messages in a Magazine for Adolescent Women, 1970-1990."* Journal of Adolescent Health. 15 (6): 464-72. 1994.

Gutmann, David. *"Power and Prohibition: A Comparative Perspective on the Aging Male."* Depression and Stess. 2 (1): 15-29. 1996.

Harcourt, Wendy *"Feminism, Body, Self: Third-Generation Feminism."* In Psychoanalysis, Feminism, and the Future of Gender by Joseph Smith and Afaf, Mahfouz eds.. Baltimore: Johns Hopkins University Press. 1994.

Harding, Sandra. *The Science Question in Feminism.* Ithaca: Cornell University Press. 1986.

Hartford Institue for Religion Research *"Clergy Women: An Uphill Calling (an abstract of the study)."* 2000.

Hawkins, Ronnie Zoe *"Ecofeminism and Non-Humans: Continuity, Difference, Dualism, Domination."* Hypatia 13 (1): 158-198. 1998.

Hayden, Lisa A. *"Gender discrimination within the reporductive health care system: Viagra v. birth control."* Journal of Law and Health. 1998.

Healy, Bernadine. *"The Yentl Syndrome."* The New England Journal of Medicine. 325 (4): 274-77. 1991.

Hellman, Samuel and Deborah Hellman. *"Of Mice But Not Men: Problems of The Randomized Clinical Trial."* The New England Journal of Medicine. 324 (May 30): 1585-1589. 1991.

Hellwege, Jean. *"Maryland High Court Criticizes Lead Paint Researchers for Risking Children's Health."* Trial. 37 (12): 90-92. 2001.

Henderson, Charles *"CDC explains its stand on controversial third world AZT study."* AIDS Weekly Plus. July 28, 1997

Hildyard, Nicholas. *"No Patents on Life."* Forum for Applied Research and Public Policy." 15 (1): 69-74. 2000.

Hill, Mark. *"Color Differences in the Socioeconomic Status of African American Men: Results of a Longitudinal Study."* Social Forces. 78 (4): 1437-1461. 2000.

Hillyer, Barbara *"The Embodiment of Old Women: Silences."* Frontiers 19 (1): 48-60. 1998.

Hurd, Laura C. *"Older Women's Body Image and Embodied Experience: An Exploration."* Journal of Women and Aging 12 (3/4): 77-96. 2000.

Hyde, Pamela. *"Managing Bodies--Managing Relationships: The Popular Media and the Social Construction of Women's Bodies and Social Roles From the 1930s to the 1950s."* Journal of Sociology: The Journal of the Australian Sociological Association. 36 (2): 157-71. 2000.

International Labour Organization *"Women Swell Ranks of Working Poor, Says ILO: Lower Wages, Longer Hurs, Hinder Women's Progress."* Press Release July 30. 1996.

Ivy, Andrew. *"Nazi War Crimes of a Criminal Nature."* In Bioethics, R. Edwards and G. Graber, eds.. Harcourt, Brace, Javanovich. 188-93. 1988.

Jacklin, Carol, et. al.. *"Sex-typing Behavior and Sex-typing Pressure in Child/Parent Interaction."* Archives of Sexual Behavior. 13 (5): 413-425. 1984.

Jacobus,Mary et. al., eds. *Body/Politics: WOmen andthe Discourses of Science.* New York: Routledge. 1990.

Jaggar, Alison and Susan Bordo, eds.. *Gender/Body/Knowledge.* New Bruswick: Rutgers University Press. 1989.

Jans, Lita and Susan Stoddard *Chartbook on Women and DIsability in the United States* Washington DC: U.S. Department of Education National Institute on Disability and Rehabilitation Research. 1999.

Johnson, Mark. *The Body in the Mind.* Chicago: Chicago University Press. 1987.

Johnson, Courney E. and Trent A. Petrie *"The Relationship of Gender Discrepancy to Eating Disorder Attitudes and Behaviors."* Sex Roles: A Journal of Research 33(5/6): 405-417. 1995.

Johnston, Marie. *"Reproductive Issues: Decisions and Distress," in The Health Psychology of Women by Niven, C. and Carroll, D., eds..* Switzerland: Harwood Academic Publishers. 1993.

Jones, James. H. *Bad Blood: The Tuskedgee Syphilis Experiement.* New York: The Free Press. 1993.

Jordan, Brigitte. *"Authoritative Knowledge and Its Construction."* In Childbirth and Authoritative Knowledge: Cross-Cultural Perspectives. Edited by Robbie Davis-Floyd and Carolyn Sargent. Berkely: University of California Press. 1997.

Josefson, Deborah *"Women Doctors Earn $63,000 Less than Male Counterparts."* BMJ: British

Medical Journal 321 (7256): 258. 2000.

Karlawish, Jason and John Lantos. *"Community Equipoise and the Architecture of Clinical Research."* Cambridge Quarterly of Healthcare Ethics. 6: 385-396. 1997.

Katzman, Melanie A. and Sing Lee *"Beyond Body Image: The Integration of Feminist and Transcultural Theories in the Understanding of Self Starvation."* The International Journal of Eating Disorders 22(4): 385-394. 1997.

Kawakami, Christine et. al. *"Mindful and masculine: Freeing women leaders from the constraints of gender roles."* Journal of Social Issues 56(1): 49-63. 2000.

Kazanjian, Arminee DrSoc *"Understanding women's health through data development and data linkage: implications for research and policy."* Canadian Medical Association Journal 159 (4): 342-345. 1998.

Kennedy, Kristen *"Hipparchia the Cynic: Feminist Rhetoric and the Ethics of Embodiment."* Hypatia 14 (2): 48-72. 1999.

Kheel, Marti. *""From Heroic to Holistic Ethics: The Ecofeminist Challenge" in Ecofeminism: Women, Animals, Nature by Greta Gaard, ed..* Philadelphia: Temple University Press. 1993.

Kirwin, Simon *"WHO reaffirms commitment to women's health."* British Medical Journal 316 (7138): 1113. 1998.

Konrad, Alison and Kathy Cannings. *"The Effects of Gender Role Congruence and Statistical Discrimination on Managerial Advancement."* Human Relations. 50: 1305-328. 1997.

Lagakos, Stephen, et. al.. *"Effects of Zidovudine Therapy in Minority and Other Subpopulations with Early HIV Infection."* JAMA. 266 (19): 2709-712. 1991.

Lavine, Howard, et. al.. *"Depicting Women as Sex Objects in Television Advertising: Effects on Body Dissatisfaction."* Personality and Social Psychology Bulletin. 25 (8): 1049-1058. 1999.

Lazarus, Ellen. *"What Do Women Want? Issues of Choice, Control, and Class in American Pregnancy and Childbirth."* In Childbirth and Authoritative Knowledge: Cross Cultural Perspectives. Edited by Robbie Davis-Floyd and Carolyn Sargent. Berkely: University of California Press. 1997.

Leder, Drew. *"A Tale of Two Bodies: the Cartesian Corpse and the Lived Body."* In Body and Flesh: A Philosophical Reader. Edited by Donn Welton. Oxford: Blackwell Publishers. 1998.

Leder, Drew. *The Absent Body.* Chicago: The University of Chicago Press. 1990.

Leiter, Brian *"Closet Dualism and Mental Causation."* Canadian Journal of Philosophy 28 (2):161-181. 1998.

Lippa Richard, et. al. *"Gender-related individual differences and mortality in the Terman longitudinal study: Is masculinity hazardous to your health?"* Personality and Social Psychology Bulletin 26(12): 1560-70. 2000.

Lippa, Richard and Francisco Tan *"Does culture moderate the relationship between sexual orientation and gender-related personality traits?"* Cross Cultural Reasearch: The Journal of Comparitive Social Science 35(1): 65-87. 2001.

Lloyd, Genevieve. *The Man of Reason: "Male" and "Female"in Western Philosophy.* Minneapolis: University of Minnesota Press. 1984.

Lock, Margaret. *"Decentering the Natural Body: Making Difference Matter."* Configurations 5 (2): 267-292. 1997.

Loland, Nina Waaler *"The Aging Body: Attitudes Toward Bodily Appearance Among Physically Active and Inactive Women and Men of Different Ages."* Journal of Aging and Physical Activity 8(3): 197-213. 2000.

Lutherer, Lorenz and Margaret S. Simon. *Targeted: The Anatomy of an Animal Rights Attack.* Norman OK: University of Oklahoma Press. 1992.

Lynch, John. *"Recognizing Animal Suffering and Death in Medicine."* Western Journal of Medicine. 175 (2): 131-32. 2001.

Madell, Geoffrey *Mind and Materialism* Edinburgh Edinburgh University Press. 1988.

Malkin, Amy et. al. *"Women and Weight: Gendered messages on Magazine Covers."* Sex Roles. 40 (7/8): 647-55. 1999.

Malson, Helen and Catherine Swann. *"Prepared for Consumption: (Dis)orders of Eating and Embodiment."* Journal of Community & Applied Social Psychology 9 (6): 397-405. 1999.

Malveaux, Julianne. *"Women of Color in the Labor Market."* Quarterly Review of Economics and Finance. 39: 663-78. 1999.

Mappes, Thomas and David Degrazia, eds. *Biomedical Ethics, Fifth Edition.* Boston: McGraw Hill. 2001.

Martin, Emily. *The Woman in the Body: A Cultural Analysis of Reproduction.* Boston: Beacon Press. 1987.

Martin, Emily. *"Science and Women's Bodies: Forms of Anthropological Knowledge."* In Body Politics, edited by Mary Jacobus et. al. New York:Routledge, 1990.

Marwick, Charles. *"Bioethics Group Considers Transnational Research."* JAMA. 279 (18): 1425. 1998.

Mastroianni, Anna, Ruth Faden and Daniel Federman. (Editors). *Women and Health Research: Ethical and Legal Issues of Including Women in Clinical Studies. Vol. 1.* Washington D.C.: National Academy Press. 1994.

McCarthy, Michael. *"FDA Wants More Disclosure of Gene-therapy and Xenotransplantation Risks."* The Lancet. 357 (9252): 292. 2001.

McCarthy, Michael. *"US FDA Rejects Defense of Gene-therapy Trial."* The Lancet. 355 (9208): 997. 2000.

Mehilli, Julinda, et. al.. *"Sex-based Analysis of Outcome in Patient With Acute Myocardial Infarction Treated Predominantly with Percutaneaous Coronary Intervention."* JAMA. 287 (2): 210-216. 2002.

Menn, Stephen. *Descartes and Augustine.* Cambridge: Cambridge University Press. 1998.

Meslin, Eric. *"Raising the Bar in Research Ethics: Traditional Obligations Are Not Enough."* Postgraduate Medicine. 112 (2): 5. 2002.

Meyers, Diana Tietjens. *Subjection and Subjectivity: Psycholanalytic Feminism and Moral Philosophy.* New York: Routledge. 1994.

Molloy, Beth and Sharon Herzberger. *"Body Image and Self Esteem: A Comparison of African-American and Caucasian Women."* Sex Roles. 38 (7/8): 631-43. 1998.

Moreno, Jonathan. *Undue Risk: Secret State Experiments on Humans.* New York: W.H. Freeman and Company. 2000.

Moreno, Jonathan, et. al.. *"Updating Protections for Human Subjects Involved in Research: Project on Informed Consent, Human Research Ethics Group."* JAMA. 280 (22): 1951-8. 1998.

Morgan, Kathery Pauly *"Women and the Knife: Cosmetic Surgery and the Colonization of Women's Bodies."* Hypatia 6(3): 25-53 1991

Moskowitz, Ellen and Bruce Jennings, eds. *Coerced Contraception? Moral and Policy Challenges of Long-Acting Birth Control.* Washington D.C.: Georgetown University Press. 1996.

National Institutes of Health and The Centers for Disease Control. *"The Conduct of Clinical Trials of Maternal-Infant Transmission of HIV Supported by the United States Department of Health and Human Services in Developing Countries."* http://www.columbia.edu/cu/musher/AIDS_case/nimh_cdc_review.htm. Accessed 5/02. 1997.

Neft, Naomi and Ann D. Levine. *Where Women Stand: An International Report on the Status of WOmen in 140 Countries 1997-1998.* New York: Random House. 1997.

Nelson, Hilde Lindemann *Damaged Identities: Narrative Repair.* Ithaca: Cornell University Press. 2001.

Nelson, Hilde Lindemann and James Lindemann Nelson *"Cutting Motherhood in Two: Some Suspicions Concerning Surrogacy."* Hypatia 4(3): 85-94. 1989.

Nelson, Hilde Lindemann *"Knowledge at the Bedside: A Feminist View of What's Happening with This Patient." in Meaning and Medicine: A Reader in the Philosophy of Health Care, James L. Nelson and Hilde L. Nelson (eds.)* New York: Routledge 106-116. 1998.

Nelson, Hilde Lindemann *"The Architect and the Bee: Some Reflections on Postmortem Pregnancy."* Bioethics 8(3): 247-267 1994

Nelson, Hilde Lindemann *"Dethroning Choice: Analogy, Personhood, and the New Reproductive Technologies."* Journal of Law, Medicine & Ethics 23: 129-135 .1995.

Nelson, Hilde Lindemann *"Against Caring."* The Journal of Clinical Ethics Spring: 8-20. 1992.

Nelson, James Lindemann. *"Making Peace in Gestational Conflicts."* Theoretical Medicine 13: 319-328 1992

Nelson, James Lindemann. *"The Silence of the Bioethicists."* Gay and Lesian Quarterly 4(2): 213-230 1998

Nelson, James Lindemann. *"Knowledge, Authority and Identity: A Prolegomenon to an Epistemology of the Clinic."* Theoretical Medicine. 22: 107-122. 2001.

Newman, Elizabeth *"Theology and Science Without Dualism."* Cross Currents 48 (1): 34-48. 1998.

Nicholson, Richard. *"Unity in Diversity."* Hastings Center Report. 29 (1): 6. 1999.

Oaks, Laury. *"Smoke-filled Wombs and Fragile Fetuses: The Social Politics of Fetal Representation."* Signs. 26 (1): 63-108. 2000.

Okin, Susan Moller *"Sexual Orientation, Gender, and Families: Dichotomizing Differences."* Hypatia 11 (1): 30-48 1996

Owens, Joseph, C.Ss.R. *A History of Ancient Western Philosophy.* New York: Appleton-Century-Crofts. 1959.

Owens, Alistair *"Property, Gender and the Life Course."* Social History. 26 (3): 299-317. 2001.

Parens, Erik *"Is Better Always Good?"* Hastings Center Report Suppliment January/February: S1-S17. 1998.

Paul, Ellen Frankel and Jeffrey Paul, eds.. *Why Animal Experimentation Matters: The Use of Animals in Medical Research.* New Brunswick: Transaction Publishers. 2001.

Perlini, Arthur et. al. *"The effects of women's age and physical appearance on evaluations of*

attractiveness and social desireablity." Journal of Social Psychology 139 (3): 343-354 1999

Perneger, Thomas, et. al.. *"Race and End-Stage Renal Disease: Socioeconomic Status and Access to Health Care as Mediating Factors.* Archieves of Internal Medicine. 155 (11): 1201-209. 1995.

Plato. Cooper, John M., ed. *Plato: Complete Works.* Indianapolis: Hackett Publishing. 1997.

Plumwood,Val. *Feminism and the Mastery of Nature.* New York: Routledge. 1993.

Rapp, Rayna. *Testing Women, Testing the Fetus: The Social Impact of Amniocentesis in America.* New York: Routledge. 1999.

Rapping, Elayne. *"Movies and Motherhood."* The Progressive. 59 (7): 36. 1995.

Rathore, Saif, et. al.. *"Sex Differences in Cardiac Catheterization: The Role of Physician Gender."* JAMA. 286 (22): 2849-857. 2001.

Regan, Tom and Peter Singer, eds. *Animal Rights and Human Obligations.* Englewood Cliffs, NJ: Prentice Hall. 1989.

Reindal, Solveig Magnus *"Disability, Gene Therapy and Eugenics - A Challenge to John Harris."* Journal of Medical Ethics 26 (2): 89-94. 2000.

Rheem, Helen. *"Equal Opportunity for Women."* Harvard Business Review. 74 (4): 12-13. 1996.

Rhode, Deborah. *"Career Progress, Yes; Equality, Not Quite Yet."* National Law Journal. 17 (48): A21. 1995.

Rickaby, Joseph. *Aquinas Ethicus: The Moral Teaching of St. Thomas.* London: Burns and Oates. 1896.

Rodriguez, Havidan. *"Household Composition, Employment Patterns and Income Inequality: Puerto Ricans in New York and Other Areas of the U.S. Mainland."* Hispanic Journal of Behavioral Sciences. 14 (1): 52-75. 1992.

Rooks, Naoliwe. *Hair Raising: Beauty, Culture and African American Women.* New Brunswick: Rutgers Univeristy Press. 1996.

Rossman, Eric. *"On-the-job Performance of Home Health Aides: A Structural Interpretation."* Human Organization. 56 (4): 393-99. 1997.

Rudman, Laurie and Peter Glick *"Feminized management and backlash toward agentic women: The hidden costs to women of a kinder, gentler image of middle managers."* Journal of Personality and Social Psychology 77(5): 1004-1010. 1999.

Sahay, Sarita and Niva Piran *"Skin-Color Preferences and Body Satisfation Among South Asian-Canadian and European-Canadian Female University Students."* The Journal of Social

Psychology 137(2): 161-172. 1997.

Scheman, Naomi. *Engenderings: Constructions of Knowledge, Authority and Privilege.* New York: Routledge. 1993.

Scotch, Richard. *"American Disability Policy in the Twentieth Century."* In The New Disability History: American Perspectives. Edited by Paul Longmore and Lauri Umansky. New York: New York University Press. 2001.

Scully, Diana. *"From Natural to Surgical Event."* In The American Way of Birth. Edited by Pamela Eakins. Philadelphia: Temple University Press. 1986.

Sheets-Johnstone, Maxine. *The Roots of Power: Animate Form and Gendered Bodies.* Chicago: Open Court. 1994.

Shelton, Robert *"The Social Text as Body: Images of Health and Disease in Three Recent Feminist Utopias."* Literature and Medicine 12(2): 161-177. 1993.

Sherwin, Susan. *No Longer Patient: Feminist Ethics and Health Care.* Philadelphia: Temple University Press. 1992.

Shildrick, Margrit. *Leaky Bodies and Boundaries: Feminism,Postmodernism and (Bio)ethics.* New York: Routledge. 1997.

Shildrick, Margrit *"Becoming Vulnerable: Contagious Encounters and the Ethics of Risk."* Journal of Medical Humanities 21 (4): 215-227. 2000.

Sibbald, Barbara. *"Unique health needs of elderly women being ignored, symposium told"* Canadian Medical Association Journal 161 (10):1309-1310. 1999.

Silverman, Marlene. *"The Old Man as Woman: Detecting Stereotypes of Aged Men with a Femininity Scale."* Perceptual and Motor Skills. 44 (1): 336-38. 1977.

Singer, Charles. *A Short History of Scientific Ideas to 1900.* Oxford: Clarendon Press. 1959.

Singer, Peter. *Animal Liberation: New Revised Edition.* New York: Avon Books. 1990.

Sinnott, Jan. *"Older Men, Older Women: Are Their Perceived Sex Roles Similar?"* Sex Roles. 10 (11/12): 847-56. 1984.

Sluzki, Carlos. *"Clinical Research in the Third World."* American Journal of Orthopsychiatry. 71 (3): 276-77. 2001.

Sommers, Samuel and Phoebe Ellsworth. *"Race in the Courtroom: Perceptions of Guilt and Dispositional Attributions."* Personality and Social Psychology Bulletin. 26 (11): 1367. 2000.

Steingart, Richard et. al.. *"Sex Differences in the Management of Coronary Artery Disease."* The

New England Journal of Medicine. 325 (4): 226-31. 1991.

Stewart, Carole L. *"Comment: Mandated Medicaid coverage of Viagra: Raising the issues of questionable priorities, the need for a definition of medical necessity, and the politics of poverty."* Loyola Law Review. Fall. 1998

Strahler, Arthur N. *Understanding Science: An Introduction to Concepts and Issues.* Buffalo, New York: Prometheus Books. 1992.

Tangwa, Godfrey *"The Traditional African Perception of a Person: Some Implications for Bioethics."* Hastings Center Report 30 (5): 39-43. 2000.

Taywaditep, Kittiwut-Jod. *"Marginalization Among the marginalized: Gay Men's Anti-effeminacy Attitudes."* Journal of Homosexuality. 42 (1): 1-28. 2001.

Tescott, Jacqueline. *"While the Plight of Young Males Tops the Black Agenda, Girls Face Crises of Lost Self-esteem and Dreams."* Emerge. 6 (5): 35. 1995.

The Lancet. *"Sex Differences in HIV-1 Viral Load and Progression to AIDS."* The Lancet. Nov. 7: 1510. 1998.

Tong, Rosemarie. *Feminine and Feminist Ethics.* Belmont CA: Wadsworth. 1993.

U.S. Department of Labor, Women's Bureau *"Women's Bureau Launches 'The Fair Pay Clearinghouse' to Imporove Pay Scales for America's Working Women."* Press Release October 30. 1996.

U.S. Department of Labor, Bureau of Labor Statistics *"Highlights of Women's Earings in 1998."* Washington, D.C.: U.S. Department of Labor Report 928 April: 1-5. 1999.

U.S. Department of Labor, Office of Public Affairs *"OPA Press Release: Reich Says Administration Plan Will Help Break Glass Ceiling of Retirement Security."* Press Release May 9. 1996.

Vasseleu, Cathryn. *Textures of Light: Vision and Touch in Irigaray, Levinas and Merleau-Ponty.* London: Routledge. 2002.

Virus Weekly, ed.. *"Do Current Viral Load Thresholds Put Women at Risk?"* Virus Weekly: NewsRX. July 25. 2000.

Wade, Jay and Chris Brittan-Powell *"Men's attitudes toward race and gender equitey: The importance of maculinity ideology, gender-related traits, and reference group identitiy dependence."* Psychology of Men and Masculinity 2 (1) 42-50. 2001.

Walker, Michelle. *"Silence and Reason: Women's Voice in Philosophy".* Australasian Journal of Philosophy. 71 (4): 400-424. 1993.

Weiss, Gail. *Body Images: Embodiment as Intercorporeality.* New York: Routledge. 1999.

Weiss, Gail and Honi Fern Haber, eds. *Perspectives on Embodiment:The intersections of Nature and Culture.* New York: Routledge. 1999

Weiss, Meira. *"Narriatives of embodiment: The discursive formulation of multiple bodies."* Semiotica 118 (3/4): 239-260. 1998.

Wendell, Susan. *"Toward a Feminist Theory of Disability."* Hypatia. 4: 104-124. 1989.

Wenger, Nanette, et. al.. *"Cardiovasular Health and Disease in Women."* The New England Journal of Medicine. 329 (4): 247-57. 1993.

Wheeler, David. *"3 Medical Organizations Embroiled in Controversy Over Use of Placebos in AIDS Studies Abroad."* The Chronical of Higher Education. 44 (16): A15-16. 1997.

Wise, Steven M. *Rattling the Cage: Toward Legal Rights for Animals.* Cambridge: Perseus Books. 2000.

Wolf, Naomi. *The Beauty Myth.* New York: Anchor Books. 1991.

Wolf, Naomi. *Misconceptions: Truth, Lies, and the Unexpected on the Journey to Motherhood.* New York: Doubleday. 2001.

Wolf, Susan, ed.. *Feminism and Bioethics: Beyond Reproduction.* New York: Oxford University Press. 1996.

Wolinsky, Fedric, et. al.. *"Gender Differences in the Sequelae of Hospitalization for Acute Myocardial Infarction Among Older Adults."* Journal of the American Geriatrics Society. 47 (2): 151-59. 1999.

Women's Health Weekly, ed.. *"Study Confirms HIV Viral Load Lower In WOmen Than Men; Implications for Therapy."* Women's Health Weekly: NewsRX. Mar. 22: 3. 2001.

World Medical Association. *World Medical Association Declaration of Helsinki.* Http://www.wma.net/e/policy/17-c_e.html. Accessed 1/03. 2002.

World of Work *"Around the Continents: More and Better Jobs for Women."* World of Work no. 25. 32-33. 1998.

World of Work *"Will the Glass Ceiling Ever Be Broken?: Women in Management: It's Still Lonely at the Top."* World of Work no. 23. 6-9 1998

World Medical Association. *World Medical Association Declaration of Helsinki.* http://www.wma.net/e/policy/17-c_e.html. 2002.

Wright, John P. and Paul Potter, ed. *Psyche and Soma.* Oxford: Clarendon Press. 2000.

Young, Iris Marion *Justice and the Politics of Difference.* Princeton: Princeton University Press. 1990a.

Young, Iris Marion *Throwing Like a Girl and Other Essays in Feminist Philosophy and Social Theory.* University Press. 1990b.

Young, Katharine. *Presence in the Flesh: The Body in Medicine.* Cambridge: Harvard University Press. 1997.

Vita

Nancy Lynn Dumler was born in Kansas City, Kansas to Donald and Beverly Dumler. She, her brother and parents moved to the Basehor Kansas area when she was nine and she completed her high school degree there at Basehor High School. She attended the University of Kansas from 1986 to 1990 beginning as an art major but later earning a double major bachelor's degree in psychology and applied ethics. She began graduate school in January of 1993 at the University of Tennessee, Knoxville earning her M.A. and then Ph.D. exactly ten years later. During that decade she experienced the loss of her grandmother and the unexpected loss of her father. She also, along with her cats, survived an apartment fire and made it through a corneal transplant to correct blindness in one eye. She is the first in her family to earn a graduate degree. Nancy is currently living in the Kansas City area to be closer to her family and is teaching philosophy and ethics classes for the local colleges.