ON THE CALL FOR A FEMINIST NOTION OF AUTONOMY IN BIOMEDICAL ETHICS

BY

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ABSTRACT

In this thesis I argue that the received view of autonomy is insufficient for both biomedical ethics and feminist theory. I begin with an examination of the received view of autonomy; I then indicate the way in which this view of autonomy has been applied to health care ethics. A feminist relational approach to autonomy is explored: I argue that such an approach has many strengths in that it gives us a more accurate picture of the self-in-relationships and that it recognizes many social and structural conditions that may impede an individual's attempts to be autonomous.

This feminist relational approach to autonomy, once defined, is applied to the medical/social practices of cosmetic surgery and contract motherhood. I do this to show the practical implications of this contextual approach to autonomy.

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INTRODUCTION:

Health care is one area in which the notion of autonomy has particular force and meaning. Our medical and cultural focus on autonomy can be seen as a reaction to the historical oppressiveness, both medical and social, of paternalism. The principle of autonomy in medicine is an attempt to deliver us from medical servitude; that is, medicine practiced such that patients follow physicians' orders and do not ask questions. Ironically, as I will argue in this thesis, our current focus on autonomy is having a negative impact on patients and health care, despite the good intentions of ethicists and health care professionals who identify the need to protect the wishes and choices of individual patients. Despite these good intentions, our received view of autonomy has not allowed us to take account of the social and structural conditions that may compromise patient attempts at autonomy. And if we fail to regard the autonomous individual as socially situated, then we will fail to see the "bigger picture" that puts an individual patient's experiences in the context of her relationships with others and the structural conditions that help to shape her.

If our working notion of autonomy in medicine is detrimental to both the patient herself and our social understanding of her, then should we just abandon the notion and move on? The answer, I want to argue, is no. Our notion of autonomy is not necessarily linked to values of independence, rationality, self-interest and self-sufficiency. There is currently a revolution occuring in the field of biomedical ethics: this revolution is being led by feminists who see the need to reconstruct and sometimes reject some principles in bioethics to which health care professionals and ethicists turn.

Of importance is the attention given to the received view of autonomy in medicine which feminists criticize for the values it advances: a revision of "autonomy" may serve to undermine some of these false values. For autonomy is still, feminists want to argue, an important principle for health care ethics; it serves to recognize the unequal positions of patients to doctors, and places significance on the wishes of the patient. Further, for political reasons, feminists do not want to abandon autonomy altogether, since the principle has been historically so important to the understanding and recognition of women as beings with considerable interests and wants.

Autonomy is of special significance for women, since it has been denied them until fairly recently.

As I will argue, a notion of autonomy in health care is only helpful in a revised form; I will argue for a feminist revision of autonomy that is sensitive to the individual as, first and foremost, a being-in-relationships. When we understand the individual in this way, rather than as an isolatable and unencumbered rational calculator, we can go a long way toward better understanding the individual as both social being and patient. Our values, beliefs and desires, as I will argue in Chapter Two, are greatly influenced by, and informed by, the others with whom we are in relationships. To understand these values, beliefs and desires as autonomously selected is misleading and does violence to the importance of relationships to the people that we are.

Chapter Three will focus on current debates amongst feminists regarding the unity of our selves. Diana Meyers' view of the self as unitary -- that is, as an overarching, single self that makes all decisions and choices -- is challenged by feminists who understand the self as multiplicitous and complex. This conception of the self as diverse challenges the notion that the

self is coherent and consistent: for, as I will indicate, our selves are more accurately characterized as being incompatible and often in conflict. The answer to such conflict and diversity, however, is not to impose unity upon these selves, as this undermines the rich self-understanding that our diverse selves can bring to the development of autonomy competency.

After establishing the need for this revised notion of autonomy and the self, I will indicate the practical implications such revisions will have to the practice of health care. To this end, Chapter Four will be an examination of the medical and social practices of cosmetic surgery and contract motherhood. I have selected these particular practices because I think they represent some of the more problematic turns that respect for "autonomous choice" has taken. But, as I will argue, it is not simply that we must choose between respecting women's autonomous choice or imposing "the good" upon them. We need to concern ourselves with the way in which oppression serves to minimize women's choices in society, and the way in which such minimization of choices leads to the impoverishment of women's skills for autonomous choice and action. As part of the system of women's oppression,

practices of cosmetic surgery and contract motherhood serve to further limit women's options and further entrench sexist understandings of women. Diana T. Meyers' analysis of autonomy as a competency will offer a basis from which to argue that women are only encouraged to be minimally autonomous. Women are socialized to define themselves heteronomously, thus minimizing the extent to which they can identify and carry out autonomous plans of action. Remedies to this type of socialization are available to us, and as I will argue, since a just society encourages all its members to be at least medially autonomous, we are obliged to alter such autonomy-minimizing socialization.

CHAPTER I:

THE "RECEIVED" VIEW OF AUTONOMY

I. Introduction

In this chapter, I will outline what I will refer to throughout this thesis as the "received" view of autonomy. This particular conception of autonomy stems from a philosophical and cultural tradition according to which the the reason and autonomy of the individual must be respected. What I will show in this chapter is that the conception of autonomy that we have inherited from influential philosophers like John Stuart Mill has become a common and integral part of our understanding of the individual within a liberal society. Indeed, philosophers and non-philosophers alike speak freely and confidently of autonomy without taking particular care in defining it. This lack of attention to the meaning of autonomy stems from the very particular understandings that we have inherited: that is, despite our frequent lack of attention to its definition, we nevertheless know exactly what the common person means when she speaks of her autonomy.

But the principle of autonomy has recently taken on new meanings and

applications: it has become an important notion not only in our common language, and within social and political philosophy, but also in biomedical ethics and feminist theory. These new facets to autonomy --these new applications and understandings of the term -- make critical a close examination of both how autonomy has been used in its philosophical history, and how that history informs and undergirds its recent applications. To this end, I will focus on the liberal philosophy of John Stuart Mill, in which autonomy is foundational because it ensures respect for individual choices in pluralistic liberal societies. In this chapter I will outline the way in which autonomy and the self have been defined and used by Mill; following this explication of self and autonomy I will show how Joel Feinberg's approach to paternalism is derivative of the conception of autonomy that Mill advances. Finally, I will present a fairly recent application of the traditional notion of autonomy through an examination of Robert Veatch's work in medical ethics. What my discussion of these authors will indicate is the extent to which our received notion of autonomy is embedded within our understandings of, and everyday negotiations within, our liberal society.

II. John Stuart Mill on Autonomy and the Self

In his work On Liberty, Mill sets out his liberal theory which has, at its core, the notion that "Over himself, over his own body and mind, the individual is sovereign."[1] While Mill never explicitly mentions the term "autonomy" within his work, I will show that a notion of autonomous choice, thought, and action are at the centre of his theory.

On Mill's account, the only grounds on which an individual or society can interfere with the desires, choices or actions of others is self-protection. He claims:

> The only freedom which deserves the name, is that of pursuing our own good in our own way, so long as we do not attempt to deprive others of theirs, or impede their efforts to obtain it. Each is the proper guardian of his own health, whether bodily, or mental and spiritual. Mankind are greater gainers by suffering each other to live as seems good to themselves, than by compelling each to live as seems good to the rest.[2]

Here, Mill gives a clear definition of individual autonomy: it is the freedom of choice or guardianship over our own minds and bodies, without the coercive influence of other parties. Mill is putting forth a notion of self-rule such that an individual is free from the interferences of others: this does not entail the freedom to do certain things, but simply freedom from outside interference.

Autonomy is significant on Mill's theory because it is characteristic of

liberal society. Simply put, where we have the freedom to think and choose rationally, we have a liberal society; where there is no protection against the "tyranny of the prevailing opinion and feeling," and where society does not protect against the imposition of its own ideas and practices as rules of conduct on the rational individual, there is often unwarranted despotism.[3] Self-government is central for Mill, then, because it is basic to his conception of a liberal society.

Mill's Conception of the Self

It is difficult to address Mill's conception of autonomy in On Liberty without making reference to his notion of "self." For Mill the self that underlies the autonomous man is one which is not only free from coercion or force in his choices, but one which is rational. Indeed, rationality is of central importance to his liberal theory. While he does not explicitly employ terms like "reason" and "rationality," it is clear that he intends his autonomous man to be one who is rational, who has the capacity to be led by reason to his own improvement. For example, of freedom of opinion, Mill claims that even though an opinion is false, truth is served by refuting error; beliefs not founded on reasoned conviction are not held firmly enough to guide human conduct.[4] Furthermore,

in the case of children and "barbarians," we are justified in usurping liberty because such individuals do not yet have the capacity for self-improvement through persuasion or conviction.[5] Citizens in the "maturity of their faculties,"[6] on Mill's theory, can be understood as rational citizens

Mill holds that we must always respect the sovereignty and independence of the individual, except in the cases mentioned above of children, who are not in the maturity of their faculties, and barbarians, who cannot be lead by reason to self-improvement. He states that "Those who are still in a state to require being taken care of by others must be protected against their own actions as well as against external injuries."[7] In the case if barbarianism, claims Mill, despotism is justified, but only as a means to their improvement, and only until the point at which these people are capable of rational persuasion, or of being improved through free and equal discussion. Mill states:

> But as soon as mankind have attained the capacity of being guided to their own improvement by conviction or persuasion (a period long since reached in all nations with whom we need here concern ourselves), compulsion, either in the direct form or in that of pains and penalties for noncompliance, is no longer admissible as a means to their own good, and justifiable only for the security of others.[8]

Thus, for Mill, the autonomous self is rational. It is just such reason, and the

capacity to rationally direct ourselves to self-improvement, that distinguishes the human from the animal – the rational person from the barbarian -- on Mill's account. Through the exercise of deliberate choice and reflexive thought, that is, the use of reason, we express our capacity for autonomous thought and action.

On Mill's account one's self exists where one's desires and impulses are self-generated. Yet he does not posit a self that is isolatable from its social relationships and its particular connections: indeed, as he claims, "It would be a great misunderstanding of this doctrine to suppose that it is one of selfish indifference which pretends that human beings have no business with each other's conduct in life..."[9] Mill rather presupposes that rational selves are autonomous because, through reason, they have the ability to choose the appropriate actions and rationally conduct their lives.

Some philosophers have raised the objection that Mill posits an isolated individual: one that is entirely independent of others, and whose actions concern only himself. Of this distinction between actions which affect oneself and actions which affect others, R. P. Anschutz states: "It is a completely untenable as well as a completely impracticable doctrine. It is quite impossible to distinguish between that part of a person's behaviour which

affects himself and that part which also affects others; and there is nothing to be gained by attempting to make the distinction."[10] Anschutz outlines a difficulty in Mill's work which is of concern to other writers as well: that is, whether Mill isolates the individual such that there is a category of actions he can perform that do not affect other individuals. However, John C. Rees argues that Mill is not demarcating actions that are self-regarding from actions that affect others; Mill does not assume some human actions to be free of social consequences. Rees claims that, in fact, in distinguishing self-regarding and other-regarding action, Mill is distinguishing between actions that affect others and those that affect the **interests** of others. Rees states:

> It seems to me quite clear that a person may be affected by another's behaviour without his interests being affected....Thus when Mill says that social control is permissible only in cases where one's conduct "concerns others" we are not compelled to assume that he means actions which just have "effects" on others.[11]

Rees refers to sections of On Liberty where Mill indicates an awareness of the extent to which individuals affect one another's lives. He offers, for example, Chapter Four, where Mill poses the question "How (it may be asked) can any part of the conduct of a member of society be a matter of indifference to the other members? No person is an entirely isolated being; it is impossible for

a person to do anything seriously or permanently hurtful to himself, without mischief reaching at least to his near connections, and often far beyond them..."[12] Thus, argues Rees, Mill is not promoting the notion of an isolatable individual: he is merely claiming that only conduct which violates a distinct obligation to other persons justifies interference with an individual's choices. As Mill states, "No person ought to be punished for simply being drunk; but a soldier or a policeman should be punished for being drunk on duty".[13]

There is evidence in On Liberty that Mill does not support an isolatable, self-interested or independent individual. Rather, Mill presumes that being a rational self is essential to the having of autonomy; and while relationships are part of being a rational individual, his concern is with the tyranny of the majority in limiting the autonomy of the individual. Relationships are important to the development of selves (for our relationships with others lead to happiness), but Mill rejects relationships in which "the mind itself is bowed to the yoke."[14] Thus, it is only in our relationships' most harmful forms, where an individual's rationality and autonomy are compromised, that Mill worries about the tyranny of the majority.

On Mill's account, education is another way in which we form bonds with others. Furthermore, self-government only becomes possible when a

certain level of education is achieved by the majority. As J. Donald Moon states of Mill's focus on education:

> State-supported education is a serious annoyance for the pure libertarian because, in this case, government intervention obviously enhances individual autonomy. Publicly provided schooling, as Mill says, is "help toward doing without help"....the crucial argument advanced by both Smith and Mill is that educational rights are democracy-reinforcing.[15]

On Mill's view, we owe it to one another to help and encourage individuals to distinguish "the better from the worse" and to stimulate one another to "increased exercise of [our] higher faculties."[16] This is to be achieved through education and, claims Mill, when one's period of education is past, "the self-regarding virtues should be inculcated."[17] Hence the notion of self underlying Mill's notion of autonomy is that of one who is educable.

Mill's notion that "no person is an entirely isolated being" is similar to a feminist view of the individual, as we will see in Chapter Two. From a feminist perspective, the individual is not isolatable from her social context and relationships; on the contrary, it is claimed that our connections and relationships affect who we are and who we will become. The focus of Mill's liberal theory is on the importance of rationality for rational human thought and action, a condition also considered by feminists to be necessary (albeit not

sufficient) for the having of autonomy. Mill's theory contains other elements that have been mined by recent feminist theorists. His view concerning the importance of social institutions like education, for example, which secures "instruction and training for [a child's] mind"[18] is supported by Diana Meyers in her feminist approach to autonomy that I will outline in Chapter Two. In many ways, then, Mill's theory is closer to a feminist conception of the individual than one might initially expect.

Mill's liberal theory, his assertion that individual choice and action must be respected and fostered in liberal societies, has been extremely influential in both the philosophical and practical realms. Indeed, Mill's notion that the state exceeds its legitimate exercise of power in adjudicating the good for individual citizens is echoed in much recent work on pornography and free speech. Despite this commitment to individual self-government, Mill himself allows that in some extreme cases -- he uses the example of slavery -- the state is justified in denying choices that lead to the abdication of liberty. In such limited cases, Mill claims, state interference is justified for the protection of voluntariness. It is to this issue that I will now turn, as it is central to my discussion of cosmetic surgery and contract motherhood that arises in Chapter Four. For, as I will argue in that chapter, the external account of harm

offered by Mill and his successors does not go far enough: we need to recognize internal harms that some practices may cause.[19] I will refer to the work of Joel Feinberg, who takes a Millian approach to paternalism. Yet Feinberg goes beyond Mill to claim that, even in cases like slavery, paternalism need not be invoked to deny such a choice to the individual.

III. A Note Concerning Paternalism

As we have seen, Mill argues that the only grounds on which we are warranted in interfering with the choices and actions of others is for the good of societal protection. As he states in On Liberty:

> ...the sole end for which mankind are warranted, individually or collectively, in interfering with the liberty of action of any of their number, is self-protection. That the only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant.[20]

This point is well worth taking up as it is relevant to my concern in Chapter Four with the practices of cosmetic surgery and contract motherhood. Mill's traditional approach to individual freedom is taken up by Joel Feinberg in his paper on "Legal Paternalism."[21]

Mill and Feinberg take it that human beings share a "spontaneous

repugnance" toward paternalism.[22] Indeed, Feinberg claims paternalism to be a "preposterous doctrine" insofar as, if adults are treated as children, they will begin to act as children.[23] He distinguishes "weak" from "strong" paternalism, claiming that liberals can only support weak paternalism when interfering with individual goods. Strong paternalism involves interfering with an individual to do him good; weak paternalism involves interfering with an individual to protect voluntariness. Like Mill, Feinberg claims that we are only ever justified in interfering with individuals to protect voluntariness: in a liberal society, we must never interfere to promote good for an individual, since only that individual can determine her own good. Feinberg's concern is of a slippery-slope variety: that once we start allowing certain interventions to protect the individual from self-inflicted harm, or to guide her toward her own good (whether she likes it or not) then we may have difficulty **not** justifying intervention in self-regarding "harms" such as, for example, cigarette smoking, drinking, or eating fried foods. Yet his reformulation of paternalism is even more encompassing than Mill's in that Feinberg believes even slavery can be an autonomous choice. As Feinberg's work indicates, later developments of Mill's views in On Liberty are stronger than the position Mill took in his own work.

While Mill concludes that we are justified in protecting people from selling themselves off into slavery on the grounds that such an autonomous choice (i.e. to become a slave) leads to the termination of the future exercise of choice (for, as Mill states it, "The principle of freedom cannot require that he should be free not to be free"[24]), Feinberg resists this claim. On Feinberg's analysis, individual autonomy is such a central and important good to any society that we are rarely, if ever, justified in impeding a person's pursuit of her good. Indeed, as Feinberg claims,

> If...our ultimate principle expresses respect for a person's voluntary choice as such, even when it is the choice of a loss of freedom, we can remain adamantly opposed to paternalism even in the most extreme cases of self-harm, for we shall be committed to the view that there is something more important (even) than the avoidance of harm. The principle that shuts and locks the door leading to strong paternalism is that every man has a human right to "voluntarily dispose of his own lot in life" whatever the effect of his own net balance of benefits (including "freedom") and harms.[25]

If we are to interfere in a person's life, argues Feinberg, then, where possible, we should take as weak a paternalistic stance as possible. Taking Mill's example of slavery, Feinberg argues that even in such extreme cases of contracting away liberty, we must interfere only on non-paternalistic grounds.

In the case of a person who wishes to enslave himself, Feinberg sees two justifiable objections: 1) a weak paternalism objection: that in order to protect choice/voluntariness we ought to prevent that person from foregoing all future choice; and 2) the social costs incurred by constructing an appropriate system by which to judge the voluntariness of one's wish to be enslaved. Since Feinberg is committed to avoiding paternalism, even weak paternalism, as much as possible, it is on the latter grounds that he claims the choice to be a slave illicit. In this way, Feinberg's approach differs from the straightforwardly weak paternalistic approach taken by Mill.

Feinberg objects to the practice of allowing individuals to enslave themselves because of the social costs that such a practice would incur. In cases where people choose a course of action that may render them miserable or in need of future social support, he argues, we can justify denying them such a course of action on the grounds that it ends up costing **others** by both causing others misery (at the sight of a fellow human being's unnecessary suffering) and by placing upon those others the responsibility of "footing the bill." Thus, the argument runs, certain risks are only apparently self-regarding: but where others become unfairly involved in that person's risky choices, it becomes other-regarding to the extent that we can justify

denying the chooser that option. This kind of argument, Feinberg says, is applicable to the case of slavery. For the choice to become a slave may, at first blush, be only self-regarding; on further examination, however, it is evident that an individual's choice to become a slave will eventuate in involvement by others. The seemingly self-regarding choice of slavery is actually other-regarding, in the possible risks that such a practice may entail for others. Feinberg is rejecting the practice of slavery based on the harm principle in this case, not based on paternalistic concerns.

Another "social cost" that Feinberg cites to non-paternalistically justify denying persons the choice of committing themselves to slavery is concern for the "expensive and cumbersome legal machinery" that would be required to test their voluntariness.[26] On this argument, slavery contracts may be self-regarding and fully voluntary, and thus are unobjectionable in principle; however, it is the impractical cost of implementing measures to ensure voluntariness that make slavery contracts unfeasible. As Feinberg states,

> Even expensive legal machinery might be so highly fallible that there could be no sure way of determining voluntariness, so that some mentally ill people, for example, might become enslaved. Given the uncertain quality of evidence on these matters, and the enormous general presumption of nonvoluntariness, the state might be justified simply in presuming nonvoluntariness, conclusively, in every case as the least risky course.[27]

While this may violate the "choice" of some rational decision-makers who wish to become enslaved, it is less risky than the presumption that contracts for slavery are voluntary, and "the evil prevented by the absolute prohibition would be greater than the occasional evil permitted."[28]

Feinberg sees autonomy -- freedom of choice and self-governance -- as an extremely important principle that competes with an "avoidance of harm" principle. Gerald Dworkin echoes this right to self-governance in claiming that "There are some risks -- even very great ones -- which a person is entitled to take with his life."[29] In cases where strong paternalism is invoked, according to these authors, the burden of proof must be placed on the state to show how the effects of an action will harm the individual, and the probability of their occurrence.[30] Indeed, Feinberg himself claims that the mere risk of harm is not sufficient to warrant the interference with a person's choices. As he points out, to smoke cigarettes or drive at high speeds is not to directly harm oneself; it is to put oneself at risk of harm.[31] But rational individuals, if they are to have any freedoms at all, should have the freedom to take risks with their own lives. This, it seems, is the least we can expect in an autonomy-respecting society.

Feinberg's position is similar to that of feminist philosophers in that both

resist paternalism. Like Feinberg, feminist philosophers are concerned with the implications of invasive governmental protective measures that treat citizens as children. This concern is especially applied to women, since strong paternalism has often been invoked to "protect" women from harming themselves. Feminists also share Feinberg's concern regarding harms that extend to others from the choices made by individuals. The main disagreement, as we will see later in this thesis, between Feinberg's analysis and that of feminists is a disagreement about **voluntariness**: feminists question impediments to voluntariness that Feinberg does not. On Feinberg's analysis, for example, the external features of an individual's life (whether she is living in a sexist or racist society, whether she is young or old, rich or poor, and so on) do not act as impediments to the voluntariness of a person's choices or actions; on feminist accounts (like that of Susan Sherwin) such features are raised as blocks to voluntary choice and action.

Thus far, I have indicated that a liberal approach to autonomy and the self views autonomous selves as rational, and that it views paternalism as only justified to protect voluntariness. While these features of a liberal approach to autonomy are important in securing voluntariness and encouraging the expression of individual autonomous choice, they do not go

far enough in ensuring the internal and external conditions necessary to the expression of individual autonomy. More will be said of this issue in Chapter Two, where feminist external and internal accounts of autonomy indicate that we must go further than the received view takes us in ascertaining the voluntariness of the autonomous agent.

IV. Implications for Cosmetic Surgery and Contract Motherhood

The implications of the Feinbergian and Millian view of paternalism for cosmetic surgery and contract motherhood are apparent. While neither of these authors explicitly address these particular issues (especially since practices such as cosmetic surgery were not conceivable during Mill's time), the extent to which they are protecting autonomous choice from paternalistic intervention has implications for such practices. Their traditional approach to autonomy and paternalism results in a traditional response to the social permissibility of such practices. So, for example, in the case of cosmetic surgery, which is now widely available to individuals, the argument might run that it is a purely self-regarding choice with which the state has no business interfering. Individuals have the right, on this account, to make personal choices, **bodily** choices, that affect only themselves; we would therefore not

be justified in interfering, even if there is concern about some Millian "inconvenience" (i.e. offering a new "choice" that some individuals do not want available in our society) that may extend beyond that individual. Voluntariness must be assured -- by providing information, ensuring the individual has options, and ascertaining that she is not being coerced -- before allowing the practice. Cost must also be considered where practices such as cosmetic surgery prove to be very costly for a questionable gain. If, however, voluntariness is assured and cost is not prohibitive, then the choice to undergo cosmetic surgery must be respected.

In the case of contract motherhood, the same concerns for liberty would apply. For clearly if Feinberg wants to allow for the reasonableness of a person's desire to contract herself into a lifetime of slavery, he would also want to allow for the reasonableness of a person to contract herself into carrying a child for nine months. Richard Arneson, in his liberal approach to the practice of contract motherhood, offers arguments similar to those previously voiced by Feinberg in claiming that:

> Citizens affirm diverse and conflicting conceptions of the good in sexual matters....the thought that commercial surrogacy should be banned because the poor working women who mostly choose surrogacy are too incompetent to be entrusted to make their own decisions in this sphere has an ugly, elitist sound.[32]

Since, on Feinberg's analysis, self-determination is of great significance, those who favour interventions that will compromise this principle must shoulder the burden of proof to show what harms will derive from the action in question. In the case of contract motherhood, then, the onus is on those who propose to prevent women from entering into contractual agreements to prove that such contracts will do enough tangible harm to defeat autonomy.

It is the notion of contractual human relationships to which I will now turn through an examination of Veatch's work on contractual therapeutic relationships. For Veatch's contractarian approach derives from Mill's traditional liberal concern for protecting autonomy and voluntariness.

V. Robert Veatch and Contractual Therapeutic Relationships

For the purposes of this thesis, it is important to see just how traditional philosophical notions of autonomy directly affect issues in health care. To this end, it is worthwhile to examine Robert Veatch's "Models for Ethical Medicine in a Revolutionary Age."[33] In this article, Veatch argues that, in order to best protect patients and doctors in therapeutic relationships, we ought to advance a contractual model that engenders obligations and benefits for both parties.

Other models he surveys, the "engineering" model, the "priestly" model,

and the "collegial" model, are found to fall short of the social and ethical norms of protecting individual freedom, preserving individual dignity, truth-telling and promise-keeping, and maintaining/restoring justice. For example, on the "engineering" model, the physician acts as a "plumber," merely "making repairs, connecting tubes and flushing out clogged systems, with no questions asked."[34] This model wrongly suggests that we can divorce moral and value considerations from medical ones; that there is no overlap between the medical and the moral. The physician works on the "plumbing" and nothing more. The priestly model, in direct contrast to the "engineering" model, establishes the physician as the medical **and** moral expert. This model is characterized by the way in which it takes decision-making "away from the patient and places it in the hands of the professional."[35] On this model, doctors become the new priests to whom patients defer both medically and morally. The "collegial" model, as Veatch describes it, is also advanced as a model which allows the proper balance between the doctor and the patient. On this model, "the physician and the patient should see themselves as colleagues pursuing the common goal of eliminating the illness and preserving the health of the patient."[36] As Veatch points out, however, "social realism" makes us question whether physicians and patients can really be fairly viewed

as "pals" working together for a common goal. Class, economic and value differences work against the assumption of equality that is endemic to the "collegial" model.

The contractual model, claims Veatch, is the social relationship which best fits our social and ethical norms. It allows both physician and patient to express and discuss their perspectives without moral abdication on either person's part. As Veatch claims,

> With the contractual relationship there is a sharing in which the physician recognizes that the patient must maintain freedom of control over his own life and destiny when significant choices are to be made. Should the physician not be able to live with his conscience under those terms the contract is not made or is broken.[37]

Such a contractual relationship, according to Veatch, allows the sharing in a patient's medical decision-making with the realistic assurance that moral integrity will be maintained by both parties. Patients, then, are free to make medical decisions based on their own values while the myriads of minute medical details are left under the control of the physician.

Veatch's application of the contract model to this type of social relationship can be seen to result from our received notion of the rational, autonomous individual. The appropriateness of such a model to this type of

social relationship is not questioned; because the contractual model serves to protect the differing interests of both parties, it is held to be desirable. While Veatch offers no argument for the conditions necessary to autonomous medical decision-making, it is clear that he believes the contractual model would protect the patient's autonomy by preventing doctors from riding roughshod over her choices. Interestingly, with regard to the "collegial" model of the therapeutic relationship, Veatch recognizes that differing ethnic, class, economic and value positions make "the assumption of common interest which is necessary for the collegial model to function...a mere pipedream."[38] He admits that such differences render problematic the physican-patient relationship as one of **colleagues**; yet these differences become unproblematic to the equal "bargaining" positions of the patient in making her contract or covenant with her physician. Autonomy is not given a thorough examination on Veatch's account, but it is evident that he assumes the equality of the parties under the social "contract." While Veatch addresses the different contexts in which physicians and patients find themselves on the collegial model, he does not look at the context in which they find themselves on the contractual model. If the notion of commonality of interests hides differences between the two parties on the collegial model, the same ought

to be seen on the contractual model.

Veatch's work, A Theory of Medical Ethics, gives us a better basis on which to evaluate his view of patient autonomy.[39] For Veatch, the best approach to solving medical ethical problems is by applying a general theory, based on a social contract among equals. This, he claims, produces the best medical and human decisions. The social contract is arrived at by having contractors involved in the generation of the contract take an impartial perspective to create the basic principles for the society. Each person's welfare counts equally in the creation of basic principles; the self-interested perspective must be abandoned so that fair social principles will result. Veatch makes explicit reference to John Rawls' original position, where all contractors are equalized by virtue of the fact that no one is advantaged or disadvantaged in the selection of principles. In thinking as contractors in the original position, claims Veatch, we ensure the equality of all persons governed by the social contract.

Veatch's conception of autonomy derives from the notion of a social contract. We can assume the equality of the physician and patient given the conditions under which the contract was created: thus, the choices of the patient are unproblematic so long as the individual is not constrained by

external factors such as a lack of information, a lack of options, or a coercive situation that compromises choice. Questions regarding the substantive equality of the two "contracting" parties, the physician and the patient, are overlooked given the equality of the two parties at the outset of the contract. Thus, the social situation in which a patient finds herself appears to be irrelevant to her ability to act or choose autonomously.

Veatch is merely voicing the received approach to informed consent. And while feminists, too, are concerned about a lack of information and options, and about explicit coercion, they expand on Veatch's traditional concern regarding coercive features of a situation and the availability of options. Whether the contractual model is really the most comprehensive and autonomy-respecting approach to the therapeutic relationship is not clear at this point. What is clear, however, is that such an approach gives a fair amount of control back to the patient. Medicine has an ugly history of violating personal autonomy by allowing doctors to act in loco parentis as guardians of patients' interests. A widespread awareness of such violations of self-determination has led bioethicists like Veatch to cautiously navigate the waters of patient autonomy and physician expertise; it is with concern for individual autonomy that Veatch takes a contractual approach to the

physician-patient relationship.

VI. Some Concluding Thoughts

What I have offered thus far is an examination of our received, and widely appealing, view of autonomy put forth by Mill and, more recently, Feinberg. I then indicated how this tradition affects the field of biomedical ethics: ethicists like Robert Veatch take the contractual model as instructive in modelling the physician-patient relationship. The wide application of contractual thinking, and the notion of autonomy as one of our most central and pertinent principles, are features of this traditional approach to autonomy.

I have included a discussion of paternalism in advance of the feminist approach to autonomy that will be fleshed out in the following chapters. This issue of paternalism will become central to my discussions of the reversibility of decisions (or our ability to "test out" our choices) and the practices of cosmetic surgery and contract motherhood. It is necessary, then, to point out the traditional concern for paternalism and the implications paternalism has for state interference in individual goods. The fear is that, if we allow paternalistic considerations to determine the permissibility of self-regarding actions, then the state may be able to justify any coercive intervention that

prevents an individual from pursuing his good where his conception of "the good" is deemed bad for him. As I will argue in the next three chapters, however, we should also take seriously the concern that a liberal approach to autonomy may not serve to protect the autonomy of oppressed groups.

Chapter Two will take a feminist approach to the notion of autonomy, and outline some shortcomings and failures that are manifest in the received view of autonomy. The liberal notion of autonomy (as access to information and options, and freedom from coercion) will be shown to stop short of protecting autonomous choice and action. A relational approach to autonomy, accompanied by a conception of the self as diverse, will be advanced. It will be argued that, without such a conception of the self, we cannot appreciate the extent to which external impediments to autonomy affect our internal development of autonomy competency.

VII. Endnotes

1. J. S. Mill, On Liberty, Currin V. Shields, ed., Indianapolis: Bobbs-Merrill Educational Publishing, 1956, p. 13.

2. Mill, p. 16-17.

3. Mill asserts "one very simple principle" in On Liberty that he maintains as imperative to a democratic society: that is, that the compulsion to do or refrain from doing something for an individual's own good is never sufficient reason for such compulsion. Indeed, Mill claims that a citizen "cannot rightfully be compelled to do or forbear because it will be better for him to do so, because it will make him happier, because, in the opinions of others, to do so would be wise or even right" (Mill, p. 13). As I will indicate in what follows, he limits despotic rule only to cases in which citizens are incapable of being guided, through conviction or persuasion, to their own improvement.

4. Mill, p. 19-23.

5. Mill, p. 14.

6. Mill, p. 13.

7. Mill, p. 13.

8. Mill, p. 14.

9. Mill, p. 92.

10. R. P. Anschutz, The Philosophy of J. S. Mill, Oxford University Press, 1953, p. 48.

11. John C. Rees, John Stuart Mill's On Liberty, Oxford: Clarendon Press, 1985, p. 142, 144.

12. Mill, p. 80.

13. Mill, p. 82.

14. Mill, p. 74.

15. J. Donald Moon, Responsibility, Rights and Welfare, London: Westview Press, 1988, p. 99.

16. Mill, p. 76.

17. Mill, p. 76.

18. Mill, p. 128.

19. External accounts of harm focus on concrete factors like freedom, availability of options, and information; internal accounts concern the conditions, such as self-esteem, autonomy competency, and positive self-concepts, that make choices meaningful for us.

20. Mill, p. 13.

21. Joel Feinberg, "Legal Paternalism," Canadian Journal of Philosophy, 1(1), September, 1971.

22. Feinberg voices this assumption in footnote 2, p. 106.

23. Feinberg, p. 105.

24. Mill, p. 125.

25. Feinberg, p. 120.

26. Feinberg, p. 119.

27. Feinberg, p. 119.

28. Feinberg, p. 119.

29. Gerald Dworkin, "Paternalism," Philosophy of Law, J. Feinberg and H. Gross, eds., Belmont: Wadsworth Publishing Company, 1991, p. 239.

30. See Dworkin, p. 239.

31. Feinberg, p. 109.

32. Richard J. Arneson, "Commodification and Commercial Surrogacy," Philosophy and Public Affairs, 21, 1991, p. 136, 160.

33. Robert Veatch, "Models for Ethical Medicine in a Revolutionary Age," The Hastings Center Report, 2, June, 1992.

34. Veatch, p. 101.

35. Veatch, p. 101.

36. Veatch, p. 103.

37. Veatch, p. 104.

38. Veatch, p. 103.

39. Robert Veatch, A Theory of Medical Ethics, New York: Basic Books, 1981.

CHAPTER II:

FEMINIST APPROACHES TO AUTONOMY:

INTERNAL AND EXTERNAL ACCOUNTS

I. Introduction

In Chapter One I outlined some features of the received view of autonomy. As we have seen, autonomy is valued in a liberal society because it secures the interest that each citizen has in directing her life. Autonomy dominates liberal theories because self-government is an essential feature of a non-oppressive society. With their concern for respecting individual autonomy, then, we find that Mill's liberal approach focuses on reason, Feinberg attempts to protect autonomy even in cases where a person chooses slavery, and Veatch supports the contractual model as appropriate for the relations between physicians and patients. These liberal responses have the positive result of attempting to respect autonomy: an important ideal for both liberal and feminist thinkers.

The received view, although focussing on the importance of respect for autonomy, does not always result in practices that foster autonomy as one

might expect. Indeed, feminist philosophers have aimed several --and varying -- attacks on this traditional view of autonomy. For the most part, feminists are concerned with the ways in which the ideal of respect for autonomy in its traditional form fails to secure women's autonomous choices (and the choices of members of other disadvantaged groups). Feminists have shown that the received view of autonomy is lacking both an appropriate external account of the conditions for personal autonomy and an appropriate internal account of these conditions. An external account of autonomy is one which examines the conditions external to the autonomous agent (social institutions, the conditions for informed consent, social practices) that aid the individual in acting and choosing autonomously. Internal accounts of the conditions for autonomy, by contrast, treat an individual's ability to direct, define and discover herself. They concern an individual's ability to direct her life through a coherent life plan, her ability to discover who she is and who she wants to be in a dynamic and on-going way, and her ability to define herself. As I will argue in this chapter, external and internal accounts of autonomy are closely linked: for, as I will indicate, if external conditions are not conducive to the development of autonomy, then internal conditions under which an individual can be fully or

medially autonomous will not obtain. I will also indicate how feminist accounts of the external and internal conditions for autonomy are both different from, and similar to, the accounts given by Mill. To this end I will present the work of Susan Sherwin as indicative of a feminist approach to the external conditions necessary for the expression of autonomy, and I will present the work of Diana T. Meyers as indicative of a feminist approach to the internal conditions necessary for the expression of autonomy. Indeed, as I will show, feminists share the liberal concern with respect for autonomy: women have historically been denied autonomous choice and action because they have traditionally been seen as incapable of rationality.[1] A feminist concern with autonomy is particularly urgent given the historical refusal to respect (or acknowledge) women's autonomy. Feminist critiques of traditional approaches to autonomy, then, are not intended to denigrate the importance of autonomy: their purpose is to both question, and build upon, the received view of autonomy to produce a notion of autonomy that is both theoretically, and practically, viable.[2]

II. Feminist Bioethics: Susan Sherwin on the External Conditions for Autonomy

The received view of autonomy, while offering some measures to protect individual autonomy, ultimately fails satisfactorily to address the conditions necessary for the identification and expression of autonomy. This is because the received view of the self that I discussed in Chapter One does not go deep enough in presenting the decisions that individuals make in particular contexts. I will begin with Susan Sherwin's critique of the received view of autonomy, and her external account of why the traditional approach fails. For, as Sherwin claims, factors like coercion or socially imposed self-concepts may compromise an individual's attempts at autonomy if external conditions for autonomy do not obtain.

According to Sherwin, what we need is a relational approach to autonomy that takes into account the effect that external factors have upon the individual. On the received model, claims Sherwin, a patient's choice can be said to be autonomous if

> the patient is (1) deemed to be rational, (2) makes a choice from a set of available choices, (3) has adequate information and understanding, and (4) is free from explicit coercion towards (or away from) one of those options. Yet, each of these conditions

is more problematic than is generally admitted.[3]

Sherwin claims that these conditions prove slippery when one examines them in depth. For example, the requirement that patients must be rational in order to be capable of making choices and absorbing and understanding information supplied by their physicians is, on the face of it, unproblematic. But, as Sherwin argues, rationality is socially defined in such a way that, until fairly recently, women were not conceived of as rational beings. Whether or not a person is rational, then, is not merely an objective fact.

With regard to condition (2), that individuals must make choices from a set of available options, she points out that the options available to patients are already constructed such that patients' autonomy is compromised. The decisions that undergird and shape the treatment options that physicians can offer their patients are complex; the values and pre-commitments that enter into health care funding priorities, for example, are well beyond the agency of the individual patient. As Sherwin claims, "Often these prior decisions reflect the biases of discriminatory values and practices and the outcomes of these earlier decisions can have a significant impact on a patient's ultimate autonomy"[4]; yet these background conditions are not visible on traditional accounts of autonomy. Both broad social values and pre-commitments, and

physician appropriations of them, can "slant" options.[5] A case in point is cosmetic surgery: Lisa S. Parker claims that, where physicians are reporting the risks of breast implantation to their patients,

> individual physicians' assessments of the conflicting data concerning the complications of breast implantation, and thus the risks they disclose to their patients during the informed consent process, are likely to be affected by the physicians' personal values....surgeons' views of and participation in the cultural construction of female beauty are likely to influence their interpretation, and subsequent disclosure during informed consent, of data concerning the risks of implantation.[6]

That risk-tolerance affects the reporting of risks to female patients is exactly the sort of concern that Sherwin is raising against the liberal demand for a "set of available options." She argues, and Parker indicates, that a pre-existing set of values and practices limit the options made available to patients.[7] But what is more alarming than the slanted reporting of risks to women is the extent to which women pursue breat implantation in the face of these risks. The female self is socially constructed in such a way that women's attempts at beautification are deemed to be worth some (even great) risks. Yet liberal accounts do not look beyond the available and promoted options to test for values and biases that may ultimately affect individual autonomy in this way.

Condition (3), that the individual has adequate information and

understanding, is also problematic on Sherwin's account. For, as we have seen in the case of breast implantation, even where women are given information regarding the risks of breast implants, they often follow through with the surgery regardless of the risks involved. The liberal concern that individuals have adequate information and understanding, then, does not guarantee they will respond appropriately to risky practices. Indeed, given women's socialization, it **is** appropriate for women to be risk-tolerant where beauty is concerned: women's socialization tells them that it is worth the risk to be beautiful.

Condition (4), that one must be free from explicit coercion in making her decisions, is particularly problematic from a feminist external approach to autonomy. For, as Sherwin points out, it is difficult to evaluate the freedom an individual has in decision-making where oppression may affect the choice that she is making. Sherwin claims that "The condition of being oppressed can be so fundamentally restrictive that it is distorting to describe as autonomous some specific choices made under such conditions."[8] So, for example, there is controversy over the extent to which women freely choose to undergo reproductive technologies in a culture in which reproductivity, and having a child genetically linked to oneself or one's partner, is paramount.[9] As Sherwin

worries, when a woman's sense of self and the opportunities available to her have been constructed oppressively such that she sees little choice but to strive to have a child at any cost (financial and emotional), a narrowly-construed sense of explicit coercion is going to overlook this more insidious type of coercion that nevertheless affects women's lives. She points out that "coercion is so often a part of the background conditions and is so pervasive and diffused that it remains nearly imperceptible (without extensive consciousness-raising)."[10]

These four conditions -- rationality, choice, information and freedom -- are not enough, even when judged collectively, to adequately protect autonomy. For, when we take seriously the social construction of individuals, we must also take seriously the extent to which rationality, availability of options, information and free choice are affected by our socialization. While these four conditions go some way toward protecting autonomous choice, they do not go far enough. In addition to these basic conditions, we need an awareness of the extent to which all four of them are compromised by external factors. It is only in concert with an understanding of the individual as socially constructed that these four conditions can prove useful in the protection of autonomy.

Sherwin's Relational Approach to Autonomy

What does it mean to say that Sherwin's feminist approach is "relational"? A relational approach to autonomy takes the individual as understandable in terms of her relationships with others, in terms of the social structures and institutions that shape her, and in terms of her economic and class status. In contrast to the type of approach taken by Veatch, where the doctor and patient stand in contractual relationship to one another based on their autonomous choice to maintain the relationship, Sherwin argues that we need an approach to bioethics that recognizes structural conditions that interfere with patient autonomy. A relational approach to health care ethics

> recognizes the importance of understanding autonomy to be a capacity developed (and constrained) by social circumstances and exercised within relationships and social structures that shape the individual and also determine others' responses to her efforts at autonomy.[11]

Autonomy, on this conception, is only and always practiced in relation to other persons and to social institutions that shape the individual. Such a relational understanding of autonomy takes the self-in-relationships as the root of autonomous choice and action: individuals are, first and foremost, socially constructed beings, whose "identities, values, concepts and perceptions are products of their environment to a significant degree."[12]

Thus, from Sherwin's perspective, Veatch's conception of the physician-patient relationship is impoverished because it lacks sensitivity to the social conditions and social institutions that shape the individual and that can undermine the practice of patient autonomy. Veatch's framework encourages a focus on the suffering of the individual patient (and his "contract" with the health care staff to relieve his suffering) rather than on the social background that may inhibit communication and reduce the patient's autonomy or understanding of his situation. For, as Sherwin would point out, Veatch's traditional model makes no mention of the extent to which structural conditions can make the expression of autonomy difficult for some groups or individuals. Her approach to bioethics goes beyond the traditional notion of autonomy that is commonly applied to health care ethics. Rather than positing the patient as a rational contractor (as per Veatch), Sherwin sees her as largely social, the product not only of her own choices, but also of social and structural conditions.[13]

Sherwin's relational approach that takes the individual as social being, and her external analysis of the conditions for autonomy (that we must combat inequality in our social institutions and practices in order to foster autonomy), are not incompatible with Mill's position. Indeed, the individual as social being

is certainly acknowledged by Mill in On Liberty. Nevertheless, while Sherwin's relational approach is not antagonistic toward the approach taken by Mill, her feminist perspective leads her to a much deeper and more incisive criticism of the individual and the relevance of her social situation to her autonomy. Sherwin's requirement that we understand patients, not in isolation from social context, but in the aforementioned relational manner, fleshes out Mill's conception of the self in society. For as Sherwin claims,

> The narrow individual focus that characterizes both medicine and traditional ethics obscures our need to consider questions of power, dominance, and privilege in our interpretations and responses to illness and other health-related matters.[14]

Whether Mill's theory is amenable to such a relational conception of the individual and her autonomy is beyond the purview of this thesis. A charitable reading of Mill indicates that he is concerned both with the social context in which individuals find themselves and the conditions under which individual autonomy will flourish. But what makes a feminist approach like that of Sherwin distinctive from the liberal approach of Mill is that it rejects the notion that the individual can be understood separately from the social and political institutions by which she is largely constituted.

On the Scope of the Contractual Model for Human Relations

Like Sherwin, Virginia Held questions the scope of the contractual model as advocated by Veatch. Held is also concerned with the extent to which contractual thinking, and contractual relationships, invade our social relations, where such contractual approaches may be inappropriate.

Held challenges the notion that contract language is useful in describing and prescribing social relations and social arrangements. She argues that a "contract" approach to human relations is no more paradigmatic than the mother-child relationship. Her concern is that the traditional conception of the rational, autonomous, "economic man" is running amok; as she states,

> contractual solutions are increasingly suggested for problems which arise in areas not hitherto thought of in contractual terms, such as in dealing with unruly patients in treatment contexts, in controlling inmates in prisons, and even in bringing up children.[15]

This application of contractual thinking has been evidenced in Veatch's use of the contractual model in prescribing the physician-patient relationship. According to Veatch, a contractual approach to social relationships like that of physicians and patients allows both parties to interact "in a way where there are obligations and expected benefits for both parties."[16] This approach to relationships serves to protect both parties by having social sanctions

institutionalize and undergird the relationship, in case there is a conflict or a violation of the contract. But it is just this type of approach to social relationships that Held finds morally problematic.

Held claims that to view contractual relations between mutually disinterested individuals as paradigmatic of human relations is to take our traditional notion of the autonomous individual and apply it inappropriately. There are some areas of life, as many feminists hold, that do not "fit" the contractual model: to force such areas into this conception of personal and social relationships is to pervert the relationships to fit the model. The mother-child relationship, for instance, cannot be viewed contractually. Held asserts,

> Clearly, the view that contractual relations are a model for human relations generally is especially unsuitable for considering the relations between mothering persons and children. It stretches credulity even further than most philosophers can tolerate to imagine babies are little rational calculators contracting with their mothers for care. Of course the fundamental contracts have always been thought of as hypothetical rather than real. But one cannot imagine hypothetical babies contracting either.[17]

Instead of allowing our traditional notion of contractual relationships to overtake all areas of social life, we ought to question the scope of such a notion. There may be some areas to which we can apply the contract model

(for example, when I hire someone to do repairs on my vehicle), but to extend the scope of this model may very well distort the morality of the relationships in question.

This notion of individuals contracting with one another for the attainment of various goods has a direct link to individual autonomy: the autonomy to make such contractual agreements (whether symbolic or actual) is assumed in the very idea of the contract. For, as Veatch states, the contractual relationship requires "a sharing in which the physician recognizes that the patient must maintain freedom of control over his own life and destiny when significant choices are to be made."[18] On the contractual model, autonomy is not problematic, since it is assumed that both "contracting" parties have freely chosen to enter into an agreement, and may freely withdraw from it. From a feminist perspective, however, this is an unfair and dangerous assumption.

As Held suggests, the contractual model that is based on the notion of "economic man" serves to discount or overlook some of women's most fundamental experiences. So, for example, the fact that women have been placed in relations of concern and caring for others is not reflected in the contract model of human relations. The notion that we may either "contract or withdraw" does not fit with the realities of women's lives: for example,

women responsible for child-rearing, and women caring for elderly parents do not contract for these responsibilities, and they cannot simply withdraw when the situation is not to their liking. Furthermore, women in abusive relationships may be told by well-intentioned friends and family to "walk out" on the abusive relationship. The "contract" between the abused woman and her abusive partner (to adopt Veatch's terminology) has been broken by her abusive partner's violation of trust and respect, so it would seem only rational to withdraw from the relationship. Yet abused women often refuse to withdraw from (or flee) abusive relationships because much more of their selves are invested in such relationships than the contract model would allow. The received model also obscures the extent to which both social and individual inequalities can interfere with autonomous choice and action. Sherwin suggests that, where medical encounters are concerned, "there is a built-in power imbalance...(relatively) healthy, well-educated, affluent doctors provide services to patients who are typically ill and frightened, and, often, are also poor, and lacking in education and social authority."[19] To conceal such inequalities by describing the situation as "contractual" is to propagate the notion that contractual thinking overcomes social and gender inequalities.

Particular clinical encounters may serve to highlight the difference

between the relational approach taken by Sherwin and Held, and the contractual model put forth by Veatch. An article in the Globe and Mail reported that native women undergoing abortion procedures in the Northwest Territories were subjected to excruciating pain due to a lack of anaesthetics. While muscle relaxants were used during the abortions, women were told they would get no pain-killing anaesthetic becase "the man in charge of it didn't approve of abortion."[20] Furthermore, women reported that the Stanton Yellowknife Hospital's health care staff were insensitive and straightforwardly misogynistic in their attitudes toward, and treatment of, the women who presented for abortion services. For instance,

> A 17-year-old complained that a doctor walked into the operating room before her abortion and asked "When's your next birthday?" After her answer, he responded "Oh, you'll be back here before then. Your kind always are."... A Metis woman wrote that three years ago, when she was undergoing her first abortion at the hospital, a doctor walked in and said: "So this is number five?"... one woman said that after her abortion the doctor said: "Well, this really hurt, didn't it? But let that be a lesson before you get yourself into this situation again."[21]

These sorts of clinical encounters hardly fit the contractual model advocated by Veatch, in which physicians and patients are equals contracting for mutual benefit. Indeed, as I have argued earlier in this chapter, the notion of a mutually-beneficial contract between physicians and patients serves to

conceal serious inequalities (such as class, ethnic, race, and sex inequalities) that ought to matter in clinical physician-patient encounters. The contract is supposed to maintain the moral integrity of both parties; yet, as this case exemplifies, the moral integrity of these native women was clearly not respected by the health care staff.[22] Furthermore, these women reported that they did not complain sooner about their poor treatment because "in the North, especially in the small hamlets, women are not accustomed to discussing intimate details of their lives."[23] Thus, it is important to know how native Canadians approach health and healing within their communities, how they conceive of their privacy in reporting their abuse by physicians, and how their relationships with their environment and each other shape their world view. While we may appreciate the wrong done to these native women by recognizing that they weren't treated as equal human beings, this type of response remains too individualistic. For it is not just that these women weren't treated as human beings, but that they were treated in a way that fits with an impoverished understanding of "native woman." The violation of these women was based, not just on individual doctors' views of them as less than human, but on cultural views of native women that understand them as promiscuous, as uncaring mothers, as ignorant, and so on. Thus, as Sherwin

argues, we cannot really appreciate the extent to which their moral integrity has been violated until we take account of the social institutions and beliefs that make such treatment of native women possible. As some of the physicians involved in these assaults on native women claimed, they are opposed to the practice of abortion and feel that refusing anaesthetic serves as a "lesson" for these native women. To conceal the inequalities present in these physician-patient encounters by describing the situation as "contractual" is to propagate the notion that contractual thinking overcomes these ethnic, race, economic and sex inequalities.

Sherwin has noted the built-in power imbalances between well-educated, wealthy, white (usually) male doctors and their less educated, often poor and frightened patients. The relational approach that she takes serves to highlight such inequalities between physician and patient, and takes account of their impact on the delivery of health care. For example, as Sherwin claims, "some treatment options may be inaccessible to disadvantaged patients because of cost or the time away from home they require."[24] Or, alternatively, this relational approach encourages the investigation of non-medical strategies, "for example, improving social and material conditions for disadvantaged groups" and the ways such non-medical

strategies "can affect the health status of different segments of the community."[25] Her relational approach to autonomy resists a simplistic conception such as that of Veatch and, as I have indicated, argues for a conception of autonomy that takes account of relevant social inequalities that detrimentally affect the experience of health care by the patient. Her approach also goes beyond the individual experiences of (in this case) native women to place each discrete encounter within the context of a culture that denigrates and marginalizes native women. It is the only way that, in this example, we can fully appreciate the extent to which these women were violated.

Sherwin's relational approach to biomedical ethics offers the foundation for a feminist bioethical critique of medical/social practices that are seriously harmful to women. In Chapter Four I will outline some of the concerns with the medical practice of cosmetic surgery and contract motherhood as they currently exist. From Sherwin's relational approach, it is evident that appeals to availability of options and information, and freedom from coercion, do not make the practices of cosmetic surgery and contract motherhood viable. External conditions for autonomy are not met when information provided to patients, and assessments of risk, are harmfully coloured by physicians'

values and personal commitments. And coercion, while not explicit, can be present within a system of oppression such that it is so pervasive and diffused as to be undetectible. While externalist liberal accounts of autonomy such as Feinberg's attempt to provide the conditions under which individual choice and action will thrive, Sherwin indicates the shortcomings of such non-relational, non-feminist accounts.

Sherwin also indicates feminist work that understands autonomy as a form of competency that can be enhanced or diminished by our socialization. She points to the work of Diana Meyers, who claims that the socialization that women experience fails to encourage the development of the skills necessary for full autonomy. On Meyers' account, claims Sherwin, "members of oppressed groups tend to lack the degree of autonomy necessary to have their decisions fully respected by health care providers."[26]

In the next section I will look at the work of Diana T. Meyers to show why we need a strong internal account of autonomy. While Sherwin indicates some feminist worries with the traditional externalist accounts of autonomy, Meyers demonstrates the necessity for an account of the self that allows individuals to internally develop the capacity to act and choose autonomously. Without these internal conditions and the ability to meet them, Meyers argues,

the external conditions for autonomy fail to preserve individual autonomy. And, conversely, without the external conditions cited by Sherwin to foster autonomy, individuals will be less likely to develop the capacity for autonomy competency.

III. DIANA T. MEYERS: AN INTERNAL ACCOUNT OF AUTONOMY AND HETERONOMY

In Self, Society & Personal Choice, Diana T. Meyers discusses the conditions necessary for autonomous thought and action. Contrary to non-feminist externalist views of autonomy that stress the absence of coercion and the availability of information to make an individual's choice free and fully informed, Meyers claims that in order for one to be autonomous she must have the internal conditions for "autonomy competency." This competency is what Meyers defines as a

> repertory of coordinated skills, including introspective skills, communicative skills, reasoning skills, imaginative skills, and volitional skills. By exercizing these skills -- typically, it is important to stress, most effectively in the context of supportive intimate relationships -- people come to grasp who they are, what matters to them, how they want to develop or change, what constraints limit them and what opportunities are available to them, and how they can best give expression to their integral desires, beliefs, affections, values and the like.[27]

So far, Meyers' account of the internal conditions for autonomy is very close to Kantian/neo-Kantian accounts. For, as Meyers herself indicates, moral autonomy in its Kantian form consists of following rules that one chooses for oneself.[28] And while the morally autonomous person chooses her own principles, these principles must be impartial and universalizable -- they hold for all persons in "relevantly similar circumstances."[29] This Kantian model of autonomy holds that reason enables people to realize individual autonomy without sacrificing social cooperation. On Kant's model we are all rational beings: autonomous individuals, as rational beings, are able to transcend the limits of their socialization since reason goes beyond culture. It is reason that renders the self prior to its ends, since it allows the individual to move beyond her socialization to adopt impartial self-guiding rules and principles that are not heteronomously imposed (that is, rules and principles that are not passed on through her culture).

Meyers, like Kant, is committed to a self that is rational and self-governing; in this regard, she shares Kant's concern that we maintain a distinction between what we believe we want (which may be heteronomously imposed) and what we **really** want (which is discovered through reason and self-reflection). In defence of Kant's conception of moral autonomy, Meyers

says the following:

> Now, it is possible to take issue with Kant's conception of moral autonomy in a number of ways. Many commentators have questioned the viability of the universalizability criterion as well as the tenability of Kant's absolutism. However, his view allows us to extract two features that any account of moral autonomy must share. First, morally autonomous people are self-regulating. The grounds of morality are within them, and they are capable of discovering for themselves what morality requires. Second, however they go about arriving at moral solutions, morally autonomous people regard their conclusions as obligations. Thus, moral autonomy sets the boundaries of permissible conduct -- some actions are mandatory; the remainder are left to personal discretion.[30]

These two features of moral autonomy, self-regulation and the obligation to obey moral conclusions, are features to which Meyers herself is committed. But in order to have such commitments, Meyers must embrace the Kantian/neo-Kantian conception of the self as prior to its ends. Meyers does reject the notion of selves as "discrete atoms endowed with sui generis properties" that are "sufficient unto themselves."[31] But she points out that, if people are wholly the products of socialization, then they have no true -- authentic -- selves and they cannot be said to control their own lives. Furthermore, were this the case, then autonomy would be what she refers to as an "anachronistic myth."[32]

Meyers goes beyond the Kantian/neo-Kantian approach to the self,

however, to meld her commitments to a self-governing, rational self with feminist concerns for the powerful social values, practices and institutions that make the expression of autonomy difficult for many oppressed groups. For, although she is committed to a notion of "autonomy competency" wherein a collocation of personal skills lead to self-discovery, self-direction and self-definition, Meyers is also committed to recognizing the sociality of the self, and the myriad ways in which such sociality can interfere with individual autonomy. As Meyers claims,

> the account of the authentic self that emerges from my treatment of autonomy competency is a self that is shaped by social experience as well as by individual choice. Presupposing, as it does, self-discovery, self-definition, and self-direction, this conception does not ignore or deplore people's socialization, but neither does it abandon people to it....The authentic self and the social world interact, but autonomy competency constitutes a resource that makes innovation possible and that puts personal harmony under the control of the individual.[33]

Meyers recognizes the futility of polemical philosophizing about the metaphysical distinction between free will and determinism. Her analysis avoids this fruitless discussion and instead focusses on the distinction between autonomy and heteronomy as a **phenomenological** distinction. It is phenomenological in that her focus is on the "quality of people's experience of the choices they make and the lives they are leading."[34] The contrast

Meyers attempts to draw is between the sense of feeling in control (feeling "right in your skin") and the sense of being at sea, or ill at ease with yourself. On her phenomenological account, Meyers neither presumes that people are capable of transcending the effects of socialization, nor does she posit an asocial "core" self. For, as she acknowledges, both conceptions of the self are appealing:

> The voluntarist, disembodied self seems to make the emergence of new ideas and ways of life intelligible, for this subject is unencumbered by cultural tradition. The cognitive, radically situated self seems to make fidelity to other people, values, causes, and the like intelligible, for relentless social experience instills this dedication in this subject. What we need, however, is a conception of the subject that allows for both commitment and innovation.[35]

Meyers achieves this balance by asserting that autonomy and heteronomy are not polar opposites; on the contrary, she claims that we must construe the distinction between the two phenomenologically, such that sometimes our own initiative and effort is most salient, sometimes our circumstances are most relevant, and sometimes the two seem to converge.[36] In short, how we acquired the project at hand is immaterial; what matters is that the project has been "prospectively embraced or can be retrospectively ratified through the exercize of autonomy competency."[37]

Meyers recognizes that autonomy is a matter of degree; she differentiates between full autonomy, medial autonomy, and minimal autonomy. A fully autonomous person is able to use the skills of autonomy competency effectively, by allowing her "authentic" self to direct her actions and her thinking. She is capable of consulting with her self and making meaningful personal choices. A minimally autonomous person possesses at least some disposition to consult her self, but lacks the ability to implement or exercise her autonomy skills; her autonomy competency is poorly developed and poorly coordinated, and she ultimately fails ever to implement that competency. A medially autonomous person, then, lies somewhere along the full to minimal autonomy continuum: Meyers claims that people must all have a chance to be at least medially autonomous if we are to have a just society. She does indicate, however, that autonomy competency, like other competencies, involves skills for which people will have various degrees of innate aptitude. Some people, as Meyers claims, are "more vulnerable than others to such departures from rationality as wishful thinking, compulsiveness, and the like."[38]

Meyers on "Testing Out" Options

In her book, Meyers focuses on the importance of autonomy competency: it comes in degrees, it is characterized by a unitary self, and it enables a self that is self-directing, self-discovering and self-defining. There is, however, one more important feature of autonomy competency: those who have it are able to "test out" their choices and, where they prove not to express the authentic self, are able to change their minds.[39] Of this reversibility of action Meyers claims that autonomous people must be able to ask "What do I really want?", must be able to act on the answer to that question, and must be able to correct themselves when they get it wrong.[40] This chance to "test out" one's choices is ultimately very important since autonomy does not reside in perfect and consistently correct choices. Indeed, autonomous people often make mistakes in identifying what is consistent with their authentic selves; a certain choice may seem most consistent, but once tested out does not support their authentic selves. This "lack of fit" can only be discovered through experience. Thus life plans, according to Meyers, are not static; they are dynamic. This notion of a dynamic, self-governing self fits with Meyers' procedural account of autonomy: as she states,

> People rightly regard their life plans as unfolding programs that are always subject to revision. Under closer scrutiny, an aim may be jettisoned; or, as the time to carry out a sub-plan approaches, it may be filled in with a more precise sequence of steps; and so forth. Life plans are dynamic.[41]

Meyers calls her account of autonomy "procedural" because it is the way in which people arrive at decisions -- the procedures they follow or fail to follow -- that makes the difference between autonomous and heteronomous decisions. As I stated above, autonomous persons follow a procedure by which they consult their selves (e.g. by asking themselves questions like "What do I really want or need?"), they act upon the answer, and, if they get the answer wrong, they must be able to correct themselves.

Now one concern about the reversibility of action may be this: how can anyone commit unconditionally to anything where there is always the option of reversing the decision? Where does autonomy reside if not in, as Kant claimed, one's obligation to carrying through with a moral decision that one has reached through reason? Connected to this question of autonomy is the issue of one's integrity: can one reverse her decisions in testing out her options, yet still have integrity? Since integrity is traditionally defined as one's unconditional commitment to one's basic values and principles, and as the dedication to following through on those commitments, then it is not clear how

one can both have integrity and have the option of reversing her decisions.

Integrity is important to being an autonomous individual. For when an individual acts in such a way that her actions are consistent with her most basic values, we tend to praise her for following through on her personal commitments. A pro-choice advocate, for example, can admire the integrity of an anti-abortion activist who allows herself to be arrested for picketing abortion clinics. While the pro-choice advocate strongly disagrees with the methods and commitments of the anti-abortion activist, she may nevertheless respect the integrity of the anti-abortion activist, who melds her actions with her commitment to saving the lives of fetuses. The point of this example is that, in claiming that someone has integrity, we are claiming that she is consistent and committed, two qualities that are important, says Meyers, to autonomy and the development of autonomy competency. One may, when testing out her choice, decide to reverse her decision after "trying it out" and discovering that it does not fit with her basic commitments and values: but in such a case, that person still has integrity because she is at least trying to meld her choices with her personal commitments. Integrity and autonomy are connected, then, in a fundamental way.

As we will see in Chapter Three, however, Victoria Davion questions

the notion of integrity as the **unconditional** commitment to one's beliefs and values. If we are to take context seriously, as feminist theorists demand, then we must not be unfailingly committed to certain things in advance, regardless of the specific features of a specific situation. As she claims, "one should be open to the possibility that even values one believes will never change might in fact change, which in turn means one should view few, if any, of one's commitments as totally unconditional."[42] This view is in keeping with Meyers' demand that we be able to test out our choices and, if they prove unsatisfactory in that they are not representative of our authentic selves (i.e. if we feel "uncomfortable in our skin"), that we remain free to try another option. For, as Meyers stresses, "it is ultimately by acting on an option (perhaps, repeated trials or variations will be necessary) that people confirm its advisability or decide they have erred."[43]

However, if it is the case that a person consistently reverses her decisions – that she consistently "gets it wrong" and finds she cannot commit to any project or plan for any period of time -- then that person is lacking the autonomy competency to make self-defining, self-directing choices. Neither Davion nor Meyers is suggesting that we never hold individuals to any commitment they have made: not only would this undermine the very notion

of a commitment, but it would make untenable the conception of autonomy as a process. For if autonomy as process means never being sure of who a person really is, or what she is going to commit to next, then it becomes a self-defeating conception. Indeed, Meyers suggests that a person who constantly changes her mind is pathological; she lacks the ability to formulate any coherent life plan because she directs her life episodically rather than programmatically. As I will outline in the following section, individuals who direct their lives programmatically exhibit a healthy willingness to revise their views, whereas those who direct their lives episodically (that is, those who "do what they want" in particular situations) may lack the ability to formulate a life plan because they are not deeply reflecting upon what they really want to do in the long run.

Episodic vs. Programmatic Autonomy

In order to answer the question "how can choices be 'tried out' without compromising autonomy and integrity?" we must appeal to Meyers' distinction between episodic and programmatic autonomy. It is this distinction that differentiates between "testing out" one's choices and consistently failing to implement (and commit to) such choices. Episodic autonomy is characterized

by a question like "What do I really want to do in this case?"; lives that are directed episodically take choices as they come and make decisions based on each discrete situation. Episodically autonomous people are not programmatically autonomous because

> Episodic autonomy...is no guarantee of programmatic autonomy; doing particular actions as one really wants does not translate into doing that which one really wants. Until a person's life plans have been subjected to autonomous scrutiny, they cannot be presumed to be autonomous.[44]

People who fail to examine the "big picture" are not as autonomous as those who subject their lives to serious scrutiny. Programmatically autonomous people are able to make long-term plans based on their self-understandings and self-definitions. They ask themselves, not "What do I really want to do in this situation?," but more generally "How do I want to live my life?" In answer to this sort of broad question, a person must consider what qualities she wants to have, what talents she wants to develop, what goods she wants to pursue, and so on. So while programmatically autonomous people may need room to test out their actions to determine the "fit" such actions have to their life-programs, they are not unthinkingly making choices and changing their minds at will. Agent-manoeuvrability, or allowing oneself the space to test out one's options, does not result in the capricious choices of a pathological agent;

rather, allowing agents room to test out their self-direction is part of respecting their programmatic autonomy. Meyers' programmatic view of autonomy does not render us incapable of distinguishing a healthy willingness to revise one's views from a pathological inability to formulate a life plan. On the contrary, claims Meyers, whether or not a person is autonomous depends largely upon whether or not the person possesses and successfully implements her skills of autonomy competency. Where autonomy competency is not implemented -- where a person is incapable of commitment to any project and consistently regrets her choices -- there can be said to be a person who lacks a healthy ability to revise her views. Commitment is important, both psychologically and socially, but so is the interest that we all have in making life choices and being able to test them out.

What I have shown so far is how the external and internal accounts of autonomy offered by Sherwin and Meyers call for an extension of our received view of autonomy. Sherwin points out some of the serious shortcomings of the external approach that overlooks issues of oppression, domination and relationships of power; Meyers sets out the internal conditions necessary for the securing of personal autonomy. For, as Meyers argues, when these internal conditions for autonomy are not met (as is often the case for women

in our society), then some individuals may be at best medially autonomous and at worst only minimally autonomous, without the autonomy competency to direct, discover or define their life plans.

Meyers goes beyond this internal critique, however, to indicate the ways in which gender role socialization serves to undermine women's development and expression of personal autonomy. While individuals have varying capacities for autonomy competency, these capacities can be seriously undermined by autonomy-minimizing practices such as socializing individuals to identify with, and adopt, oppressive gender roles. Indeed, "Autonomy skills are themselves learned through social experience."[45] In appealing to gender role socialization as a culprit in undermining women's development of autonomy competency, Meyers is turning to the external critique of social institutions, beliefs, and practices voiced by Sherwin.

Gender Role Socialization and its Effects on Autonomy

Gender role socialization works against individuals in such a way that the ability to be autonomous is minimized in both men and women. In both cases, social conventions surrounding "maleness" and "femaleness" serve to undermine the identification and expression of our authentic selves because

such conventions impose upon us distinct roles to which our self-understandings must conform.

Meyers claims that autonomy is compromised where gender role socialization forces a self-understanding on an individual: in such cases, a person cannot access her authentic autonomous self because of the heteronomous pressures to conform to social convention. So, for example, there is a plethora of women in caring professions (nursing, home care aides, day care workers, etc.) because there is a strong social link between women and caregiving; but there are few female Chief Executive Officers in business because, Meyers would claim, there is a lack of such leadership models available to women. External conditions -- such as those created by gender role socialization -- have an impact on internal conditions for personal autonomy, since an individual's self-understanding is at least partly conferred upon her by society and the models with which society provides her.[46]

Meyers is persuaded by the received view that posits a rational self. She attempts to flesh out this conception to understand the self as rational (and thus able to rise above socializing forces) but also vulnerable to the self-understandings and meanings that are culturally imposed. Her internal account of autonomy, then, carries with it a sensitivity to the external social

institutions, practices and beliefs that make access to our authentic, autonomous selves problematic. So, like Sherwin, Meyers is concerned that our social institutions as they presently exist, and our socialization of males and females, negatively affect the autonomy competency of individuals. Both philosophers look beyond the individual, to the "big picture," in order to fully appreciate the autonomous agent as a being-in-relationships.[47]

Meyers' concern for the ways in which gender role socialization serves to undermine both the autonomy competency of, and the availability of models for, women stems from work done in the areas of cognitive psychology and sociology. So, for example, Meyers appeals to the work of Nancy Chodorow, Augusto Blaisi, Jean Piaget, and the social philosophy of Janet Radcliffe Richards and Simone de Beauvoir.[48] What Meyers indicates through her brief study of these researchers is that socialization can either tend toward autonomy-enhancement, or the induction of individuals into the conventions of society and the inculcation by individuals of heteronomous pressures. Gender role socialization, in its present form, serves to promote the latter, while ignoring the need for the former. This is because, in its present form, such socialization limits the potential self-understandings and meanings available to the individual.[49]

According to Meyers, gender role socialization has detrimental effects on both boys and girls: while boys are socialized for aggressiveness and independence, girls are socialized for altruism, deference to others, and an over-identification with others' interests.[50] Although the way in which boys are socialized to scorn the need for nurturance and a "sissyish" connection to their mothers tends to undermine their ability to be fully autonomous, boys nevertheless achieve a medial level of autonomy; girls, on the other hand, often attain only a minimal level of autonomy.

What is it about female socialization that renders girls and women minimally autonomous? It is, argues Meyers, that "heteronomous altruism pervades distinctively feminine life plans."[51] It is not that women are precluded from being autonomous if they devote themselves to others; rather, Meyers' main concern is that the way in which girls are socialized to take on the feminine role undermines their autonomy competency: being female often means lacking the skills necessary to exercise autonomy competency. Indeed, it has been noted that masculinity is a greater predictor of self-esteem than femininity. Meyers refers to psychological studies which show that "Self-esteem is closely related to achievement, and it has been found that femininity is detrimental to self-esteem."[52]

The way in which girls are socialized to be women, then, is autonomy-compromising. For it is self-esteem, confidence and a rich self-concept that encourages the exercise of autonomy competency. Without the confidence and self-esteem necessary to pursue a plan of action, the goods of self-discovery and self-direction cannot be achieved; without a rich self-concept one cannot be self-defining, but instead is left to be defined by heteronomous conceptions of the female self. This is why external impediments to autonomy (such as those created by sexist gender role socialization) are a serious challenge to the development of autonomy competency.

On Meyers' account, individuals must have available to them a range of models against which to define themselves. She claims that "gender role enforcement preempts whatever halting attempts at global self-governance [an individual] might make by assigning her a place in society. Role enforcement thereby cements her minimal autonomy."[53] It is not just the assignment of a place in society, which is experienced by men and women alike, but the **kinds** of places to which women are assigned that are extremely problematic. As indicated above, we should be very worried that women's assigned spaces are pervaded by heteronomous altruism, rendering them (in many cases) minimally autonomous. To prevent such cementing of minimal

autonomy, and to maintain a just society, we must reappraise the options that are countenanced by women. Where the options and models available to women socialize them to be minimally autonomous, we must implement reforms designed to enhance autonomy. So, for example, attempts to ensure equal opportunity in society are in vain unless social institutions are arranged such that individuals are not deprived of ambition or education. Our social practice of gender role socialization, which serves to limit the scope of women's self-direction, self-definition and self-discovery, also undermines equal opportunity initiatives. In order for equal opportunity initiatives to be effective, individuals must have the appropriate models available to them so that they can develop the necessary self-understandings.

Implications for Social Practices

Meyers' assessment of autonomy has direct implications for some current medical and social practices. Her revised notion of autonomy posits a certain kind of self at its core (that is, a rational, socialized self with the capacity for autonomy competency). Some notions of autonomy overlook the necessary internal conditions for autonomous choice and action: on such conceptions, all we need is freedom to act and availability of information. Yet

Meyers argues that we require the development of certain internal capacities in order to have autonomous action. For, without the internal capacity for autonomy competency, it is possible that what appears to be autonomous choice and action is really heteronomy dressed up. And, as Meyers suggests, the absence of coercion and the provision of sufficient information does not correct the extent to which socialization undermines autonomy competency. Indeed, as she claims,

> No one who lacks the skills constitutive of autonomy competency can be autonomous. Since people who never answer the question "What do I really want?" to their own satisfaction and who never carry out such decisions give no evidence of possessing this competency, and moreover, since facility with respect to this competency requires practice, people who never exercise autonomy competency can be presumed not to have it....In the context of pervasive and powerful socializing influences, one cannot take autonomy for granted in the absence of proven heteronomy. It is autonomy that must be proved.[54]

So pervasive is the influence of gender role socialization that we must look at certain social practices with a more critical eye to scrutinize them for heteronomous pressures. On traditional accounts of autonomy, women's participation in social practices like prostitution, pornography, cosmetic surgery and contract motherhood are viewed as autonomous where the women involved are rational and claim to have made a choice. Yet Meyers

problematizes this view by questioning "autonomous" choices that derive from women's gender role socialization.

Of significance is the concern that women will be regarded as "dupes" or "cultural dopes"[55] where their ability to govern themselves comes into question. Meyers is not claiming, however, that women in such cases cannot govern themselves properly; rather, she is concerned with the availability of models to women, the option for agent-manoevreability, and the way in which gender role socialization equips women to be merely minimally autonomous. In some cases, the "choice" to be a prostitute, for example, may be well thought out by the woman involved: she may have determined that, from the options that are available to her, prostitution is the best course for her to pursue. But this, argues Meyers, does not make the choice autonomous. For heteronomous pressures may militate against such a woman conceiving of herself as something other than a sexual being; and where a woman has the potential to earn twice as much money by using her body rather than her mind[56] (since women are valued for their physical virtues to a large degree) it is evident that heteronomous influences and a lack of models can diminish her autonomy competency.

IV. Endnotes

1. For examples of this, see Genevieve Lloyd's The Man of Reason: "Male" and "Female" in Western Philosophy, Minneapolis: University of Minnesota Press, 1984.

2. For the purposes of feminist philosophy and biomedical ethics it is important that a theory be not only of theoretical value, but also of practical value. Biomedical ethics is the attempt to apply principles and theories that will aid health care professionals, and patients, in understanding the nature of the therapeutic relationship and in fostering the ethical practice of medicine. In this way, biomedical ethics is concerned with ethical theories that will result in the ethical practice of medicine. Similarly, feminist philosophers are concerned, not only with philosophical theory, but with the impact that feminist theorizing has upon women's lives.

3. Susan Sherwin, "Feminist Approaches to Autonomy in Health Care," paper delivered at the Canadian Philosophical Association meeting, Learned Societies Conference, June, 1995.

4. Sherwin, p. 6.

5. While much postmodern and postmodern feminist work suggests that there is no objective assessment of risk and no objective information, this is not to claim that we have no grounds for criticizing the way in which options are pre-constructed. Marilyn Frye, for example, claims that one way of achieving an epistemically sound position is by granting marginalized groups epistemic privilege (Frye, The Politics of Reality: Essays in Feminist Theory, Trumansberg, New York: Crossing, 1983, p. 152-53). Presumably, according to Frye, the more distant one is from the center, the more advantageous is one's perspective. Furthermore, that there is no such thing as objective information is often overlooked where the dominant point of view is concerned. We cannot have a value-free perspective: but we are blind to the fact that the dominant point of view is also a perspective.

6. Lisa S. Parker, "Beauty and Breast Implantation: How Candidate Selection Affects Autonomy and Informed Consent," Hypatia, 10(1), Winter, 1995, p. 189.

7. This is not to suggest that physicians are "conspiring" to encourage women to seek cosmetic surgeries. It is just to acknowledge that physicians, and the very practice of medicine itself, is subject to the same values and commitments that affect other individuals and institutions in our culture.

8. Sherwin, p. 6.

9. See, for example, Janice G. Raymond's Women as Wombs: Reproductive Technologies and the Battle Over Women's Freedom, New York: Harper, 1993; and Gena Corea's The Mother Machine, New York: Harper & Row, 1985.

10. Sherwin, p. 7.

11. Sherwin, p. 8.

12. Sherwin, p. 10.

13. Sherwin, p. 12.

14. Sherwin, p. 12.

15. Virigina Held, "Non-contractual Society: A Feminist View," Science, Morality, and Feminist Theory, Marsha Hanen and Kai Nielsen, eds., University of Calgary Press, 1987, p. 113.

16. Robert Veatch, "Models for Ethical Medicine in a Revolutionary Age," The Hastings Center Report, 2, June, 1972, p. 104.

17. Held, p. 120.

18. Veatch, p. 104.

19. Sherwin, p. 10.

20. Globe and Mail, Thursday, April 2, 1992.

21. Globe and Mail, Thursday, April 2, 1992.

22. A defender of contractarianism (like Veatch) might claim that his prescription for a contractual approach to the doctor/patient relationship rules out the very treatment suffered by the native women of Yellowknife. A contractual approach that does not assume that the contracting parties are equal – and that works towards righting the inequalities – may be satisfactory. So by ensuring that social conditions exist for equal contracts, we are effectively ruling out the treatment experienced by these native women. Yet, I would argue, even if the contract could protect both parties, and even if it could work toward righting inequalities, the contract model will nevertheless fail to capture issues of trust and caring that feminists argue are so essential to social and moral relationships.

23. Globe and Mail, Thursday, April 2, 1992.

24. Sherwin, p. 13.

25. Sherwin, p. 12.

26. Sherwin, p. 5.

27. Diana T. Meyers, "Personal Autonomy or the Deconstructed Subject? A Reply to Hekman," Hypatia, 7(1), Winter, 1992, p. 126. This article is an expansion, and defence, of Meyers' position in Self, Society & Personal Choice, and so should be seen as continuous with it.

28. Meyers, Self, Society & Personal Choice, New York: Columbia University Press, 1989, p. 13.

29. Meyers, Self, Society & Personal Choice, p. 13.

30. Meyers, Self, Society & Personal Choice, p. 14.

31. Meyers, Self, Society & Personal Choice, p. 19.

32. Meyers, Self, Society & Personal Choice, p. 20.

33. Meyers, Self, Society & Personal Choice, p. 97.

34. Meyers, "A Reply to Hekman," p. 125.

35. Meyers, "A Reply to Hekman," p. 127.

36. Meyers, "A Reply to Hekman," p. 127.

37. Meyers, "A Reply to Hekman," p. 128.

38. Meyers, Self, Society & Personal Choice, p. 172.

39. This point about "testing out" options is similar to Mill's "experiments in living," where he argues that society and the state have no business interfering with an individual's self-regarding choices. Mill states that "There is no question here (it may be said) about restricting individuality, or impeding the trial of new and original experiments in living (Mill, On Liberty, Indianapolis: Bobbs-Merrill Educational Publishing, 1956, p. 98).

40. Meyers, Self, Society & Personal Choice, p. 76.

41. Meyers, Self, Society & Personal Choice, p. 49.

42. Victoria Davion, "Integrity and Radical Change," Feminist Ethics, Claudia Card, ed., Indianapolis: Indiana University Press, 1990, p. 183.

43. Meyers, Self, Society & Personal Choice, p. 83.

44. Meyers, Self, Society & Personal Choice, p. 165.

45 Meyers, "A Reply to Hekman," p. 126.

46. On Meyers' conception of autonomy, it seems clear that some women will just be more autonomous -- have better skills at autonomy competency -- than others. Some women, whether by nature or socialization, will be more vulnerable to whimsy, the dictates of society, and so forth. But Meyers' account leaves open the possibility that women will vary in autonomy, from full to minimal, because even though we have the same models available to us, all women do not have exactly the same life experiences. Even in an oppressive, sexist society, then, it is possible that some women will attain full autonomy: it is just much less likely (and many less women will achieve this level than men because of our sexist gender role socialization).

47. As I suggested previously, Meyers focusses much more on the autonomous agent as a discrete individual than does Sherwin. Meyers' exploration of the impact of socialization is to better understand the way in which socialization can support or compromise the autonomy of the individual; Sherwin's analysis is much more focussed upon the individual as social being.

48. For references to these authors, see Meyers' chapter in Self, Society & Personal Choice on "Autonomy-enhancing Socialization," p. 189-202.

49. Meyers' conclusion, that women require more and better models in order to develop their autonomy competency, and non-sexist education, is compatible with the liberal project as characterized by Mill.

50. Meyers, Self, Society & Personal Choice, p. 143.

51. Meyers, Self, Society & Personal Choice, p. 159.

52. Meyers, Self, Society & Personal Choice, p. 150.

53. Meyers, Self, Society & Personal Choice, p. 248.

54. Meyers, Self, Society & Personal Choice, p. 186.

55. Kathy Davis uses this term in her paper "Remaking the She-Devil: A Critical Look at Feminist Approaches to Beauty," Hypatia 6(2), Summer, 1991.

56. This is not to suggest that using one's body is inherently less valuable than using one's mind. It is just that the cultural models available to women, and the social understandings that affect women's self-conceptions, all encourage an identification with the body, often crowding out understandings of women as rational beings, too.

CHAPTER III:

SELVES, UNITED AND DIVIDED: FEMINIST CRITIQUES OF THE UNITARY SELF

I. Introduction

In Chapter Two I argued that, in order to have a rich account of autonomy, we must recognize both the internal and external conditions necessary for autonomy. So, through the work of Sherwin, I have shown how external conditions -- our relationships with others, our social institutions, practices and beliefs -- affect the development of autonomy. Biased institutions and practices that fail to reflect or represent women, or that only reflect or represent sexist understandings of women, result in the minimization of women's autonomy. Women's autonomy is minimized, Meyers claims, because external factors deeply affect an individual's development of autonomy: autonomy is developed in concert with both internal and external influences that serve to limit or expand autonomy.

I want to expand my discussion of the external and internal conditions

for autonomy to consider the internal and external conditions that affect the development of the self. For the development of selves, like the development of autonomy, is dependent on both internal normative views of the self, and externally imposed normative conceptions of the self. The selves that we become are, as Meyers suggests, self-directed and self-defined, but those directions and definitions are also largely informed by external factors that help to shape us. In this chapter I will argue that the self is much more complex, on a feminist understanding of the self as socially constructed, than the received view of the self permits.

Some feminists have recently argued that an individual is not characterized by a coherent, overarching, unitary self, but rather by a diverse self that often maintains incoherent, and sometimes incompatible, desires and commitments.[1] To claim that the self is diverse is not to equate the complex self with the multiple selves experienced by individuals with multiple personality disorder: that is, the experience of "little selves" within one body. Diversity rather suggests that the individual is characterized, not by a unitary self that rigidly makes coherent and consistent choices, but by a self that

attempts to make the best decisions possible despite inner conflict or misgivings.[2] Amy Mullin distinguishes the diverse character of the self from multiple selves in the following way:

> Talk of a diverse self questions the claim that the empirical self is either homogeneous, with an integrated harmonious personality, or pathological to the point that there is no longer a self. Something between pathological fragmentation and strong integration is possible and actually characterizes many people's experience and may sometimes be preferable to strong integration. Inner diversity is evident in the fact that one person may experience, either in succession, or at roughly the same time, different and sometimes contradictory ways of finding value and meaning in the world.[3]

I will refer to Mullin's work throughout this chapter because she melds external and internal accounts of the self. According to Mullin, a person can be unified by her commitment to resisting the subjugation of both individuals and groups. An individual is not integrated by aligning herself with a particular group (a group, points out Mullin, that may be more easily accepted by the society at large), but by appreciating the importance of her links with multiple groups, and by understanding how privilege and power works within all those groups.[4]

Why We Experience the Self as Diverse

This feminist conception of the diverse character of the self is a response to the received notion of the self as unitary and integrated. Our received notion of the unitary self is impoverished because it fails to grasp the extent to which individuals are socially constructed, and the way that social construction of the individual requires a more complex understanding of the self. Both our commitments to multiple groups and the social construction of individuals affect the ways in which our selves develop, and how we experience them. Women's experience of self is characterized by diversity because of the way the female self is socially constructed. There are many aspects of women's lives that cannot harmoniously come together: for example, we cannot happily integrate being a career woman with being a good mother. These two important aspects of a woman's life are often in conflict as she navigates within a culture that denies that a working mother can be a "good" mother.

Mullin maintains that whether one's central traits are integrated at any one time is more a normative than a metaphysical question; whether or not our desires and values are experienced by us as being coherent and consistent often depends on our social circumstances.[5] She cites, for

example, the ease with which men can be both fathers and full-time workers because of the way in which mothers take on the majority of child care. The degree to which the self is integrated, then, is "a matter of the degree, pattern and effectiveness of its organization"[6] and a matter of our personal and social normative conceptions of what goes together. One can harmoniously be both a father and a full time worker because these two constructions of the self "belong together" in our culture. How well the self is integrated, then, is determined by both our **personal** normative views of what goes together ("I can't be a good mother if I work full time and send my child to daycare") and by **social** normative conceptions of what belongs together ("A woman cannot be both a good mother and a career person"). Clearly, our personal conceptions of the harmonious self, of what we can consistently and harmoniously be, will be strongly informed by what our culture considers to belong together. It will be difficult for women to integrate motherhood and work outside the home, then, because of the way in which motherhood has been constructed in our society.

Much of what I have said above relates back to Meyers' account in Chapter Two of the impact that our gender role socialization has upon our autonomy competency. In addition to affecting our autonomy and the

development of our autonomy competency, however, gender role socialization makes experience of the self as unitary highly unlikely for women. Recall Meyers' claim that heteronomous altruism pervades women's life plans: that women are socialized for altruism, deference to others, and self-abnegation. It may be the case that where a woman is minimally autonomous --where her autonomy competency is impoverished due to a lack of "natural talent" for being autonomous and due to her socialization as a female -- she will experience her altruistic, deferential self as unified and integrated. The "deferential wife," then, may indeed experience herself as an integrated and unified individual. Where a woman has a greater internal capacity for autonomy competency, however, such that she has the ability to define herself as something more than the deferential woman, the aspects of her self that develop will come into conflict. For she may choose to pursue a career and become a mother contemporaneously, thus maintaining parts of her self that do not go together. While a man could, without any challenge to his self-integration, choose to be both a father and a full-time career person, a woman often cannot. Constructions of the self as "father" and "career person" belong together in our culture: "mother" and "career person" do not.

One's experience of the self as unitary, then, can be seen as a form of

privilege: the privilege of not being forced to "come to terms" with aspects of oneself because there is no conflict between them. Thus, a white, heterosexual male may not experience conflict between these aspects of his self because social normative conceptions of the self make it possible for him to be these things -- white, male and heterosexual -- harmoniously. And this is the concern I have with the received view of the self as unitary: that it reflects the experience of the privileged within our culture, those who set the standard for what "belongs together," and for what it means to be autonomous.

II. The Received Notion of the Unitary Self

As I outlined in Chapter One, the received view of autonomy is one of rational individuals who, with sufficient information and freedom to act, make self-governing choices that derive from their own conceptions of the good. This conception of autonomy turns upon the individual as a unitary self, that is, a self whose aspects are integrated such that they are harmonious with the choices and decisions that she makes. In this section I will briefly examine the received view of the self as characterized in recent work by John Christman; I will also return to the work of Robert Veatch and Diana Meyers

as outlined in previous chapters.

John Christman, in his account of autonomy, claims that a person's choices are autonomous if she approves of the processes that result in the choices she makes. Christman claims that "it is not that I approve of the desire that is crucial but that I was given, by the conditions present, the chance to approve of the **manner** by which I developed the desire."[7] Furthermore, a person is choosing or judging for herself only when she is "in tune" with the central traits or settled aspects of herself that are relevant to the choice at hand. That I may suffer internal inconsistencies based on the diverse character of my self and still be autonomous is rejected by Christman, for as he states,

> If the "self" doing the "governing" is dissociated, fragmented, or insufficiently transparent to itself, then the process of self-determination sought for in a concept of autonomy is absent or incomplete.[8]

On Christman's account, the autonomous self is unitary, integrated and harmonious; for without such integration, he claims, one cannot clearly understand the self that she is trying to govern. This suggests that many individuals in our culture are not autonomous because they do suffer internal inconsistencies, and because their self-determination is at least somewhat

incomplete due to the complex nature of their selves.

As I indicated in Chapter One, bioethicist Robert Veatch argues for a contractual approach to the therapeutic relationship: physicians and patients, he claims, should be seen as mutually disinterested equals contracting for mutual benefit. The contractual model he advances has, at its core, concern for patient autonomy: that patients, in seeking medical treatment from physicians, remain self-governing. While Veatch does not make explicit mention of "the self" in his theory I think it is clear that the autonomous individual (both patient and practitioner) is one who has a unitary, harmonious self. For, according to Veatch, the individual must simply identify his or her basic values to determine the right thing to do in any given case. The problem, as I see it, on Veatch's model is the ease with which one is expected to discern these basic values.

Veatch offers the example of a physician who, as the sole person in attendance at the bedside of a dying man, is given an envelope to deliver to the man's lawyer after the man's death. The letter, which the man asks the physician to read, instructs his lawyer to disinherit the man's children and leave all his money to a trust fund to care for his cat. He feels his children turned against him in his old age; yet the doctor knows this is not true and that

such a conviction may stem from potent medications that the man has been taking. The physician has the choice of either tearing up the letter, or following through on her promise to deliver the letter to the man's lawyer. As Veatch characterizes the dilemma,

> She considers the long-term, subtle consequences of not delivering the letter, including possible guilt feelings. Finally she concludes that if destroying the letter is really the right thing to do, there should be no problem of guilt feelings.[9]

Veatch posits a unitary, consistent self that can both identify the commitments of the true self and carry through, without inner turmoil, with those commitments. This conception, however, is not true to the experiences of many individuals who cannot overcome guilt feelings, even after they have made the best choice possible. The mother who decides that she must, due to financial need, return to work will not be able to reason away her guilt feelings about placing her children in daycare. The social construction of selves means that, at the very least, we may make decisions that we regret having to make, or decisions that we merely "live with" because social norms dictate guilt is appropriate, and because we have internalized these norms. And, as I have argued, turmoil and guilt attach to women's choices in particular because of the way in which women are socialized. External

conditions of socialization render women's experience of their selves as diverse in character: the unitary self can therefore be understood as the product of privilege.

This received view of the unitary self is also echoed by Meyers in her feminist work. My analysis of Meyers' conception of autonomy competency in Chapter Two indicates the strengths of her account; yet attached to her notion of the autonomous individual is one who is capable of discerning her "true self" from externally imposed conceptions of the self. In order to know my "true" self, and to act in accordance with it, I must have a coherent and consistent set of values and commitments; I must be unified. According to Meyers,

> people who cannot adjudicate intrapersonal conflicts cannot act in accordance with their true selves because their true selves give incompatible directions. Their ongoing ambivalence would subvert autonomy. Constantly torn by opposed beliefs and feelings, such people could not assert control over their lives.[10]

For Meyers, autonomous and integrated individuals are "complex and evolving, yet unified."[11] But Meyers does not consider that inconsistencies in the self (or the lack thereof) may be the reflection of social conflict that tells us who we can or cannot harmoniously be. The father who is also a full time worker does not face the type of inconsistencies in the self that the mother

who is also a full time worker faces: this is because social normative views tell us that a person can harmoniously be both in the former case, but not in the latter. So in order to make her case for the development of autonomy compelling, Meyers must acknowledge, and incorporate within her theory, the extent to which women experience their autonomous commitments as conflicting.

That we are diverse rather than integrated selves is not readily acknowledged in a philosophical tradition that views the self as unitary and dismisses diversity as pathological. Indeed, philosophy has not had to account for conflicts within the self because, until fairly recently, philosophers mostly have been white males with the privilege of experiencing the self as integrated. On traditional philosophical conceptions, then, the self is unitary and aspects of the self are well integrated. Yet feminists like Mullin and Victoria Davion point out that the purportedly singular, coherent, and consistent self is really a self-in-process; furthermore, parts of my self may often not integrate with, or be consistent or coherent with, other parts. Maria Lugones, for example, experiences her self as conflicting: the Latino-American part of her self is in conflict with the lesbian aspect of her self, such that she cannot easily integrate the two.[12] She understands herself as a complex

individual with diverse commitments, and though incompatible parts of herself are connected, they cannot be integrated in a way that our received view of integrity would demand. That the received view requires self-integration in order for autonomy to be possible is what proves problematic on feminist accounts of autonomy and the self.

As I indicated in Chapter Two, Meyers offers her vision of personal autonomy as one of competency; this competency includes the three elements of self-direction, self-discovery, and self-definition.[13] Her position with regard to the diverse character of the self is that tolerating inner diversity plays a role in the autonomous life in that it leads to the examination of one's disparate beliefs and desires. She says

> I do not wish to deny toleration a role in the autonomous life. It is clear that a person can have abiding desires that cannot be fully satisfied together and that it would be an impoverished conception of autonomy that required that one be expunged.[14]

Ultimately, however, Meyers concludes that such diversity can get in the way of the expression of one's authentic self; on this conception there is one self that rules over all the others, that is the "true" self, authentically representing the person as she "really" is. For Meyers, those who are autonomous have "a sense of wholeness or integrity that derives from feeling clear about their

desires, beliefs, affections, values, and the like, and from being able to adequately express these attributes in action."[15] Long-term diversity then, is undesirable as it interferes with this clarity and sense of wholeness by compromising self-direction.

Meyers on Self-Compartmentalization

Meyers sees the diverse self as "compartmentalized" in the sense that each part of the self is cut off from the others. This is similar to multiple selves in the pathological sense, where the individual's selves are so distinct and separate as to make the individual non-functional. For Meyers, the choice is between a unitary, autonomous self or a fragmented, pathological set of selves warring inside one body. But, as Mullin claims, empirical unity is not guaranteed to follow from transcendental unity of the self. She states:

> Certainly it is true that about all my experiences I can say that "I" have them. This fact can make it seem as if the use of the first person pronoun is a guarantee that there is something unifying all the experiences I have, as if what I am is therefore necessarily a unified being. After all, the use of the word "I" in all the statements I make is a guarantee that something remains constant throughout all the various sentences in which it occurs. The grammatical subject that remains constant is not, however, something that we experience. It is, instead, a bare capacity for experiences, Kant's transcendental self.[16]

It is worthwhile to distinguish between the compartmentalization of the self that Meyers claims reduces autonomy, and the diversity of the self that Mullin is advocating. The compartmentalization of selves involves the exhibition of "altogether distinct personae in different areas though they have little or no awareness of these precipitous discontinuities."[17] Meyers offers as an example an attorney who, although known to her colleagues as an aggressive, demanding and unforgiving person, presents herself to her family as an attentive, caring, patient parent. Of this phenomenon she claims

> compartmentalization jeopardizes global control for the sake of narrow situation-specific control. Lacking self-knowledge and letting circumstances define their traits, compartmentalized personalities are, at best, marginally self-directing.[18]

Meyers suggests that it is only when a compartmentalized personality has one self assuming control to direct the other selves that a person lives harmoniously. She claims that "the supreme self would be the individual's authentic self."[19] Yet the notion of the diverse self advanced by Mullin is not one of distinct, compartmentalized personalities. While there are cases where people may separate their lives into discrete compartments, such as the traditional division of our lives along private and public lines, it is not this sense of diversity that feminists are advancing.

To make a distinction between the diverse self and the compartmentalized self, it is useful to examine a concrete example. Charles Dickens' Great Expectations is one case in which the compartmentalization of selves -- the "public" self versus the "private" self -- is thematic. Wemmick, a business associate of the main character, Pip, has occasion to bring Pip to his home. The efficient, remote and objective public Wemmick transforms into a doting, warm and caring son to his "Aged P" ["Aged Parent"] in his private life. When Pip asks if their business associate, Mr. Jaggers, has seen Wemmick's home, Wemmick replies that Jaggers has

> "Never seen it...Never heard of it. Never seen the Aged. Never heard of him. No; the office is one thing, and private life is another. When I go into the office, I leave the Castle behind me, and when I come into the Castle, I leave the office behind me. If it's not in any way disagreeable to you, you'll oblige me by doing the same. I don't wish it professionally spoken about."[20]

This compartmentalized self strikes a sharp contrast when compared with Lugones' discussion of her Hispanic Nuevomejicana self and her lesbian self. Lugones resists compartmentalization and domination/subjugation of her "selves"[21] because the continued existence of both is necessary to her remaining a Nuevomejicana lesbian. "Killing off" one aspect of her self for the sake of unity, or drastically compartmentalizing parts of the self as Wemmick

has done, are not options for Lugones. As she states, when selves are compartmentalized in the way characterized by Wemmick, this results in "a dual personality enacted from the outside, without the ability to fashion her own responses."[22] In Wemmick's case, he has radically differentiated between his public and his private self: in this way, he is the dual personality enacted from the outside. It is external factors -- whether he is in the public or private realm -- that "fashion his responses." He merely responds to the external circumstances in which he finds himself. Like Meyers, Lugones argues that in the case of compartmentalization people are victims of circumstance, lacking responsibility for their choices. The radical split between aspects of their selves and interests leads to this lack of responsibility.

As we have seen, Mullin holds that autonomy allows for the acceptance and recognition of the diverse nature of the self, while Meyers sees the autonomous agent as having a harmonious fit amongst the aspects of her self where this fit enables autonomous choice. Although Meyers sees the short-term value of diversity, she claims that, long-term, it is problematic for autonomy as self-direction, since the diverse nature of one's self may encourage her to go in all different directions. So, for example, the feminist

who is aware of social pressures placed on women through our cultural beauty norms is also subject to the social pressure for her to conform to those norms, to "fit in". She is thus pulled in two different directions: as a feminist, she wants to speak out against cosmetic surgery and its harms to women, and as a vulnerable woman she may be tempted to partake of the procedures to facilitate social acceptance. Or a woman who is both a committed feminist and a committed parent, for example, may have to resign herself to her incompatible commitments if her daughter asks for her help, at some point, in securing a future as a model.[23] This situation is the very sort that challenges our received conception of the self as unitary. There is no route by which the feminist mother can order her desires such that she can ascertain which desire (i.e. to stick to her feminist principles or be supportive of her daughter's life projects) is overarching. In such a case, the feminist mother may decide to help her daughter pursue modelling and "live with" the feelings of guilt and turmoil for violating her feminist principles. Meyers' account of autonomy should -- and, in fact, can -- accommodate these experiences of the self as diverse in nature, rather than relying upon our received notion of the self as unitary. If Meyers' account of autonomy is fleshed out, I believe it will encompass this conception of the diverse character of the self, and will result

in an account sensitive to the complexity of the autonomous self.

Can Individuals with Diverse Selves have Integrity?

I think it is worth fleshing out the brief discussion of integrity that I intiated in Chapter Two. For, it may seem that where individuals like the feminist mother or the feminist contemplating cosmetic surgery are concerned, there is a lack of integrity. As Davion claims, integrity is typically defined as "a person's having some unconditional commitments that are identity-conferring in that they are conditions for the continuation of the self. This core of commitments makes us who we are, establishes a moral identity."[24] The feminist mother and the feminist cosmetic surgery candidate lack integrity when it is defined in this way: their supposed "unconditional commitments" to feminism are violated by their failure to act on those commitments.

As Davion points out, the very definition of integrity demands that individuals be coherent, consistent, and unitary:

> This so-called core of principles that is a necessary part of moral identity must be coherent in certain ways in order for one to have integrity. First, the various core commitments must be consistent with each other so that they form a consistent value system. Second, one's actions must be consistent with whatever general principles can be derived from one's set of unconditional and identity-conferring commitments.[25]

Thus, on the received view, integrity is understood as the unconditional commitment to one's beliefs or values or adherence to a consistent system of action-guiding principles. However, claims Davion, the notion that integrity requires one's unconditional commitment to certain principles that are distinctive of our moral outlooks is flawed. Her feminist understanding of integrity and radical change takes into account that we are diverse, rather than integrated, individuals.

Davion points out that the conception of a unitary self denies the richness and complexity of the diverse character of the self. Integrity is not best understood as stemming from a unitary self. Instead, integrity can be seen as my commitment to a certain kind of development: that is, my commitment to "being careful and paying attention to [my] growth process."[26] This careful paying attention is like Meyers' account of autonomy competency, where we use our communicative, imaginative, reasoning and volitional skills in self-development. In the exercise of autonomy competency, we do pay attention to our growth processes, and we are careful about what directions our lives take. It is only in this careful paying attention to my personal growth and change that integrity resides; a pre-commitment to certain things, regardless of the context of a situation, is "the opposite of paying attention to

context in decision-making."[27] For, on Davion's account, integrity must allow for dynamic, transformational, diverse selves. Without this, the notion of integrity remains an oppressive one that serves to undermine the particular features of the specific situations to which we must respond. When faced with a choice, it is not that I make the choice as an integrated self with consistent commitments: rather, I may have a range of reactions to the choice that stem from the complex, diverse character of my self. Like the feminist mother, or the feminist cosmetic surgery candidate, our commitments may pull us in opposite directions and may complicate the process by which we make autonomous choices. Thus, accommodating context is important to accommodating a complex conception of the self: the diverse character of my self means that context will be significant to my decision-making process.

The Unitary Self and the "killing of selves"

Mullin, Lugones, and Davion resist the imposition of homogeneity on the diverse self. Davion says that "If having two selves somehow helps to prevent self-betrayal, then it helps one in being true to oneself, and the killing of one of the selves would constitute one of the worst kinds of self-betrayal, a literal turning against oneself."[28] Mullin worries that "If we let one social

group...dictate what counts as personal unity, we may leave behind other groups and values to which we are genuinely attached."[29] And Lugones expresses the concern that, on the traditional understanding, having an integrated self may involve killing a part of oneself.[30]

On Meyers' account, autonomy is a competency that allows one the expression of what she really values; autonomous persons are self-directed and can resist automatic conformity to social expectations. Her concern is that a diverse self interferes with this self-direction, since such diversity can disrupt the agent from her task of identifying her true values and desires, and from her ability to act upon them. A person with a non-unitary self therefore fails to attain autonomy, since she can never act upon the choices of her authentic self.

This view proves problematic for Meyers, however. For if, as she wants to claim, autonomy requires consistent, core commitments, and an overarching, unitary self, then she is positing an ultimately oppressive conception of autonomy that cannot accommodate a complex, diverse self. Her conception is oppressive in that it posits a traditional understanding of the self which, when held up to many women's experiences of their selves, will make those selves appear to be pathological because they do not fit the

model. And regarding the feminist concern about the "killing of selves," it seems that, in choosing the "one true self", an individual is attempting to eradicate important parts of her self. The received view of the self represents an understanding that stems from privileged experiences of the self: that is, experiences of a unitary, harmonious self that confirm our received understanding of the self as unitary. When we add recent feminst work to our received understanding of the self, however, we begin to appreciate the complexity of the self and the extent to which the received model of the self fails to capture the reality of many women's experiences.

Meyers defines autonomy in such a way that there is no reason a diverse self cannot have it:

> People's adeptness in the use of autonomy skills ensures that they are capable of separating their integral desires and values from petty or transitory impulses. The more autonomous people are, the more they are able to identify settled and important commitments and to enter the political arena and effectively press demands that embody those commitments.[31]

The self characterized by diversity can be autonomous in this way. In fact, such a conception of the self allows for a clearer, more critical self-understanding that aids in the development of autonomy. The inner conflict that will arise from my sometimes incommensurable desires and goals means

that I will come to a clearer understanding of both my complex self and my various commitments. Autonomy competency as a repertory of coordinated skills -- introspective, reasoning, communicative, imaginative, and volitional skills -- will be extremely well-developed where a person has struggled with her incompatible desires and commitments to develop that competency. A person who is diverse, who may even make some decisions that conflict with her programmatic life plan, may have a richer self-understanding because she is challenged by the conflicts within herself, conflicts to which she often must be resigned. Mullin says,

> Painful as the process of coming to terms with difference can often be, the alternatives are often equally painful. We are more likely to come to terms with difference both within one woman and between women if we don't suppose that current divisions are fixed. We need to understand the history of either a group's or a woman's constitution and the changes that have occurred, if we are to appreciate both the complexity of a person or a group and their respective capacities for change.[32]

Thus, we must meld internal and external conditions for autonomy in order to have a sufficiently complex account of the self-in-relationships, a self which is characterized by diversity, and which resists the simple imperative that it negotiate within the social world as a unitary, consistent agent.

Though we cannot "examine" our selves for authenticity in the way

characterized by Meyers, we are still each capable of choosing and pursuing an autonomous life plan. The point I want to draw out of this discussion is that a conception of the self as diverse allows for both an understanding of how selves are internally developed, and how selves are externally constructed through social norms and values. And while external understandings of the self provide us with important information about ways of understanding ourselves, a strictly external account is impoverished. As Mullin claims, "a commitment to the view that social influences shape the self should not be taken to imply that this process is a simple one in which united communities once and for all shape parts of the self."[33]

III. Some Conclusions

I have spent this chapter discussing some difficulties with the received notion of the unitary self because it remains insufficiently rich in that fails to acknowledge the complexity of the self.[34] As I have indicated, our received view of autonomy conceives of the self as unitary, but this conception of a unitary self does not fit well with experiences like those of Lugones, or the feminist who is drawn to cosmetic surgery even though she opposes it. An appreciation of the diverse character of the self, however, allows for a richer

conception of the self, and a better understanding of the complexity of the self. And where there is a unitary self, as in the case of the heterosexual, white male, I have claimed that such inner harmony stems from the lack of conflict he feels between the aspects of his self. Since, in western culture, these parts of the self integrate well because our culture is built upon the values of heterosexual white men, the heterosexual white male has the privilege of not having to think about who he is and how parts of his self fit together. Our social normative vision, as Mullin phrases it, tells us that these features of hetersexuality, maleness, and whiteness belong together. In such cases, individuals experience no "lack of fit." Yet, as I have argued, this experience of the self as unitary is not basic for many women in our society, and to perpetuate such a notion of the self is to deny their experiences.

In Chapter Four I will further argue that, in accordance with Meyers' conception of the autonomous self, cosmetic surgery and contract motherhood are highly questionable in their tendency to undermine autonomous choice and action. For so strong are the pressures on women to conform to our cultural standards of beauty, that women are flocking to the cosmetic surgeon.[35] Furthermore, women are consenting to act as gestators, selling off their autonomy for the good of infertile couples. But what is really problematic

about these practices is that there is a dearth of models available to women, and these particular sorts of practices do not allow women to "test out" their choices. So where a women decides that seeking rhinoplasty will improve her self-image and her quality of life -- and she seeks such a procedure for cosmetic reasons only -- she cannot "test out" that choice. It is unalterable once chosen. This non-reversibility is particularly problematic where difficult women's choices like cosmetic surgery and contract motherhood are concerned, where the inability to test out the choice could result in, not just regret, but a damaged self-conception. In addition, cosmetic surgery and contract motherhood are entrenched within an autonomy-limiting system such that they serve to further limit the development and exercise of women's autonomy competency. Women are socialized for minimal autonomy: they are encouraged to indentify self through others, to identify strongly with social conventions, and to conform. This gender role socialization has a negative effect on the development of autonomy competency and the self: for, if women are not encouraged to scrutinize their choices and self-conceptions, their autonomy competency will never be developed to any great degree. And, as Meyers states,

> ...if socially enforced deficiencies in autonomy competency leave

some people minimally autonomous and ill-equipped to respect themselves, there is a powerful reason to condemn those practices that constrain people to minimal autonomy and to implement reforms designed to enhance autonomy.[36]

IV. Endnotes

1. Examples of such work are Amy Mullin's "Selves, Diverse and Divided: Can Feminists Have Diversity without Multiplicity?" Hypatia, 10(4), Fall, 1995; Victoria Davion's "Integrity and Radical Change," Feminist Ethics, Claudia Card, ed., University of Kansas Press, 1991; and Maria Lugones' "Playfulness, 'World'-traveling, and Loving Perception," Hypatia, 2(2), Fall, 1987.

2. Indeed, one who is rigidly consistent and coherent in her choices can be said to be non-autonomous because she fails to question or struggle with the choices at hand. An autonomous individual, I want to claim, may sometimes have great difficulty making choices or decisions; and after settling on a course of action, may remain unhappy with the choice she makes. An autonomous person may sometimes not promote her own happiness in the decisions that she makes, even though those decisions are autonomous.

3. Mullin, p. 3.

4. Mullin, p. 22.

5. Mullin, p. 20.

6. Mullin, p. 20.

7. John Christman, "Autonomy and Personal History," Canadian Journal of Philosphy, 21, 1991, p. 18.

8. Christman, p. 17.

9. Robert Veatch, A Theory of Medical Ethics, Basic Books, 1981. p. 181-82.

10. Diana Meyers, Self, Society & Personal Choice, New York: Columbia University Press, 1989, p. 44.

11. Meyers, p. 70.

12. Lugones notes this tension between her commitments in her paper entitled "Playfulness, 'World'-traveling, and Loving Perception." See footnote #1 for a full citation.

13. Meyers, p. 20.

14. Meyers, p. 65.

15. Meyers, p. 126.

16. Mullin, p. 3.

17. Meyers, p. 67.

18. Meyers, p. 69.

19. Meyers, p. 67.

20. Charles Dickens, Great Expectations, New York: Penguin Books, 1965, p. 231.

21. I am not suggesting that Lugones has multiple selves in speaking of her "lesbian self" and her "Nuevomejicana self." Rather, I am adopting a common way in which we talk about the self within our culture. People often speak in terms of the different "selves" that they are (mother, daughter, friend, partner, sibling) without intending this conception of selves as multiple. Indeed, I think that this common use of language – that is, speaking of our different "selves" -- provides some evidence for my claim that we experience the self as diverse rather than unitary.

22. Lugones, p. 7.

23. This example comes out of a discussion I had with Dr. Karen Wendling.

24. Davion, p. 180.

25. Davion, p. 181.

26. Davion, p. 184.

27. Davion, p. 182.

28. Davion, p. 190.

29. Mullin, p. 23.

30. Lugones, p. 16.

31. Meyers, "Personal Autonomy or the Deconstructed Subject? A Reply to Hekman," Hypatia, 7(1), Winter, 1992, p. 129.

32. Mullin, p. 27.

33. Mullin, p. 21.

34. There is no reason, it seems to me, that on either Meyers' account, or received accounts like that of Mill, the self cannot be acknowledged as diverse and complex. As I have claimed in this chapter, we have adopted a certain way of thinking about the self that is inherited from a specific cultural tradition: but both individuals and cultures are flexible enough that we can adopt new norms and understandings of the self.

35. Diana Dull and Candace West offer statistics indicating that, of the half a million people in the U.S. in 1988 to undergo cosmetic surgery, most of them were women. See "Accounting for Cosmetic Surgery: The Accomplishment of Gender," Social Problems, 38(1), (February, 1991), 54-70.

36. Meyers, Self, Society & Personal Choice, p. 246.

CHAPTER IV:

COSMETIC SURGERY AND CONTRACT MOTHERHOOD: SOME PRACTICAL IMPLICATIONS FOR A FEMINIST CONCEPTION OF AUTONOMY

I. Introduction

Chapters One through Three have focussed on the need for a relational approach to the issue of autonomy and the autonomous self. What I have argued in these chapters is that, although beneficial in some respects, the received view of autonomy and the autonomous self fail to adequately represent real selves in the real world. The relational approach to autonomy taken by Sherwin and Meyers, conversely, treats our selves as selves-in-relationships, where these relationships are at least partially constitutive of the selves that we become. This feminist conception of autonomy also takes seriously the extent to which social institutions, social values, and gender role socialization affect the choices and actions of the autonomous agent. Feminist accounts of autonomy also reconceive the way in which autonomous

selves identify their authentic needs and desires: as evidenced by the work of Amy Mullin, Maria Lugones and Victoria Davion, the self is diverse, many-faceted, and its aspects are sometimes unintegratable.

An analysis of the practical implications of a relational view of autonomy is in order. This analysis is especially urgent given that both feminist theory and biomedical ethics are concerned with, and attendent to, context. To this end, this chapter will focus on two contexts to which a feminist conception of autonomy can be applied: contract motherhood and cosmetic surgery. I have chosen to investigate these two social and medical practices for several reasons. First, these practices have received a great deal of feminist attention because they are quagmires for feminist theorists: where contract motherhood and cosmetic surgery are concerned, feminists are carefully navigating between individual choice and group interests, between autonomy and heteronomy, and between voluntariness and coercion. Second, these practices in particular play upon the sorts of gender role stereotypes and autonomy-minimizing socialization that worry philosophers like Diana Meyers (that is, women as nurturers/caregivers and the socialization of women to

internalize our culture's beauty myth). Third, these two practices prove uniquely problematic in that they disrupt the process of self-discovery and self-direction: once women choose these courses, the decisions are virtually irreversible. Cases like cosmetic surgery and contract motherhood are particularly dangerous, not just because they are irreversible (as are many choices, even benign ones like learning to read or ride a bicycle), but because they serve to further entrench women's limited and negative self-understandings. These negative conceptions and understandings, as I argued in Chapter Two, can serve to undermine autonomy, cementing women's minimal autonomy. In these cases, agent-manoeuvrability can be rendered minimal to non-existent, since cosmetic surgery cannot be reversed and contract mothers can only reverse their contractual obligation by aborting their pregnancies (an option which many women will not or cannot choose); refusing to surrender their infants at birth is also ruled out by the contract. Finally, liberal approaches to cosmetic surgery and contract motherhood, while going some distance, have failed to satisfactorily address or represent some of the concerns raised by a feminist approach to autonomy. For these

reasons, I will spend this chapter exploring the implications that a relational approach to autonomy has for these two specific practices. First, I will indicate some concerns raised by both practices; then I will treat each practice individually.[1]

II. Cosmetic Surgery and Contract Motherhood: Some Parallels

I want to distinguish from the outset my feminist critique of cosmetic surgery and contract motherhood from a straightforwardly liberal account. As I indicated in Chapter One, Feinberg allows the state to forbid harmful social practices: but the practices must affect others (be "other-regarding" in Mill's terms) and pose a serious -- and measurable -- harm to society. So, if I were simply to argue that these practices pose a serious threat to society, and that they have measurable consequences for others, then arguments about women's autonomy, the conditions for autonomous choice, and so on, would be irrelevant. And though one could attempt to make the case that these private, individual choices are other-regarding in the Millian sense, I propose

a critique which goes beyond a concern for physical harms and harms to others. For a feminist account allows that a practice may not pose a physical harm, may not be other-regarding, but nevertheless may injure a woman's self-esteem, self-understanding, and personal autonomy. External conditions -- gender role socialization and the beauty myth, for example -- can cause such injuries, but the effect is internalized such that it results in the impoverishment of both women's autonomy and their development of autonomy competency.

What the feminist approach is calling for, then, is an extension of the liberal conception of autonomy to include internal, as well as external, harms. I have intended the first three chapters of this thesis as background for an extended notion of autonomy and the self: the purpose of this particular chapter is to show the ways in which these notions of autonomy and the self affect both our social relations and the practice of biomedical ethics. My analysis has shown that liberal conceptions of autonomy and the self are not incompatible with feminist ones: but these liberal views must be taken further in order to satisfy the feminist demand for sensitivity to context and

situatedness.

Feminist criticisms of cosmetic surgery and contract motherhood fail to fulfill the liberal harm requirement that justifies social interference with individual choices. The claim, for example, that we are persons-in-relationships, and that women's autonomy competency is compromised in a sexist society, does not attest to any violation of the interests of others. For even if a liberal accepts the view (as does Mill) that an individual's actions touch upon the lives of others, it would have to be demonstrated that the actions violated the interests of others in a direct and serious manner. Even in the case of silicone breast implants, where harms have been identified, a liberal account would allow for individual risk-taking if those risks did not extend to others. The silicone implants make the early detection of breast cancer through mammography very difficult because they are opaque and conceal much of the breast area. Women who opt for these implants take a risk; but a liberal like Mill would see such risk-taking as the prerogative of the individual.

Most feminists, however, discuss the harms caused by the practices of

cosmetic surgery and contract motherhood in a more phenomenological sense: what this means is that the harms these practices commit are evidenced in the ways women come to experience, understand and define themselves in relation to such practices. The claim is that these practices constitute a harm in that they both impose upon women very specific self-concepts and represent historically oppressive models that appeal to women's physicality. I will say more of this issue in what follows. First, however, we need to be clear about the concept of oppression, and how oppression serves to shape and limit the oppressed individual's world. To do this, it is instructive to consider Marilyn Frye's account of oppression.

Frye characterizes oppression as a network of interlocking and interwoven institutions, beliefs, and practices that prove inescapable when viewed from the macro level. On the micro level -- taking each component separately -- it is difficult to understand how oppression is comprised. For example, cosmetic surgery, taken on its own, appears as a harmless practice, but when it is understood in concert with other components, such as sexist social understandings of women, the beauty myth, and the long-standing

association of women with the body, then one can better understand how such a practice can be oppressive. Oppressed individuals, Frye says, are imprisoned by the web of interconnecting social components that limit their freedom (both internal and external) the way a bird is imprisoned by the web of interlocking bars that constitute its cage.[2] Without an understanding of how the pieces fit together, one cannot possibly understand how social institutions, beliefs and practices can be oppressive. This understanding of oppression offers a backdrop for feminist criticisms of cosmetic surgery and contract motherhood. For it is not the practices taken in isolation that are so problematic for feminists: it is the role that they play in maintaining, and even adding to, the oppressive gender role socialization to which women are exposed.

This conception of oppression renders fruitless the analogies liberals want to make between practices that feminists indict for their oppression of women, and practices that are not part of an oppressive system. So, for example, to suggest that tatooing, skin grafting for burn victims, or even cosmetic surgeries for men are politically equivalent to women having their

breasts enlarged, women having face lifts, or women undergoing liposuction is simply a mistake. Where contract motherhood is concerned, some critics have suggested that contracting out one's womb is no more problematic than a dancer contracting her body for dance, an athlete contracting to run, or an individual contracting to sell her kidneys.[3] But again, these other similar types of contracts are not part of a web of oppression that serves to constrict and limit women's lives. Cosmetic surgery and contract motherhood, as I will argue in this chapter, are part of, and help to strengthen, the web of oppression referred to by Frye. There are no associations between a woman and her kidneys that are equivalently oppressive to the associations with her reproductive capacity; while the recent use of cosmetic surgeries by men may raise questions about the pervasiveness and strength of beauty standards in our culture, there are no analogous associations between maleness and beauty as those that apply to women and their subjection to the beauty myth. Thus, liberals who attempt such arguments from analogy misunderstand the nature of oppression.

On the Reversibility of Action

It is important, at this juncture, to return to Meyers' claim that autonomous agents must have agent-manoeuvreability, or the ability to "test out" their choice of action. For this is a different ground on which we have good reason to challenge the practices of cosmetic surgery and contract motherhood. Meyers argues that part of being self-directing, and part of self-discovery, is having the room to test out action plans for their fit with our general life plans. Where there is a lack of fit, or where we find that an action is not expressive of the self in the way we intially thought, there must be room to test out another option. Clearly, however, the practices of cosmetic surgery and contract motherhood do not allow for this "testing out"; they are personally invasive, life-altering, risky choices which, once undertaken, offer women no recourse. There is therefore good reason to worry about the way in which women choose such options.

The contract mother, it may be argued, does have the choice to abort the fetus if, upon carrying out her choice, she finds contract motherhood does not express her autonomy in the way she thought it would. It could be said

that, in this sense, a woman does have the option of "testing out" her choice. I reject this claim. For the option of having women enter into contractual agreements to carry fetuses is extremely risky given what is at stake: a woman's very self-development and self-understanding. Though a woman may voluntarily embrace her contractual pregnancy, the experience of pregnant embodiment -- the experience of self-in-relationships -- makes the contractual basis of her pregnancy harmful to that individual. For women who choose to be contract mothers are not free to experience their pregnancies in personally meaningful ways: their self-development and experiences of pregnant embodiment are externally defined and limited by the contract that they have signed.[4] The limitations and external definitions placed upon contract mothers' pregnancies have the effect of compromising their experiences as pregnant women. And while in cases of normal, non-contractual pregnancies social meanings of motherhood are imposed, women nevertheless have the time and space in which to find personal meaning, and define themselves, through their experiences of pregnancy.

Extending beyond the individual contracting woman, it is also problematic that there is a dearth of models available to women such that the option of being a contract mother can, by its very existence, compromise women's autonomy competency. For the model of women as contract mothers strengthens sexist social understandings of women as reproducers. It is not that being a contract mother is another possible way of understanding ourselves that is added to a large range of options for women. On the contrary, contract motherhood builds upon our common understanding of women as reproducers, thus building upon models of womanhood that value women for their reproductive role. Christine Overall takes a dim view of contract motherhood as a model or career choice for women by stating the following:

> Surrogate motherhood is not and cannot be merely one career choice among others. It is not a real alternative. It is implausible to suppose that fond parents would want it for their daughters. We are unlikely to set up training courses for surrogate mothers. Schools holding "career days" for their future graduates will surely not invite surrogate mothers to address the class on the advantages of their "vocation." And surrogate motherhood does not seem to be the kind of thing one would put on one's curriculum vitae.[5]

Given the centrality of agent manoeuvrability to Meyers' analysis of autonomy, it is clear that practices which deny agents the option of "testing out" their choices are potentially autonomy-compromising. The choices to change one's physical appearance and to carry a child for another are, furthermore, so physically invasive as to make them even more suspect.[6] My analysis of the reversibility of action in Chapter Two, when applied to these cases, renders them highly questionable practices. For, although there are many practices in which we engage without the option of reversing our decisions, not all of them will be part of an oppressive structure as are cosmetic surgery and contract motherhood.

The Importance of Diverse Selves to Cosmetic Surgery and Contract Motherhood

Chapter Three expressed some concerns regarding the received notion of the self as unitary. I argued in that chapter that we need a conception of the self as diverse to strengthen Meyers' account of autonomy, and to enhance autonomous choice. That socialization affects our self-development is acknowledged through Meyers' assertion that gender role socialization serves

to undermine full and medial autonomy for women. As Meyers claims, gender role socialization undermines women's autonomy competency by severely limiting the models to which women have access (for example, the ubiquitous models of beauty, of women as caregivers and women as reproducers). But we only further limit women's development of autonomy competency if we demand that they reject the diverse character of their selves. For, as I argued in Chapter Three, being diverse selves gives women opportunities for self-discovery and self-definition that would not otherwise arise: a model of the self as diverse encourages clear, more critical self-understanding. This conception of the self also encourages, not just respecting and exploring diversity within the individual, but respecting and exploring diversity between people.[7]

Women's experiences of inner diversity are both internally and externally caused. And where women experience harmony amongst the different aspects of their selves, where they experience unitary selves, is where the aspects of their selves are externally and internally consistent. As I claimed in Chapter Three, the deferential wife experiences inner harmony and consistency because who she is conforms to her gender role socialization: like the white, heterosexual male, the deferential wife

experiences her self as integrated because she is not challenged to question the "fit" amongst the parts of her self. Cultural norms such as the beauty myth and associations of women with the body make choices to undergo cosmetic surgery or be a contract mother seem more acceptable because there are pre-existing social connections between women and beauty, and women and the body.

The concept of diverse selves is important to analyses of cosmetic surgery and contract motherhood in two ways: first, it suggests that whether an individual's values are experienced as harmonious or not depends on social conceptions of what belongs together. So, for example, women and beauty go hand in hand, as do connections between women and reproduction. But where these social conceptions are damaging to women's complex self-understandings because they impose a single conception of "womanhood" upon individuals, we may do well to seriously question practices that carry such oppressive conceptions of women. Second, the notion that, through public campaigns and discussions, women will rationally decide against practices of cosmetic surgery and contract motherhood is naive given the complexity of our diverse selves and the conflicts between our values and longings. Sometimes this Millian liberal approach, which appeals to our

capacity as rational agents, will not be effective. When the issue at stake is not an agent's rationality, but her inner struggle to find value and meaning in the world, then merely presenting her with information will not be effective.

I will now deal with the practices of cosmetic surgery and contract motherhood in turn, thus raising some specific concerns that arise within the context of each practice. As I will indicate, these practices undermine self-definition, self-direction and self-discovery in various ways, making it highly unlikely that such practices will protect women's autonomy competency and make possible the attainment of full (or even medial) autonomy.

III. Cosmetic Surgery: The Social Construction of "Choice" and the Impact of Beauty Norms

> More Canadians than ever are considering cosmetic surgery. And with improved techniques that let you shower and party the next day, why not?[8]

Why not, indeed. This seems to be a frequently-asked question given the number of people who choose elective cosmetic surgery every year. Despite the seriousness of such invasive surgery, more and more people, particularly women, are opting for liposuction, breast augmentation, rhinoplasty, and face lifts. The increase in the use of such procedures by women has resulted in a

plethora of feminist work on the subject of elective cosmetic surgery. While on some analyses women choose these surgeries only because of their deep identification with our cultural standards of beauty[9], on other analyses it is an act of defiance: a refusal to live with "the given" and an expression of autonomous choice.[10] It is this matter of autonomous choice with which I want to take issue: for, if a feminist notion of relational autonomy is to be advanced then there must be some sense of what difference such a revised notion will make to social practices. The issue of women's autonomous choice in opting for elective cosmetic surgery is one area where issues surrounding autonomous choice are crystallized, and where feminists disagree over the extent to which the choice to cosmetically alter oneself should be supported.

According to much feminist literature on the subject, it should not be a surprising fact that many women, including feminists, decide to go "under the knife" to alter the natural state of their bodies. Feminists theorize about the impact of beauty norms on women in our culture, and criticize the ways in which what appears in theory to be an expansion of women's options results practically in a limiting of their options and self-understandings. Feminists also offer explanations as to why rational, informed women would elect to pay outrageous sums of money for non-essential and sometimes damaging vanity

surgeries; Kathryn Morgan states,

> As Bartky, I, and others have tried to argue, it is crucial to understand the central role that socially sanctioned and socially constructed femininity plays in a male supremacist, heterosexist society. And it is essential not to underestimate the gender-constituting and identity-confirming role that femininity plays in bringing woman-as-subject into existence while simultaneously creating her as patriarchally denied object.[11]

Other feminists, however, eschew this type of theorizing because it turns women who choose cosmetic surgery into what Kathy Davis calls "cultural dopes."[12] The type of feminist analysis that exposes the social construction of women's choices, while important in its identification of the strong cultural influence on women's individual choices, implies that such choices are illegitimate and therefore can be denied. Yet there is a lack of available options, given the way in which women are instructed in their physical shortcomings at an early age, that complicates their autonomous choice to undergo cosmetic surgery. Furthermore, it is not that there is a multitude of possible body shapes that women may adopt; Iris Young claims that, on the contrary, we have the choice to re-shape the body that we already have and "make it over into the one and only good body, the slender but voluptuous glamour body that haunts the look, the scene, the pictures viewed."[13] This distillation of choices down into one option -- the culturally "normalized" body

-- is what many feminists claim makes cosmetic surgery morally repugnant: it is one facet of the beauty myth that directs women's choices, but masquerades under the guise of "expanded autonomous choice."

It is the type of criticism put forth by Young that makes practices of cosmetic surgery and contract motherhood problematic. For it is not the extent to which choices are self-generated or externally-imposed that interests me here: it is the extent to which the social limiting of women's choices serves to compromise autonomy competency. So, for example, whether the desire to learn to read is autonomous or heteronomous is not all that is relevant; even more relevant is the extent to which literacy expands an individual's autonomy competency, the way it positively builds on her self-understanding and makes possible further self-directed action. But while the desire to cosmetically alter oneself may also build on one's self-understanding, it is a very specific self-understanding that is generated by sexist understandings of women as, primarily, bodies in the world. This type of self-understanding (contra the understanding of oneself as one who is literate) serves to undermine and limit autonomy competency because it is part of a system of oppression.

It is not just that cosmetic surgery is generated by sexist understandings

of women as bodies in the world, however. It is the understanding of women as **certain kinds of** bodies in the world that matters: as Young describes, the one and only good body that "haunts the look, the scene, the pictures viewed." It is to this issue I will now turn through discussion of cosmetic surgery and the promotion of Caucasianism.

Cosmetic Surgery and Caucasianism

Another reason for limiting the scope of cosmetic surgery is based on concerns for its racist underpinnings. What I want to argue in this section is that cosmetic surgery not only exploits the beauty myth to which many women are vulnerable, but that it results in racism due to the particular look that cosmetic surgery candidates, and their surgeons, are seeking.

In their study, Diana Dull and Candace West indicate that many cosmetic surgeons feel that their patients' racial or ethnic features constitute "objective" problems. They quote one surgeon as claiming

> The Black people that I have operated on have had...mostly their noses [done]. The Black people have big flared nostrils and would like that smaller. The Orientals don't seem to have much of a bridge, so they, you know, [have] kind of a dish face.[14]

It is not only that surgeons' perceive the "objective" need to cosmetically alter

an ethnic or racial feature, however. The patients undergoing these alterations also deem it necessary given the extent to which their nose, lips, eyes or breasts deviate from the Caucasian (WASPy) norm. Indeed, Dull and West noted the following of their interviews with patients and surgeons:

> ...we observed that surgeons and former patients only specified "problems" with racial and ethnic features in the marked case: in the case of individuals who were not white, Anglo Saxon, and Protestant. Some former patients referred to their "big Jewish" noses, but none ever referred to their "puny gentile" ones. Some surgeons alluded to "Caucasian" eyelids or lips, but only when contrasting them with "Oriental" or "Negroid" ones. Thus, even in these carefully worded descriptions, race and ethnicity were invoked as "objective," transsituational grounds for surgery.[15]

My worry, which stems from the inherent racism of our beauty myth, is that the autonomy of many women who choose to undergo surgery is undermined by the prevalence and pervasiveness of Caucasianism. I have argued thus far that autonomy competency varies in degree from person to person: some individuals are simply more skilled in their ability to choose and act autonomously. Autonomy competency (beyond the natural capacity one may have for it) is greatly affected externally by the culture in which we are socialized, and by the models available to us. If, as in the case of cosmetic surgery, there is a dearth of models appropriate for Jewish, black, or Oriental women, then autonomy competency is compromised such that these women

willingly partake of inherently racist surgery. The Caucasian model of beauty is internalized such that "big Jewish noses" and "big lips" are ethnic features to be avoided, and altered, where possible.

The pervasiveness of the Caucasian model is captured by Toni Morrison in The Bluest Eye. This novel deals with the extent to which the lives of non-white people are affected by the Caucasian model, the way in which little black girls learn to understand blackness as ugliness and whiteness as beauty. The narrator, Claudia, tells us that

> The big, the special, the loving gift was always a big, blue-eyed Baby Doll. From the clucking sounds of adults I knew that the doll represented what they thought was my fondest wish....Adults, older girls, shops, magazines, newspapers, window signs -- all the world had agreed that a blue-eyed, yellow-haired, pink-skinned doll was what every girl child treasured. "Here," they said, "this is beautiful, and if you are on this day 'worthy' you may have it."[16]

It is this type of early model-internalization that problematizes many women's choices to alter their bodies. For, as I indicated earlier, it is not that there is a variety of body shapes and appearances upon which women model themselves: there is only one "good" look, the Caucasian look, that women are seeking to imitate. Ethnicity is implicitly devalued in our culture's practice of cosmetic surgery, and the Caucasian model is so prevalent and pervasive

that even women from different ethnic groups consider certain ethnic physical characteristics "undesireable."

Supporting the expression of women's autonomy through alteration of their physical selves only serves to support and further entrench the racism inherent within cosmetic surgeries. Rather than encouraging women to express themselves, their ethnicity, and their own understandings of their physical selves, cosmetic surgery encourages the dominance of the Caucasian model of beauty, and manifests our cultural distaste for ethnicity. The decision to undergo cosmetic surgery, then, rather than being the expression of a woman's self-understanding (as a black, Jewish, or Oriental women, for example) may instead be the expression of her internalized racism.[17] Supporting cosmetic surgery is an extremely negative way of securing women's self-esteem, especially where that route to self-esteem involves denying and denigrating one's ethnicity. Clearly, the use of cosmetic surgery to achieve personal fulfilment, self-esteem, and cultural acceptance is not a satisfactory long-term solution.

Models as Role Models for Women

Several feminist authors have indicated the ways in which our discourse

about bodies is changing our conception and experience of our bodies. For example, Susan Bordo has pointed out that our current discourse encourages us to "imagine the possibilities" and close our eyes to limits and consequences.[18] Naomi Wolf points out that men are exposed to male fashion models, but do not see them as **role** models; women, conversely, take models (mannequins) as "models" (paradigms).[19] Why does this happen to women in particular? And what impact does this have upon the practice of cosmetic surgery? Stemming from my analysis of gender role socialization in Chapters Two and Three, and the impact such socialization has upon the development of autonomy competency, I want to claim that women's understanding of models as models for femininity is autonomy-minimizing and consequently detrimental to women's capacity for autonomy. Practices that are generated by autonomy-minimizing socialization -- practices like cosmetic surgery -- are therefore highly suspect.

A Millian critic might claim that the best route to eradicating a harmful social practice is to encourage discussion in the public forum, and to educate citizens, regarding the harms and costs of such a practice. I have raised this issue briefly, but feel it is necessary to clarify what is wrong with this approach. Mill considers it an ill-use of state power to attempt to control the

expression of opinion through coercion or through the exertion of power. Thus, rather than involving the state in rejecting practices like cosmetic surgery -- that is, silencing any discussion as to the pros and cons of such a practice – citizens ought to discuss the pros and cons in a public manner. Of the need for public debate Mill says the following:

> the peculiar evil of silencing the expression of an opinion is that it is robbing the human race, posterity as well as the existing generation – those who dissent from the opinion, still more than those who hold to it. If the opinion is right, they are deprived of the opportunity of exchanging error for truth; if wrong, they lose, what is almost as great a benefit, the clearer perception and livelier impression of truth produced by its collision with error.[20]

I will not deny the value of public debate and discussion surrounding controversial issues: on this point I would agree with Mill. Making public the risks and potential harms involved in cosmetic surgery may go some distance toward making the option so unpalatable to women as to virtually eradicate it as a practice from our culture. Educating people as to the myriad ways in which women's socialization limits women's life options and choices, and changing that social reality, is certainly a good thing. But the problem is that appeals to reason are not always the most effective routes to eliminating questionable practices. This is a feminist point to consider: that appealing to reason is sometimes inadequate in the fostering of autonomy, especially in

the face of strong cultural beliefs about beauty and womanhood. It is better, then, to simply limit the application of cosmetic surgery to cases where it is medically indicated.

It is unlikely that instituting legal measures against cosmetic surgery would be effective, however, since it is not clear what sorts of legal steps should be taken toward eradicating the practice. Clearly, punishing women for choosing these surgeries is not appropriate, since these women were already punished for not meeting our cultural standards of beauty. Undergoing cosmetic surgeries, and paying outrageous sums to improve upon their looks, is punishment enough for these women. And fining cosmetic surgeons for performing unnecessary surgery would be ineffective because there would always be conflict over what constitutes "necessary" and "unnecessary" surgery. But, at the very least, society at large can express social disapproval of such options and choices, and can work toward constructing a social reality for little girls in which they are not constantly measuring themselves against the ubiquitous beauty myth. In order to make the practice of cosmetic surgery die out, we will require deep social changes and reformations to root out the negative and damaging beauty myth that attacks and negatively affects women's self-conceptions.

The Normalcy Myth and the Beauty Myth

In some cases of cosmetic surgery, the practice is not morally dangerous or even necessarily problematic. An individual with a deviated septum, for example, may have rhinoplasty performed for therapeutic rather than cosmetic purposes. Morbidly obese individuals may have surgery done to eliminate fatty tissue from under the chin, where the weight and pressure of the tissue makes breathing difficult. Some women have breast reductions performed for relief from extreme back pain caused by the weight of their breasts. In such cases, medical intervention is indicated for the relief of the medical problem. But these therapeutic cases are not the concern: some critics might argue that the "grey" areas are those where an individual does not require cosmetic surgery for therapeutic reasons, but where there are good reasons to also think it goes beyond a minor cosmetic improvement. Individuals who suffer from minor burns, for example, are persons who are in the penumbral area, where it is not at all clear what motivates their longing for cosmetic improvement. In these cases, the critic may challenge, the surgery is as much used for cosmetic purposes as when women wish to eradicate their crow's feet, or increase their bust size. The problem is distinguishing between the desire of the former individuals to improve their condition versus

the desire of the latter to do the same.

It is fruitless to distinguish between the mental/emotional pain suffered by the woman who wishes to undergo reconstructive surgery, for example, versus the small-breasted woman seeking augmentation surgery. In both cases I would concede that the mental pain and anguish is authentic. Indeed, the small-breasted woman may be well aware of the social pressures to conform, and may correctly assess her career or marriage to be at stake if she does not surgically enhance her bustline. There are no good grounds for arguing that the woman who has been burned suffers more authentically than her small-breasted counterpart: the emotional suffering may in fact be equal. What grounds remain for distinguishing between two seemingly similar requests for cosmetic improvement? There is a difference, I want to claim, between changing one's physical appearance to satisfy social expectations of "normalcy" and enhancing one's physical appearance to satisfy the dictates of the beauty myth. In the first case, what I will call the "normalcy myth", oppressive conceptions of women do not necessarily motivate the alteration. In the second case, oppression is linked to the cosmetic enhancement given the way in which the beauty myth is interwoven with practices, beliefs and institutions that oppress women.[21]

I am not denying that the normalcy myth, which applies to all persons, and the beauty myth, which is an aspect the systemic oppression of **women**, are both norms that are socially constructed. On the contrary, all norms are, by their very nature, socially constructed. But while both "myths" are culturally determined, they are not equally loaded: the beauty myth derives from a system of oppression, and while the normalcy myth **can be** oppressive when it is situated within a network of oppression, it is not necessarily so. In some cases the normalcy myth can be seen as harmful, but it is not, as a result, necessarily oppressive.

An example of the difference between the normalcy and beauty myths can be found in a woman whose face is scarred and disfigured due to the repeated violent attacks she suffered at the hands of her abusive partner. She may have extricated herself from the abusive relationship, and she may in fact be free of the abuse, but the scars and disfigurement remain as a reminder of her degradation and subjugation, and they mark her as one who is abnormal. In such a case, reconstructive surgery to eradicate her scarring and disfigurement is a response to the normalcy myth that deems her anomalous; but such reconstructive surgery is not part of the oppressive beauty myth that stultifies her self-understanding and self-concepts. The goal is not to achieve

the ideal set out by our culture's beauty myth, but to return the woman to a state of normalcy, to render her functional. And in rendering this woman functional, such that she can operate in the social world without others staring, whispering, and pointing at her, and such that she does not suffer psychologically from her inability to function normally, we are also creating the conditions under which her autonomy competency can develop to its optimal extent.[22]

The woman seeking beautification of her physical features may also feel that her body does not meet with the norm. She may not live up to the norm for women that Young identifies as "the one and only good body." But this norm is one that is directed at women alone: it is not a standard that men are expected to meet. The beauty myth so well-entrenched in our society may alert her to her various physical shortcomings; she may wish to enhance her bustline, minimize her nose, or eradicate her crow's feet to fit the standard of beauty that she has internalized. But this differs from the abused women whose physical scars and disfigurement mark her as abnormal in relation to our standards of normal human appearance and functionality. The reconstruction in the latter case serves to uphold the autonomy competency of the abused woman: it is because she is returned to a normal state in which

she can function that she can potentially develop her autonomy competency. To encourage cosmetic surgery in the former case, however, is to **erode** autonomy and self-understanding in that the woman is applying negative and extremely limited understandings of the female self that are part of our cultural makeup.

It should not be the pressure placed on individual women -- aging women, minority women, physically "unattractive" women, obese women -- that motivates them to seek enhancement or alteration of their physical selves. For this serves to perpetuate and strengthen harmful beauty norms that so negatively affect women's self-direction, self-definition and self-discovery. Supporting the widespread development and application of cosmetic surgery is not a satisfactory long-term method for securing women's self-esteem, since this method does not allow women to be valued for personal features beyond their breasts or chins. Rather, our beauty norms must be challenged, must be undermined, in order to secure women's autonomy competency.

From a feminist perspective, then, it is fair to argue that some cases for access to cosmetic surgeries will be compelling while others will not. Where the surgery is medically indicated, or where the change sought does not play

off the oppressiveness of the beauty myth, autonomy competency is not compromised. I have offered examples of such cases, as in the individual with a deviated septum, the burn victim, or the woman with facial scarring caused by physical abuse. Given my analysis of oppression, it is clear why "normal" women may feel that cosmetic beautification is in order.[23] And while there may be little we can do to limit the current practice of cosmetic surgery, we should take measures to otherwise encourage the development and exercise of women's autonomy competency: for autonomy competency is socialized as well, and we must therefore cement neither women's poor development of autonomy skills nor their minimal autonomy.

IV. Contract Motherhood[24]

The issue of contract motherhood also raises some serious issues that relate to Meyers' discussion of autonomy competency. It is with concern for upholding, and enhancing, autonomy competency that the following analysis criticizes the practice, both for the way in which it undermines women's development of autonomy competency and for the way in which it denies the uniqueness of the phenomenon of pregnant embodiment.

Within the debate over the morality of contract motherhood, discussions

of autonomy have played a central role. While liberals and liberal feminists have seen such contracts as in principle compatible with, and even as expressions of, women's autonomy,[25] others have argued that the sexist and classist context of pregnancy contracts seriously diminishes the possibility that the autonomy of contracting women is preserved within the practice.[26] Recently Catriona Mackenzie[27] and Mary Lyndon Shanley deepened the discussion by exploring the implications of women's pregnant embodiment for the autonomy of contractual mothers.

If we recognize (as Mackenzie's phenomenology of pregnant embodiment suggests) that fetus and mother are "beings-in-relationships", then we need a model of autonomy that makes explicit the interplay between autonomy, relationships and a woman's identity and self-understanding.[28] Shanley concludes her article with the comment that "One error of the feminist arguments for contract pregnancy is that they conflate the freedom of the individual woman prior to conception with the conditions that preserve her freedom as a person-in-relationship."[29] From the work of Shanley and Mackenzie, I want to develop a case against contract motherhood that derives from a combination of both their work on pregnant embodiment and Meyers' work on autonomy. This account of pregnant embodiment will also apply to

"gift" or altruistic surrogacy, rendering suspect such non-commercial arrangements.

Pregnant Embodiment

Phenomenological accounts of pregnant embodiment, like those of Mackenzie, Shanley and Iris Marion Young, offer a revised view of pregnancy that emphasizes the significance of pregnant embodiment to a woman's self-concept and self-definition. They offer a persuasive revision of the notion of bodily autonomy and its special implications for the moral agency of the pregnant woman. Previous philosophical accounts of pregnant women's autonomy, such as those offered by Judith Jarvis Thomson and Christine Overall[30], in attempting to satisfy both sides in the divisive abortion debate, employ the "bodily-boundaries" view of autonomy.[31] Thomson and Overall distinguish between a woman's right to bodily autonomy and her right to the death of the fetus. Thomson claims that, should a non-destructive abortion ensue from a woman's demand to evacuate her uterus "the desire for the child's death is not one which anybody may gratify, should it turn out to be possible to detach the child alive."[32] Overall echoes this view in stating that "Though the pregnant woman is entitled to forms of abortion that may result

in the death of the fetus in utero, she does not have an **entitlement** to the death of the fetus if it survives abortion."[33] The right to bodily autonomy, on the "bodily-boundaries" view, thus becomes the right of a woman to evacuate her uterus.

This approach to the woman-fetus relationship, or the autonomy of the pregnant woman, oversimplifies the complexity of women's experience of pregnancy. According to Mackenzie, the pregnant woman has not simply "contracted" to allow a fetus to gestate within her uterus; the experience of pregnant embodiment involves a woman's very being-in-the-world, and affects her both physically and morally. The phenomenology of pregnant embodiment reveals the extent to which a woman's self is uniquely and intimately connected with the development of the fetus within her uterus.

Mackenzie highlights the unique moral position of the pregnant woman, a position that transcends simple causal responsibility for a pregnancy, and acknowledges her inalienable moral responsibility. The pregnant woman bears decision-responsibility;[34] whether or not she accepts parental responsibility for the developing fetus, she must make a moral decision with respect to it. This decision will involve her other commitments (including that to herself) and the cultural meanings of pregnancy and parenting in her

particular social context.

Reproduction is heavily imbued with cultural meaning, thus requiring the pregnant woman to examine and revise her self-identity and her social identity in an ongoing way. Motherhood may invite approval or censure, depending upon factors such as age, marital status, and socio-economic status.[35] Motherhood may be perceived as an avenue of personal achievement.[36] The social burden of mothering as creating new persons[37] may be daunting. Whatever the particular social meanings of maternity for an individual pregnant woman, they are uniquely significant to her self-understanding and self-concepts. What this means is that, although social meanings of maternity are objective in the sense that they are consistent cultural meanings, the meaning that a woman derives from her own experience of pregnancy is not. In virtue of the cultural meaning of pregnancy, and her intimate psycho-social connection with the fetus, the decision-responsibility of the pregnant woman transcends her bodily-boundaries. Thus, "evacuating the uterus" hardly captures the complexity of this responsibility.

Pregnancy, however, not only unavoidably burdens a woman with moral responsiblity for a decision. It challenges her further, insofar as whatever decision she does make is an expression of, and will help to shape, her own

moral personhood. Thus, a pregnant woman's identity is bound up with her decision-responsibility, uniquely and inalienably.[38] This objective fact (that is, the fact that she must make a decision regarding the fetus) has a subjective, phenomenological correlate in the experience of pregnant embodiment -- the experience of unity with, but separateness from, the fetus.[39]

Like Mackenzie, Iris Marion Young opposes the "bodily-boundaries" view and claims that pregnancy offers women a special challenge by "rendering fluid the boundary between what is within, myself, and what is outside, separate".[40] Young's phenomenological account emphasizes one's existence as a body-in-the-world: the traditional philosophical division of subject/object breaks down with the experience of pregnant embodiment. For, as Young asserts, pregnant women can be simultaneously aware of themselves as both subjects and objects -- experience transcendence and immanence -- despite the traditional view that these are mutually exclusive categories.[41] While a pregnant woman may at times forget her "immanence", she is called back to her existence as a body-in-the-world by, for example, the mere brushing of her pregnant belly on her knee as she bends to tie her shoe.

Shanley argues similarly that the "bodily-boundaries" view of relationships "ignores the human need to foster the interdependence that is

the basis of human development."[42] The model of individuals as theoretically isolatable entities[43] cannot accommodate pregnant embodiment, since, on the received view, the pregnancy is incidental to the woman's autonomy. But as Shanley, Mackenzie, and Young show, the gestational woman's relationship to her fetus, to others, and to her ongoing self are intimately informed by her experience of pregnant embodiment.

These analyses of the complex subjectivity of pregnancy show the inadequacy of the "bodily-boundaries" view of women's autonomy. Instead, bodily autonomy must be conceived in such a way that the dynamism and challenge of pregnancy -- the subjective challenge to a woman's self-identity as well as the objective challenge to a woman as moral decision-maker -- are reflected in it. Given the extent to which dispositional decisions regarding the fetus are integrated into a woman's own identity, it is essential that a pregnant woman have the freedom to exercise her full moral agency throughout the pregnancy. As I will argue, insofar as pregnant women are in a particularly dynamic relationship, their autonomy must be better understood and protected.

Feminist Theory: Integrity and Autonomy

Mackenzie's observations about pregnancy's challenge to one's self-understanding, and Shanley's call for an account of autonomy adequate for beings-in-relationship, demonstrate the shortcomings of the traditional approach to autonomy that I outlined in Chapters One and Two. While identifying external sources of coercion, overt and subtle, is important for autonomy, especially in relation to reproductive decisions, simply peeling away heteronomous pressures will not necessarily yield an autonomous self. For selves and their relationships are dynamic, and autonomy must both serve and be preserved within such relationships.

Victoria Davion, as indicated in Chapter Three, attempts to develop an account of moral integrity informed by the feminist recognition of the importance of context, the contingency of our moral outlook, and the complexity of our moral selves. Rejecting the received view of moral autonomy that emphasizes generalizable rules, she says:

> Truly recognising the importance of context means recognising that each situation is somewhat unique and making decisions in advance, regardless of the particular features of a specific situation, is the opposite of paying attention to context in decision-making.[44]

Furthermore, our moral outlook is subject to radical change as, for instance,

when we undergo a consciousness-raising. Such an experience reminds us of the contingency of the genesis of our rule-commitments, making flexibility or willingness to revise a necessary feature of moral integrity.

Acknowledging both the specificity and contingency of our moral responses requires a revision of the notion of moral integrity, with a new emphasis on the self as moral agent. Having integrity, says Davion, requires being "true to ourselves" rather than making unconditional commitments. Critical self-examination becomes the hallmark of the person of integrity. Yet these features -- such as critical self-examination and acknowledgement of contingency -- are part of the framework within which selves are situated, so critical self-examination takes place within a very specific context.

As outlined in Chapter Two, Meyers has developed a rich procedural account that is sensitive to the requirements of context and individuation. On her account, personal autonomy is a competency, the interplay of a set of skills. Central to this competency are three elements: self-discovery, self-definition, and self-direction.[45] In self-discovery, one finds "the given" -- the dispositions, capabilities, and values one has received, whether by natural endowment or socialization. Sometimes self-discovery requires not just introspection or observation but experimentation -- one must act in order to

extend one's self-understanding.[46] "Testing out" one's options, as I have mentioned, may be one method of extending and securing such self-understanding. Self-discovery must lead to self-definition, in which one forms self-concepts adequate to guide one's actions and allow one to "do what she wants."[47] Self-definition relies upon, but goes beyond, self-discovery. Furthermore, self-direction, that is, choice and action truly reflective of our selves, relies upon self-definition for its authenticity. Thus the three elements -- self-discovery, self-definition, and self-direction -- form a dynamic set of mutually necessary skills yielding self-concepts that allow for episodic and programmatic (long-term) personal autonomy.

Insisting on the dynamic character of both "being true to yourself" (Davion's integrity) and "doing what you want" (Meyers' personal autonomy) is important for three reasons. First, (and innocuously) selves are complex and take some getting to know. As Meyers suggests, self-understanding and the programmatic autonomy that it permits may require considerable experimentation and introspection. Second, as both writers recognize, our self-understanding can be political -- can be the result of biased socializing. Such socializing may damage the process of self-knowledge or self-definition by imposing gender stereotypes -- of passivity or heteronomous altruism, for

example. Or, socializing may withold from us important skills of other sorts necessary for our satisfying and integrated development.[48] Third, and most importantly in this case, integrity and autonomy must be viewed as dynamic because persons and their relationships are themselves dynamic.

If we accept the procedural view of integrity and the competency view of autonomy that I have fleshed out in this thesis, it seems clear that integrity depends upon autonomy, insofar as autonomy is the exercise of the skill of self-definition. Being true to oneself, **as presently understood**, is the requirement of integrity. Thus, denials of autonomy, in the form of either distortion of self-concepts or obstacles to self-definition, threaten integrity.

What are the requirements of personal autonomy, in particular for beings-in-relationship? The above discussion suggests there are two: adequate and accessible self-concepts, and agent-manoeuvrability. Freedom to act is necessary for testing the fit between self-concepts and the dispositions, aspirations, and values of our selves, and adequate self-concepts are necessary if the actions chosen are to be appropriate and fulfilling. In her brief comments on the autonomy of beings-in-relationship, Shanley points out that in our changing attitude toward divorce we recognize that our autonomous commitments -- though sometimes contractual, as in the

case of marriage contracts -- are not necessarily binding as persons and relationships change. Since pregnant women, too, are persons-in-relationship, their preconception agreements similarly need to be viewed as revisable or dispensible as the process of self-understanding and self-definition, inseparable from the experiences of pregnant embodiment, takes place.

Implications for Contract Motherhood

If personal autonomy, and the concomitant conditions for integrity, are to be preserved throughout pregnancy, then respect for women as moral agents requires that we reject pregnancy contracts, whether paid or "altruistic." Preconception contracts bind a woman to a particular self-understanding, one uninformed by the pregnancy she will undergo, and one whose personal suitability is likely to be compromised by the dominant, heteronomous images of women as altruistic and passive.[49] Furthermore, insofar as such contracts predetermine the dispositional outcome (ruling out abortion and settling the issue of custody), the tentative self-direction that might allow a woman to settle on an appropriate self-understanding is ruled out. Autonomy is thus jeopardized both in the restrictions on action and in the

stifling of self-definition. A pregnant woman's moral perspective may change over time with her changing body, and, as Shanley and Makenzie assert, pregnancy contracts must not be allowed to violate her basic right to the moral perspectives that arise within autonomous decision-making. Indeed, Shanley claims of pregnancy contracts that:

> The potential violation of a woman's self when she has entered a pregnancy contract stems from the months she will spend in relationship with a developing human being. It is this relationship that may change her, and it is this relationship that is severed if a pregnancy contract is enforceable.[50]

This critique is telling against both commercial and "altruistic" contracts (although, surprisingly, Shanley does not extend her critique of contract pregnancy to "gift gestation"). If the threat to personal autonomy arises not just from contractual restrictions but also from heteronomously imposed self-concepts, "altruistic" pregnancy surely threatens women's moral agency, though for different reasons.

Some of the contractual particulars of commercial gestation may indeed be absent in mother-daughter, sibling, or friendship gestation arrangements; yet "altruistic" gestation may, in fact, doubly jeopardize a woman's moral personhood. Any decision she makes with regard to the fetus involves her commitments to herself **and** to her partner, her family, and so on. Thus, if she

is carrying the fetus for a family member or friend (who is already constitutive of the pregnant woman's particular social context) she is seriously constrained in both her decision-authority over the fetus and, consequently, her own moral development. Uma Narayan notes the particular vulnerabilities of women who carry fetuses for family members or friends: economic pressure, emotional pressure, and the reality of free familial access.[51] She points out: 1) that the gestational woman may be economically dependent on her family, thus making the pressure to carry a fetus for family members extreme; 2) that she may experience intense emotional pressure through familial threats -- either implicit or explicit -- that relationships with her family may be terminated if she refuses to comply; and 3) that families have "free access" to female family members wherein women can be physically forced to carry a child for their family members without the knowledge of anyone outside the familial unit.[52]

Dispositional freedom is also problematic within "gift" gestation. The pregnant woman may experience extreme familial -- in addition to social -- pressure to forfeit the fetus at birth. Indeed, as Narayan claims, "...it would be naive to assume that families, which often exercise an oppressive degree of control over women, are necessarily freer spaces for women's choices than commercial relationships."[53] Shanley's own account of pregnant embodiment

should alert her to the likelihood that "gift" gestation will place undue pressure upon the gestational woman to respond in a prescribed manner to the fetus that she must relinquish to her family member or friend.[54]

Furthermore, Shanley does not address the extent to which such "gift" or altruistic gestation is endemic to the patriarchal construction of women's sense of autonomy and moral development. This point has been persuasively argued by a number of philosophers, including Narayan and Bonnelle Lewis Strickling.[55] Strickling argues that self-abnegation (that is, the renunciation of certain personal goods for the good of others) is so deep-seated in the psyches of women that their self-abnegation involves a loss of self. She distinguishes between moral self-abnegation, which is necessary for relationships of care and love to be sustained, and metaphysical/epistemological self-abnegation, wherein one "put[s] aside one's interests altogether for the sake of the other."[56] In the former case, self-abnegation occurs within the normal limits wherein individuals may compromise a goal or belief for the sake of the other. Moral self-abnegation occurs where a son, for example, gives up his Sunday football match to visit his sick elderly mother in the hospital. In the latter case, self-abnegation involves a radical giving-over of one's life plans, goals, and desires for the

sake of others. This type of radical self-abnegation, argues Strickling, is typified by women, and is characterized by the common claim that "after my children grew up and left home, I had nothing left -- I felt empty." Metaphysical/epistemological self-abnegation is, argues Strickling, the sort in which most women engage. She states:

> ...traditionally, women have been asked to be helpful, loving without expectation of return, emotionally dependable, supportive and generally nurturing to both children and husband both physically and in the sense of nurturing their respective senses of self, all without complaining.... Only if one has no self, or at least no attachment to a self, can one give oneself to a life of service to others who are themselves permitted to be self-concerned.[57]

Arguably, this type of self-abnegation is exactly what "altruistic" gestation arrangements demand of gestational women. For if, as we have argued, the experience of pregnant embodiment binds a woman's moral development and autonomy to the fetus developing within her womb, and if she is denied the right to respond to her pregnancy in way that fits with her understanding of herself and her moral context, then she is metaphysically and epistemologically abnegating her self to the "good" of those for whom she is gestating. The "gift" or "altruistic" gestation of which Shanley speaks is therefore seriously harmful to women. At the very least, the requirements for

preserving the autonomy of persons-in-relationship must be applied to the "friendship" relationship from which the "gift" arises.

On the Uniqueness of Pregnant Embodiment

Pregnancy presents a unique challenge to the autonomy skills of self-discovery and self-definition, and once it is acknowledged that both skills must be exercised if autonomy is to be preserved, it can no longer be maintained that contract motherhood – whether commercial or "altruistic" -- can be freely chosen. But someone might argue that **all** human activities are those of beings-in-relationships, and thus subject to the same strictures we have demanded for pregnant women. Do the preceding observations about the conditions for autonomy preclude all commitments and contracts?

Richard Arneson takes up this point, when he challenges those who oppose commercial contractual pregnancy to show how it differs from the contracts "(a) between. . . firefighters and a city government, (b) between a professional athlete and a professional club, or (c) between a dancer and a manager or agency."[58] These contracts forfeit full control over one's body for a period of time. This discussion of pregnant embodiment and the autonomy of beings-in-relationship offers good grounds for distinguishing contract

pregnancy from the relationships aforementioned, and for providing a critique of such agreements. First, as the phenomenological description of pregnancy reveals, pregnant embodiment is unique in its blurring of the subjective boundaries between self and other, subject and object. Second, since pregnancy is overlain with strong cultural meanings (meanings which are admittedly contingent, and may vary between cultures), the obstacles to individualized self-understanding are likely to be severe. Care must be taken to allow for the testing and change of self-understandings and their associated moral perspectives. Third, as Mackenzie's discussion of decision-responsibility shows, serious moral censure or approval for whatever decision the pregnant woman makes is unavoidable, given these cultural meanings. Thus, a woman's self-identity as a moral agent, worthy or otherwise, is strongly implicated in her dispositional decision. Together, these facts about the moral agency of pregnant women distinguish contract pregnancy from Arneson's firefighter, athlete, and dancer. Although these professionals contract out their bodies, they are unlikely to face the phenomenological challenge to the boundaries of their subjectivity inherent within pregnant embodiment; the services they contract out lack the social significance of pregnancy, and their contracts may be terminated without the certainty of

moral evaluation attendant upon the termination (natural or deliberate) of a pregnancy.

Contract motherhood preempts the exercise of autonomy skills, not because pre-commitment and self-abnegation are never compatible with autonomy (indeed, as Strickling remarks, moral self-abnegation may be a requirement of good relationships), but because the experience of pregnant embodiment so profoundly impacts upon one's self-understanding, and at the same time the available models of pregnancy and maternity are so contaminated by existing stereotypes. Once the autonomy requirements for beings-in-relationship are spelled out, it becomes clear that we must scrutinize the relationships within which pregnancy occurs, including the traditional one of forming families within a marriage relationship.[59] We can be confident that reproductive decisions are autonomous only where the skills of self-definition and self-direction are adequately protected. Furthermore, we have a social responsibility to protect the personal autonomy of pregnant women, both by insisting on their ongoing privilege as decision-makers and by working to reduce the dominance of the heteronomous and stereotypical models of gender identity that confound personal self-definition.[60]

V. Cosmetic Surgery and Contract Motherhood: An Overview

The preceding discussions of cosmetic surgery and contract motherhood have been a development of my view that we need a relational approach to autonomy and the self that goes deeper in understanding our social embeddedness. The reality of women's oppression, and the myriad ways in which that oppression manifests itself, places the onus on feminists to examine social practices, beliefs and institutions that cement (as Meyers phrases it) women's minimal autonomy.

I indicated that, though liberal approaches to autonomy and the self are not so far removed from feminist ones, what feminists really need from a liberal theory is a way of accounting for the internal requirements for autonomy that go beyond the recognized external requirements. So, for example, in the cases of cosmetic surgery and contract motherhood, my concern is not for protection against straightforward harm (something that a liberal account could encompass), but rather internal concerns for the protection of, and favourable conditions for, women's autonomy competency.

Through the conception of oppression offered by Frye, Meyers' understanding of the internal requirements for autonomy, and Sherwin's

account of the external requirements for autonomy, I have voiced serious concerns with, and challenges to, cosmetic surgery and the practice of contract motherhood. What I have attempted to argue is that these particular personal choices/practices are dangerous because 1) they are part of a network of overlapping and interwoven practices, beliefs and institutions that serve to oppressively limit and control women; 2) they compromise the exercise and expression of women's autonomy competency because they stultify women's self-understanding and self-direction; and 3) as practices embedded in a culture, they are external impediments, as well as internal impediments, to women's autonomy.

Placing the options available to women within their social and political context does not involve denying that women **can** and **do** make autonomous personal choices. It does involve recognizing the ways in which external factors can directly impact the internal conditions for women's autonomy. Furthermore, as Janice Raymond claims, awareness of women's social context of subordination does not turn women into dupes suffering from "false consciousness." She states

> Women's victimization can be acknowledged without labelling women passive. **Passive** and **victim** do not necessarily go together. . . It seems obvious that women can be victims of

> pornography and technological reproduction without depriving women of some ability to act under oppressive conditions, else how could any woman extract herself from these conditions, as many have?[61]

Even in the most liberal of societies, we have had occasion to rule out certain practices that posit an oppressive conception of women. The Royal Commission on New Reproductive Technologies[62], for example, recommends against the widespread use of sex selective procedures, despite its appeal to members of Canadian society who seek such services. The Commission recommends against such an application of reproductive technology because of its inherently sexist underpinnings: members of some minority communities, for example, use sex selection services to ensure that their firstborn children will be male, a preference that stems from the valuing of male children (and the consequent devaluing of female children). In order to protect against this negative conception of females, the Commission recommends against such sex selective practices. The Royal Commission's recommendation establishes the importance of recognizing practices that serve to further oppress and denigrate women; I think it is encumbent on us to consider other cases in which such practices add to women's oppression. And, as I have argued in this chapter, I believe the practices of cosmetic surgery and contract

motherhood are just such cases.

VI. Endnotes

1. Note that I am referring to cosmetic surgery and contract motherhood as they are practiced within this specific culture, at this particular time. Given our conditions of sexist gender role socialization, oppressive beauty norms, and social institutions and beliefs that minimize women's personal autonomy, I am advocating a moratorium on these practices. But this is not to say that these practices will always be problematic: there may come a point at which such practices will not be oppressive and autonomy-minimizing for women.

2. Marilyn Frye, The Politics of Reality, Trumansberg, NY: The Crossing Press, 1984.

3. These analogies are suggested by Richard J. Arneson in "Commodification and Commercial Surrogacy," Philosophy and Public Affairs, 21, Spring, 1991.

4. Much more will be said about this issue of pregnant embodiment in my discussion of contract motherhood that follows.

5. Christine Overall, Ethics and Human Reproduction: A Feminist Analysis, Boston: Unwin Hyman, 1987, p. 126.

6. Some critics might argue that wearing cosmetics is continuous with surgical cosmetic alteration because both practices derive from a sexist, oppressive society that limits women's self-understandings. While I do not dispute this claim, I do believe that wearing cosmetics differs from cosmetic surgery in that it is a **reversible** choice: makeup can be wiped off and never worn again; a face lift or breast implants cannot be so reversed. A woman can revise her self-understanding as to the wearing of cosmetics; a surgically altered woman cannot.

7. Amy Mullin, "Selves, Diverse and Divided: Can Feminists Have Diversity Without Multiplicity?" Hypatia, 10(4), Fall, 1995, p. 26.

8. Janice Biehn, "The Changing Face of Cosmetic Surgery," Chatelaine, March 1996, p. 56.

9. Such criticisms are found in the work of Iris Marion Young in "Breasted Experience," Throwing Like Girl and Other Essays in Feminist Philosophy and Social Theory, Indianapolis: Indiana University Press, 1990; and Kathryn Pauly Morgan's "Women and the Knife: Cosmetic Surgery and the Colonization of Women's Bodies," Hypatia, 6(3), Fall, 1991.

10. See, for example, Kathy Davis' "Re-making the She-Devil: A Critical Look at Feminist Approaches to Beauty," Hypatia, 6(2) Summer, 1991.

11. Morgan, p. 43.

12. Davis, p. 29.

13. Young, p. 201.

14. Diana Dull and Candace West, "Accouting for Cosmetic Surgery: The Accomplishment of Gender," Social Problems, 38(1), February, 1991, p. 58.

15. Dull and West, p. 59.

16. Toni Morrison, The Bluest Eye, Washington Square Press: New York, 1970, p. 20.

17. This is another example of the inconsistency of our diverse selves. For minority women in such situations can be proud of their heritage, but simultaneously hold racist conceptions of beauty.

18. Susan Bordo, Unbearable Weight: Feminism, Western Culture and the Body, Berkley: University of California Press, 1993, p. 39.

19. Naomi Wolf, The Beauty Myth, Toronto: Vintage Books, 1990, p. 59.

20. J. S. Mill, On Liberty, Indianapolis: Bobbs-Merrill Educational Publishing: 1956, p. 21.

21. This is not to say that the normalcy myth is never oppressive, for such a claim is demonstrably false. The normalcy myth dictates that being gay or lesbian is "not normal;" it also dictates that having a physical handicap is abnormal. But these

particular cases **are** cases where the normalcy myth is interwoven with other practices, beliefs and institutions that oppress gay and lesbian, and handicapped, individuals. The burn victim's attempt to look normal through skin grafting is, on the other hand, not necessarily part of a system of oppression, for the point is to restore that individual to a physically and psychologically functional state which applies to all individuals within her same community.

22. This functional approach to medical services has been adopted by bioethicists like Benjamin Freedman and Francoise Baylis ("Purpose and Function in Government Funded Health Coverage," Readings in Biomedical Ethics: A Canadian Focus, Eike-Henner Kluge, ed., Scarborough: Prentice-Hall Canada Inc., 1993). Our common sense suggests that there is a difference between a burn victim and a person disfigured by violence, on the one hand, and a woman who seeks cosmetic alteration to beautify herself, on the other hand. The suggestion that, in the former two cases, we are restoring the individuals to a functional state as it is normally defined, is a promising route to take. Furthermore, with regard to the latter case of beautification, Christine Overall suggests that where a certain practice or conception serves to add to, or strengthen, a system of oppression, we are justified in ruling it out (for full citation, see footnote # 5).

23. A woman can be "normal" in appearance with regard to the normalcy myth, but she can still be considered in need of cosmetic beautification in accordance with the beauty myth.

24. This portion of the thesis is an early version of a paper entitled "Dimensions of Autonomy in Pregnant Embodiment" that I co-authored with Dr. Elisabeth Boetzkes. She has kindly given her consent to include this essay within the context of my thesis.

25. See, for example, Lori Andrews' "Surrogate Motherhood: The Challenge for Feminists," Surrogate Motherhood: Politics and Privacy, Larry Gostin, ed., Indianapolis: Indiana University Press, 1988; Richard Arneson's paper outlined in footnote #3; and John Robertson's "Surrogate Motherhood: Not So Novel After All," The Ethics of Reproductive Technology, K. Alpern, ed., New York: Oxford University Press, 1992.

26. See, for example, George Annas' "Fairy Tales Surrogate Mothers Tell," Surrogate Motherhood: Politics and Privacy, Larry Gostin, ed., Indianapolis: Indiana University Press, 1988; Kelly Oliver's "Marxism and Surrogacy," Feminist Perspectives in Biomedical Ethics, H.B. Holmes and L. Purdy, eds., Indianapolis: Indiana University Press, 1992; Margaret Radin's "Market-Inalienability," Harvard Law Review, 100: 1849-1937; and Sara Ann Ketchum's "Selling Babies and Selling Bodies," Feminist Perspectives in Biomedical Ethics, Ibid.

27. Catriona Mackenzie, "Abortion and Embodiment," Australasian Journal of Philosophy, 70(2): 135-155.

28. Women, I am claiming, are selves-in-relationships with other human beings, with the environment, with animals, and with entities like fetuses. On a relational account, it is not necessary that relationships be between humans in order for them to have an impact on our self-direction, self-discovery and self-definition. A woman's concept of self can be seriously affected through her relationship with the field behind her house, or through her relationship with the fetus developing within her uterus.

29. Mary Lyndon Shanley, "'Surrogate Mothering' and Women's Freedom: A Critique of Contracts for Human Reproduction." Expecting Trouble: Surrogacy, Fetal Abuse & New Reproductive Technologies, P. Boling, ed., Boulder: Westview Press, 1995, p. 170.

30. Judith Jarvis Thomson, "A Defence of Abortion," Philosophy and Public Affairs, 1(1): 47-66; Christine Overall, Human Reproduction: Principles, Practices, Policies, Toronto: Oxford University Press, 1993.

31. Catriona Mackenzie uses the phrase "bodily-boundaries" in characterizing the liberal approach that Overall and Thomson take to their analyses of pregnancy. She states that "To think that the question of autonomy in abortion is just a question about preserving the integrity of one's body boundaries, and to see the foetus merely as an occupant of the woman's uterus, is thus to divorce women's bodies from their subjectivities" (p. 151).

32. Thomson, p. 81.

33. Overall, p. 76.

34. The term "decision-responsibility" is coined by Mackenzie in her work. She uses this term to differentiate between other types of responsibility that can attach to pregnancy -- for example, one can have moral responsibility for the pregnancy if she intentionally sought to conceive a child. Mackenzie's point about decision-responsibility is that it is inalienable because it cannot be transferred to anyone else, that is, the woman **must** make a decision with regard to her fetus.

35. See Sally Macintyre's "Who Wants Babies? The Social Construction of "Instincts," Sexual Diversions and Society: Process and Change, D.L. Barker and S. Allen, eds., London: Tavistock, 1976; and Thelma McCormack's "When is Biology Destiny?" The Future of Human Reproduction, C. Overall, ed., Toronto: The Women's Press, 1989.

36. Kathryn Morgan, "Of Woman Born? How Old Fashioned! - New Reproductive Technologies and Women's Oppression," The Future of Human Reproduction, C. Overall, ed., Toronto: The Women's Press, 1989.

37. Virginia Held, "Non-contractual Society: A Feminist View," Science, Morality and Feminist Theory, M. Hanen and K. Nielsen, eds., Calgary: University of Calgary Press, 1987.

38. A woman's identity and decision-responsibility are tightly connected, I want to argue, because the decision about whether to carry her fetus or abort it, or whether to raise the child herself or adopt it out, are decisions from which she cannot escape. That her identity is tied "uniquely and inalienably" indicates that, given her particular social situation and self-understandings, she will be affected in a way that reflects her own personal commitments and values.

39. Mackenzie, p. 148.

40. Young, p. 63.

41. Young, p. 164-65.

42. Shanley, p. 169.

43. Held, p. 111.

44. Victoria Davion, "Integrity and Radical Change," Feminist Ethics, C. Card, ed., University Press of Kansas, 1991, p. 182.

45. Diana Meyers, Self, Society & Personal Choice, New York: Columbia University Press, 1989, p. 80.

46. Meyers, p. 83.

47. Meyers, p. 60.

48. Susan Babbitt, in her discussion of Thomas Hill's "deferential wife" shows how impoverished **self-definition**, not just self-understanding, may result from gender stereotyping (Babbitt, "Feminism and Objective Interests," Feminist Epistemologies, L. Alcoff and E. Potter, eds, New York: Routledge, 1993). She also demonstrates that the liberal view of autonomy, with its static noton of the self, and its insistence that absence of coercion and adequate information are sufficient for autonomy, cannot deal with this fact. Only by identifying autonomy with objective interests (such as dignity and self-respect) and by acknowledging the need for selves to tranform can we say what is wrong with the effective internalization of gender stereotypes. Babbitt's dynamic account resembles that of Meyers, though it is richer in its treatment of human relationships, which Babbitt sees as a valuable source of the non-propositional knowledge out of which transformation becomes possible.

49. Meyers, p. 151.

51. Shanley, p. 161. Some philosophers -- for example, John Robertson and Lori Andrews (see footnote #25 for full citations) -- have argued that women's autonomy is preserved as long as provision is made for the non-enforcement of contractually suspect agreements, and that calling for the non-**enforceability** of pregnancy contracts is extreme and unnecessary. However, a consequence of my position is that the in principle enforceability of such contracts compromises the autonomy of women as beings-in-relationship by preempting the changes in self-understanding and self-direction that might arise during pregnancy.

51. Uma Narayan, "The 'Gift' of a Child: Commercial Surrogacy, Gift Surrogacy, and Motherhood," Expecting Trouble: Surrogacy, Fetal Abouse & New Reproductive Technologies, Patricia Boling, ed., Boulder: Westview Press, 1995.

52. Narayan relates a case in which a young, nineteen-year-old Mexican woman, illegally brought into the United States, was forced by her family to carry a fetus for her cousin. Her family had free access to her, and given her economic and emotional dependency on them, they abused the familial relationship to coerce her "gift" (p. 180).

53. Narayan, p. 180.

54. I am not assuming here that all women experience their pregnancies in the same way; that a sense of maternal love and bonding are a necessary aspect of all pregnant experiences. In fact, the experience of pregnant embodiment may be entirely negative for some women, such that they do not have a problem with relinquishment of the child at birth. The point is that pregnant embodiment is a personal experience that brings into question for each individual woman her moral commitments and her understanding of self. Given the particularity of these experiences, it is impossible to foretell how a woman will respond to her pregnancy, thus making the enforcement of pregnancy contracts an unfair and morally questionable practice.

55. Bonnelle Lewis Strickling, "Self-Abnegation," Feminist Perspectives: Philosophical Essays on Method and Morals, L. Code, S. Mullett, and C. Overall, eds., Toronto: University of Toronto Press, 1988.

56. Strickling, p. 194.

57. Strickling, p. 198.

58. Arneson, p. 161.

59. Narayan, p. 180.

60. Meyers argues that women typically have minimal autonomy and suffer from compromised self-respect as a result of the differential socialization of females and males. While males are socialized for assertiveness, and encouraged to develop a range of associated skills, females are socialized for passivity and heteronomous altruism. The self-respect that accompanies effective agency is often lacking in women, and consequently women may find it difficult to challenge gender roles and to shape adequate self-concepts. Social justice, argues Meyers, demands that we remedy this biased and asymmetrical gender socializing (p. 248-262).

61. Janice Raymond, Women as Wombs: Reproductive Technologies and the Battle over Women' Freedom, San Francisco: Harper, 1993, p. 101.

62. Royal Commission on New Reproductive Technologies, Proceed with Care, Minister of Government Services, 1993, Vols. 1 & 2.

CONCLUSION

As I have argued in this thesis, the received view of autonomy that we have inherited has tended to minimize the importance of our sociality. While Mill's account of the autonomous individual does treat the individual as social being, he does not go far enough in socially situating the individual. The influence of this received model of autonomy upon biomedical ethics, as we have seen, is deep. The received view allows us to treat the patient and physician as equals participating in a mutually-satisfactory contractual agreement. And with this received notion of autonomy comes the liberal concern with protecting an individual's choices and interests from the "tyranny of the majority." Like Mill, feminist theorists see the individual as a rational social being, but they go further to socially situate her within a web of human relationships. Within these relationships, claim feminists, an individual's capacity for autonomy is developed.

As I have indicated, Diana Meyers has added to the feminist relational view by arguing that autonomy must be seen as a competency: that is, the ability to ask the question "What do I really want, believe, value or desire?"

and the ability to act on the answer. The agent must have the space, however, to "test out" the chosen option, and where it proves to be the wrong choice, she must be able to correct herself. This does not mean that autonomous agents can never be held to any commitments or choices: for, as I have shown, Meyers would reject this implication by claiming that agents who cannot commit to anything for any period of time can be said to be pathological. The "testing out" of choices simply means that, if we are to respect the choices of an "authentic" self, we must be willing to allow for the occasional error, and for self-correction.

Chapter Two also argued, via Susan Sherwin and Diana Meyers, that gender role socialization serves to undermine the development of autonomy in women; structural conditions and social institutions prepare women to be minimally autonomous, and to allow their lives to be heteronomously-driven. Sherwin claims that external conditions for autonomy must be met before women's choices and options can be said to be autonomous; social institutions and paradigms available to women must be scrutinized for the ways in which they make the expression of autonomy difficult for some groups

or individuals. Meyers also indicates the ways in which gender role socialization can result in autonomy-minimizing models and institutions. This is not to say that some women are not fully autonomous, or some medially autonomous. For Meyers argues that autonomy competency is a type of innate aptitude that comes in degrees. Ultimately, in order to have a just society, we must allow people to develop their autonomy competencies to the fullest degree; any socialization that undermines the development and expression of autonomy competency is unjust, because it denies individuals the chance to be at least medially autonomous.

Some feminists reject the notion that the autonomous self must be unitary and integrated. As indicated through the work of Davion, Lugones and Mullin, integrity is not simply the unconditional beliefs and values to which a person commits herself prior to knowing the particular features of a particular situation. Integrity, these authors claim, must allow for radical change, and must recognize a self that is in flux, dynamic and diverse. Thus, in cases where different aspects of our selves lead us in different directions (as in the case of Lugones, who is committed both to her lesbian community and her

Nuevomejicana community), we must have agent-manoeuvreability in order to determine which choices we can live with and which choices best represent the selves we want to be.

Finally, in Chapter Four, I showed the practical implications of a feminist relational approach to autonomy. I argued that we should question and challenge the practice of cosmetic surgery and our socially-imposed conception of beauty. We should also render unenforceable the contracts that derive from the practice of contract motherhood in our society, given the extent to which gestation contracts violate women's self-direction and self-discovery. I made these arguments by drawing on the feminist relational approach to autonomy, which holds that we must be critical of practices that minimize the development and expression of women's autonomy.

I see the project undertaken in this thesis as both pressing and topical given the vast and accelerated technological changes that are taking place in our society. My relational approach to autonomy requires that we scrutinize all social institutions and practices from this perspective to ensure that they will not result in the minimization of women's autonomy competency, and the

autonomy competency of other oppressed groups. It means that, where new technologies make new "choices" available to us, we must tread carefully and bear in mind the wider implications of making options available. With each new choice introduced to a society, a certain number of options are permanently foreclosed. The introduction of genetic screening, for example, to prevent the birth of infants with genetic anomalies, forecloses the option that women can carry anomalous fetuses to term without social/moral disapprobation and blame. We need to monitor novel, option-expanding practices for their potential setbacks to the lives of women and minorities: we need to protect and enhance autonomy competency.

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