

Chapter 6

Ultrasound, Embodiment and Abortion

6.1 Introduction

In her controversial documentary on abortion, *My Foetus*, British filmmaker Julia Black¹ asks the question of whether one could ‘look at the facts’ of abortion and still be pro-choice. The film did not provide a definitive answer to this question: Black herself stated her pro-choice stance, but in the film adopted a number of strategies used by anti-abortion campaigners to probe the ethical issues raised by abortion. Primarily, Black’s focus lay on the imagery of the foetus, a powerful tool in anti-abortion campaigns, and in particular, on the effect of ultrasound technologies that allow three dimensional (3D) imaging of the foetus on our intuitions about the ethics of abortion. Black suggests at one point that if anything is to lead her to take an anti-abortion position, it is this capacity to ‘see the foetus’, particularly as it is performing activities normally associated with babies such as thumb-sucking. Black’s sentiments seemed to find corroboration in more recent debates about legislation on late term abortions in the United Kingdom, sparked in large part by Stuart Campbell, who pioneered the technique of four dimensional (4D) scanning in Britain. Campbell controversially argued that 3D and 4D scanning reveal that a foetus shows ‘signs of humanity’ such as smiling, crying, and frowning from as early as eighteen weeks, or taking steps even earlier. He also writes, ‘there is something deeply moving about the image of a baby cocooned inside the womb ... [I’ve] sat with parents who trembled at the sight of their soon-to-be newborn’.² These two instances provoke questions about the specific emotive and, I will argue, *ethical*, force of seeing the foetus and further, how the visualisation of the foetus may impact upon intuitions about abortion.

Feminist theorists have long been interested in the ways that foetal images have been mobilised within debates on abortion as well as the way they operate more

¹Black, Julie, Dir. 2004. *My foetus*. Bivouac Productions. Screened on British Broadcasting Commission (BBC Channel 4), 20 April 2004 and Australian Broadcasting Commission (ABC TV) 8 August, 2004.

²Campbell, Stuart. 2006. Don’t tear a smiling foetus from the womb. *The Telegraph*, 4 October. <http://www.telegraph.co.uk/comment/personal-view/3632855/Dont-tear-a-smiling-foetus-from-the-womb.html>

broadly to provoke an understanding of the foetus as an autonomous subject in conflict with the woman who carries it. While this work has been fundamental in establishing the cultural and political significance of foetal images, it has not had a great degree of impact within discussions of the ethics of abortion in bioethics. For the most part, the ethical debates have remained immune to the insights of feminist cultural analysis. Indeed, the focus in standard accounts of the ethics of abortion on conflicts of rights appears to unwittingly mimic the problem that the analyses of Rosalind Petchesky, Carole Stabile, Valerie Hartouni and others diagnosed over a decade ago.³ That is, they unwittingly repeat the occlusion of the embodied being of the pregnant woman and construe the foetus as somehow independent of and in conflict with her. To be fair, this is not the case with all interventions in the ethics of abortion, a few of which do attempt to take women's embodiment as a starting point.⁴ These, however, are in the minority.

Additionally, there have been recent calls for a bioethics more attentive to the moral force of foetal images. For instance, Paul Lauritzen argues that bioethics ignores the role that foetal images play in moral debates on abortion at its peril.⁵ Nevertheless, these accounts remain limited insofar as they fall short of an engagement with the specific impact of obstetric ultrasound, and the images thereby produced, on moral intuitions about abortion. While I commend Lauritzen's call for greater recognition of the visual within bioethics, I will argue in this chapter that his analysis again fails to grasp the specific moral force of the image. Rather than occlude this force by attempting to see images as just another form of argument, I show that taking the possibility of a 'visual bioethics' seriously requires that more attention be paid to the specifically emotive or affective impact of images on ethical intuitions.

In this chapter, I develop an outline of the ways in which obstetric ultrasound impacts upon the embodied experience of pregnancy. In doing this, I also point toward the ethical implications of foetal imaging, since I start from a position that emphasises the centrality of embodiment in ethics. I suggest that the impact of ultrasound images on ethical intuitions derives in part from the way in which such images work upon and through the sympathetic imagination. In this, ultrasound images hail or call the foetus into being as a subject toward which we bear a social relationship and by virtue of that, such images also work to establish a particularly ethical relationship. Ultrasound does not simply *represent* an already existing body, but

³Petchesky, Rosalind Pollack. 1987. Fetal images: the power of visual culture in the politics of reproduction. *Feminist Studies* 13(2):263–292; Stabile, Carol. 1998. Shooting the mother: Fetal photography and the politics of disappearance. In *The visible woman: Imaging technologies, gender and science*, eds. Paula A. Treichler, Lisa Cartwright, and Constance Penley. New York and London: New York University Press; Hartouni, Valerie. 1998. Abortion politics and the optics of allusion. In *The visible woman: Imaging technologies, gender and science*, eds. Paula A. Treichler, Lisa Cartwright, and Constance Penley. New York and London: New York University Press.

⁴For example see, Mackenzie, Catriona. 1992. Abortion and embodiment. *Australasian Journal of Philosophy* 70(2):136–155.

⁵Lauritzen, Paul. 2008. Visual bioethics. *The American Journal of Bioethics* 8(12):50–56.

actually constitutes the foetus as an embodied, social being. With ultrasound, the foetus is made present as a being toward which we bear a particular ethical relationship, a relationship that I argue is established not only through the moral attribution of ‘personhood’ but by virtue of the (technologically mediated) embodied appearance of the foetus. To be clear, this ethical relationship does not necessarily lead to the conclusion that abortion is immoral. The point is simply that ultrasound images put us in relation to a being that we do not otherwise have such a relationship with. In itself, that does not yield normative conclusions about abortion. But it does help to understand why it is that ultrasound images apparently have (or are at least perceived to have) a profound impact on intuitions about the ethical status of the human foetus. This chapter progresses in three parts: in the first of these, I discuss the call for a visual bioethics and argue that such a project must take account of the sympathetic imagination if it is to grasp the moral import of foetal images. From this, I consider two implications. First, I examine the way in which the sympathetic imagination is productively constrained by social norms; this allows for an analysis of the biopolitics of reproduction. Second, I consider the impact of ultrasound on the embodied experience of pregnancy, with particular focus on the ethical implications of this.

6.2 Ultrasound Images and the Sympathetic Imagination

As a quick scan of anti-abortion sites on the internet will show, ultrasound images have held a privileged position within debates on abortion for some time, and this is all the more so with the advent of 3D and 4D ultrasound. In response to this, in his 2008 article, Lauritzen argues that bioethics ignores at this peril the role that images play in moral debates, a claim he makes by focusing on the ways that images have been mobilised in contestations of the moral status of the human foetus. Arguing for greater recognition of the ‘complex interplay of words and images’ that goes beyond claims about ‘emotional manipulation’, Lauritzen claims that images can be understood as visually mediated arguments.⁶ As such, they can be assessed and rebutted on the basis of criteria that are similar to those deployed in regard to linguistic arguments, namely, factual accuracy and consistency. These argumentative criteria indicate that he remains caught within the allure of language in attempting to address the role of images in ethics. Consequently, the particular ethical force of the image is again occluded.

While Lauritzen places emphasis on the interrelation of words and images, wherein texts and images can enliven each other, his analysis is ultimately unable to resist the pull of language. This is evident in the fact that much of the article does not actually discuss the force of images so much as the rhetorical force of the narratives that frame them, whether it be the narrative of the classic anti-abortion

⁶Ibid., 50.

film *The Silent Scream*,⁷ or the captions of the Gary Trudeau cartoons that respond to it.⁸ But, even at its most interesting in terms of its treatment of the interplay of words and images, Lauritzen's analysis occludes the specific force of images by reducing them to – or substituting them with – characteristics more readily associated with rationalistic argumentation. Thus, he claims that images can be read as peculiar kinds of arguments, susceptible to the criteria of accuracy and consistency. Visually based or mediated arguments, he argues, can be 'checked against the facts', by which he means they can be tested for representational accuracy just as the narrative that frames them can be tested for veracity. Further, while his point here is less clear, he suggests that consistency might be a useful test, when, for instance, claims for a continuous moral status as persons are made about embryos and foetuses at very different stages of development, such as in embryo adoption debates. But surely one point to be made here is that hyperbolic claims to personhood can and often do operate in the absence of images of the early embryo – indeed, one might speculate that this hyperbole is exactly a response to the difficulty of imaging or imagining the early embryo. This points to a more complex relation between images and words than Lauritzen allows. More importantly, however, the criteria of consistency and representational accuracy are insufficient for understanding the force of images in ethical debates.

This point is made well by Petchesky, who argued in her analysis of *The Silent Scream* that a literal rebuttal of the inconsistencies and falsehoods of the narrative, or revelation of the 'camera tricks' used in the making of the film, are not especially efficacious in helping to understand or combat the 'ideological' force of the film.⁹ It is also reinforced by the recent controversy in the United Kingdom over the legal limit for late term abortions. Stuart Campbell in large part provoked this controversy by calling for a reduction of the legal limit currently set at twenty-four weeks – an argument that he based on the emotive force of the images produced by ultrasound. In an opinion piece he writes:

[n]o one seriously disputes that the earlier a termination is carried out the better and safer it is. My own conviction about this has been influenced by my technique for producing detailed 3D images of the developing foetus that show it smiling, yawning, rubbing its eyes and apparently 'walking' in the womb. Though I perform these scans every day, I am still overcome by the excitement and the wonder of the foetus that is learning to be a baby. By twenty weeks it smiles, makes crying expressions and sucks its thumb. At twenty-three weeks, it begins to open its eyes and develops quite complex patterns of behaviour.¹⁰

He defied anyone who disagreed with his proposal to reduce the upper limit for so-called 'social' abortions to eighteen weeks, 'to see these pictures and not pause

⁷Nathanson, Bernard. 1984. *The silent scream*. USA: American Portrait Films.

⁸Trudeau, Gary. 1985. Silent scream II: The prequel. *The New Republic*. June 10, 8–9; cited in Lauritzen. *Visual bioethics*, 54.

⁹Petchesky. *Fetal images*, 267.

¹⁰Campbell, Stuart. 2008. Is it time to rethink the abortion law? *The Telegraph*, 1 May. <http://www.telegraph.co.uk/news/features/3636464/Professor-Stuart-Campbell-is-it-time-to-rethink-the-abortion-law.html>

to wonder if they [the critics] might be wrong'.¹¹ Campbell's critics argued that rather than meaningful emotional expressions, the apparent smiles and frowns are nothing other than developmental reflexes. Further, they argue that these images actually reveal nothing scientifically new about foetal life.¹² While this contests the interpretive framework that should be given to an ultrasound image – although it does not contest its representational accuracy per se – this argument does not get to the real force of the images themselves.

We might speculate that rationalistic rebuttals of the 'arguments' made by foetal images fail because the force of the image is not in itself straightforwardly rational. Instead, foetal images operate most effectively at the level of emotion or affect, or what might more specifically be called the 'sympathetic imagination' – a characteristic that by no means diminishes their importance or philosophical interest. The role of the imagination in morality has long been contested in Western philosophy, but in recent decades it is increasingly recognised as an indispensable aspect of the capacity for moral reflection. In particular, the capacity to imagine ourselves 'in the place of another' has been cast as requisite for moral engagement, though at the same time, this formulation of the scope of the imagination has been critically scrutinised and the limits of the imagination tested in various ways.¹³ What is generally accepted, though, is that the imagination allows for significant affective dimensions of moral relationships, especially affects such as sympathy and compassion, to be brought into play and perhaps even fostered and enhanced. It is this capacity of the imagination to foster ethically oriented affects such as sympathy and compassion that I am especially interested in, as my sense is that it is in this realm of imagination and affect that the force of ultrasound images of the human foetus lies. However, while the force of foetal images relies upon the irreducibility of the sympathetic imagination, such images also help to articulate some of the ambivalences of it. Foetal images problematise the sympathetic imagination and reveal something of the political and moral danger of valorising affective bonds as *the* condition of ethical engagement.

The idea of the 'sympathetic imagination' has been used in recent years in a number of ways, and has particularly been taken up in animal studies as a means of articulating the ethical relationship between humans and animals. Nevertheless, finding a clear definition of the sympathetic imagination is far from easy. One useful account of the moral importance of sympathy is that of Peter Goldie, who distinguishes sympathy from other imaginative projects such as empathy and what he

¹¹Campbell. Don't tear a smiling foetus from the womb.

¹²Hall, Sarah. 2006. Foetus scans fuel abortion debate. *The Guardian*, 3 October. <http://www.guardian.co.uk/uk/2006/oct/03/health.healthandwellbeing> For further discussion of Campbell's role in the United Kingdom abortion debates, as well as of Black's documentary, *My foetus*, see Palmer, Julie. 2009. Seeing and knowing: Ultrasound images in the contemporary abortion debate. *Feminist Theory* 10(2):173–189.

¹³Especially pertinent to bioethics is Mackenzie, Catriona, and Jackie Leach Scully. 2007. Moral imagination, disability and embodiment. *Journal of Applied Philosophy* 24(4):335–351.

calls ‘in-his-shoes’ imagining.¹⁴ Sympathy, he argues, is different from these imaginative projects as it does not require that we feel the pain or suffering of the other *as if* it were our own. Instead, it involves thoughts and feelings *about* the difficulties that another may be suffering. Or as he puts it, ‘your feelings involve *caring* about the other’s suffering, not *sharing* them’.¹⁵ Sympathy is also different from empathy and ‘in-his-shoes’ imagining because it is specifically normative: sympathy entails a moral compulsion to alleviate the suffering of the other.¹⁶ Empathy, by contrast, may simply entail us sharing in the imagined experience but caring little about whether that condition continues or not for the other person. Empathy says nothing about how we feel *about* the suffering of another and only requires that we experience it as our own. Further, as an ethical emotion, sympathy is inherently partial.¹⁷ Sympathy helps to explain, and perhaps justify, the intuition that we may care more, morally speaking, for those close to us than those who are far away in both the spatial and emotive sense. This does not give credence to a false belief that the suffering of those close to us is more significant or poignant, but recognises that *we feel* differently about the suffering in each case and that this differential feeling is ethically significant.

Goldie’s account of sympathy provides some useful points for articulating the ways that the sympathetic imagination contributes to ethical relatedness. But, in relation to foetal images, we may also wish to nuance this account a little more. For one, Goldie appears at times to be suggesting that imagination plays no role in sympathy – that while important to empathy and ‘in-his-shoes’ imagining, the capacity to imagine the suffering of another is alien to the emotional response of sympathy. This would seem to be overstating the difference between sympathy and empathy, since even the former requires that we understand the other as a being that suffers. This understanding of the other may itself be an imaginative project. Arguably, because we do not have immediate access to the experiences of another, ethics necessarily involves an aspect of fantasy and imagination. This reinstatement of imagination in sympathy is significant for an understanding of the ethical force of foetal images. It is commonly understood that a foetus is not cognitively capable of the complex emotions that may underlie experiences of suffering, and there is considerable disagreement over the gestational age at which the foetus can feel physical pain. To date, the general consensus has been that foetal pain is unlikely before the third trimester, and impossible before about twenty-four weeks.¹⁸ This is well after the dates at which most abortions are performed. But regardless of the scientific

¹⁴Goldie, Peter. 2000. *The emotions: A philosophical investigation*. Oxford: Oxford University Press.

¹⁵*Ibid.*, 214.

¹⁶*Ibid.*, 215; also see Nussbaum, Martha Craven. 2001. *Upheavals of thought: The intelligence of emotions*. Cambridge: Cambridge University Press, 302.

¹⁷*Ibid.*, 216.

¹⁸For recent media discussions of reviews by the United Kingdom’s Royal College of Obstetricians and Gynaecologist of evidence for foetal pain, see <http://news.bbc.co.uk/2/hi/health/10403496.stm>. However, it is worth noting that some researchers on foetal neurobiology are attempting to push the likely date for foetal pain back to about eighteen weeks.

outcome of the issue of foetal pain, we should note the additional complexity that physical pain may not in itself be sufficient to establish an experience of *suffering*, since pain and suffering are not conceptually equivalent.

Despite this, ultrasound images ask us to feel sympathy toward the foetus and this entails that we imagine that the foetus is a being that is capable of suffering. I might venture that this imaginative act is possible because, however alien it may seem to us, the foetal life exposed in the ultrasound image is one that we have all lived through. Each of us has already been a foetus, and we come to understand that a foetus 'is' a being capable of suffering because we are capable of suffering. This also points toward another important clarification, for it is not simply suffering that induces sympathy, but the capacity for it – or in other words, sympathy may be more attuned to *vulnerability* than suffering per se. In his classic discussion of photography, Roland Barthes claims that photography bears an intrinsic relationship to the 'catastrophe' of death, that each photograph prompts the recognition of the *punctum* of time – that a death is yet to come, that it has already passed.¹⁹ Perhaps something similar can be suggested about ultrasound images, in the way that they can provoke a sense of the tremulous beginnings of a human life. For every foetus captured in an ultrasound image carries a trace of its own contingent survival and the immanence of death – each carries a trace of the ontological fact that it could have been otherwise. To quote Susan Sontag out of context, to look at an ultrasound image is, 'to participate in another person's (or thing's) mortality, vulnerability, mutability'.²⁰

I will return to the ethical importance of vulnerability later in the chapter, but for now, we should note another implication of Goldie's account of sympathy. For the presupposition of this account is that imaginative projects such as sympathy or empathy allow us to understand the suffering and the reasoning of others. And these others are beings with a cognitive capacity that at least bears some similarity to our own as imagining persons. Or, more pithily, he assumes that the imaginative projects that he discusses occur primarily between *persons*. There is an increasingly sophisticated and substantial literature on the anthropocentrism of this view, which is challenged by insisting upon the capacity to imaginatively understand and share the suffering of other non-human animals. This is not the line of argument that I am interested in following here though. Instead, the assumption that imaginative projects occur between persons is significant because it directs us toward the way that ultrasound works to constitute the foetus *as a person*.

In a classic essay, Louis Althusser argued that ideologies work to 'interpellate' individuals into particular social positionings, where the process of interpellation entails being called or 'hailed' into being.²¹ Althusser's understanding of interpellation can help illuminate the effect of ultrasound technology, which does not simply represent the foetus, but has the effect of hailing the developing foetus into being as

¹⁹Barthes, Roland. 2000. *Camera lucida: Reflections on photography* (trans: Howard, Richard). London: Vintage Books, 96.

²⁰Sontag, Susan. 2008. *On photography*. London: Penguin, 15.

²¹Althusser, Louis. 1971. Ideology and ideological state apparatuses (notes toward an investigation). In *Lenin and philosophy and other essays*, 170–177. (trans: Brewster, Ben) New York, NY: Monthly Review Press.

a baby and as a son or daughter. Certainly, the interpellation of the foetus as social subject occurs through linguistic framing, for instance in terms of fetuses being identified as ‘babies’ and ‘unborn children’.²² But I would venture that the efficacy of this narrative dimension relies upon the illusion of immediacy that the images generate, along with the apparent developmental continuity they invoke. The illusion of immediacy established by the technology – the idea that it provides the first view of ‘your baby’, one that is unencumbered by the body of the pregnant woman – along with the vision it provides of an apparent continuity in activities between the foetus and the newborn operates to establish the status of the foetus as person. In doing so, ultrasound instigates and establishes an emotive and social relation to the foetus that is qualitatively different from that in effect without such access to the intrauterine life of the foetus.

One important aspect of this interpellative process is that ultrasound imaging allows the bodily or corporeal life of the foetus to appear to us in a way that was previously unavailable. In making available images of the foetus in utero, sonography does not simply *re-present* an already existent body, since that body does not present itself to us in the first place without the technology. Without the technology, we see only the effects of its manifestation, in for instance, the swelling belly of a pregnant woman. Nor does it, strictly speaking, create or constitute that body, since the foetus is prosaically in existence prior to its appearance in or as an ultrasonographic image. Yet ultrasound reveals a bodily existence that simply could not be present to a viewer without the technology. That is, the process of interpellation effected by ultrasonographic imaging makes apparent a corporeal life that is distinct from that of both the woman carrying the foetus (though interdependent with her) and of other viewers of the image. Importantly, this corporeality only appears in relation to others, such as the prospective parents, the sonographer and the medical experts who provide interpretation. This establishes the foetus as a being toward which we bear a social relation that differs substantially from that possible without ultrasonography.

Moreover, in making possible the social appearance of the corporeal life of the foetus, ultrasound also establishes a demand for ethical response. As a number of philosophers have argued, the appearance of the embodied existent to and with others both makes possible and demands an ethical responsiveness. While few theorists take up the issue of the kind of response demanded in a mediated presentation or appearance of the body such as occurs in ultrasonography, the relation between embodiment and ethical responsiveness provides a good starting point for articulating the impact of ultrasound images upon our ethical intuitions about the acceptability or otherwise of abortion.²³ In an attempt to develop such an

²²For example, see Urban, Rebecca, and James Meikle. 2003. Womb ‘smile’ fires abortion row. *The Age*, 14 September. <http://theage.com.au/articles/2003/09/13/1063341814497.html>

²³This raises a broader question about the ethical significance of images. Interestingly, while the affective impact of images is often deployed to great effect, not only in campaigns against abortion, but also, for instance, in campaigns to enhance funding for aid and development agencies, little has been said to explain why images have such an effect on our ethical intuitions and responses. While

understanding, in the final section of this chapter, I argue that the force of the ultrasound image is to produce a particular ethical demand, one that is intimately related to the capacity to constitute the foetus as an *embodied subject*.

Before that, though, the general point that I have been making here is that the imagination is crucial to understanding the particular ethical and political force of foetal images. But I do not want to leave the impression that the imagination is simply a cognitive capacity that works in abstraction of the context in which people find themselves and live out their ethical and social relationships. Instead, I think it important to recognise the way that the imagination is itself embedded within, and no doubt shaped by, social norms that precede and exceed any individual life. Let me clarify through an example. In recent years, a number of states in the United States of America have introduced legislation that requires women seeking terminations of pregnancy to undergo an ultrasound and be given the option of viewing the images. Oklahoma's 2008 law went so far as to make it mandatory that a woman be shown the images of the foetus and have them explained to her, before the law was overturned in 2009 on technical grounds. One has to ask why there has been such a trend toward this kind of 'ultrasound legislation' in the political struggles around abortion.

While it might be that specific arguments against abortion inform these legislative interventions, and those arguments can and should be tested against criteria of coherence and veracity, I want to suggest that this is not all there is to the issue. For the motivating idea of this legislation appears to be that there is something in the process or act of seeing the foetus that impacts on a woman's response to, and emotional and ethical relationship with, the foetus. This is understood to be the case regardless of the specific textual or linguistic arguments that might interpret and frame reception of the image at the time, since there are no specifications in the legislation about the particular narrative framing that ought to be offered to the woman beyond explaining the anatomy of the foetus. In other words, ultrasound images of a woman's foetus are thought to have a moral force, regardless of the specific narrative frame that is given to them. Consequently, the anti-abortion lobby that promotes this legislation sees ultrasound itself as an important tool in dissuading women from undergoing abortions.

There is a great deal at stake in the practice of requiring women to undergo an ultrasound and view the images prior to terminating a pregnancy, not least ideas about reproductive freedom and its moral value. Interestingly, the banner under which this legislation has been promoted is that of informed consent – it is argued that the provision of information about the foetus through ultrasound enhances a woman's capacity to make a suitably informed choice, and in the absence of that information the decision is not properly informed. Opponents of the legislation

much attention has focused on establishing whether particular images are morally good or bad, for instance in relation to pornography, less has been said of the effect of images on our ethical responsiveness and the responsibilities that take hold from that. Recent work in film theory promises to remedy this. For example, see Cartwright, Lisa. 2008. *Moral spectatorship: Technologies of voice and affect in postwar representations of the child*. Durham, NC: Duke University Press.

rightly counter that the information provided is medically irrelevant to the procedure that the woman is about to undergo and to which she apparently consents. The abortion is the procedure to which she must consent and it is a matter of her autonomy and free choice to be able to do so. Even given this though, it could be said that the practice of showing ultrasound images prior to termination does not in itself restrict women's choice in relation to abortion – a woman can still choose to abort or not following the ultrasound, even if the choice is made more emotionally difficult. This suggests that a politics of choice is not wholly adequate to the task of ensuring women's reproductive rights.

Instead, what can be argued is that the requirement to undergo an ultrasound and have the resulting images explained is a political attempt to enforce a particular moral and reproductive imaginary. It is effectively an attempt to limit the imaginative project of deciding on the possible. As Drucilla Cornell and others have argued, the capacity to imagine one's life for oneself is a fundamental aspect of autonomy, including reproductive autonomy.²⁴ The ultrasound legislation degrades a woman's legitimate imaginative projection of herself into the future and in doing so, restricts her self-realisation as an autonomous person. But that imaginative project or capacity can itself only be exercised in social and political conditions that are not of one's own making. While this point is banal and commonplace, it has implications for considering the ethical imbrication of ultrasound technology, since it prompts us to ask after the norms that inflect and regulate the reproductive lives of women. It is to this that I turn in the following section.

6.3 The Social Production of Sympathy: Biopolitical Reproduction

In order to understand the ethical force of ultrasound images, it is first necessary to understand how the technology operates in presenting a certain perspective on the real, as is the character of all image-making technologies. In this regard, the-orisations of photography are of some value, though they do not wholly fit the technicalities of ultrasound. As Sontag argues, photographs frame the relation that the viewer has to the world, in doing so promoting a nominalist view that packages the world into atomised units of reality and 'denies interconnectedness, continuity, but which confers on each moment the character of a mystery'.²⁵ Despite the technology's inherent tendency to distortion, the authority of the photograph derives from its supposedly more accurate depiction of reality, such that photographs furnish evidence for the way the world is (or was).²⁶ In a similar vein, Petchesky argues of

²⁴See Cornell, Drucilla. 1995. *The imaginary domain: Abortion, pornography and sexual harassment*. New York, NY: Routledge; Cornell, Drucilla. 1998. *At the heart of freedom: Feminism, sex and equality*. Princeton, NJ: Princeton University Press.

²⁵Sontag. *On photography*, 23.

²⁶*Ibid.*, 5.

foetal imagery that it ‘epitomizes the distortion inherent in all photographic images: their tendency to slice up reality into tiny bits wrenched out of real space and time’.²⁷ At the same time, foetal images reiterate the ‘central paradox of all photographs’, that is, ‘the *appearance* of objectivity, of capturing literal reality’.²⁸ This analysis is extremely valuable in its diagnosis of the technological conditions for the ideological separation and opposition of the foetus and the woman who carries it. Images such as those produced through ultrasound obliterate the body of the pregnant woman and show only the foetus abstracted from its biological environment, its conditions of existence: the ideal atomistic individual.²⁹ In this way, ultrasound obliterates the flesh in the very process of making it appear.

In addition to obliterating the condition of female embodiment, ultrasound images also obscure their own conditions of production, perhaps especially in their broader cultural mobilisations. Sonography was developed initially as a military technology for underwater navigation by submarines in World War I. In medicine, ultrasound was used therapeutically up until the about the 1940s, when its diagnostic capacities began to be explored – especially for the detection of gallstones and tumours. In 1959, Ian Donald, then Regius Chair of Midwifery at Glasgow University, found that ultrasound could be used to take measurements of foetal heads. It was only during the 1960s that Donald was able to more systematically use ultrasound to detect conditions such as multiple pregnancies, placenta praevia and foetal abnormalities. Since then, the use of ultrasound in pregnancy has become largely routine in the developed world, although its clinical value has sometimes been challenged.³⁰ Indeed, recent developments such as 3D and 4D ultrasound have provoked much discussion about whether these new techniques produce new clinical knowledge, or whether their value is primarily aesthetic and psychological, insofar as they enhance parental ‘bonding’ with the foetus. This alerts us to the ‘prenatal paradox’³¹ that emerges with the use of ultrasound. For while it may enhance parental bonding, the clinical use of ultrasound simultaneously increases the probability of abortion. As Barbara Duden notes, when the Federal Republic of Germany instituted national guidelines requiring two ultrasounds throughout a pregnancy in 1980 – the first country to do so – pro-life groups opposed the policy on the basis that it would lead to an increase in abortions.³² Since then, there has been

²⁷Petchesky. *Fetal images*, 269.

²⁸*Ibid.*; emphasis in original.

²⁹See Duden, Barbara. 1993. *Disembodying women: Perspectives on pregnancy and the unborn* (trans: Hoinacki, Lee). Cambridge, MA: Harvard University Press; Petchesky. *Fetal images*; Stabile. *Shooting the mother*.

³⁰See for example, Ewigman, B.G. et al. 1993. Effect of prenatal ultrasound screening on perinatal outcome. *New England Journal Medicine* 329(12):821–827.

³¹Taylor, Janelle S. 1997. Image of contradiction: Obstetrical ultrasound in American culture. In *Reproducing reproduction*, eds. Sarah Franklin, and Helene Ragone. Philadelphia, PA: University of Pennsylvania Press.

³²Duden. *Disembodying women*, 76.

evidence to suggest that routine ultrasound screening has contributed to an increase in terminations, including in the later stages of pregnancy.³³

This is some distance from articles in publications such as the *Christian Science Monitor*, which see ultrasound as the ‘latest tool in the battle over abortion’ and which promote the use of ultrasound in anti-abortion campaigns, including through the so-called ‘witness to the womb’ laws discussed above.³⁴ It suggests a deep tension between the clinical use of ultrasound and the cultural value of the images thus produced. For in its clinical use as a screening technology, ultrasound is inherently normalising. I do not simply mean that ultrasound eradicates difference through the imposition of a norm upon the deviant foetal body; rather, in the more accurate sense of normalisation, ultrasound allows for the identification and calibration of deviations from a set of quite flexible statistical norms. Ultrasound contributes to the ‘normation’ of gestational development, that is, it makes possible the formation and establishment of norms for judging the gestational development of a foetus, as well as its genetic character. Interestingly, while ultrasound was initially used primarily to track foetal growth rates and estimate gestational age, the routine screens throughout pregnancy today are geared primarily toward detecting foetal abnormalities. In conjunction with a maternal serum blood test, the first trimester ultrasound is used to screen for likely incidences of chromosomal abnormalities such as Trisomy 21, Trisomy 18 and Trisomy 13 (also known as Down’s Syndrome, Edwards Syndrome and Patau Syndrome). Notably, ultrasound in itself does not *diagnose* these conditions, but merely contributes to providing a statistical risk factor for the likelihood of their occurrence by looking for various ‘soft markers’, key among which is the thickness of the nuchal fold at the back of the foetal neck. The second trimester screen, typically undertaken at eighteen to twenty weeks of gestation, is directed toward foetal anatomy, and can detect abnormalities such as cleft palate, missing limbs and congenital heart problems that may be otherwise unforeseeable.

Given this, the ‘screening’ aspect of ultrasound should perhaps be taken literally; the definition of screening provided by the *Oxford English Dictionary* includes, ‘[to] examine systematically in order to discover suitability for admission or acceptance’, to select and separate, and even to protect (from hostility or danger).³⁵ Ultrasound screens for various kinds of disability and disease, helping to detect those that may pose a challenge to norms of ideal health and make them visible, a necessary condition, perhaps, for their elimination. Such mechanisms of population screening might be seen as characteristic of the immunitary paradigm of modern biopolitics identified and outlined by Roberto Esposito. He points out that the idea of immunity brings together the implications of a natural or induced ‘refractoriness’ on the part of the population with a temporary legal exemption from the responsibilities and

³³See Public Health Association of Australia. 2005. *Abortion in Australia: Public health perspectives*. 3rd edn., Canberra: Public Health Association of Australia 5.

³⁴See Jonsson, Patrik. 2007. Ultrasound: latest tool in the battle over abortion. *Christian Science Monitor*, 15 May. <http://www.csmonitor.com/2007/0515/p03s03-ussc.html>.

³⁵“screen, v.”. *OED Online*. November 2010. Oxford University Press. <http://www.oed.com.ezproxy2.library.usyd.edu.au/view/Entry/173441?rskey=w5nwQe&result=3&isAdvanced=false>

obligations that bind individuals in a normal situation.³⁶ In keeping with this, one might consider that in many jurisdictions, including several states in Australia, abortion is illegal in the second and third trimester of pregnancy *except* when there is evidence of foetal abnormalities. Thus, the state legitimates abnormality as a basis for termination while simultaneously rejecting the permissibility of abortion in other circumstances. In other words, biological indicators of foetal abnormality and disability give immunity from laws otherwise condemning abortion. Where a life does not conform to the interests of a biopolitical state in the health of the whole population, that life ‘must be available for termination’.³⁷ Of course, liberal states such as Australia do not require women to abort fetuses with abnormalities, nor do they recommend it as a matter of policy. In this, liberal states obviously differ from the version of biopolitics in force in Nazi Germany. Nevertheless, it appears that the ‘suppression’ or ‘nullification’ of life at birth that Esposito identifies as characteristic of Nazi biopolitics has at least some resonance within liberal biopolitics as well.

In response to this situation of the suppression of birth, Esposito urges a philosophical approach that resuscitates the role of birth in individuation as the key to shifting toward a more positive biopolitics. To do this, he draws on Gilles Deleuze’s provocative essay on absolute immanence. Esposito postulates that the theoretical nucleus of this essay is the connection and divergence between ‘*the* life’ and ‘*a* life’, the latter of which is indicative of a singular life irreducible to the individual. He goes on to claim that this singular life identified by Deleuze is marked by an absolute uniqueness, like that of the newborn, ‘who is similar to all the others, but different from each of them for the tonality of the voice, the intensity of a smile, the sparkle of a tear’.³⁸ Unlike the approach to singularity that I discussed in the previous chapter, which emphasises the relational dependency on the other and the role of narrative in the appearance of uniqueness, Esposito sees singularity as strictly *impersonal*.³⁹ In accordance with Deleuze, he relates singularity to the conceptual possibility of a life of pure immanence that is irreducible to an individual although it may be manifest in them. This approach is undoubtedly interesting, but considered in the context of ultrasound and abortion it takes on a connotation that one might be somewhat wary of.

Consider for a moment that what 3D ultrasound images of the foetus allow the anti-abortion movement to do is to claim just this singularity for a foetus. The ontic continuity that the ultrasound image constitutes between the foetus and the newborn pushes back the singularity of the newborn to the prenatal life of the foetus. What is apparent in much of the anti-abortion rhetoric is that one of the key strategies is to individuate each foetus as ‘a unique human life’. What concerns the anti-abortion

³⁶Esposito, Roberto. 2008. *Bios: Biopolitics and philosophy* (trans: Campbell, Timothy). Minneapolis, MN: University of Minnesota Press, 45.

³⁷Ibid., 133.

³⁸Ibid., 193.

³⁹Ibid., 194.

lobby is not life in general, but *a life, each life in its apparent singularity – a life* that is like all the others, but is also absolutely and irreducibly singular. To be clear, we should not for a moment think that this juxtaposition bankrupts the approach to a singular life proposed by Deleuze and others, for there are various ways in which the radical philosophy of singularity extends well beyond and clearly undermines the rhetorics of the anti-abortion lobby. Nevertheless, I think hesitation about the association that is sometimes made between a life of absolute immanence or absolute potentiality and the newborn infant may well be warranted when this argument is considered in context.

I should also note that the technology of ultrasound itself both reinforces this strategy of singularisation and undercuts it in the cultural deployment of ultrasound images, since such images do not so much distinguish as homogenise. Dislocated from space and time, the foetus appears as an icon of life in general, rather than individuated life. But this generalisation of the singular is itself important, for it is central to the normative production and distribution of sympathy that underlies the ethical force of the ultrasound image. Judith Butler has argued that what counts as human is constituted as such through a process of ‘humanisation’, whereby being human requires fulfilling a usually implicit set of normative criteria.⁴⁰ Butler argues that this regulation of the process of humanisation also generates a particular susceptibility or vulnerability to violence, particularly for those beings who do not wholly satisfy the criteria of regulation. This highlights the way that each foetus is vulnerable to criteria of humanisation, which allow for judgements on the normative and social value of different foetal lives. The effect of the anti-abortion lobby’s generalisation of singularity through the mobilisation of 3D ultrasound images is that it also generalises this vulnerability, such that vulnerability to biopolitical dehumanisation is seen as the defining characteristic of all foetuses, insofar as they are (potentially) threatened by the practice of abortion.

In the context of these simultaneous processes of singularisation and homogenisation, it is also notable that the ultrasound images used by the anti-abortion movement are overwhelmingly close-up images of the foetal face. The importance of the face within ethics has been elaborated by Emmanuel Levinas, who claims that the face entails the imperative, ‘thou shalt not kill’. He states that the face ‘is the other before death, looking through and exposing death . . . the face is the other who asks me not to let him die alone, as if to do so were to become an accomplice in his death. Thus the face says to me: you shall not kill’.⁴¹ The anti-abortion movement’s mobilisation of the foetal face may grasp at this imperative encounter in an inchoate

⁴⁰Butler, Judith. 2004. *Precarious life: The powers of mourning and violence*. London: Verso; also see Butler, Judith. 1993. *Bodies that matter: On the discursive limits of ‘sex’*. New York, NY: Routledge, 7; and Barad, Karen. 1998. Getting real: Technoscientific practices and the materialization of reality. *Differences* 10(2):87–128.

⁴¹Levinas, Emmanuel, and Richard Kearney. 1986. Dialogue with Emmanuel Levinas. In *Face to face with Levinas*, ed. Richard A. Cohen, 23. Albany, NY: State University of New York. Also cited in Butler, *Precarious life*, 131–132. Obviously, I am not implying that a Levinasian approach to ethics is implicated within the politics of abortion; I am simply suggesting that if Levinas is right,

and entirely unphilosophical way. In using images of the foetal face, it mobilises the imperative of non-violence for its own ends, simultaneously confirming the ethical importance of the face and undermining it. The foetal face addresses us, calling for a response, and perhaps especially one that resiles from a certain violence. As Butler points out, the face is intimately involved in normative processes of humanisation and the framing of what it is to be human, what it is to invoke and deserve sympathy.⁴² Given this, it appears that just as images frame reality, the affect produced by images is also framed. Just as we need to be cognisant of the conditions of production of the image, so we must also be of the conditions of production of affect, where those conditions include the norms that cut across the bodies of individuals and populations, and allow for decisions on lives that matter and lives that do not. It is to this ethical force of the ultrasound image, including the sympathies it generates, that I now wish to turn more directly.

6.4 The Ethical Demand of Embodied Appearance: Relationality and Responsibility

I said earlier in the chapter that ultrasound makes apparent a corporeal life that is otherwise occluded, a corporeal life that is constituted in relation to others, including in its interdependence with the pregnant woman who carries the foetus within her own body. While the nature of pregnant embodiment and the constitutively interdependent relationship between the foetus and the pregnant woman have been discussed previously, what is less obvious is the ethical effect of the appearance of this otherwise occluded corporeal being. Ultrasound images prompt us to ask about the nature of foetal embodiment and its role in establishing ethical relationships. What kind of bodily imperative takes hold in the appearance of the foetus made possible through ultrasound? In this section of the chapter, I will consider influential accounts of pregnant embodiment as a starting point for an exploration of the notion of foetal embodiment. This exploration makes apparent the constitutive role of technology in embodiment. Further, it points toward important questions about the relationship between the unavoidability of responding when confronted with the bodily imperatives of the foetus, and the notion of ethical responsibility that we might wish to promote in order to short-circuit the anti-abortion stance to which recognition of such bodily imperatives seems to inevitably lead.

The obvious starting point for any discussion of pregnant embodiment is Iris Marion Young's classic essay, in which she explores the phenomenology of pregnancy to identify aspects of bodily existence unique to pregnancy. Young's central claim is that the subjectivity of pregnant women is 'decentred, split or doubled

that the face entails an imperative encounter, then this may throw light on the impact of ultrasound images on intuitions about the ethical status of the foetus.

⁴²Butler, *Precarious life*, 140–147. Also see Butler, Judith. 2009. *Frames of war: When is life grievable?* London: Verso, especially 1–23.

in several ways', since she 'experiences her body as herself and not herself', and because the temporality of pregnancy is such that, 'the woman can experience herself as split between past and future'.⁴³ Young's target in her argument for the split subject of pregnancy is the presupposition within existential phenomenology that subjectivity entails an intentional unity. Further, Young rejects the dualism between transcendentalism and immanence, wherein awareness of one's body is an 'alienating objectification' that impedes the realisation of one's goals. Contrarily, pregnancy provides a positive example of an awareness of one's body that does not impede the realisation of intentional goals and, 'pregnant consciousness is animated by a double intentionality: my subjectivity splits between awareness of myself and awareness of my aims and projects'.⁴⁴ As the pregnancy progresses, the weight and solid materiality of one's body makes the most ordinary tasks appear as the projects that they are, while also affording women a certain power and sense of respect.

Young's construal of pregnancy as a positive example of the splitting of the subject and the bodily possibilities that this may afford women opens up a rich terrain, but also has its limits. Gail Weiss, for instance, argues that Young's claim that pregnancy undermines the integrity of the body accepts that some subjectivities are not split, that some bodies are experienced as integrated and unified. Against this, Weiss urges that bodily integrity is not undermined by the experience of splitting, but is instead created through it and the recognition it brings of the continual flux of all bodies in daily life. For her pregnancy does not undermine so much as *resignify* bodily integrity.⁴⁵ Extending on this, one might also say that Young's account occludes the role that technology plays in the flux of the body. For Young, the splitting of the pregnant subject originates in part in the movements of the foetus. Of these, she writes:

I feel a little tickle, a little gurgle in my belly. It is my feeling, my insides, and it feels somewhat like a gas bubble, but it is not; it is different, another place, belonging to another, another that is nevertheless my body. The foetus's movements are wholly mine, completely within me, conditioning my experience and space. Only I have access to these movements from their origin, as it were.⁴⁶

Such movements of the foetus make the pregnant woman aware of the bodily differentiation between herself and the foetus she carries – her body is both her and not her, as are the movements of the foetus.

Young's essay, initially published in 1983, appeared at around the time when ultrasound was becoming routinised as a technology used in prenatal care. It is not surprising then that there is little comment on this technology and its effects on the

⁴³Young, Iris Marion. 2005. Pregnant embodiment: Subjectivity and alienation. In *On female bodily experience*, 46–47. Oxford: Oxford University Press.

⁴⁴Ibid., 51.

⁴⁵Weiss, Gail. 1999. *Body images: Embodiment as intercorporeality*. New York, NY: Routledge, 53. This claim it seems to me is important to make in the context of debates on abortion, where the right to bodily integrity is often integral to securing women's reproductive autonomy and consequent to that, access to abortion.

⁴⁶Young. Pregnant embodiment, 49.

embodied experience of pregnancy in the essay. In a later postscript, though, Young does provide such comment and acknowledges that ultrasound may have altered the experience of pregnancy in significant ways. She concludes though, that if anything, the routine use of ultrasound reinforces her previous analysis of pregnant embodiment. The second part of the original essay focuses on the objectifying alienation experienced by pregnant women in the medical ‘treatment’ of pregnancy, whereby subjective experiences are rendered as phenomena that can be observed by anyone. Ultrasound is of a piece with this objectification, since it ‘makes it possible for anyone to experience fetal movement by looking at the same projected image [of the foetus]. The pregnant woman’s experience of that image is just the same as anyone else’s who views it’.⁴⁷ The implication here is that the projection of the foetal image undermines the privileged relation of *feeling* that a pregnant woman bears to the foetus she carries, extracting it from her, and in doing so, restoring her to a kind of unified bodily integrity that is ‘just the same as everyone else’s’. This claim seems unlikely for a number of reasons.

For one, consider that one of the profound aspects of having an obstetric ultrasound is being able to see and hear the heartbeat of the foetus that you are carrying. The heart starts beating at about six weeks of gestation, well before foetal movements can be felt at about eighteen to twenty weeks gestation, and the regularity and pace of the heartbeat is one of the first things checked in both the first and second trimester ultrasound. The sometimes astonishing sight and sound of the foetus’s heart beating at more than 130 beats per minute prompts the recognition that there is another heart beating inside me, one that is not mine. This heart that is beating regardless of my consciousness of it makes it clear to me that there is some one other than me in this body of mine. But it also makes me aware of the way in which this is always already the case; there is, by necessity, always already another in me – we can think genetically, or psychoanalytically, or even parasitically, to make this point. Jean-Luc Nancy’s discussion of the intruder in relation to a heart transplant is not without relevance here, for as he indicates, the self is always stranger to itself. Or as Diane Perpich writes, ‘[o]ne is, as one already was (though perhaps without recognizing it), both strange and intimate to oneself, both self and intruder’.⁴⁸ This condition of strangeness to oneself is made manifest by technology, but is not strictly a consequence of it, especially if we consider that *techne* inheres in the human from the start. As a medical technology, ultrasound is not only objectively alienating (though at times it may be that too), but can instead induce an experience of the differential integrity of the body found in its flux, an integrity that paradoxically incorporates the body of another. Further, that technical possibility of hearing the heartbeat weeks before what is traditionally known as ‘quickening’, the first foetal movements, is itself constitutive of subjects, who are always already dependent on technology for their reality and form. The technology brings into being

⁴⁷Ibid., 61.

⁴⁸Perpich, Diane. 2010. Vulnerability and the ethics of facial tissue transplantation. *Journal of Bioethical Inquiry* 7(2):180.

both potential mother and potential child. As Nancy writes, ‘“I” always finds itself caught in the battlements and gaps of technical possibility’.⁴⁹

In addition, the appearance of the foetus through ultrasound reveals its secret corporeal life, and in doing so, brings into effect a ‘bodily imperative’ that has significant implications for the *ethical* relationship that a woman bears to her foetus.⁵⁰ In *Body Images*, Weiss argues for an embodied ethics based upon dynamic imperatives that emerge from intercorporeal exchanges that transform our own body images and invest them with moral significance.⁵¹ This moral significance, she argues, does not depend on universalistic or impartial detachment from others, but, ‘can only arise in and through our relations with others’. As she writes, ‘to be moral does not require . . . separating my conscious “self” from my body and its desires; it involves developing a moral agency that can only be experienced and enacted through bodily practices, practices that both implicate and transform the bodies of others’.⁵² Such bodily imperatives are not categorical, but are relationally bound and conditioned, and as such, they leave open a space between the imperative to respond and the shape that any given response takes in practice. For it is perhaps in the *phronesis* of reflection on the imperative to respond that a responsible response is most likely to emerge.

This points toward an important caveat for an embodied ethics, namely, that it must allow a break between the inescapability of response and the tenuous achievement (if that is what it is) of responsibility. As this suggests, the emotive response impelled by foetal images does not necessarily lead to an anti-abortion moral stance in itself, though it does raise important issues about the impact of images on our ethical intuitions. For while it might be that the corporeal appearance of the foetus establishes a demand for response, this demand itself only takes hold within pre-established social circumstances, such that the responsible action in regards to the decision to abort or not cannot be determined solely by the fact of the response impelled by those images. For one, any particular decision regarding abortion can only be made in the context of a life in situ, where that context may include significant inequalities in access to socioeconomic and other resources and mechanisms of support. The context in which such a decision must be made also includes the

⁴⁹Nancy, Jean-Luc. 2002. *L'intrus/The intruder* (trans: Hanson, Susan). *New Centennial Review* 2(3):3.

⁵⁰I take the term ‘bodily imperative’ specifically from Gail Weiss, but the more general idea that embodiment entails an ethics is one that has been elaborated by a number of feminist theorists in recent years. Moreover, embodiment is often associated with moral affects. For instance, Adriana Cavarero identifies the responsiveness established by the appearance of an embodied existent to another as a form of ontological altruism, while Rosalyn Diprose eloquently argues that the necessary condition of corporeality gives rise to an ethics understood as generosity. Cavarero, Adriana. 2000. *Relating narratives: Storytelling and selfhood* (trans: Kottman, Paul A.). London and New York: Random House; Diprose, Rosalyn. 2002. *Corporeal generosity: On giving with Nietzsche, Merleau-Ponty and Levinas*. New York, NY: SUNY Press.

⁵¹Weiss. *Body images*, 158.

⁵²Ibid.

life history of the woman carrying the foetus, such that the content of her own emotive response to the bodily imperative presented by the corporeal life of a foetus will be influenced by events, expectations, narratives and other elements that precede the pregnancy. For these reasons, an adequately internally differentiated notion of responsibility is required if an embodied ethics can contribute positively to a feminist ethics of abortion. Any such conception of responsibility must be able to account for the social production and distribution of sympathies, and the ways that our ethical practice is impelled by affects that are irreducible to, and sometimes irreconcilable with, the rationalistic tendencies of ethical reasoning, which too often disavow our constitutive vulnerability and the corporeal interdependencies that make us who we are.

6.5 Conclusion

In this chapter, I argued that obstetric ultrasound impacts upon ethical intuitions about the status of the foetus, by interpellating the foetus as a social subject toward whom we bear a specifically ethical relationship. I argued that focusing on the ways that ultrasound images work in terms of the sympathetic imagination helps to articulate the impact that they have in abortion debates. However, it is important that the sympathetic imagination is also productively constrained by social norms, which instigate and shape decisions on what counts as a viable or livable life. As with other imaging technologies, ultrasound ‘frames’ what it purports merely to represent. This framing has a double effect in relation to the foetus. On the one hand, it contributes to the ‘normation’ of the foetus, through the formulation and application of norms, which forces a concern with the ‘normal’ and ‘abnormal’ foetus. This is the context in which prospective parents are asked to make decisions about continuing or terminating a pregnancy. On the other hand, the anti-abortion lobby has exploited the framing capacity of obstetric ultrasound, especially to focus on the foetal face. The facial emphasis is part of a logic that casts the foetus as necessarily vulnerable and in need of protection. This logic works by simultaneously individuating each and every foetus, and homogenising all foetuses in terms of vulnerability.

The attribution of vulnerability to the foetus as its defining characteristic has important implications for a feminist ethics of abortion, especially one that starts from the position that emphasises the centrality of embodiment in ethics. In this view, the appearance of the foetus as an embodied being effected by ultrasound imaging gives rise to bodily imperatives to respond. The ambit of the anti-abortion lobby is that, given its constitutive vulnerability, the only appropriate response to the foetus is one of protection. However, the recognition of vulnerability does not in itself determine the shape of the *responsible response* in any given context. A feminist ethics of abortion should be able to recognise vulnerability – not only as a characteristic of foetuses, but as internal to subjectivity per se – while at the same time allowing for an idea of responsibility that admits of other, sometimes more pressing, concerns such as the freedom to make oneself according to one’s own deeply held ethical and aesthetic criteria. This is not simply a rewriting of the

'conflict of rights' problem, in which the woman's right to autonomy is said to conflict with a foetus's right to life. Instead, such an approach would begin from the embodied interdependency of a pregnant woman and the foetus she carries, as well as the differential vulnerabilities of each. It would see decisions about pregnancy and termination in the context of the social production and distribution of sympathies, and it would affirm the central role of the imagination in the determination of possible lives.

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