

our own desires and that of our mothers.⁷ We need a new political discourse that includes the process of birth, that discovers what pregnancy and childbirth mean to women. We must listen carefully to what women/mothers say about their economic difficulties, their desires, their anger, and their moments of pain and of happiness, as well as their murderous fantasies and impulses.

My concern here is to expose the terms in which childbearing is constructed. I use three stories that embody many aspects of the reconstruction of the concept “mother” in light of the new reproductive technologies or of the opportunities for new forms of parenting.⁸ The first story is the biblical story of Sarah and Hagar, which has come to symbolize so-called surrogate motherhood. The opposition between legitimate and illegitimate mother as sanctioned by God and Christian thinkers recovers the opposition between infertility/legitimacy and fertility/sexuality/illegitimacy. The second and third stories are contemporary stories. They echo the stories of Sarah and Hagar, but with new twists that provide the basis for a different reading of the experience of pregnancy and of the role of the Father (the medical, legal, biological, or adoptive) as compared with the Old Testament story. The language and theoretical claims, revealed in these stories, are important for political theorists concerned with the transformation of a polity that has excluded women.⁹ Caroline Whitbeck has remarked that “rationalized accounts of moral experience that give no weight to embodiment, or go even further in requiring that the individual sever herself from embodiment, cannot begin to get at complexities of women’s embodied experiences” (Whitbeck, 1984, pp. 185–192). Pregnancy is one such complex embodied experience of women and, as such, it deserves the attention of political theorists.

My first story has a twofold effect. First, it points to the connection between infertility and legitimacy: It is the story of Abram, Sarah, and Hagar. Next, as this story presents a paradigm for surrogacy, it

introduces a discussion on the debate around policy proposals about surrogacy.¹⁰ The dyad Sarah-Hagar embodies two visions of conception reenacted in present debates on surrogate motherhood.

In Genesis 16-4, we read: And Sarah Abram’s wife took Hagar her maid the Egyptian, after Abram had dwelt ten years in the land of Canaan, and gave her to her husband Abram to be his wife. And he went unto Hagar, and she conceived: and when she saw that she had conceived, her mistress was despised in her eyes.

This encounter between Abram and Hagar had been preceded by a metaphoric exchange: Sarah’s mediation between Abram and Hagar enables her to take the place of Abram in the sexual encounter. “I may obtain children by her” (Genesis 16–1). But it is the son of Abram and Sarah — Isaac — who has been chosen by God to “head a great nation.” Thus, when later, God finally allows Sarah to conceive, her sudden fertility adds a new power to the place that she has occupied metaphorically. She demands the deportation of Hagar, and Abram then forces Hagar and her son — Ishmael — into exile.

According to the biblical narrative, Sarah was infertile. Yet nowhere is there the suggestion that she has been sexually inactive or that she was a virgin. We are only told that Sarah was no more “after the manner of women,” which we can safely assume means that she was menopausal. The conception of Isaac is not presented as the result of a sexual encounter between Abram and Sarah, as Ishmael was the result of Abram’s and Hagar’s sexual intercourse. There is indeed no account of sexual intercourse between the old couple in Genesis 16 to 21 when the first mention of their newborn son is made. Genesis 21–1 simply states that the “Lord did unto Sarah as he had spoken.” Isaac is born out of the will of God, whereas Ishmael was conceived out of the will of Sarah and as the result of sexual intercourse. The difference is important.

The Christian thinker, Augustine, understood very well the symbolic difference between these two conceptions. Augustine said that: "The son of the slave girl was born according to the flesh, but the son of the free woman in virtue of the promise" (Augustine, 1958, p. 325). The barren must "rejoice," for her progeny is chosen (p. 326). She is the "vessel of mercy," while the Hagar of this world are the "vessels of wrath."

The relation between fertility, sexuality, and legitimacy in the Old Testament contrasts with the same relation in the New Testament. As the stories of barren women in biblical stories have served as a cultural and religious argument to justify present surrogacy contracts, it seems important to examine more closely the role of these elements: sexuality, fertility, and legitimacy. Fertility and sexuality are clearly separated in the New Testament, and this separation was further perfected by the Catholic Church with the Marian cult. Mary is a virgin but there is no doubt about her fertility. The connection between virginity and conception is clear: Virginity seems to be the *condition* for fertility. In Mary's story, to say "you are fertile" is to say "you have never been sexual." Yet, in the Old Testament story of Sarah and Hagar, to say "you are fertile" is to say "you are sexual and illegitimate" (Hagar). And to say "you are infertile" is perhaps to say "you are asexual" but certainly to say that "you are the legitimate mother." Your legitimacy has been granted by the incontestable authority of the Father, God. Barrenness is the price to pay for being the legitimized mother. For Mary, it is virginity that constructs her as a mother.

The infertile (desexualized) woman as the legitimate mother, who has a justified claim against the fertile (sexual) woman, is very much present in contemporary justifications of surrogacy. It must be noted that the claim is, however, advanced more by the biological father or by his lawyer than by the adoptive-infertile woman. The fertile mother becomes the "illegitimate" mother, from whom, according to the reading of surrogacy

proponents, the child can be taken. To be sure, Hagar differs from contemporary surrogates in that she did not lose Ishmael.¹¹ The modern surrogate is not sent into exile with her child. Instead, both are sent separately into exile.

For many feminists, the tale of Hagar is the tale of a woman compelled to conceive because of her position of servitude. For instance, Andrea Dworkin claimed that a modern Hagar was "by definition condemned to a predetermined status, role, and function" for the state had fixed "her social place so that her sex and her reproductive capacity are commodities."¹² In this respect, Mary-Beth Whitehead, of the much publicized "Baby M" case of child custody in a surrogacy contract, appears as a tragic modern Hagar. She was described as immoral, sexual, hysterical, unstable, whereas Betsy Stern (the Sarah of this story) was described as poised and contained (Chesler, 1988).

In the surrogacy debate, individual women have been pitted against women, Sarahs against Hagars: the story of the infertile woman against the story of the fertile one, the rich against the poor, the educated against the uneducated. But it was — and still is — infertility which plays a major role. Throughout the recent years infertility has been presented as one of the major problems in the United States¹³ and demystifying its discourse appears quite necessary. In the words of Deborah Gerson, "the conflation of childlessness — a social situation that can be remedied by the presence of a child — with infertility—a medical condition to be cured by doctors — obscures the ideology of biological continuity, 'my child . . . my flesh,' which imbues genetic offspring with symbolic and mystical properties" (1989, p. 49). And infertility is not, as Noel P. Keane, an advocate of surrogacy, put it, an "injustice of nature," (n.d., p. 4) but "its parameters must be placed squarely within the nexus of race, class and gender relations that determine differential health status and treatment" (Gerson, 1989, p. 62). The child, in the logic of the new technocrats, has become another commodity whose price is decided

according to the fluctuations of a market where the conditions of exchanges are set by the West.¹⁴

It was an advocacy group of feminists and so-called surrogate mothers — the National Coalition Against Surrogacy (NCAS) — which, in the United States led the attack against the commodification of children (NCAS, 1987). The testimonies presented by the NCAS, during the Congressional hearings on surrogacy in 1987, were stories of betrayed and victimized women who told of psychological suffering and of their profound commitment to “help”: “I had the euphoric feeling of creating a family for a couple less fortunate than myself (Kane, 1987); “I had always believed we were in this world to help others” (Whitehead, 1987). These witnesses against surrogacy introduced themselves as “common people”: “I am not a feminist. I am an invisible mother fighting for the rights of other women” (Kane); “I am simply a mother, and a housewife from New Jersey, who has decided it is time to speak out” (Whitehead).

Advocates of surrogacy had presented a happy and fulfilled Hagar. Along with liberal feminists, they defended a modern Hagar, responsible, autonomous, an adult making an informed and rational decision. Radical feminists and the NCAS had shown an alienated Hagar, a victim whose choice was constructed by patriarchy. Sarah had disappeared from the picture. She was nonexistent. Only the Father-Man was present with his desire for a child. He was able to confer legitimacy on a child who, otherwise, would have been legally considered “illegitimate” because born out of an “adulterous” relation. Indeed, the legal argument, established by the cases of legitimacy in Artificial Insemination Donor (AID) cases, maintained that a child conceived by this means is legitimate, not “the product of an adulterous relation, at least where AID was [done] with the husband’s consent” (ACLU, 1988). In cases of surrogacy, this means that because there is consent of the husband (he is giving his sperm), there is no adultery and the child is the legitimate

child of the father (Keane, 1980). It is thus a patriarchal conception of legitimate sexual relationships and legitimate conception that sustains the claim of the biological father in surrogacy cases (Keane, 1980, p. 156). Keane adds that, in case of conflict, “the *expectation* of fatherhood [is] on equal footing with the *parental* feelings of surrogate” (Keane, n.d., pp. 17–18; note the reversal of terms: the father expects, the mother parents; emphasis mine).

In none of these discourses were the contradictory desires behind the women’s impulse to “give another woman the gift of love” presented. One could argue that there is apparently something extremely moving in this gesture, something from woman to woman to assuage the pain of being barren, to help the other woman against the patriarchs who could repudiate the unfortunate sister, a “Herland” where Sarahs and Hagars could defeat patriarchy. But, if this desire exists, one can also foresee different fantasies, born out of contradictory desires and unresolved ambivalences. The desire for a child is much more than the constitution of the mother-child bond, more than a realm of women’s sexuality, more than the desire to give a child to another woman. It is perhaps all of this, but it is also a space with shadowy places, and my second story is an attempt to explore some of these unexpected elements.

This story can be read as a rewriting of Sarah’s and Hagar’s story, its New Testament version, with a repetition of the Virgin Mary’s conception of a child. It is the real story of Debbie, Sue, and George, “Catholic young people, with this well-scrubbed look peculiar to so many Polish children brought up by God-fearing parents” (Keane, 1981, p. 64). Sue was a friend of Debbie, whom she saw as the “mother I had always needed and never really had” (p. 62). Debbie had had a hysterectomy, and, thus, could not have children. But having a child was her “greatest desire,” which George, her husband, shared deeply. She offered to “give” Debbie the “gift of love” (p. 146). Debbie inseminated Sue, a virgin, with

George's sperm. Sue had a daughter, that Debbie and George called Elizabeth, Sue's middle name. Sue stayed . with Debbie and George and their now legally adopted daughter, and became the "aunt" of little Elizabeth. When years later, the desire for another child awakened in Debbie and George, Sue volunteered again and gave birth to a boy: "Again the birth was by Cæsarian to surrogate mother Sue, who remains a virgin" (p. 149).

Because Debbie had inseminated Sue, there was no adultery. A child was conceived but not through sexual intercourse. Also, Sue could enjoy guilt-free (in fact at Debbie's behest) a pregnancy by Debbie's husband and she proved that she was the better, preferred woman, defeating Debbie (echoes of Hagar's triumph in Genesis 16-4). And yet, far from Sue incurring Debbie's rage, the latter thanked her and welcomed her as a family member. Debbie loved Sue and "their" baby; Sue will never have to leave.¹⁵ Psychoanalyst Linda Wimer Brakel sees in this fantasy an attempt by the surrogate mother to "reconcile her oedipal dilemma — death wishes towards her parents (based on intense rivalry, jealousy, and possessiveness) with concurrent loving and dependant feelings" (1988, p. 87).

Feminists have challenged the Freudian reading of the outcome of the oedipal phase for women. Nancy Chodorow argued that "the turn to the father is embedded in a girl's external relationship to her mother and in her relation to her mother as an internal object" (1978, p. 126). Margaret Homans added that the girl turns to the father not "because she hates the mother but rather because, continuing to love her mother, she hopes that the father will be able to supply her with what she perceives (given a traditionally heterosexual mother) would satisfy her mother's desire" (Homans, 1986, p. 12). According to these new readings of oedipal resolution for girls, Sue had not been competing with Debbie, as Wimer Brakel argued, but had tried to satisfy her adopted-surrogate mother's desire — remember that Sue described Debbie as

the mother she wished she had — by being the "surrogate" mother of Debbie's daughter.

Another theoretical development of Chodorow's was to present motherhood as an attempt to reproduce the relation of daughterhood. With this revision, Debbie and Sue can be said to have instituted a genealogy of women. They created a child (but this can become complicated as Debbie, who "inseminates" Sue twice, can be seen as the "father" of their children) without the physical and emotional presence of a man, outside of patriarchy. Yet, we should not forget that George was very much present. The children conceived by Sue are *his* children. They bear *his* name. He is their Father. The traditional family is maintained and Sue's role is perverted: She becomes the childless and asexual aunt who devotes her life to children. Can a fantasy defeat patriarchy?

For Julia Kristeva, this form of fecundation without sexuality, which set the foundations of Christianity, signifies that the filial relation has nothing to do with the flesh but everything with the "Name of the Father," or in other words, that any matrilineality can be disclaimed and that only the symbolical tie remains (1983, p. 299). Kristeva adds that the figure of the mother as a virgin is "another *forclusion* (foreclosure) of the other woman (which is fundamentally a foreclosure of the woman's mother) by offering the image of One woman as Unique: unique among women, unique among mothers, unique among humans since she is without sin" (p. 322). Sue realized this paranoid fantasy: She could think of herself as "the Creator." She was a mother who had conceived without the sin of flesh and she was not jealous of Debbie, as in the oedipal triangle of Wimer Brakel, but she has defeated her own mother who had sinned in order to have her. She could give a child to the Father and it would be a "pure" gift, untainted by the mother's sexuality, entirely legitimated by His name. Sue was not really a modern Hagar: She did not have an Ishmael to lose and Sarah-Debbie

had kept her in her home. The legitimation of Debbie as the mother was done by George, and Sue had helped George in this legitimation by making George a father.

My third story provides a basis to analyze the process of transmission as understood by phallogocentric law. It is the story told by the movie "Immediate Family."¹⁶ Linda and Michael Spector are a solidly middle-class, happy professional couple, who live in Seattle in a beautiful house overlooking the ocean. The only spot on this perfect picture is that they have been unable to conceive a child for the fifteen years of their marriage. They finally contact a lawyer specializing in "open adoption," that is, a procedure in which the adoptive parents meet the biological mother prior to the birth of her child. A young woman, Lucy, who is 15 years old, of Midwest working-class background, and lives in a little city of Ohio that has no name (the city is shown as a bleak place, with run-down houses and factory chimneys pouring dark clouds of fumes) calls Linda one day. She is pregnant but does not want to keep the child. Lucy comes to Seattle and everything seems fine. Linda and Lucy become friends. But when Lucy gives birth, she experiences feelings that she never thought she would have and decides to keep her newly born boy. She returns to Ohio and the Spectors are heartbroken. However, Lucy is faced with too many problems: She has no job; her boyfriend, Sam, cannot afford to support Lucy and their newborn; and life in Anywhere, USA, seems to go nowhere. So she finally decides to give the baby to the Spectors.

The film constructs, as a logical and inevitable conclusion, the idea that only the Spectors can offer a suitable environment for raising a child. We are presented with a series of contrasted images — pictures of a strong, traditional family (living grandparents, solid relation between the Spectors) versus pictures of a life with a stepfather, no mother or father for Lucy; beautiful nursery overlooking the ocean at the Spectors' home versus crummy rooms with blaring heavy-metal rock in Lucy's house; nice cars for Linda

and Michael versus old dented car for Lucy's boyfriend; responsible adults with a solid job versus kids whose dreams are nothing more than becoming the next rock idol or a hairdresser. The film makes a classist claim.

There is however another level besides class in "Immediate Family," which relates to the construction of filiation in the phallic symbolic order, and Kristeva's analysis of filial transmission helps us to uncover this level. The first transmission of the child from Lucy to Linda, from woman to woman, cannot succeed. The real, effective transmission of the baby has to be effected from father to father. Indeed, when Lucy brings the baby back, she is with Sam. Sam is the one who carries the baby and hands it to Michael while Linda is watching the scene from the stairs. Both women are marginalized in the exchange. Neither Lucy nor Linda touches the baby in this scene. But Lucy wants to see the nursery for the last time and Linda follows her. There, both women embrace in front of an empty crib, for only the father can fill it.

The transfer of the baby from Sam to Michael can also be read as a transfer from son to father, for Sam is young enough to be Michael's son. In this case, the son restitutes to the father the baby son that the daughter wanted to steal from him. The son is handing himself to the father to escape the unpredictable maternal world, a world where a woman can give or take away life. The son reinsures the father and supports his falling power against the mother and the daughter.

Solidarity between men can ensure that women will not rob them of their due. In a scene at the lawyer's office where Lucy confronts Linda and Michael, Linda remains silent while Michael vents his anger at Lucy. If Linda's silence in front of the daughter's revolt against the father can be seen as a mute approval, one can also construct it as an understanding of Lucy's decision. Pressed by Michael to say something, Linda refuses and Lucy says: "She cannot talk because she has too much pain."

In a previous scene, Lucy is put in the

position of the favorite child in the couplet father/child (son?) which excludes the mother: One night at the dinner table, Lucy offers to watch a football game on TV with Michael. While we see Linda washing the dishes, wearing an apron that makes her look much older, we hear the screams of Michael and Lucy cheering the players in the other room. The following scene shows Michael explaining to Lucy some pictures on the wall, signs of his established and solid filiation: vacation house, mother, and Yale, while Lucy did not know her father, had no summer home, and her mother died when she was an infant. Linda's parents are also absent, living in Los Angeles, and she has no pictures to show to Lucy.¹⁷ It is also Michael who cuts, at the hospital, the umbilical cord connecting Lucy with her newborn son, symbolically separating the son from his mother's womb and signaling the filiation.

Women, whether upper class or working class, appear without ancestors, without a genealogy. Men are separated from each other by class: Sam cannot claim anything but an alcoholic and violent father. The movie discursively creates a world where babies are born of men. Men establish the genealogy. They make the right decisions, in the best interest of the child. Sam encourages Lucy to abandon her baby. Lucy is presented as impulsive and Linda as passive. If it was not for the fathers, baby William/Andrew's future would look bleak. The baby is safe only in the father's arms. The still photograph frequently used to advertise the movie shows Linda, Michael, and the baby. Michael is feeding the baby while Linda looks on (reverse image of "Maternities").¹⁸

The emotional and physical bond that Lucy describes to justify her refusal to relinquish her baby has been the basis for many surrogate mothers' defense. The affirmation of a dyadic, symbiotic unit woman/fetus challenges the liberal logic of separateness presented in pro-surrogate discourses. Object-relation theorists have presented the most developed propositions regarding the symbiosis woman/fetus.

Their theoretical statements have even helped to frame an argument that rejects any paternal claim on the fetus.

The woman is more suitably prepared for the identificatory office of dyadic mother and has a greater stake in the constitutive decision of procreation than the man by virtue of impregnation, pregnancy, and birth, in all their multiple biological and psychological dimensions, as reinforced by her own relationship with her mother and interpreted by cultural meanings and myths." (Goldstein, 1989, p. 69)

There have been, however, few studies, in fields other than the medical and the psychoanalytic, about how women live, think, and imagine their pregnancies, which would help us to understand the dynamics of the woman-fetus unit. Ann Oakley found, in her 1980 study of experiences of childbirth in contemporary Great Britain, that for most of the women she interviewed, pregnancy had been much more uncomfortable than they had expected. Yet, they also adopted the mystique surrounding childbearing and tended to deny any experience of pain. She added that:

Reproduction is not just a handicap and a cause of second-class status; it is an achievement, *the* authentic achievement of women. The particular brand of feminism that flourishes in the second half of the twentieth century does not see this, though earlier versions have done. The problem is to reconcile the feminist political program of women's advancement with the subjective logic of reproduction stripped of its masculine ideological transformation: childbirth as seen through women's eyes without the obfuscation of masculine ambivalence. (1980, p. 291)

But, do we have the words to express this experience if "language and culture depend on the death or absence of the mother" and if "the phallus always stands as the primary signifier" (Homans, 1986). Writers of the *écriture féminine* argue that

a different discourse is available to women, not based on the murder or denial of the mother but rather on the reappropriation of a pre-oedipal language.¹⁹ They contend that this pre-oedipal language, this *écriture*, defies the phallic logos. It is also located in the reminiscences of the little girl who, according to the English psychoanalytical school (Melanie Klein, Karen Horney, Marie Muller), “from the start privileges the interior of the body and the vagina: hence the archaic experiences of femininity which leave an indelible trace” (Montrelay, 1987, p. 227).

Childbearing seems then to present a large field for theoretical explorations. In the passage quoted above, Oakely refers to an earlier version of feminism that saw reproduction as *the* achievement of women and she seems to imply that we should rediscover this brand of feminism. But the latter did not investigate the bifocal (my body/her body) logic of subjectivity in reproduction and was inclined to construct a mother (asexual, moral) that excluded the woman (sexual, immoral).

It is tempting to parallel the contemporary liberal stance, which envisions woman as an autonomous individual, with the vision of the generation of New Women described by Carroll Smith-Rosenberg (1985). These women adopted masculine paradigms in reaction against their mothers who had defended a “female world of love and ritual.” They entered the heterosexual world on the assumption that they could be the equal partners of the men. According to Smith-Rosenberg, they lost the battle.

Today, these New Women see in reproductive technologies the “bloodless means by which to accomplish gender neutrality” (Chesler, 1988), for, “through the glorious revolution of reproductive technology, men and women can stand in precisely the same relation to their child at the moment of birth” (Tong, 1988, p. 17). I will add although that their posture is one of a father *manqué* rather than one that mirrors the father/man’s posture. For,

even though Linda, like Michael, is standing at Lucy’s side, it is Michael who cuts the umbilical cord. Linda does not stand in the same relation as Michael to her child. Her lack of symbolic filiation makes her a passive witness to the birth of the father’s son.

To many who advocate these new technologies the aim is to master life’s processes until none of its aspects can escape. The idea is to plan, to regulate reproduction according to masculinistic and capitalist ideas. For is not a pregnant woman a challenge to technique, to science and progress? A challenge to technique in so far as she is a medical “machine” with a high level of complexity and sophistication. A challenge to science in so far as she is the “living negation of all the principles at the foundation of the scientific rationality which dissociates subject and object, spirit and matter, fact and value” (de Villaine, 1985, p. 552). The goal in the aspiration to master this process is the abolition of the mystery of origins, of the male existential anguish (only the mother knows the origins). This project reveals the desire for the abolition of risk (the womb is a dangerous place). It also discloses that *control* is conceived as the paradigm of the relation to the world. Yet, control is not exercised by the individual but by the medical authority, itself controlled by the political and social authority. In this context, is it not logical that women would retreat to a defensive position, resist reproductive technology, and claim their control on the bond between mother and child? Yet, women need to go beyond a defensive position. We must listen to women, and hence to ourselves, to our fears, our triumphs, our rejection, our ambivalence for our desire, or lack of desire, for a child.

If the mobilization of forces known to be inimical to certain social groups is often a sign in politics for concern and mobilization of the targeted social groups, then the mobilization in law and science for a new definition of mother is an indication for concern and mobilization, for both professions have not been known to be particularly among women’s allies

and have helped in their exclusion from the polis.²⁰ It is thus important to pursue the reflection on the parameters of women's inclusion in the polis.

To the question: "In virtue of what capacity should women claim to be an interested party in organizing, leading and governing society?," political theorist Anna G. Jónas-dóttir answers not childbearing, but sex, "the only capacity that relates *all* women to one another" (1988, p. 319). For, even though she recognized the relevance of childbearing in the conception of a citizenry that will fully include women, Jónasdóttir thinks that insisting on this aspect of women's experience favors only "one aspect of womanhood, let alone a concrete one" (p. 319). I agree with her in so far as childbearing and the institution of motherhood (as in republican motherhood) are confused. Yet, is it not possible to conceive pregnancy, as another aspect of women's sexuality? Further, the image of a female pregnant body is not the same as the image of a sexed female body in public space. To be sure, not all women have been or intend to become pregnant, and replacing the image of maternity with the image of pregnancy will not necessarily ensure progress for women in political public space. I do agree, however, with Adrienne Rich's statement that, we, women and men, carry an imprint of our experience of being borne for nine months in a woman's womb (1986, p. 11). Recognizing this fact can be a humbling experience: If it was not for this woman, we would not be born. It brings a materiality to our existence that can open the way for respect for the other. The ethics of caring advocated by feminists could then rest not only on mothers' experience but on our knowledge that for nine months we were living off a woman's body, heart, and mind. We might even have been threatening to her life. Thinking of the woman/fetus unit in a dynamic way would help us to overcome the mystical notion of gift of love, and insist on the concreteness of recognizing dependency and debt. Furthermore, such recognition will challenge the ideology of self-creation

that pervades most of Western thought. This ideology sets the tone for a discourse in which the subject is all powerful, in which the subject thinks that history starts with her or him and not that she or he is part of history.

The construction of pregnancy as a temporary disability and the construction of pregnancy as a mere result of forced submission do not offer the grounds for an inclusion of women's uniqueness (childbearing) in political theory. Pregnancy and parturition as experiences of "selfhood" resist the liberal ideal of autonomy and the feminist model of subjugation. To be sure, the stories of Sarah and Hagar, Debbie and Sue, Linda and Lucy, have been told in a way that reinforces the organization of the symbolic order as we know it, namely that symbols are developed to support the claim that one referent dominates. It was through the intervention of the father that this event, bearing a child, was legitimized. Women have reacted against this takeover by glorifying or by rejecting motherhood.

A feminist project that situates itself beyond these dichotomous locations would have to symbolize the dyad woman-fetus. It would take as its theoretical foundation the questioning of our denial of dependency and the desire to forego our origins. Understanding the interdependence of two beings could offer a model of community in which the autonomous individual would be aware of her or his origins and the aspiration for autogenesis that supports most liberal claims would be challenged. This understanding would be accessible not only to those who mother (as in Sara Ruddick's 1980 model) but to all of us as we were each born from the union of parts — female (ovum) and male (sperm) — and each have been "of woman born."

ENDNOTES

1. Zillah Eisenstein (1981), Jean Elshtain (1981, 1988), Jane Gallop (1988) and Adrienne Rich (1986), to name a few, have been among such critics.

2. Such critics include Andrea Dworkin (1983), Catharine MacKinnon (1987) and Carole Pateman (1990).

3. Among the feminists who have challenged the assumption that reproductive technologies expand women's choices are: Rita Arditti, Renate Duelli Klein, and Shelley Minden (1984); Betsy Hartmann (1987); Deborah A. Sullivan and Rose Weitz (1988).

4. This model of a neutral/male body rests on an image of health that excludes many men. It denies for instance men's experiences of disabilities, or of any other sign of nonconformity to what is regarded as a "healthy male" body.

5. Today, women are forced to fight again for what seemed an established right: to choose to be pregnant or not. Thus, we are fighting in 1990 the same battles as in 1970, and, hence, are constantly held back in our movements by a misogynist society.

6. Feminist legal theorists have, for their part, produced a large body of writing that tackles the aspect of women's uniqueness — childbearing and breastfeeding — and its inclusion into the law. See, for instance, Zillah R. Eisenstein (1988); Lucinda M. Finely (1986); Ann E. Freedman (1983); and Herma Hill Kay (1985); Christine A. Littleton (1987).

7. I know that the concept of desire may be problematic here: I am not saying that women are never coerced into having children, rather that positing the desire for a child exclusively as a result of coercion ignores the desires and pleasures — I will grant that they are often hidden or masked — that women have in being pregnant. Also, if it seems that a necessary step in the process of maturation of the subject is to free oneself from model ling one's desire according only to the desire of the Other, it is also clear that one's individuation and one's emergence of desire is made possible within the dynamic interaction with others. The illusion that a desire for a child may emerge free of any exterior influence is a religious thought.

8. I am aware that this exploration may mostly concern white women if, as

Barbara Christian (1985), Gloria I. Joseph and Jill Lewis (1981), Adrienne Rich, (1986), and Barbara Smith (1983) have argued, motherhood, mothering, and mother-child relations take other forms, and thus affect differently African-American women. Chicanas and Native-American women have made the same claim. This exploration concerns primarily the Western world, and, for the purpose of this paper, the United States. Some anthropologists argue that in some cultures a different symbolization of reproduction occurs. For instance, there are populations in which surrogacy has been traditionally regulated. Françoise Héritier-Augé tells us that Haya men — a Bantu population of East Africa — whose wives are sterile usually enter in an agreement with a fecund woman to bear their child. The woman receives economic compensation for carrying the child. But in these cultures, masculine and feminine status, as well as roles, are separated from sex. It is the female fecundity, or its absence, that determines the division for, as Héritier-Augé has shown, a barren woman can take a woman for wife, who is then inseminated by a man and the barren woman becomes officially a father (1985, p. 247). In Christian Western culture, roles and sexes are conflated and female infertility cannot be over come by an organization of roles and status apart from sex. For African-American views of mothering, see Barbara Christian, particularly her essay, "Alice Walker: The Black Woman Artist as Wayward" (1985); Gloria I. Joseph and Jill Lewis, particularly their essay on "Black Mothers and Daughters" (1981); Adrienne Rich (1986); and Barbara Smith (1983).

9. Among these feminist political theorists are Jean Bethke Elshtain (1981; 1986); Nancy Fraser (1986); Susan Moller Okin (1979); Carole Pateman (1983).

10. The story of Sarah and Hagar has often been used by proponents of surrogacy to demonstrate that this practice has existed from ancient times and was even, in this case, justified by a supreme authority, God. 'See Noel P. Keane, with Dennis L. Breo (1981); John A. Robertson

(1983); and Margaret D. Townsend (1981–1982).

11. This was suggested to me by Professor Michael Rogin.

12. Andrea Dworkin interviewed by Gena Corea (1985).

13. Infertility as a “problem” has opened the prospect for a very profitable market as “one out of six couples nationwide are defined as infertile” (Blakeslee, 1987, p. 6). These couples lead a constant quest for conception that “costs them an estimated \$400 million to \$500 million each year” (p. 6). This quest is focused on new reproductive technologies—artificial insemination, test-tube babies, surrogacy, and the like.

14. See, for instance, for a rhetoric informed by race and class discrimination, the catalogue of the Bionetics Foundation (1982) an agency for surrogacy contracts.

15. I use here the scenario offered by psychoanalyst Linda Wimer Brakel (1988, pp. 87–91).

16. “Immediate Family” directed by Jonathan Kaplan. Written by Barbara Benedek. With Glenn Close, Kevin Dillon, Mary Stuart Masterson, and James Woods.

17. Another effect of the movie is to present the plight of professional women who are in their late 30s and confronted with their infertility. For one, there is apparently no doubt that it is the woman who is sterile. This is a common assumption that makes women bear the entire responsibility and guilt for the couple’s inability to conceive. There are two other implications in this: (a) the implicit message could be that women should not invest in their careers as much as Linda has done, neglecting the “natural” joy of raising a family; (b) at the same time, the movie justifies the exploitation of young and poor women who constitute the reserve army of reproduction. Yet, we saw that sterility affects more poor and black people in the U.S. than white and rich people. Constructing sterility in the movie’s terms hides thus a double reality: (a) that women are not necessarily the sterile partner in the couple and, (b) that sterility is also a race

and class issue.

18. During the Baby M. trial, the baby was generally shown in the arms of William Stern, the biological father while Betsy Stern was looking on, and practically never in the arms of her biological mother, Mary-Beth Whitehead. Such images could be read as positive: The father is shown to be as nurturing as the mother, and these responsibilities, if well shared, could alter the division public/private, as argue some feminists. See for instance, Nancy Chodorow (1978), Dorothy Dinnerstein (1963), and Sarah Ruddick (1980), who think that child-bearing justly shared by men and women would avoid the division private/public and would deconstruct the traditional family as well as prevent the psychological effects that result from the traditional arrangement.

19. Among the writings on *écriture féminine*, see Elizabeth Abel (1981); Mary Eagleton (1986); Toril Moi (1985); and Elaine Showalter (1985).

20. On law being inimical to women, see Barbara Brown, Ann Freedman, Harriet Katz, and Alice Price (1977); Zillah R. Eisenstein (1988); Catharine MacKinnon (1987). On natural sciences being inimical to women, see: Ruth Bleier (1984); Phyllis Chesler (1972); Barbara Ehrenreich and Deirdre English (1978); Sandra Harding and Jean F. O’Barr (1975); Ruth Hubbard, Mary Sue Henefin, and Barbara Fried (1979); Mary Jacobus, Evelyn Fox Keller, and Sally Shuttleworth (1990); Evelyn Fox Keller (1985); Judith Walzer Leavitt (1984).

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INFERTILITY, SEXUALITY, AND HEALTH: TOWARD A NEW WORLD FOR WOMEN*

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Synopsis — Women have rightly contested the objectification of women, by men, whether in the role of (male defined) “mother” or “sexual being.” But simultaneously with objecting, we must ensure that positive images and realities of and for women are projected. To be a mother (whether or not we become mothers), and to be sexually female, are unique characteristics of women. We must ensure that male-dominated visions of women and womanhood do not exploit the feminist critique, by “inventing” ways of “assisting” women to escape motherhood (through using other women to produce children for us — and our husbands), or “assisting” women to become mothers on the principle that women *should* be mothers, and if we are not, there is something wrong with us. Male-dominated forms of “treatment” for infertility are so imbued with masculine notions of what women are that, rather than assist women, they lead us further into the patriarchal quagmire of objectification.

“... it is crucial that women take seriously the enterprise of finding out what we do feel instead of accepting what we have been told we must feel.”

Adrienne Rich (1977)

We live in a world where however serious and enterprising women are, we are met by a barrage of messages, directives, or dictates as to not only how we *should* think and feel, but *how* we actually think and feel and *what* we think, feel, and are. Women live in very different cultures; come from varying class backgrounds; our ethnic origins are disparate; many other factors make for differences between us. Yet that we are born female, have a biological female body, and are female sexual beings is seized upon by the dominant group men, and used to dictate our lives. Concepts of femaleness are designed to describe and prescribe what women’s needs are, and ought to be. The description and prescription accords with the specific needs of the day, of the dominant group. They also devise and dictate what “cures” are essential, should women deviate from those needs.

Infertility, sexuality and health, as concepts and realities, are interwoven in all cultures. This interweaving is used by the dominant group to stultify women’s own explanations of who and what we are, and what women from our diverse backgrounds, cultures, and positions would like ourselves to be and be recognised as.

FECUNDITY AND (IN)FERTILITY

(In)fertility is a problematic conception. In most, if not all, cultures women are expected to become mothers. Being a woman and being (or becoming) a mother are seen as virtually synonymous. Yet there are circumstances where, contradictorily, infertility is seen as positive. In so-called developed countries,

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although there have been some advances for women, it remains true that loans — personal and investment finance, jobs — appointments and promotions, are more likely to come to the childless woman. Instances are cited in research of women being asked to provide proof of tubal ligation or some other form of permanent or semipermanent contraception to obtain finance (New South Wales Anti-Discrimination Board, 1986; Scutt, 1990b). In the so called third world-LAACAP countries¹ — programmes project female sterility as a positive “option.” It is promoted as patriotic for a woman to subject herself to intrusive scientific or medical technology to reach the “perfect,” nonreproducible state: mechanically directed infertility.²

Motherhood contains contradictions, too. On the one hand, motherhood is lauded as the appropriate role for all women in the world, wherever we live. On the other, no society gives proper support and consideration to factors surrounding motherhood: basic maternal health and health care; basic infant health and health care; food, water, proper and adequate nutrition for mother and child; adequate hygiene and sanitation; the need for childcare, the requirement that a mother have some time that she can “call her own”; the pressing need not to equate “woman” and “mother” so that all women are identified and identifiable only through the children they have borne. (And so women who have borne no children become invisible at best, at worst the subject of physical and emotional attack.) There is also the vision that sees women simply as “baby machines” (Scutt, 1988), our role on earth to provide children as assets for the family, as workers in the field, as soldiers for war, as proof of the masculinity of men and fathers. Today, this has gone further, to the notion that women “should” or “may” provide babies (ostensibly) for other women: where women are unable to bear children themselves the notion is that another woman should bear the child. The childbearers, the birth mothers, are called “surrogate mothers” in this “newspeak.”

Yet they really provide babies for men (the women’s husbands). This stands as proof of men’s masculinity, potency being located in the production of a child through a woman’s body.

In the 1960s, in what is called “the West” women met a continual barrage of information, media stories, medical pronouncements, and generalised pressure contending that women were “breeding like rabbits” and therefore required medical intervention for birth control. This message has a familiar ring — because it had earlier been applied (and continues to this day) to women of colour; to Aboriginal women — Kooris, Murris, Yamagee, Nunga, and other Black Australians; Aborigines in Canada and the United States; and minority groups in nations the world over. Now in the age of 1960s “sexual liberation,” it was being directed to white middleclass women in “developed” countries.

This — oddly (or understandably) enough — coincided with the development of the contraceptive pill. “The Pill” was hailed as the “saviour” of women and teenage girls (in much the same way as is RU486 today)³. We were told that no longer would it be necessary for women to fear with every act of sexual intercourse (including rape in marriage, although the publicity for the pill did not draw attention to this act as often proceeding conception) we might become pregnant. No longer would the “choice” be limited, for young unmarried women, between a backyard abortion and a shotgun marriage. Together with the pill came cries for “sexual liberation” which meant women no longer “had” to say “no” to premarital sex.

The 1980s and 1990s see a different approach to fertility: today the notion is strongly projected that infertility is on the increase and that women need “treatment” for this condition. This is directed at white middle-class women, although a few lower socioeconomic-status women are allowed into treatment programmes as experimental subjects alongside their economically more advantaged sisters.

Is it surprising that again the medical

profession, drug corporations, and the scientific world are in the forefront? This time, it is not with the contraceptive pill or other medically intrusive contraceptive methods or devices. Rather, it is with medically intrusive and scientifically experimental programmes alleged to “make women pregnant,” or to “assist (infertile) women to bear children.” In vitro fertilisation (IVF) and gamete intrafallopian transfer (GIFT) techniques are projected as perfected, as “proved” techniques, and as the “perfect” answer to the “need” for a woman to bear a child. When these methods don’t work—as they rarely do—women’s bodies are pushed to the fore yet again, as a means of overcoming infertility: other women’s infertility. Thus, some women are prevailed upon to bear children for others, and although these women are in fact the childbearers, they are called “surrogates” as if they were not the mothers at all. If one woman is unable to bear a child, it is promoted as right, appropriate, proper and a “free choice,” that another woman should do the job. She bears the child for another man — “his” child. He is the director, he becomes the controller of her fertility. She is but a body, a vessel, with the status of incubator.

It is rarely observed by the dominant culture that the infertility these programmes allegedly are designed to “correct” has been caused directly by medical interventions of the 1960s and 1970s, and the abysmal lack of care for women’s bodies by the medical profession. Yet sound feminist medical and scientific research is readily available to show this is so (Corea, 1985). So too are legal cases, although these are few (not because of any lack of illtreatment of women’s bodies by the professions, but for other sociopolitical and economic reasons)⁴. In the United States case, *Mink v. University of Chicago*, the court said (1978):

The plaintiffs while students at the University of Chicago between 1950–1952 were given a drug (“DES”) in the University’s pre-natal clinic as part of a

medical experiment conducted by the defendants, the University of Chicago and Eli Lilly & Co. The plaintiffs were not told that they were part of an experiment nor were they told that the pills administered to them were DES. Some twenty years later in 1971 the relationship between DES and cancer was established but the defendants made no efforts to notify the plaintiffs until 1975 when the University sent letters to the women in the experiment informing them of the possible relationship between the use of DES in pregnant women and abnormal conditions in the genital tracts of their offspring.

The plaintiffs’ suit was based on three causes of action. Battery, by conducting a medical experiment on them without their knowledge or consent. Products liability against the manufacturer for the manufacture of DES as a defective and unreasonably dangerous drug. And breach of duty against the university in failing to notify the plaintiffs and their children of the experiment and of the precautions which the children should take to minimise the risk of contracting cancer as soon as [the university] became aware of the relationship between DES and cancer in 1971.

The Dalkon Shield is another example of the lack of attention to the well-being and safety of women who provided the market for this contraceptive device. Today, some women who used the IUD (intrauterine device) on the advice of their doctors, who acted on the advice of the manufacturer (yet who should have paid attention to the complaints of their clients, who experienced difficulties, many from their first use of the Shield), are dead; some are infertile; some suffer other complaints of varying degrees of seriousness. A class action was commenced against the manufacturer, and a settlement of damages obtained (Public Interest Advocacy Centre, personal communication, 1989; Mintz, 1985). But some are now recipients of further