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FETAL IMAGES: THE POWER OF VISUAL CULTURE IN THE POLITICS OF REPRODUCTION

ROSALIND POLLACK PETCHESKY

Now chimes the glass, a note of sweetest strength,
It clouds, it clears, my utmost hope it proves,
For there my longing eyes behold at length
A dapper form, that lives and breathes and moves.

Goethe, *Faust*

(Ultimately) the world of "being" can function to the exclusion of the mother. No need for mother—provided that there is something of the maternal: and it is the father then who acts as—is—the mother. Either the woman is passive; or she doesn't exist. What is left is unthinkable, unthought of. She does not enter into the oppositions, she is not coupled with the father (who is coupled with the son).

Hélène Cixous, *Sorties*

In the mid-1980s, with the United States Congress still deadlocked over the abortion issue and the Supreme Court having twice reaffirmed "a woman's right to choose,"¹ the political attack on abortion rights moved further into the terrain of mass culture and imagery. Not that the "prolife movement" has abandoned conventional political arenas; rather, its defeats there have hardened its commitment to a more long-term ideological struggle over the symbolic meanings of fetuses, dead or alive.

Antiabortionists in both the United States and Britain have long applied the principle that a picture of a dead fetus is worth a thousand words. Chaste silhouettes of the fetal form, or voyeuristic-necrophilic photographs of its remains, litter the background of

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any abortion talk. These still images float like spirits through the courtrooms, where lawyers argue that fetuses can claim tort liability; through the hospitals and clinics, where physicians welcome them as "patients"; and in front of all the abortion centers, legislative committees, bus terminals, and other places that "right-to-lifers" haunt. The strategy of antiabortionists to make fetal personhood a self-fulfilling prophecy by making the fetus a *public presence* addresses a visually oriented culture. Meanwhile, finding "positive" images and symbols of abortion hard to imagine, feminists and other prochoice advocates have all too readily ceded the visual terrain.

Beginning with the 1984 presidential campaign, the neoconservative Reagan administration and the Christian Right accelerated their use of television and video imagery to capture political discourse—and power.² Along with a new series of "Ron and Nancy" commercials, the Reverend Pat Robertson's "700 Club" (a kind of right-wing talk show), and a resurgence of Good versus Evil kiddie cartoons, American television and video viewers were bombarded with the newest "prolife" propaganda piece, *The Silent Scream*. *The Silent Scream* marked a dramatic shift in the contest over abortion imagery. With formidable cunning, it translated the still and by-now stale images of fetus as "baby" into real-time video, thus (1) giving those images an immediate interface with the electronic media; (2) transforming antiabortion rhetoric from a mainly religious/mystical to a medical/technological mode; and (3) bringing the fetal image "to life." On major network television the fetus rose to instant stardom, as *The Silent Scream* and its impresario, Dr. Bernard Nathanson, were aired at least five different times in one month, and one well-known reporter, holding up a fetus in a jar before 10 million viewers, announced: "This thing being aborted, this potential person, sure *looks like* a baby!"

This statement is more than just propaganda; it encapsulates the "politics of style" dominating late capitalist culture, transforming "surface impressions" into the "whole message."³ The cult of appearances not only is the defining characteristic of national politics in the United States, but it is also nourished by the language and techniques of photo/video imagery. Aware of cultural trends, the current leadership of the antiabortion movement has made a conscious strategic shift from religious discourses and authorities to medicotechnical ones, in its effort to win over the courts, the

legislatures, and popular hearts and minds. But the vehicle for this shift is not organized medicine directly but mass culture and its diffusion into reproductive technology through the video display terminal.

My interest in this essay is to explore the overlapping boundaries between media spectacle and clinical experience when pregnancy becomes a moving picture. In what follows, I attempt to understand the cultural meanings and impact of images like those in *The Silent Scream*. Then I examine the effect of routine ultrasound imaging of the fetus not only on the larger cultural climate of reproductive politics but also on the experience and consciousness of pregnant women. Finally, I shall consider some implications of "fetal images" for feminist theory and practice.

DECODING *THE SILENT SCREAM*

Before dissecting its ideological message, I should perhaps describe *The Silent Scream* for readers who somehow missed it. The film's actual genesis seems to have been an article in the *New England Journal of Medicine* by a noted bioethicist and a physician, claiming that early fetal ultrasound tests resulted in "maternal bonding" and possibly "fewer abortions." According to the authors, both affiliated with the National Institutes of Health, upon viewing an ultrasound image of the fetus, "parents [that is, pregnant women] probably will experience a shock of recognition that the fetus belongs to them" and will more likely resolve "ambivalent" pregnancies "in favor of the fetus." Such "parental recognition of the fetal form," they wrote, "is a fundamental element in the later parent-child bond."⁴ Although based on two isolated cases, without controls or scientific experimentation, these assertions stimulated the imagination of Dr. Bernard Nathanson and the National Right-to-Life Committee. The resulting video production was intended to reinforce the visual "bonding" theory at the level of the clinic by bringing the live fetal image into everyone's living room. Distributed not only to television networks but also to schools, churches, state and federal legislators, and anyone (including the opposition) who wants to rent it for fifteen dollars, the video cassette provides a mass commodity form for the "prolife" message.

The Silent Scream purports to show a medical event, a real-time ultrasound imaging of a twelve-week-old fetus being aborted. What we see in fact is an image of an image of an image; or, rather, we see three concentric frames: our television or VCR screen, which in turn frames the video screen of the filming studio, which in turn frames a shadowy, black-and-white, pulsating blob: the (alleged) fetus. Throughout, our response to this set of images is directed by the figure of Dr. Nathanson – sober, bespectacled, leaning professorially against the desk – who functions as both medical expert and narrator to the drama. (Nathanson is in “real life” a practicing obstetrician-gynecologist, ex-abortionist, and well-known anti-abortion crusader.) In fact, as the film unfolds, we quickly realize that there are *two* texts being presented here simultaneously – a medical text, largely visual, and a moral text, largely verbal and auditory. Our medical narrator appears on the screen and announces that what we are about to see comes to us courtesy of the “dazzling” new “science of fetology” which “exploded in the medical community” and now enables us to witness an abortion – “from the victim’s vantage point.” At the same time we hear strains of organ music in the background, ominous, the kind we associate with impending doom. As Nathanson guides his pointer along the video screen, “explaining” the otherwise inscrutable movements of the image, the disjunction between the two texts becomes increasingly jarring. We *see* a recognizable apparatus of advanced medical technology, displaying a filmic image of vibrating light and shaded areas, interspersed with occasional scenes of an abortion clinic operating table (the only view of the pregnant woman we get). This action is moderated by someone who “looks like” the paternal-medical authority figure of the proverbial aspirin commercial. He occasionally interrupts the filmed events to show us clinical models of embryos and fetuses at various stages of development. Meanwhile, however, what we *hear* is more like a medieval morality play, spoken in standard anti-abortion rhetoric. The form on the screen, we are told, is “the living unborn child,” “another human being indistinguishable from any of us.” The suction cannula is “moving violently” toward “the child”; it is the “lethal weapon” that will “dismember, crush, destroy,” “tear the child apart,” until only “shards” are left. The fetus “does sense aggression in its sanctuary,” attempts to “escape” (indicating more rapid movements on the screen), and finally “rears back its head”

in "a silent scream"—all to a feverish pitch of musical accompaniment. In case we question the nearly total absence of a pregnant woman or of clinic personnel in this scenario, Nathanson also "informs" us that the woman who had this abortion was a "feminist," who, like the young doctor who performed it, has vowed "never again"; that women who get abortions are themselves exploited "victims" and "castrated"; that many abortion clinics are "run by the mobs." It is the verbal rhetoric, not of science, but of "Miami Vice."

Now, all of this raises important questions about what one means by "evidence," or "medical information," because the ultrasound image is presented as a *document* testifying that the fetus is "alive," is "human like you or me," and "senses pain." *The Silent Scream* has been sharply confronted on this level by panels of opposing medical experts, *New York Times* editorials, and a Planned Parenthood film. These show, for example, that at twelve weeks the fetus has no cerebral cortex to receive pain impulses; that no "scream" is possible without air in the lungs; that fetal movements at this stage are reflexive and without purpose; that the image of rapid frantic movement was undoubtedly caused by speeding up the film (camera tricks); that the size of the image we see on the screen, along with the model that is continually displayed in front of the screen, is nearly twice the size of a normal twelve-week fetus, and so forth.⁵ Yet this literal kind of rebuttal is not very useful in helping us to understand the ideological power the film has despite its visual distortions and verbal fraud.

When we locate *The Silent Scream* where it belongs, in the realm of cultural representation rather than of medical evidence, we see that it embeds ultrasound imaging of pregnancy in a moving picture show. Its appearance as a medical document both obscures and reinforces a coded set of messages that work as political signs and moral injunctions. (As we shall see, because of the cultural and political context in which they occur, this may be true of ultrasound images of pregnancy in general.) The purpose of the film is obviously didactic: to induce individual women to abstain from having abortions and to persuade officials and judges to force them to do so. Like the Great Communicator who charms through lies, the medical authority figure—paternalistic and technocratic at the same time—delivers these messages less by his words than by the power of his image and his persona.

As with any visual image, *The Silent Scream* relies on our

predisposition to "see" what it wants us to "see" because of a range of influences that come out of the particular culture and history in which we live. The aura of medical authority, the allure of technology, the cumulative impact of a decade of fetal images—on billboards, in shopping center malls, in science fiction blockbusters like *2001: A Space Odyssey*—all rescue the film from utter absurdity; they make it credible. "The fetal form" itself has, within the larger culture, acquired a symbolic import that condenses within it a series of losses—from sexual innocence to compliant women to American imperial might. It is not the image of a baby at all but of a tiny man, a homunculus.

The most disturbing thing about how people receive *The Silent Scream*, and indeed all the dominant fetal imagery, is their apparent acceptance of the image itself as an accurate representation of a real fetus. The curled-up profile, with its enlarged head and finlike arms, suspended in its balloon of amniotic fluid, is by now so familiar that not even most feminists question its authenticity (as opposed to its relevance). I went back to trace the earliest appearance of these photos in popular literature and found it in the June 1962 issue of *Look* (along with *Life*, the major mass-circulating "picture magazine" of the period). It was a story publicizing a new book, *The First Nine Months of Life*, and it featured the now-standard sequel of pictures at one day, one week, seven weeks, and so forth.⁶ In every picture the fetus is solitary, dangling in the air (or its sac) with nothing to connect it to any life-support system but "a clearly defined umbilical cord." In every caption it is called "the baby" (even at forty-four days) and is referred to as "he"—until the birth, that is, when "he" turns out to be a girl. Nowhere is there any reference to the pregnant woman, except in a single photograph at the end showing the newborn baby lying next to the mother, both of them gazing off the page, allegedly at "the father." From their beginning, such photographs have represented the fetus as primary and autonomous, the woman as absent or peripheral.

Fetal imagery epitomizes the distortion inherent in all photographic images: their tendency to slice up reality into tiny bits wrenched out of real space and time. The origins of photography can be traced to late-nineteenth-century Europe's cult of science, itself a by-product of industrial capitalism. Its rise is inextricably linked with positivism, that flawed epistemology

that sees "reality" as discrete bits of empirical data divorced from historical process or social relationships.⁷ Similarly, fetal imagery replicates the essential paradox of photographs whether moving or still, their "constitutive deception" as noted by postmodernist critics: the *appearance* of objectivity, of capturing "literal reality." As Roland Barthes puts it, the "photographic message" appears to be "a message without a code." According to Barthes, the appearance of the photographic image as "a mechanical analogue of reality," without art or artifice, obscures the fact that that image is heavily constructed, or "coded"; it is grounded in a context of historical and cultural meanings.⁸

Yet the power of the visual apparatus's claim to be "an unreasoning machine" that produces "an unerring record" (the French word for "lens" is *objectif*) remains deeply embedded in Western culture.⁹ This power derives from the peculiar capacity of photographic images to assume two distinct meanings, often simultaneously: an empirical (informational) and a mythical (or magical) meaning. Historically, photographic imagery has served not only the uses of scientific rationality—as in medical diagnostics and record keeping—and the tools of bureaucratic rationality—in the political record keeping and police surveillance of the state.¹⁰ Photographic imagery has also, especially with the "democratization" of the hand-held camera and the advent of the family album, become a magical source of fetishes that can resurrect the dead or preserve lost love. And it has constructed the escape fantasy of the movies. This older, symbolic, and ritualistic (also religious?) function lies concealed within the more obvious rationalistic one.

The double text of *The Silent Scream*, noted earlier, recapitulates this historical paradox of photographic images: their simultaneous power as purveyors of fantasy and illusion yet also of "objectivist 'truth.'"¹¹ When Nathanson claims to be presenting an abortion from the "vantage point of the [fetus]," the image's appearance of seamless movement through real time—and the technologic allure of the video box, connoting at once "advanced medicine" and "the news"—render his claim "true to life." Yet he also purveys a myth, for the fetus—if it had any vantage point—could not possibly experience itself as if dangling in space, without a woman's uterus and body and bloodstream to support it.

In fact, every image of a fetus we are shown, including *The Silent Scream*, is viewed from the standpoint neither of the fetus nor of

the pregnant woman but of the camera. The fetus as we know it is a fetish. Barbara Katz Rothman observes that "the fetus in utero has become a metaphor for 'man' in space, floating free, attached only by the umbilical cord to the spaceship. But where is the mother in that metaphor? She has become empty space."¹² Inside the futurizing spacesuit, however, lies a much older image. For the autonomous, free-floating fetus merely extends to gestation the Hobbesian view of born human beings as disconnected, solitary individuals. It is this abstract individualism, effacing the pregnant woman and the fetus's dependence on her, that gives the fetal image its symbolic transparency, so that we can read in it our selves, our lost babies, our mythic secure past.

Although such receptions of fetal images may help to recruit antiabortion activists, among both women and men, denial of the womb has more deadly consequences. Zoe Sofia relates the film *2001: A Space Odyssey* to "the New Right's cult of fetal personhood," arguing that "every technology is a reproductive technology": "in science fiction culture particularly, technologies are perceived as modes of reproduction in themselves, according to perverse myths of fertility in which man replicates himself without the aid of woman." The "Star Child" of *2001* is not a living organic being but "a biomechanism, . . . a cyborg capable of living unaided in space." This "child" poses as the symbol of fertility and life but in fact is the creature of the same technologies that bring cosmic extermination, which it alone survives. Sofia sees the same irony in "the right-wing movement to protect fetal life" while it plans for nuclear war. Like the fetal-baby in *2001*, "the pro-life fetus may be a 'special effect' of a cultural dreamwork which displaces attention from the tools of extermination and onto the fetal signifier of extinction itself." To the extent that it diverts us from the real threat of nuclear holocaust and comes to represent the lone survivor, the fetal image signifies not life but death.¹³

If the fetus-as-spaceman has become inscribed in science fiction and popular fantasy, it is likely to affect the appearance of fetal images even in clinical contexts. The vantage point of the male onlooker may perhaps change how women see their own fetuses on, and through, ultrasound imaging screens. *The Silent Scream* bridges these two arenas of cultural construction, video fantasyland and clinical biotechnics, enlisting medical imagery in the service of mythic-patriarchal messages. But neither arena, nor the

film itself, meets a totally receptive field. Pregnant women respond to these images out of a variety of concrete situations and in a variety of complex ways.

OBSTETRICAL IMAGING AND MASCULINE/VISUAL CULTURE

We have seen the dominant view of the fetus that appears in still and moving pictures across the mass-cultural landscape. It is one where the fetus is not only "already a baby," but more—a "baby man," an autonomous, atomized mini-space hero. This image has not supplanted the one of the fetus as a tiny, helpless, suffering creature but rather merged with it (in a way that uncomfortably reminds one of another famous immortal baby). We should not be surprised, then, to find the social relations of obstetrics—the site where ultrasound imaging of fetuses goes on daily—infiltrated by such widely diffused images.

Along with the external political and cultural pressures, traditional patterns endemic to the male-dominated practice of obstetrics help determine the current clinical view of the fetus as "patient," separate and autonomous from the pregnant woman. These patterns direct the practical applications of new reproductive technologies more toward enlarging clinicians' control over reproductive processes than toward improving health (women's or infants'). Despite their benefits for individual women, amniocentesis, in vitro fertilization, electronic fetal monitoring, routine cesarean deliveries, ultrasound, and a range of heroic "fetal therapies" (both in utero and ex utero) also have the effect of carving out more and more space/time for obstetrical "management" of pregnancy. Meanwhile, they have not been shown to lower infant and perinatal mortality/morbidity, and they divert social resources from epidemiological research into the causes of fetal damage.¹⁴ But the presumption of fetal "autonomy" ("patienthood" if not "personhood") is not an inevitable requirement of the technologies. Rather, the technologies take on the meanings and uses they do because of the cultural climate of fetal images and the politics of hostility toward pregnant women and abortion. As a result, the pregnant woman is increasingly put in the position of adversary to her own pregnancy/fetus, either by having presented a "hostile environment" to its development or by actively refusing some

medically proposed intervention (such as a cesarean section or treatment for a fetal "defect").¹⁵

Similarly, the claim by antiabortion polemicists that the fetus is becoming "viable" at an earlier and earlier point seems to reinforce the notion that its treatment is a matter between a fetus and its doctor. In reality, most authorities agree that twenty-four weeks is the youngest a fetus is likely to survive outside the womb in the foreseeable future; meanwhile, over 90 percent of pregnant women who get abortions do so in the first trimester, fewer than 1 percent do so past the twentieth week.¹⁶ Despite these facts, the *images* of younger and younger, and tinier and tinier, fetuses being "saved," the point of viability being "pushed back" *indefinitely*, and untold aborted fetuses being "born alive" have captured recent abortion discourse in the courts, the headlines, and television drama.¹⁷ Such images blur the boundary between fetus and baby; they reinforce the idea that the fetus's identity as separate and autonomous from the mother (the "living, separate child") exists from the start. Obstetrical technologies of visualization and electronic/surgical intervention thus disrupt the very definition, as traditionally understood, of "inside" and "outside" a woman's body, of pregnancy as an "interior" experience. As Donna Haraway remarks, pregnancy becomes integrated into a "high-tech view of the body as a biotic component or cybernetic communications system"; thus, "who controls the interpretation of bodily boundaries in medical hermeneutics [becomes] a major feminist issue."¹⁸ Interpreting boundaries, however, is a way to contest them, not to record their fixity in the natural world. Like penetrating Cuban territory with reconnaissance satellites and Radio Marti, treating a fetus as if it were outside a woman's body, because it can be viewed, is a political act.

This background is necessary to an analysis that locates ultrasound imaging of fetuses within its historical and cultural context. Originating in sonar detectors for submarine warfare, ultrasound was not introduced into obstetrical practice until the early 1960s—some years after its accepted use in other medical diagnostic fields.¹⁹ The timing is significant, for it corresponds to the end of the baby boom and the rapid drop in fertility that would propel obstetrician-gynecologists into new areas of discovery and fortune, a new "patient population" to look at and treat. "Looking" was mainly the point, because, as in many medical technologies

(and technologies of visualization), physicians seem to have applied the technique before knowing precisely what they were looking for. In this technique, a transducer sends sound waves through the amniotic fluid so they bounce off fetal structures and are reflected back, either as a still image (scan) or, more frequently, a real-time moving image "similar to that of a motion picture," as the American College of Obstetricians and Gynecologists (ACOG) puts it.²⁰

Although it was enthusiastically hailed among physicians for its advantages over the dangers of X-ray, ultrasound imaging in pregnancy is currently steeped in controversy. A 1984 report by a joint National Institutes of Health/Food and Drug Administration panel found "no clear benefit from routine use," specifically, "no improvement in pregnancy outcome" (either for the fetus/infant or the woman), and no conclusive evidence either of its safety or harm. The panel recommended against "routine use," including "to view . . . or obtain a picture of the fetus" or "for educational or commercial demonstrations without medical benefit to the patient" ("the patient" here, presumably, being the pregnant woman). Yet it approved of its use to "estimate gestational age," thus qualifying its reservations with a major loophole. At least one-third of all pregnant women in the United States are now exposed to ultrasound imaging, and that would seem to be a growing figure. Anecdotal evidence suggests that many if not most pregnancies will soon include ultrasound scans and presentation of a sonogram photo "for the baby album."²¹

How can we understand the routinization of fetal imaging in obstetrics even though the profession's governing bodies admit the medical benefits are dubious? The reason ultrasound imaging in obstetrics has expanded so much are no doubt related to the reasons, economic and patriarchal, for the growth in electronic fetal monitoring, cesarean sections, and other reproductive technologies. Practitioners and critics alike commonly trace the obstetrical technology boom to physicians' fear of malpractice suits. But the impulses behind ultrasound also arise from the codes of visual imagery and the construction of fetal images as "cultural objects" with historical meanings.

From the standpoint of clinicians, at least three levels of meaning attach to ultrasound images of fetuses. These correspond to (1) a level of "evidence" or "report," which may or may not motivate

diagnosis and/or therapeutic intervention; (2) a level of surveillance and potential social control; and (3) a level of fantasy or myth. (Not surprisingly, these connotations echo the textual structure of *The Silent Scream*.) In the first place, there is simply the impulse to "view," to get a "picture" of the fetus's "anatomical structures" in motion, and here obstetrical ultrasound reflects the impact of new imaging technologies in all areas of medicine. One is struck by the lists of "indications" for ultrasound imaging found in the *ACOG Technical Bulletin* and the *American Journal of Obstetrics and Gynecology* indexes. Although the "indications" include a few recognizable "abnormal" conditions that might require a "non-routine" intervention (such as "evaluation of ectopic pregnancy" or "diagnosis of abnormal fetal position"), for the most part they consist of technical measurements, like a list of machine parts—"crown rump length," "gestational sac diameter," fetal sex organs, fetal weight—as well as estimation of gestational age. As one neonatologist told me, "We can do an entire anatomical workup!"²² Of course, none of this viewing and measuring and recording of bits of anatomical data gives the slightest clue as to what *value* should be placed on this or any other fetus, whether it has a moral claim to heroic therapy or life at all, and who should decide.²³ But the point is that the fetus, through visualization, is being treated as a patient already, is being given an ordinary checkup. Inferences about its "personhood" (or "babyhood"), in the context of the dominant ways of seeing fetuses, seem verified by sonographic "evidence" that it kicks, spits, excretes, grows.

Evidentiary uses of photographic images are usually enlisted in the service of some kind of action—to monitor, control, and possibly intervene. In the case of obstetrical medicine, ultrasound techniques, in conjunction with electronic fetal monitoring, have been used increasingly to diagnose "fetal distress" and "abnormal presentation" (leading to a prediction of "prolonged labor" or "breech birth"). These findings then become evidence indicating earlier delivery by cesarean section, evoking the correlation some researchers have observed between increased use of electronic fetal monitoring and ultrasound and the threefold rise in the cesarean section rate in the last fifteen years.²⁴

Complaints by feminist health advocates about unnecessary cesareans and excessive monitoring of pregnancy are undoubtedly justified. Even the profession's own guidelines suggest that the

monitoring techniques may lead to misdiagnoses or may themselves be the cause of the "stresses" they "discover."²⁵ One might well question a tendency in obstetrics to "discover" disorders where they previously did not exist, because visualizing techniques compel "discovery," or to apply techniques to wider and wider groups of cases.²⁶ On the whole, however, diagnostic uses of ultrasound in obstetrics have benefited women more than they've done harm, making it possible to define the due date more accurately, to detect anomalies, and to anticipate complications in delivery. My question is not about this level of medical applications but rather about the cultural assumptions underlying them. How do these assumptions both reflect and reinforce the larger culture of fetal images sketched above? Why has the impulse to "see inside" come to dominate ways of knowing about pregnancy and fetuses, and what are the consequences for women's consciousness and reproductive power relations?

The "prevalence of the gaze," or the privileging of the visual, as the primary means to knowledge in Western scientific and philosophical traditions has been the subject of a feminist inquiry by Evelyn Fox Keller and Christine R. Grontkowski. In their analysis, stretching from Plato to Bacon and Descartes, this emphasis on the visual has had a paradoxical function. For sight, in contrast to the other senses, has as its peculiar property the capacity for detachment, for objectifying the thing visualized by creating distance between knower and known. (In modern optics, the eye becomes a passive recorder, a camera obscura.) In this way, the elevation of the visual in a hierarchy of senses actually has the effect of debasing sensory experience, and relatedness, as modes of knowing: "Vision connects us to truth as it distances us from the corporeal."²⁷

Some feminist cultural theorists in France, Britain, and the United States have argued that visualization and objectification as privileged ways of knowing are specifically masculine (man the viewer, woman the spectacle).²⁸ Without falling into such essentialism, we may suppose that the language, perceptions, and uses of visual information may be different for women, as pregnant subjects, than they are for men (or women) as physicians, researchers, or reporters. And this difference will reflect the historical control by men over science, medicine, and obstetrics in Western society and over the historical definitions of masculinity

in Western culture. The deep gender bias of science (including medicine), of its very ways of seeing problems, resonates, Keller argues, in its "common rhetoric." Mainly "adversarial" and "aggressive" in its stance toward what it studies, "science can come to sound like a battlefield."²⁹ Similarly, presentations of scientific and medical "conquests" in the mass media commonly appropriate this terrain into Cold War culture and macho style. Consider this piece of text from *Life's* 1965 picture story on ultrasound in pregnancy, "A Sonar 'Look' at an Unborn Baby":

The astonishing medical machine resting on this pregnant woman's abdomen in a Philadelphia hospital is "looking" at her unborn child in precisely the same way a Navy surface ship homes in on enemy submarines. Using the sonar principle, it is bombarding her with a beam of ultra-high-frequency sound waves that are inaudible to the human ear. Back come the echoes, bouncing off the baby's head, to show up as a visual image on a viewing screen. (P. 45)

The militarization of obstetrical images is not unique to ultrasonography (most technologies in a militarized society either begin or end in the military); nor is it unique to its focus on reproduction (similar language constructs the "war on cancer"). Might it then correspond to the very culture of medicine and science, its emphasis on visualization as a form of surveillance and "attack"? For some obstetrician-gynecologist practitioners, such visualization is patently voyeuristic; it generates erotic pleasure in the nonreciprocated, illicit "look." Interviewed in *Newsweek* after *The Silent Scream* was released, Nathanson boasted: "With the aid of technology, we stripped away the walls of the abdomen and uterus and looked into the womb."³⁰ And here is Dr. Michael Harrison writing in a respected medical journal about "fetal management" through ultrasound:

The fetus could not be taken seriously as long as he [sic] remained a medical recluse in an opaque womb; and it was not until the last half of this century that *the prying eye of the ultrasonogram . . . rendered the once opaque womb transparent, stripping the veil of mystery from the dark inner sanctum and letting the light of scientific observation fall on the shy and secretive fetus. . . .* The sonographic voyeur, *spying on the unwary fetus*, finds him or her a surprisingly active little creature, and not at all the passive parasite we had imagined.³¹

Whether voyeurism is a "masculinist" form of looking, the "siting" of the womb as a space to be conquered can only be had by one who stands outside it looking in. The view of the fetus as a "shy," mysterious "little creature," recalling a wildlife photographer tracking down a gazelle, indeed exemplifies the "predatory nature

of a photographic consciousness."³² It is hard to imagine a pregnant woman thinking about her fetus this way, whether she longs for a baby or wishes for an abortion.

What we have here, from the clinician's standpoint, is a kind of *panoptics of the womb*, whose aim is "to establish normative behavior for the fetus at various gestational stages" and to maximize medical control over pregnancy.³³ Feminist critics emphasize the degrading impact fetal-imaging techniques have on the pregnant woman. She now becomes the "maternal environment," the "site" of the fetus, a passive spectator in her own pregnancy.³⁴ Sonographic detailing of fetal anatomy completely displaces the markers of "traditional" pregnancy, when "feeling the baby move was a 'definitive' diagnosis." Now the woman's *felt* evidence about the pregnancy is discredited, in favor of the more "objective" data on the video screen. We find her "on the table with the ultrasound scanner to her belly, and on the other side of the technician or doctor, the fetus on the screen. The doctor . . . turns away from the mother to examine her baby. Even the heartbeat is heard over a speaker removed from the mother's body. The technology which makes the baby/fetus more 'visible' renders the woman invisible."³⁵

Earlier I noted that ultrasound imaging of fetuses is constituted through three levels of meaning—not only the level of evidence (diagnosis) and the level of surveillance (intervention), but also that of fantasy or myth. "Evidence" shades into fantasy when the fetus is visualized, albeit through electronic media, as though removed from the pregnant woman's body, as though suspended in space. This is a form of fetishization, and it occurs repeatedly in clinical settings whenever ultrasound images construct the fetus through "indications" that sever its functions and parts from their organic connection to the pregnant woman. Fetishization, in turn, shades into surveillance when physicians, "right-to-life" propagandists, legislatures, or courts impose ultrasound imaging on pregnant women in order "to encourage 'bonding.'" In some states, the use of compulsory ultrasound imaging as a weapon of intimidation against women seeking abortions has already begun.³⁶ Indeed, the very idea of "bonding" based on a photographic image implies a fetish: the investment of erotic feelings in a fantasy. When an obstetrician presents his patient with a sonographic picture of the fetus "for the baby album," it may be a manifestation of masculine

desire to reproduce not only babies but also motherhood.

Many feminists have explained masculine appropriation of the conditions and products of reproduction in psychoanalytic or psychological terms, associating it with men's fears of the body, their own mortality, and the mother who bore them. According to one interpretation, "the domination of women by the male gaze is part of men's strategy to contain the threat that the mother embodies [of infantile dependence and male impotence]."³⁷ Nancy Hartsock, in a passage reminiscent of Simone de Beauvoir's earlier insights, links patriarchal control over reproduction to the masculine quest for immortality through immortal works: "Because to be born means that one will die, reproduction and generation are either understood in terms of death or are appropriated by men in disembodied form."³⁸ In Mary O'Brien's analysis of the "dialectics of reproduction," "the alienation of the male seed in the copulative act" separates men "from genetic continuity." Men therefore try to "annul" this separation by appropriating children, wives, principles of legitimacy and inheritance, estates, and empires. (With her usual irony, O'Brien calls this male fear of female procreativity "the dead core of impotency in the potency principle.")³⁹ Other, more historically grounded feminist writers have extended this theme to the appropriation of obstetrics in England and America. Attempts by male practitioners to disconnect the fetus from women's wombs—whether physically, through forceps, cesarean delivery, *in vitro* fertilization, or fetal surgery; or visually, through ultrasound imaging—are specific forms of the ancient masculine impulse "to confine and limit and curb the creativity and potentially polluting power of female procreation."⁴⁰

But feminist critiques of "the war against the womb" often suffer from certain tendencies toward reductionism. First, they confuse masculine rhetoric and fantasies with actual power relations, thereby submerging women's own responses to reproductive situations in the dominant (and victimizing) masculine text. Second, if they do consider women's responses, those responses are compressed into *Everywoman's Reproductive Consciousness*, undifferentiated by particular historical and social circumstances; biology itself becomes a universal rather than an individual, particular set of conditions. To correct this myopia, I shall return to the study of fetal images through a different lens, that of pregnant women as viewers.

PICTURING THE BABY – WOMEN'S RESPONSES

The scenario of the voyeuristic ultrasound instrument/technician, with the pregnant woman displaced to one side passively staring at her objectified fetus, has a certain phenomenological truth. At the same time, anecdotal evidence gives us another, quite different scenario when it comes to the subjective understanding of pregnant women themselves. Far from feeling victimized or pacified, they frequently express a sense of elation and direct participation in the imaging process, claiming it "makes the baby more real," "more our baby"; that visualizing the fetus creates a feeling of intimacy and belonging, as well as a reassuring sense of predictability and control.⁴¹ (I am speaking here of women whose pregnancies are wanted, of course, not those seeking abortions.) Some women even talk about themselves as having "bonded" with the fetus through viewing its image on the screen.⁴² Like amniocentesis, in vitro fertilization, voluntary sterilization, and other "male-dominated" reproductive technologies, ultrasound imaging in pregnancy seems to evoke in many women a sense of greater control and self-empowerment than they would have if left to "traditional" methods or "nature." How are we to understand this contradiction between the feminist decoding of male "cultural dreamworks" and (some) women's actual experience of reproductive techniques and images?

Current feminist writings about reproductive technology are not very helpful in answering this kind of question. Works such as Gena Corea's *The Mother Machine* and most articles in the anthology, *Test-Tube Women*, portray women as the perennial victims of an omnivorous male plot to take over their reproductive capacities. The specific forms taken by male strategies of reproductive control, while admittedly varying across times and cultures, are reduced to a pervasive, transhistorical "need." Meanwhile, women's own resistance to this control, often successful, as well as their complicity in it, are ignored; women, in this view, have no role as agents of their reproductive destinies.

But historical and sociological research shows that women are not just passive victims of "male" reproductive technologies and the physicians who wield them. Because of their shared reproductive situation and needs, women throughout the nineteenth and twentieth centuries have often *generated* demands for technologies such as birth control, childbirth anesthesia, or infertility

treatments, or they have welcomed them as benefits (which is not to say the technologies offered always met the needs).⁴³ We have to understand the "market" for oral contraceptives, sterilization, in vitro fertilization, amniocentesis, and high-tech pregnancy monitoring as a more complex phenomenon than either the victimization or the male-womb-envy thesis allows.

At the same time, theories of a "feminist standpoint" or "reproductive consciousness" that would restore pregnant women to active historical agency and unify their responses to reproductive images and techniques are complicated by two sets of circumstances.⁴⁴ First, we do not simply imbibe our reproductive experience raw. The dominant images and codes that mediate the material conditions of pregnancy, abortion, and so forth, determine what, exactly, women "know" about these events in their lives, their *meaning* as lived experience. Thus, women may see in fetal images what they are told they ought to see. Second, and in dialectical tension with the first, women's relationship to reproductive technologies and images differs depending on social differences such as class, race, and sexual preference, and biological ones such as age, physical disability, and personal fertility history. Their "reproductive consciousness" is constituted out of these complex elements and cannot easily be generalized or, unfortunately, vested with a privileged insight.

How different women see fetal images depends on the context of the looking and the relationship of the viewer to the image and what it signifies. Recent semiotic theory emphasizes "the centrality of the moment of reception in the construction of meanings." The meanings of a visual image or text are created through an "interaction" process between the viewer and the text, taking their focus from the situation of the viewer.⁴⁵ John Berger identifies a major contextual frame defining the relationship between viewer and image in distinguishing between what he calls "photographs which belong to private experience" and thus connect to our lives in some intimate way, and "public photographs," which excise bits of information "from all lived experience."⁴⁶ Now, this is a simplistic distinction because "private" photographic images become imbued with "public" resonances all the time; we "see" lovers' photos and family albums through the scrim of television ads. Still, I want to borrow Berger's distinction because it helps indicate important differences between the meanings of fetal images

when they are viewed as "the fetus" and when they are viewed as "my baby."

When legions of right-wing women in the antiabortion movement brandish pictures of gory dead or dreamlike space-floating fetuses outside clinics or in demonstrations, they are participating in a visual pageant that directly degrades women—and thus themselves. Wafting these fetus-pictures as icons, literal fetishes, they both propagate and celebrate the image of the fetus as autonomous space-hero and the pregnant woman as "empty space." Their visual statements are straightforward representations of the antifeminist ideas they (and their male cohorts) support. Such right-wing women promote the public, political character of the fetal image as a symbol that condenses a complicated set of conservative values—about sex, motherhood, teenage girls, fatherhood, the family. In this instance, perhaps it makes sense to say they participate "vicariously" in a "phallic" way of looking and thus become the "complacent facilitators for the working out of man's fantasies."⁴⁷

It is not only antiabortionists who respond to fetal images however. The "public" presentation of the fetus has become ubiquitous; its disembodied form, now propped up by medical authority and technological rationality, permeates mass culture. We are all, on some level, susceptible to its coded meanings. Victor Burgin points out that it does no good to protest the "falseness" of such images as against "reality," because "reality"—that is, how we experience the world, both "public" and "private"—"is itself constituted through the agency of representations."⁴⁸ This suggests that women's ways of seeing ultrasound images of fetuses, even their own, may be affected by the cumulative array of "public" representations, from *Life Magazine* to *The Silent Scream*. And it possibly means that some of them will be intimidated from getting abortions—although as yet we have little empirical information to verify this. When young women seeking abortions are coerced or manipulated into seeing pictures of fetuses, their own or others, it is the "public fetus" as moral abstraction they are being made to view.

But the reception and meanings of fetal images also derive from the particular circumstances of the woman as viewer, and these circumstances may not fit neatly within a model of women as victims of reproductive technologies. Above all, the meanings of fetal images will differ depending on whether a woman wishes to be

pregnant or not. With regard to wanted pregnancies, women with very diverse political values may respond positively to images that present their fetus as if detached, their own body as if absent from the scene. The reasons are a complex weave of socioeconomic position, gender psychology, and biology. At one end of the spectrum, the "prolife" women Kristin Luker interviewed strongly identified "the fetus" with their own recent or frequent pregnancies; it became "my little guy." Their circumstances as "devout, traditional women who valued motherhood highly" were those of married women with children, mostly unemployed outside the home, and remarkably isolated from any social or community activities. That "little guy" was indeed their primary source of gratification and self-esteem. Moreover—and this fact links them with many women whose abortion politics and life-styles lie at the opposite end of the spectrum—a disproportionate number of them seem to have undergone a history of pregnancy or child loss.⁴⁹

If we look at the women who comprise the market for high-tech obstetrics, they are primarily those who can afford these expensive procedures and who have access to the private medical offices where they are offered. Socially and demographically, they are not only apt to be among the professional, educated, "late-childbearing" cohort who face greater risks because of age (although the average age of amniocentesis and ultrasound recipients seems to be moving rapidly down). More importantly, whatever their age or risk category, they are likely to be products of a middle-class culture that values planning, control, and predictability in the interests of a "quality" baby.⁵⁰ These values preexist technologies of visualization and "baby engineering" and create a predisposition toward their acceptance. The fear of "nonquality"—that is, disability—and the pressure on parents, particularly mothers, to produce fetuses that score high on their "stress test" (like infants who score high on their Apgar test and children who score high on their SATs) is a cultural as well as a class phenomenon. Indeed, the "perfect baby" syndrome that creates a welcoming climate for ultrasound imaging may also be oppressive for women, insofar as they are still the ones who bear primary responsibility—and guilt—for how the baby turns out.⁵¹ Despite this, "listening to women's voices" leads to the unmistakable conclusion that, as with birth control generally, many women prefer predictability and will do what they can to have it.

Women's responses to fetal picture taking may have another side as well, rooted in their traditional role in the production of family photographs. If photographs accommodate "aesthetic consumerism," becoming instruments of appropriation and possession, this is nowhere truer than within family life—particularly middle-class family life.⁵² Family albums originated to chronicle the continuity of Victorian bourgeois kin networks. The advent of home movies in the 1940s and 1950s paralleled the move to the suburbs and backyard barbecues.⁵³ Similarly, the presentation of a sonogram photo to the dying grandfather, even before his grandchild's birth,⁵⁴ is a 1980s' way of affirming patriarchal lineage. In other words, far from the intrusion of an alien, and alienating, technology, it may be that ultrasonography is becoming enmeshed in a familiar language of "private" images.

Significantly, in each of these cases it is the woman, the mother, who acts as custodian of the image—keeping up the album, taking the movies, presenting the sonogram. The specific relationship of women to photographic images, especially those of children, may help to explain the attraction of pregnant women to ultrasound images of their own fetus (as opposed to "public" ones). Rather than being surprised that some women experience bonding with their fetus after viewing its image on a screen (or in a sonographic "photo"), perhaps we should understand this as a culturally embedded component of desire. If it is a form of objectifying the fetus (and the pregnant woman herself as detached from the fetus), perhaps such objectification and detachment are necessary for her to feel erotic pleasure in it.⁵⁵ If with the ultrasound image she first recognizes the fetus as "real," as "out there," this means that she first experiences it as an object she can possess.

Keller proposes that feminists reevaluate the concept of objectivity. In so doing they may discover that the process of objectification they have identified as masculinist takes different forms, some that detach the viewer from the viewed and some that make possible both erotic and intellectual attachment.⁵⁶ To suggest that the timing of maternal-fetus or maternal-infant attachment is a biological given (for example, at "quickenings" or at birth), or that "feeling" is somehow more "natural" than "seeing," contradicts women's changing historical experience.⁵⁷ On the other hand, to acknowledge that bonding is a historically and culturally shaped process is not to deny its reality. That women develop powerful

feelings of attachment to their ("private") fetuses, especially the ones they want, complicates the politics of fetal images.

Consider a recent case in a New York court that denied a woman damages when her twenty-week fetus was stillborn, following an apparently botched amniocentesis. The majority held that, because the woman did not "witness" the death or injury directly, and was not in the immediate "zone of danger" herself, she could not recover damages for any emotional pain or loss she suffered as a result of the fetus's death. As one dissenting judge argued, the court "rendered the woman a bystander to medical procedures performed upon her own body," denying her any rights based on the emotional and "biological bond" she had with the fetus.⁵⁸ In so doing, the majority implicitly sanctioned the image of fetal autonomy and maternal oblivion.

As a feminist used to resisting women's reduction to biology, I find it awkward to defend their biological connection to the fetus. But the patent absurdity and cruelty of this decision underscore the need for feminist analyses of reproduction to address biology. A true biological perspective does not lead us to determinism but rather to infinite *variation*, which is to say that it is historical.⁵⁹ Particular lives are lived in particular bodies—not only women's bodies, but just as relevantly, aging, ill, disabled, or infertile ones. The material circumstances that differentiate women's responses to obstetrical ultrasound and other technologies include their own biological history, which may be experienced as one of limits and defeats. In fact, the most significant divider between pregnant women who welcome the information from ultrasound and other monitoring techniques and those who resent the machines or wish to postpone "knowing" may be personal fertility history. A recent study of women's psychological responses to the use of electronic fetal monitors during labor "found that those women who had previously experienced the loss of a baby tended to react positively to the monitor, feeling it to be a reassuring presence, a substitute for the physician, an aid to communication. Those women who had not previously suffered difficult or traumatic births . . . tended to regard the monitor with hostility, as a distraction, a competitor."⁶⁰

To recite such conditions does not mean we have to retreat into a reductionist or dualist view of biology. Infertility, pregnancy losses, and women's feelings of "desperation" about "childlessness"

have many sources, including cultural pressures, environmental hazards, and medical misdiagnosis or neglect.⁶¹ Whatever the sources, however, a history of repeated miscarriages, infertility, ectopic pregnancy, or loss of a child is likely to dispose a pregnant woman favorably to techniques that allow her to visualize the pregnancy and *possibly* to gain some control over its outcome.⁶² Pregnancy—as biosocial experience—acts on women's bodies in different ways, with the result that the relation of their bodies, and consciousness, to reproductive technologies may also differ.

Attachment of pregnant women to their fetuses at earlier stages in pregnancy becomes an issue, not because it is cemented through "sight" rather than "feel," but when and if it is used to obstruct or harass an abortion decision.⁶³ In fact, there is no reason any woman's abortion decision should be tortured in this way, because there is no medical rationale for requiring her to view an image of her fetus. Responsible abortion clinics are doing ultrasound imaging in selected cases—*only* to determine fetal size or placement, where the date of the woman's last menstrual period is unknown, the pregnancy is beyond the first trimester, or there is a history of problems; or to diagnose an ectopic pregnancy. But in such cases the woman herself does not see the image, because the monitor is placed outside her range of vision and clinic protocols refrain from showing her the picture unless she specifically requests it.⁶⁴ In the current historical context, to consciously limit the uses of fetal images in abortion clinics is to take a political stance, to resist the message of *The Silent Scream*. This reminds us that the politics of reproductive technologies are constructed contextually, out of who uses them, how, and for what purposes.

The view that "reproductive engineering" is imposed on "women as a class," rather than being sought by them as a means toward greater choice,⁶⁵ obscures the particular reality, not only of women with fertility problems and losses but also of other groups. For lesbians who utilize sperm banks and artificial insemination to achieve biological pregnancy without heterosexual sex, such technologies are a critical tool of reproductive freedom. Are lesbians to be told that wanting their "own biological children" generated through their own bodies is somehow wrong for them but not for fertile heterosexual couples?⁶⁶ The majority of poor and working-class women in the United States and Britain still have no access to amniocentesis, in vitro fertilization, and the rest,

although they (particular women of color) have the highest rates of infertility and fetal impairment. It would be wrong to ignore their lack of access to these techniques on the grounds that worrying about how babies turn out, or wanting to have "your own," is only a middle-class (or eugenic) prejudice.

In Europe, Australia, and North America, feminists are currently engaged in heated debate over whether new reproductive technologies present a threat or an opportunity for women. Do they simply reinforce the age-old pressures on women to bear children, and to bear them to certain specifications, or do they give women more control? What sort of control do we require in order to have reproductive freedom, and are there/should there be any limits on our control?⁶⁷ What is the meaning of reproductive technologies that tailor-make infants, in a context where childcare remains the private responsibility of women and many women are growing increasingly poor? Individual women, especially middle-class women, are choosing to utilize high-tech obstetrics, and their choices may not always be ones we like. It may be that chorionic villus sampling, the new first-trimester prenatal diagnostic technique, will increase the use of selective abortion for sex. Moreover, the bias against disability that underlies the quest for the "perfect child" seems undeniable. Newer methods of prenatal diagnosis may mean that more and more abortions become "selective," so that more women decide "to abort the particular fetus [they] are carrying in hopes of coming up with a 'better' one next time."⁶⁸ Are these choices moral? Do we have a right to judge them? Can we even say they are "free"?

On the other hand, techniques for imaging fetuses and pregnancies may, depending on their cultural contexts and uses, offer means for empowering women, both individually and collectively. We need to examine these possibilities and to recognize that, at the present stage in history, feminists have no common standpoint about how women ought to use this power.

CONCLUSION

Images by themselves lack "objective" meanings; meanings come from the interlocking fields of context, communication, application, and reception. If we removed from the ultrasound image of *The Silent Scream* its title, its text, its sound narrative, Dr. Nathan-

son, the media and distribution networks, and the whole antiabortion political climate, what would remain? But, of course, the question is absurd because no image dangles in a cultural void, just as no fetus floats in a space capsule. The problem clearly becomes, then, how do we change the contexts, media, and consciousnesses through which fetal images are defined? Here are some proposals, both modest and utopian.

First, we have to restore women to a central place in the pregnancy scene. To do this, we must create new images that recontextualize the fetus, that place it back into the uterus, and the uterus back into the woman's body, and her body back into its social space. Contexts do not neatly condense into symbols; they must be told through stories that give them mass and dimension. For example, a brief prepared from thousands of letters received in an abortion rights campaign, and presented to the Supreme Court in its most recent abortion case, translates women's abortion stories into a legal text. Boldly filing a procession of real women before the court's eyes, it materializes them in not only their bodies but also their jobs, families, schoolwork, health problems, young age, poverty, race/ethnic identity, and dreams of a better life.⁶⁹

Second, we need to separate the power relations within which reproductive technologies, including ultrasound imaging, are applied from the technologies themselves. If women were truly empowered in the clinic setting, as practitioners and patients, would we discard the technologies? Or would we use them differently, integrating them into a more holistic clinical dialogue between women's felt knowledge and the technical information "discovered" in the test tube or on the screen? Before attacking reproductive technologies, we need to demand that all women have access to the knowledge and resources to judge their uses and to use them wisely, in keeping with their own particular needs.

Finally, we should pursue the discourse now begun toward developing a feminist ethic of reproductive freedom that complements feminist politics. What ought we to choose if we became genuinely free to choose? Are some choices unacceptable on moral grounds, and does this mean under any circumstances, or only under some? Can feminism reconstruct a joyful sense of child-bearing and maternity without capitulating to ideologies that reduce women to a maternal essence? Can we talk about morality

in reproductive decision making without invoking the specter of maternal duty? On some level, the struggle to demystify fetal images is fraught with danger, because it involves *re-embodiment* of the fetus, thus representing women as (wanting-to-be or not-wanting-to-be) pregnant persons. One way out of this danger is to image the pregnant woman, not as an abstraction, but within her total framework of relationships, economic and health needs, and desires. Once we have pictured the social conditions of her freedom, however, we have not dissolved the contradictions in how she might use it.

NOTES

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1. *City of Akron v. Akron Center for Reproductive Health*, 426 U.S. 416 (1983); and *Thornburgh v. American College of Obstetricians and Gynecologists*, 54 LW 4618, 10 June 1986. From a prochoice perspective, the significance of these decisions is mixed. Although the court's majority opinion has become, if anything, more liberal and more feminist in its protection of women's "individual dignity and autonomy," this majority has grown steadily narrower. Whereas in 1973 it was seven to two, in 1983 it shrank to six to three and then in 1986 to a bare five to four, while the growing minority becomes ever more conservative and antifeminist.
2. See Paul D. Erickson, *Reagan Speaks: The Making of an American Myth* (New York: New York University Press, 1985); and Joanmarie Kalter, "TV News and Religion," *TV Guide*, 9 and 16 Nov. 1985, for analyses of these trends.
3. This phrase comes from Stuart Ewen, "The Political Elements of Style," in *Beyond Style: Precis 5*, ed. Jeffery Buchholz and Daniel B. Monk (New York: Columbia University Graduate School of Architecture and Planning/Rizzoli), 125-33.
4. John C. Fletcher, and Mark I. Evans, "Maternal Bonding in Early Fetal Ultrasound Examinations," *New England Journal of Medicine* 308 (1983): 392-93.
5. Planned Parenthood Federation of America, *The Facts Speak Louder: Planned Parenthood's Critique of "The Silent Scream"* (New York: Planned Parenthood Federation of America, n.d.). A new film, *Silent Scream II*, appeared too late to be reviewed here.
6. These earliest photographic representations of fetal life include "Babies before Birth," *Look* 26 (June 5, 1962): 19-23; "A Sonar Look at an Unborn Baby," *Life* 58 (Jan. 15, 1965): 45-46; and Geraldine L. Flanagan, *The First Nine Months of Life* (New York: Simon & Schuster, 1962).

7. For a history of photography, see Alan Trachtenberg, ed. *Classic Essays on Photography* (New Haven: Leete's Island Books, 1980); and Susan Sontag, *On Photography* (New York: Delta, 1973), esp. 22-23.
8. Roland Barthes, "The Photographic Message," in *A Barthes Reader*, ed. Susan Sontag (New York: Hill & Wang, 1982), 194-210. Compare Hubert Danish: "The photographic image does not belong to the natural world. It is a product of human labor, a cultural object whose being . . . cannot be dissociated precisely from its historical meaning and from the necessarily datable project in which it originates." See his "Notes for a Phenomenology of the Photographic Image," in *Classic Essays on Photography*, 287-90.
9. Lady Elizabeth Eastlake, "Photography," in *Classic Essays on Photography*, 39-68, 65-66; John Berger, *About Looking* (New York: Pantheon, 1980), 48-50; and Andre Bazin, "The Ontology of the Photographic Image," in *Classic Essays on Photography*, 237-40, 241.
10. Allan Sekula, "On the Invention of Photographic Meaning," in Victor Burgin, ed., *Thinking Photography* (London: Macmillan, 1982), 84-109; and Sontag, *On Photography*, 5, 21.
11. Stuart Ewen and Elizabeth Ewen, *Channels of Desires: Mass Images and the Shaping of American Consciousness* (New York: McGraw-Hill, 1982), 33.
12. Barbara Katz Rothman, *The Tentative Pregnancy: Prenatal Diagnosis and the Future of Motherhood* (New York: Viking, 1986), 114.
13. Zoe Sofia, "Exterminating Fetuses: Abortion, Disarmament, and the Sexo-Semiotics of Extraterrestrialism," *Diacritics* 14 (1984): 47-59.
14. Rachel B. Gold, "Ultrasound Imaging during Pregnancy," *Family Planning Perspectives* 16 (1984): 240-43, 240-41; Albert D. Haverkamp and Miriam Orleans, "An Assessment of Electronic Fetal Monitoring," *Women and Health* 7 (1982): 126-34, 128; and Ruth Hubbard, "Personal Courage Is Not Enough: Some Hazards of Childbearing in the 1980s," in *Test-Tube Women: What Future for Motherhood?* ed. Rita Arditti, Renate Duelli Klein, and Shelley Minden (Boston: Routledge & Kegan Paul, 1984), 331-55, 341.
15. Janet Gallagher, "The Fetus and the Law - Whose Life Is It, Anyway?," *Ms.* (Sept. 1984); John Fletcher, "The Fetus as Patient: Ethical Issues," *Journal of the American Medical Association* 246 (1981): 772-73; and Hubbard, "Personal Courage Is Not Enough," 350.
16. David A. Grimes, "Second-Trimester Abortions in the United States," *Family Planning Perspectives* 16 (1984): 260-65; and Stanly K. Henshaw et al., "A Portrait of American Women Who Obtain Abortions," *Family Planning Perspectives* 17 (1985): 90-96.
17. In her dissenting opinion in the *Akron* case, Supreme Court Justice Sandra Day O'Connor argued that *Roe v. Wade* was "on a collision course with itself" because technology was pushing the point of viability indefinitely backward. In *Roe* the court had defined "viability" as the point at which the fetus is "potentially able to live outside the mother's womb, albeit with artificial aid." After that point, it said, the state could restrict abortion except when bringing the fetus to term would jeopardize the woman's life or health. Compare Nancy K. Rhoden, "Late Abortion and Technological Advances in Fetal Viability: Some Legal Considerations," *Family Planning Perspectives* 17 (1985): 160-61. Meanwhile, a popular weekly television program, "Hill Street Blues," in March 1985 aired a dramatization of abortion clinic harassment in which a pregnant woman seeking an abortion miscarries and gives birth to an extremely premature fetus/baby, which soon dies. Numerous newspaper accounts of "heroic" efforts to save premature newborns have made front-page headlines.
18. Donna Haraway, "A Manifesto for Cyborgs: Science, Technology, and Socialist Feminism in the 1980s," *Socialist Review* 80 (1985): 65-107.
19. Gold, 240; and David Graham, "Ultrasound in Clinical Obstetrics," *Women and Health* 7 (1982): 39-55, 39.

20. American College of Obstetricians and Gynecologists, "Diagnostic Ultrasound in Obstetrics and Gynecology," *Women and Health* 7 (1982): 55-58 (reprinted from ACOG, *Technical Bulletin*, no. 63 [October 1981]).
21. Madeleine H. Shearer, "Revelations: A Summary and Analysis of the NIH Consensus Development Conference on Ultrasound Imaging in Pregnancy," *Birth* 11 (1984): 23-36, 25-36, 30; Gold, 240-41.
22. Dr. Alan Fleishman, personal communication (May 1985).
23. For a discussion of these issues, see Rosalind P. Petchesky, *Abortion and Woman's Choice: The State, Sexuality, and Reproductive Freedom* (Boston: Northeastern University, 1985), chap. 9.
24. Kathy H. Sheehan, "Abnormal Labor: Cesareans in the U.S.," *The Network News* (National Women's Health Network) 10 (July/August 1985): 1, 3; and Haverkamp and Orleans, 127.
25. ACOG, "Diagnostic Ultrasound in Obstetrics and Gynecology," 58.
26. Stephen B. Thacker, and H. David Banta, "Benefits and Risks of Episiotomy," in *Women and Health* 7 (1982): 173-80.
27. Evelyn Fox Keller and Christine R. Grontkowski, "The Mind's Eye," in *Discovering Reality: Feminist Perspectives on Epistemology, Metaphysics, Methodology, and Philosophy of Science*, ed. Sandra Harding and Merrill B. Hintikka (Dordrecht: D. Reidel, 1983), 207-24.
28. Luce Irigaray, "Ce Sexe qui n'en est pas un," in *New French Feminisms: An Anthology*, ed. Elaine Marks and Isabelle de Courtivron (New York: Schocken, 1981), 99-106, 101; Annette Kuhn, *Women's Pictures: Feminism and Cinema* (London: Routledge & Kegan Paul, 1982), 601-65, 113; Laura Mulvey, "Visual Pleasure and Narrative Cinema," *Screen* 16 (1979): 6-18; and E. Ann Kaplan, "Is the Gaze Male?" in *Powers of Desire: The Politics of Sexuality*, ed. Ann Snitow, Christine Stansell and Sharon Thompson (New York: Monthly Review Press, 1983), 309-27, 324.
29. Evelyn Fox Keller, *Reflections on Gender and Science* (New Haven: Yale University, 1985), 123-24.
30. Melinda Beck et al., "America's Abortion Dilemma," *Newsweek* 105 (14 Jan. 1985): 20-29, 21 (italics added).
31. This passage is quoted in Hubbard, 348, and taken from Michael R. Harrison et al., "Management of the Fetus with a Correctable Congenital Defect," *Journal of the American Medical Association* 246 (1981): 774 (italics added).
32. Haraway, 89; Sontag, *On Photography*, 13-14.
33. This quotation comes from the chief of Maternal and Fetal Medicine at a Boston hospital, as cited in Hubbard, 349. Compare it with Graham, 49-50.
34. For examples, see Hubbard, 350; and Rothman, 113-15.
35. Rothman, 113.
36. Gold, 242.
37. Kaplan, 324. Compare Jessica Benjamin, "Master and Slave: The Fantasy of Erotic Domination," in *Powers of Desire*, 280-99, 295. This article was originally published as "The Bonds of Love: Rational Violence and Erotic Domination," *Feminist Studies* 6 (Spring 1980): 144-74.
38. Nancy C.M. Hartsock, *Money, Sex, and Power: An Essay on Domination and Community* (Boston: Northeastern University, 1983), 253.
39. Mary O'Brien, *The Politics of Reproduction* (Boston/London: Routledge & Kegan Paul, 1981), 29-37, 56, 60-61, 139.
40. Ann Oakley, "Wisewoman and Medicine Man: Changes in the Management of Childbirth," in *The Rights and Wrongs of Women*, ed. Juliet Mitchell and Ann Oakley, (Harmondsworth: Penguin, 1976), 17-58, 57; Gena Corea, *The Mother Machine: Reproductive Technologies from Artificial Insemination to Artificial Wombs* (New York:

- Harper & Row, 1985), 303 and chap. 16; Adrienne Rich, *Of Woman Born: Motherhood as Experience and Institution* (New York: W.W. Norton, 1976), chap. 6; and Barbara Ehrenreich, and Deirdre English, *For Her Own Good: 150 Years of the Experts' Advice to Women* (Garden City, N.Y.: Anchor/Doubleday, 1979).
41. Hubbard, 335; Rothman, 202, 212-13, as well as my own private conversations with recent mothers.
42. Rothman, 113-14.
43. Linda Gordon, *Woman's Body, Woman's Right: A Social History of Birth Control in America* (New York: Grossman, 1976); Angus McLaren, *Birth Control in Nineteenth-Century England* (London: Croom Helm, 1978); Jane Lewis, *The Politics of Motherhood: Child and Maternal Welfare in England, 1900-1939* (London: Croom Helm, 1980), chap. 4; Rosalind P. Petchesky, "Reproductive Freedom: Beyond A Woman's Right to Choose," in *Women: Sex, and Sexuality*, ed. Catharine R. Stimpson and Ethel Spector Person (Chicago: University of Chicago Press, 1981), 92-116 (originally in *Signs* 5 [Summer 1980]); and Petchesky, *Abortion and Woman's Choice*, chaps. 1 and 5.
44. O'Brien, chap. 1; and Hartsock, chap. 10.
45. Kuhn, 43-44.
46. Berger, 51.
47. Irigaray, 100.
48. Burgin, 9.
49. Kristin Luker, *Abortion and the Politics of Motherhood* (Berkeley: University of California, 1984), 138-39, 150-51.
50. Michelle Fine and Adrienne Asch, "Who Owns the Womb?" *Women's Review of Books* 2 (May 1985): 8-10; Hubbard, 336.
51. Hubbard, 344.
52. Sontag, *On Photography*, 8.
53. Patricia Zimmerman, "Colonies of Skill and Freedom: Towards a Social Definition of Amateur Film," *Journal of Film and Video* (forthcoming).
54. Rothman, 125.
55. Lorna Weir, and Leo Casey, "Subverting Power in Sexuality," *Socialist Review* 14 (1984): 139-57.
56. Keller, *Reflections on Gender and Science*, 70-73, 98-100, 117-20.
57. Compare this to Rothman, 41-42.
58. David Margolick, "Damages Rejected in Death of Fetus," *New York Times*, 16 June 1985, 26.
59. See Denise Riley, *War in the Nursery: Theories of the Child and Mother* (London: Virago, 1983), 17 and chaps. 1-2, generally, for an illuminating critique of feminist and Marxist ideas about biological determinism and their tendency to reintroduce dualism.
60. Brian Bates, and Allison N. Turner, "Imagery and Symbolism in the Birth Practices of Traditional Cultures," *Birth* 12 (1985): 33-38.
61. Rebecca Albury, "Who Owns the Embryo?" in *Test-Tube Women*, 54-67, 57-58.
62. Rayna Rapp has advised me, based on her field research, that another response of women who have suffered difficult pregnancy histories to such diagnostic techniques may be denial—simply not wanting to know. This too, however, may be seen as a tactic to gain control over information, by censoring bad news.
63. Coercive, invasive uses of fetal images, masked as "informed consent," have been a prime strategy of antiabortion forces for some years. They have been opposed by pro-choice litigators in the courts, resulting in the Supreme Court's repudiation on two different occasions of specious "informed consent" regulations as an unconstitutional form of harassment and denial of women's rights. See Akron, 1983; Thornburgh, 1986.
64. I obtained this information from interviews with Maria Tapia-Birch, administrator in the Maternal and Child Services Division of the New York City Department of

Health, and with Jeanine Michaels, social worker; and Lisa Milstein, nurse-practitioner, at the Eastern Women's Health Clinic in New York, who kindly shared their clinical experience with me.

65. Corea, 313.

66. Compare Fine and Asch.

67. Samuel Gorovitz, "Introduction: The Ethical Issues," *Women and Health* 7 (1982): 1-8, 1.

68. Hubbard, 334.

69. Lynn Paltrow, "Amicus Brief: Richard Thornburgh v. American College of Obstetricians and Gynecologists," *Women's Rights Law Reporter* 9 (1986): 3-24.