**Mother Knows Best: Pregnancy, Applied Ethics and Epistemically Transformative Experiences**

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***Abstract***

L.A. Paul argues that interesting issues for rational choice theory are raised by epistemically transformative experiences: experiences which provide access to knowledge that could not be known without the experience. Consideration of the epistemic effects of pregnancy has important implications for our understanding of epistemically transformative experiences and for debate about the ethics of abortion and applied ethics more generally. Pregnancy is epistemically transformative both in Paul’s narrow sense and in a wider sense: those who have not been pregnant face significant barriers to acquiring the knowledge made accessible through pregnancy. This knowledge is crucial for engaging with the ethics of abortion. The epistemically transformativeWIDE nature of pregnancy may require us to use new methods to try to partially grasp what pregnancy is like such as for example, significant engagement with narrative literature. Because pregnancy is also epistemically transformative in a narrow sense, we need to work out how to engage in ethical reasoning when relevant knowledge is not fully accessible to all. This argument has implications beyond the debate about abortion. Philosophers in many areas of applied ethics will need to work out how to respond appropriately to epistemically transformative experiences.

**Keywords: Pregnancy, abortion, epistemically transformative experiences.**

***Introduction***

Despite a longstanding interest in the philosophical issues surrounding abortion, once pregnant myself I found most philosophical literature dissatisfying. It gives the impression that human reproduction involves lying in a clean, white bed for 9 months with a small tube connecting you to a tiny version of an adult human whom you support without noticeable change to your own body. [[1]](#endnote-1)  Pregnancy is not like this. After first-hand experience of pregnancy, the philosophical literature’s understanding of what it is to require someone to remain pregnant and of the value of a human foetus – key issues for understanding the ethics of abortion – appeared woefully inadequate.[[2]](#endnote-2) Simultaneously, I noticed that it was difficult to explain my new understanding of these issues to those who had not been pregnant.

This paper explains and explores these difficulties. I argue that pregnancy can provide new knowledge that is crucial for understanding the ethics of abortion. Although pregnancy may provide knowledge about many different subjects, this paper focuses on knowledge about what it is like to be pregnant. Pregnancy is not just one way of acquiring this knowledge. There are significant barriers that make it difficult to convey what it is like to be pregnant to those who have not been pregnant.

L.A. Paul defines an ‘epistemically transformative’ experience as an experience that brings you knowledge that you could not have acquired without having the experience. She argues that many of our most important decisions are epistemically transformative and that this has important ramifications for our understanding of rational decision-making.[[3]](#endnote-3) I argue that thinking about pregnancy as an epistemically transformative experience has important ramifications for applied ethics.[[4]](#endnote-4)

First, I argue that consideration of pregnancy supports expanding Paul’s definition of an epistemically transformative experience. Some experiences are epistemically transformative because they give you a special epistemic status with respect to some knowledge, whether or not you thereby acquire knowledge that would otherwise be inaccessible.

I then argue that pregnancy can provide knowledge about what it is like to be pregnant that is difficult to convey to those who have not been pregnant: pregnancy is an epistemically transformative experience in the expanded sense. Engagement with appropriate narrative literature may allow someone who has not been pregnant to partially grasp the knowledge gained in pregnancy. However, pregnancy is also an epistemically transformative experience in Paul’s narrow sense. Those who have not been pregnant cannot fully grasp the knowledge that can be gained in pregnancy.

I then address the variation amongst pregnancies, arguing that pregnancy is epistemically transformative at both the general and the particular level: being pregnant gives us new access to knowledge about what pregnancy in general is like and each pregnancy provides new knowledge about what that particular pregnancy is like.

Finally, I show that this knowledge is necessary for adequate debate about the ethics of abortion: in particular, argument that abortion is impermissible must either defend extremely controversial premises or engage with what it is like to be pregnant.

The epistemically transformative nature of pregnancy raises significant challenges for the debate about the ethics of abortion and applied ethics more generally. The epistemically transformativeWIDE nature of pregnancy may require us to use new methods to partially grasp what pregnancy is like. But given that such methods do not allow us to fully grasp the relevant knowledge, this will not fully solve the problem. Although in this paper, I do not develop an account of how we should meet these challenges, we should not conclude that those who have not experienced pregnancy may not contribute to the ethics of abortion. Instead, we need to work out how to engage in ethical reasoning when relevant knowledge is not fully accessible to all.

Most pregnant persons are women. This influences both how epistemically transformative pregnancy is within this culture and in the implications of the epistemically transformative character of pregnancy for philosophical discussion of abortion. The epistemic barriers that I will describe are made more difficult to overcome by the way we treat pregnancy – which is deeply bound up with the fact that it is assumed that pregnant persons will be women. Nonetheless, as not all pregnant persons are women, I generally use gender neutral terms.

***Epistemically TransformativeWIDE Experience***

Paul is clear that on her understanding an epistemically transformative experiences gives the subject knowledge that they could not have had without having the experience.[[5]](#endnote-5) This gives the following definition:

An experience is epistemically transformativenarrow iff the experience gives the subject access to knowledge that they could not have if they had not had the experience.

Considering the epistemic effects of pregnancy supports expanding the definition of ‘epistemically transformative experience’. As I will argue, there are significant barriers to understanding what pregnancy is without being pregnant.

 This is enough for pregnancy to count as an epistemically transformative experience whether or not the knowledge acquired is ultimately inaccessible to those who have not been pregnant. After the experience, the subject is in a *significantly* different epistemic position than they could be in without having the experience. This supports the following definition:

An experience is *epistemically transformative*wide iff after the experience, the subject is in a *significantly* different epistemic position than they could be in without having the experience, with access to knowledge that there are significant barriers to acquiring without the experience.

This expanded concept of transformative experience picks out a category of experiences that raise similar issues in moral and practical deliberation to those discussed by Paul. In both cases, we must work out how to deliberate when our deliberations require access to knowledge which we may struggle to acquire without certain experiences.

***Knowledge about what it is like to be pregnant and pregnancy as an Epistemically Transformative Experience***

There are significant barriers to acquiring knowledge about what it is like to be pregnant for those who have not been pregnant. This is because pregnancy is a complex set of interacting experiences many of which are utterly different from experiences commonly had by people who have not been pregnant.

 Consider Lisa Guenther’s description:

From the perspective of the woman, pregnancy begins as a transformation of one’s own body. Her breasts become heavier, hips wider, belly large and firm. She may experience morning sickness, unfamiliar cravings or unexpected leaks – bodily sensations that do not feel completely her own. Certain clothes no longer fit, favourite sleeping positions no longer work, and activities like tying shoes or lifting large objects may become difficult or impossible. She may develop an iron deficiency, gestational diabetes, or other health conditions. Her body is still her own, and yet it diverges from its own habits and familiar shape in sometimes predictable, sometimes unexpected ways. At a certain point in this process, the pregnant woman begins to feel the fetus moving inside her own body; her own self-divergence shifts into a divergence from and a relationship with someone who is coming into existence in increasingly perceptible ways.[[6]](#endnote-6)

As Guenther describes, pregnancy includes: (1) multiple unexpected bodily sensations and physical changes to one’s body; (2), having what will become another person growing inside one’s body; (3) changes to one’s relation to oneself and one’s body resulting from (1) and (2). It is hard for to gain knowledge of each of these aspects of pregnancy without being pregnant. Their combination means that it is extremely difficult for those who have not been pregnant to understand what pregnancy is like.

We should distinguish two ways to know what it is like to be pregnant. First, someone might know that certain descriptions are true of those who are pregnant. Someone can know that pregnant persons suffer pregnancy sickness in that they can know that the description ‘suffers pregnancy sickness’ is true of many pregnant persons. Call this kind of knowledge ‘information’: the aforementioned person ‘has the information that pregnant persons suffer pregnancy sickness.’

The second way of knowing involves grasping what it means for the relevant description to be true and how that interacts with other relevant facts. I call this second type of knowledge ‘grasp’: someone with this de ‘grasps that pregnant persons suffer pregnancy sickness’ or ‘grasps what it is like to be pregnant’. [[7]](#endnote-7) One can have the information that pregnant persons suffer pregnancy sickness without grasping what this means.

 Applied ethics requires both information and grasp. To assess the implications of what it is like to be pregnant for the ethics of abortion, we need to know not just that descriptions such as ‘‘suffers pregnancy sickness” are true of many who are pregnant. We need to grasp what this means.

There are problems with both information and grasp when it comes to conveying the knowledge about what pregnancy is like to those who have not been pregnant. Guenther describes a number of the symptoms that might be experienced during pregnancy, but her description is far from exhaustive. I remember being surprised – and somewhat indignant – as my eyesight changed requiring me to wear glasses, the bones in my feet spread apart so that my pre-pregnancy shoes no longer fit me, and I started drooling due to excess saliva production. The sheer number of ways in which pregnancy affects the pregnant person mean that it is difficult to acquire the ‘facts’ about pregnancy without being pregnant.

 Even if someone who has not been pregnant can acquire information about some aspects of pregnancy, grasping them is often difficult. Margaret Little describes her sister’s pregnancy sickness as “gut-wrenching dry heaves every 20-minutes and three hospitalizations … the equal of many an experience of chemotherapy.” [[8]](#endnote-8) My own pregnancy sickness did not require hospitalisation but was severe. I remember writing in 20-minute intervals, stopping to rush to the bathroom, clinging to the toilet seat while dizzy waves of vomiting crashed over me, then hurrying back to work to try to make a little progress before the next wave hit. A friend never vomited but suffered constant dizzying nausea throughout the first semester making it impossible to think. Without the relevant experience, it is hard to imagine the sheer relentlessness of months of this kind of sickness.

Suppose your listener manages to comprehend months of sickness. To grasp what pregnancy sickness is like, they must understand this experience in conjunction with the other aspects of pregnancy. They have to understand how pregnancy sickness interacts with the many other physical changes involved in pregnancy. Experiencing persistent vomiting on its own is not the same as experiencing persistent vomiting accompanied by pregnancy related skin-conditions, breast tenderness, hip pain,… The conjunction of symptoms can change how one feels about what is happening. Insofar as one can separate bodily sensations from this overall experience, the bodily sensations themselves may differ when experiencing multiple symptoms concurrently.

 Pregnancy involves the most rapid and dramatic changes to the shape and functioning of one’s body experienced in healthy adult bodies. Many of those who have not been pregnant will not have experienced anything remotely comparable to these bodily changes since puberty. Guenther describes how these bodily transformations of pregnancy may change the pregnant person’s understanding of her relationship to her own body, in a ‘self-divergence’. Similarly, Iris Marion Young argues: “In pregnancy, I literally do not have a firm sense of where my body ends and the world begins.”[[9]](#endnote-9) Young describes how her prepregnant body image persists through pregnancy, giving her pregnant body the ability to surprise her, so that it is experienced as both part of her body and not part of her body simultaneously. She tries to move “only to find my way blocked by my own body sticking out in front of me but yet not me, since I did not expect it to block my passage.”[[10]](#endnote-10)

 To be pregnant is to grow what will become another person inside your body. In Young’s words: “As months and weeks progress, increasingly I feel my insides, strained and pressed, and increasingly feel the movement of a body inside me.”[[11]](#endnote-11) Adrienne Rich notes: “In early pregnancy the stirring of the fetus felt like ghostly tremors of my own body, later like the movements of a being imprisoned in me; but both sensations were *my* sensations, contributing to my own sense of physical and psychic space.”[[12]](#endnote-12) Young and Rich, with other phenomenologists of pregnancy, each argue that this unique relationship challenges the pregnant person’s self-understanding, as she sees the fetus as both self and not-self. Young calls this: “a unique body subjectivity that is difficult to empathize with unless one has been pregnant.”[[13]](#endnote-13)

 These aspects of pregnancy differ dramatically from anything that most who have not been pregnant have experienced. Given these differences, unless you have been pregnant, it is not easy to gain knowledge of what pregnancy is like. In giving access to this knowledge, pregnancy is an epistemically transformativeWIDE experience.

 I will now consider to what extent the barriers that those who have not been pregnant face in understanding pregnancy can be overcome.

Martha Nussbaum argues that narrative can allow us to grasp the experiences of others and that literature therefore plays a vital role in ethics. “Our experience is, without fiction, too confined and too parochial. Literature extends it, making us reflect and feel what might otherwise be too distant for feeling.” [[14]](#endnote-14) In *Expecting: The Inner Life of Pregnancy,* Chitra Ramaswamy describes vividly and richly what she is feeling and how her body is changing, month by month. She draws on novels, art, poetry and film, about pregnancy, or about other topics. [[15]](#endnote-15) She describes feeling the baby move:

“I started to feel a series of quickenings in my utertus. I say a series, because they felt multiple. This was no defined kick, tap, flutter, hunger pang or bubble of gas… And yet, something electrical, like the fusing of wires. A string of lights flickering, then turning on…I thought of these early movements as the Quickenings as if they were a band of independent creatures bombing against my womb, rubbing feathery backs across its arches as they scuttled back and forth, stomping tiny feet across spongy surfaces…”[[16]](#endnote-16)

Turning the final page, you feel as if you have walked with Ramaswamy through her journey.

Ramaswamy’s work is one of many examples of narratives about pregnancy by those who have been pregnant.[[17]](#endnote-17) Such narratives can help us to partially overcome the obstacles that those who have not been pregnant face in grasping the knowledge gained through pregnancy.

 As Nussbaum points out, narratives engage us in a way that other forms of writing do not.[[18]](#endnote-18) This emotional engagement helps us to move beyond mere information about the facts to a grasp of what those facts mean.

 For example, a good narrative account of pregnancy sickness situates it within the overall context of pregnancy, describing or at least invoking details beyond the obvious. Literature has the ability to present a holistic account of experience, integrating the different features and showing how they interact.

Using metaphor, imagery and stylistic tools, literature is able to take our understanding beyond the literal meaning of words. David Biro identifies two reasons why pain is difficult to express. First, it is not “anchored to the world we share with others”[[19]](#endnote-19) by being connected to an object which others can see, hear or touch. Second, it lives “in the interior world of the body”[[20]](#endnote-20) which is “remote and inaccessible”[[21]](#endnote-21). Biro argues that metaphor can allow us to partially communicate these interior experiences by putting them “in terms of objects that can be perceived.”[[22]](#endnote-22)Pregnancy shares both features identified by Biro: insofar as it relates to an object, that object is part of the interior world of the pregnant person and cannot be seen or touched by others. With pregnancy, as with pain, metaphor can help us others to have some grasp of this private experience.

Moreover, narratives such as *Expecting* provide a sense of time. This is in part because we spend time reading literature, but also because narratives have their own internal time frame.[[23]](#endnote-23) The nature of pregnancy over time can be one of the hardest aspects to convey to those who have not been pregnant. Often it seems as if those who underestimate the costs of pregnancy do so because they fail to grasp what it means for pregnancy to last nine months. There are also subtler issues: to understand what it is like to be pregnant, one must understand it as something that occurs over time and that affects one’s sense of time, seeming simultaneously interminable and rapid.

Engaging with appropriate narrative helps us to overcome two of the barriers that those who have not been pregnant face in acquiring the knowledge gained in pregnancy. It helps us to grasp what the truth of various descriptions about pregnancy mean and it helps us to understand how those features interact with other aspects of pregnancy.

Nonetheless, these barriers cannot be completely overcome. Kathryn Conway argues that even the best autobiographical accounts of serious illness cannot fully convey the author’s experiences:

When reading these personal narratives that depict the more difficult aspects of illness and disability, I discovered that these authors not only push the boundaries of what we can understand about illness and disability, but also describe their confrontation with the limits of language and literary form for representing pain, suffering and awareness of mortality….[[24]](#endnote-24)

Conway provides many quotes as evidence for her assertion. In a striking one, William Stryon argues that those who are healthy cannot “imagine a form of torment so alien to everyday experience [as depression].”[[25]](#endnote-25) Like those trying to convey illness, Ramaswary confronts the limits of language, echoing Stryon’s use of the word ‘alien’. She asks: “How do we find some meaningful understanding of one of the most challenging and alien experiences of all? To describe what it really feels like to grow a person within a person? To tell the curiously silenced story of how every single one of us began?”[[26]](#endnote-26) She describes pregnancy as “unspeakable”[[27]](#endnote-27) and comments: “As with all the deepest, wildest, most difficult experiences, any attempt at explaining pregnancy reduced it, rubbed it out altogether.”[[28]](#endnote-28)

There are four reasons that it is not possible to fully convey the knowledge gained in pregnancy.

First, and most importantly, some elements of pregnancy are just *so* different from any other experience that they are impossible to fully grasp without the experience. As argued above, pregnancy involves rapid changes to one’s body while growing what will become another person growing inside one’s body, blurring one’s bodily boundaries and perhaps changing one’s very conception of one’s self. The work of Ramaswary, Young, Rich, et al partially explain what this is like. But the gap between the reader’s own experience and what they are trying to convey may be too big for language to bridge. Carel and Kidd describe this feature as ineffability: “Perhaps certain extreme and unique experiences cannot be communicated in any direct, propositional manner, and so are only shareable with persons whom one recognises to have had similar experiences.”[[29]](#endnote-29)

Second, experience is richer than either testimony or narrative. Even if each individual detail could in principle be conveyed, there are too many details to convey in a finite time.[[30]](#endnote-30) These missing details mean that someone who has not been pregnant will inevitably lack a full sense of what pregnancy is like overall.[[31]](#endnote-31)

Third, because of the holistic nature of experience, missing one detail often means that one has not fully understood other elements. As I have argued, to understand what pregnancy sickness is like, we need to understand how this interacts with the other changes experienced in pregnancy. Because there are too many such changes to convey to someone who has not been pregnant in a finite time, this means that neither literature nor testimony can provide a full grasp of what it is like to have pregnancy sickness.

 Finally, experience has a vividness that even extraordinary writing like Ramaswamy’s cannot acquire. The vividness of experience in pregnancy is crucial for gaining not just information that certain descriptions are true of pregnant persons, but a full grasp of what this means. Because they understand these things less vividly, those who have not been pregnant do not fully grasp the knowledge gained in pregnancy. On illness narratives, Conway says: “Even as these writers find language and form for their experience, they discover that something of its emotional intensity slips away in the telling of their story.”[[32]](#endnote-32) The same is true of pregnancy.

Pregnancy is both an epistemically transformativeWIDE experience and an epistemically transformativeNARROW experience.

**What it is like to be pregnant versus what this pregnancy is like**

The experience of pregnancy varies widely. Does it make sense to talk about knowledge about ‘what pregnancy is like’?

Two obvious ways that pregnancies can vary are by severity of physical symptoms and by social situation. 2% of pregnancies involve extreme pregnancy sickness or hyperemesis gravidarum (HG). Women with HG often say that those who have not experienced the condition cannot understand what it is like.[[33]](#endnote-33) Similarly, White women may not be able to fully understand the pregnancies of Black women experienced within a structure of racism. [[34]](#endnote-34) What it is like to be pregnant may also vary significantly between cultures, depending on factors such as the social meaning of pregnancy[[35]](#endnote-35) and the importance placed on autonomy[[36]](#endnote-36).

The experience of pregnancy is also likely to be affected by subject-specific considerations. Whether, and how much, pregnancy is experienced as a disruption, requiring one to makes changes to existing plans and projects, makes a significant difference. [[37]](#endnote-37) Reproductive history matters. Jennifer Scuro describes herself in her first pregnancy as “happy but naïve.”[[38]](#endnote-38) Her pregnancy after miscarriage is very different: “My pregnancy was ‘successful’. I bled a lot for the first three months. I gained a lot of weight. I was terrified but the baby was okay.”[[39]](#endnote-39)

There can also be unpredictable differences in how pregnancy is experienced. Two persons who are in very similar circumstances, with similar attitudes towards pregnancy before becoming pregnant, and who appear to suffer similar physical symptoms of pregnancy may differ in whether they experience pregnancy as a involving a loss of control over their body that challenges their autonomy. Someone who has not experienced pregnancy as a challenge to autonomy may struggle to understand what pregnancy is like for someone who does.

Miranda Fricker responds to a similar worry concerning the claim in Feminist Standpoint Theory that there may be some knowledge that is primarily available from the standpoint of women. [[40]](#endnote-40) Fricker argues that instead of claiming that all women share the *same* experience in virtue of being women, we can appeal to *similarities* between women’s experiences in virtue of their subjects’ being women. “There will be a similarity between two different people's experiences of, say, sexual discrimination, if there is - as there must be - a description (however thin and incomplete) of these experiences that is true across difference.” [[41]](#endnote-41)

I cannot use Fricker’s approach. I claim pregnancy can provide a grasp of what it is like to be pregnant which goes beyond what can be easily conveyed to those who have not been pregnant. I need more than that all pregnant people fall under the same high-level description. What it is like for two people to be pregnant must be importantly similar in ways that give them an insight into the other’s experience.

Someone who has been pregnant will often, but not always, meet this condition with respect to another’s pregnancy. Although we should not underestimate the variety among ways it can be like to be pregnant, we should also not underestimate how much different experiences of pregnancy can have in common. Even if two pregnant persons differ in their physical symptoms, they are likely to both, for example, experience rapid, significant and unexpected changes to their bodies in the process of pregnancy. These experiences are dramatically different from the experiences of most people who have not been pregnant. Often, the differences between two pregnancies will be dwarfed by the difference between those pregnancies and other experiences, so that it is still easier for someone who has been pregnant to understand another’s pregnancy even if there are significant differences.

Think of possible experiences of pregnancy as points in a ‘similarity space’: some experiences will be similar and thus close; others will be very different and thus further apart. [[42]](#endnote-42) A pregnant person acquires a detailed understanding of one point in the similarity space (matching their own experience of pregnancy). Unless their pregnancy is very unusual, there will be a cluster of other possible experiences of pregnancies close in the similarity space. It will be easy for them to grasp what these pregnancies are like. It will be harder – and sometimes impossible – for them to grasp what pregnancies that are far away in the similarity space are like.

This raises an important distinction between knowledge of what pregnancy is like in general and knowledge about what a particular pregnancy is like. A full understanding of what pregnancy is like in general would require us to have *both* knowledge of how pregnancies are distributed around the similarity space described above *and* knowledge of each particular pregnancy at each point in the similarity space. Understanding pregnancy requires us to hold both the personal and the generic perspectives in our mind at once.

Paul discusses an analogous distinction in exploring the relevance of transformative experiences to rational choice. She argues that becoming a parent is a transformative experience due to “the epistemically distinctive attachment relation that is created between you and your child, along with its associated properties and the process that led to its creation.”[[43]](#endnote-43) We cannot know what this unique attachment is like until we have experienced it.[[44]](#endnote-44) But, Paul argues, not only it is impossible to know what parenting in general is like before having a child, I cannot know what properties *my* child will have – and thus what type of parenting experience I will have. I cannot know what being a parent will be like for me with my child.[[45]](#endnote-45)

This also applies to pregnancy: we cannot know where on the similarity space a given person’s pregnancy will fall. Even someone who has been pregnant cannot know what a subsequent pregnancy will be like for them. An ‘easy’ first pregnancy may be followed by miscarriage, life-threatening pre-eclampsia or extreme pregnancy sickness; one’s psychological reactions may be very different even if the physical symptoms are similar.

All this leads to four important points: (1) being pregnant does not automatically provide knowledge about what it is like to be pregnant in general – work needs to be done to understand how one’s own experience relates to other possible experiences; (2) which experiences of pregnancy someone can grasp will depend upon the position of their own experience in the similarity space; (3) we need to draw on the knowledge from a range of pregnancies for a full understanding of what it is like to be pregnant. (4) This full understanding should reflect that pregnancy is epistemically transformative at both the general and the particular level: being pregnant gives us new access to knowledge about what pregnancy in general is like and each pregnancy provides new knowledge about what that particular pregnancy is like.

It is not what pregnancy is like, but what *unwanted* pregnancy is like which is generally relevant to the ethics of abortion. [[46]](#endnote-46) Some voluntary pregnancies may be so different from unwanted pregnancies that going through such a pregnancy does not allow someone to grasp what an unwanted pregnancy might be like. However, normally someone who has undergone a voluntary pregnancy is in a better position than someone who has never been pregnant to understand what it is to ask someone to remain pregnant against their will. First, they are aware of ways in which pregnancy was difficult for them. Understanding the burdens involved in a voluntary pregnancy, may allow them a grasp of what it is to ask someone to take on these burdens against their will. But their understanding of the ways in which pregnancy was wonderful for them will also be relevant. The very features that make voluntary pregnancy so wonderful (the incredible intimacy, the changes to identity) might make being required to remain pregnant against one’s will bad.[[47]](#endnote-47) So long as those who have undergone voluntary pregnancies are sufficiently reflective to consider how involuntariness might affect the experience of pregnancy, their experience still provides insight into what is at stake for the pregnant person in abortion. [[48]](#endnote-48)

**The Relevance of Knowledge of What it is Like to be Pregnant to the Ethics of Abortion**

I have argued that pregnancy is epistemically transformative in both the wide and narrow senses. Pregnancy provides access to knowledge about what it is like to be pregnant. Those who have not been pregnant must work hard to even partially grasp such knowledge and may need to engage with a range of narrative literature. Even with such engagement they cannot fully grasp what pregnancy is like. I will now argue that this knowledge is crucial for adequate debate about the ethics of abortion.

The abortion debate is characterised by two main strands: the first focuses on the moral status of the foetus; [[49]](#endnote-49) the other takes for granted that the foetus has significant moral status, and then focuses on the pregnant person’s duties to sustain the foetus. [[50]](#endnote-50) Knowledge of what it is like to be pregnant is crucial for the debate about whether the pregnant person has a duty to sustain the foetus. Margaret Little has argued eloquently that this debate has failed to pay sufficient attention to the nature of pregnancy: “reading some articles, the fetus might as well be a stranger attacked on the street or subsisting ex utero in a lab.” [[51]](#endnote-51) Little is correct. Consider the analogies within this debate: Thomson’s agent lying on a bed with the violinist “plugged into” her[[52]](#endnote-52); Gensler’s analogy between a duty to gestate and a motorist’s duty to help someone he has injured in an accident.[[53]](#endnote-53)

These analogies compare pregnancy (which involves growing another person within one’s body, causing drastic, possibly permanent physical and emotional changes) to interactions with minimal contact and apparently minimal effects on one’s body. Such discussions, in ignoring what pregnancy is like, do not adequately address whether this could be something that is demanded of a person.

Most discussion of abortion downplays the physical burdens of pregnancy. It typically ignores the fact that significant pain and discomfort come as standard in pregnancy and that there are non-negligible risks of serious injury or even death.[[54]](#endnote-54) Pregnancy sickness does not make an appearance. Serious illnesses like pre-eclampsia and gestational diabetes go unconsidered. Birth, requiring major abdominal surgery or hours or even days of intense pain, is not mentioned. It also ignores the other aspects of pregnancy described above: the dramatic changes to one’s body, with dramatic implications for one’s self-understanding. the fact that pregnancy involves growing a person inside oneself. Little’s main criticism is that the literature ignores the distinctive intimacy of pregnancy: “To be asked to gestate is to be asked to share one’s very body – and likely, by the end, one’s heart. To gestate is to be engaged in an *intimacy* of deep proportions.” [[55]](#endnote-55)

Insofar as it ignores the distinctive nature of pregnancy, the debate on abortion is significantly incomplete. But it might be thought that what is missing is knowledge of biological facts and mortality and morbidity statistics. [[56]](#endnote-56) This may undercut my claim that the knowledge accessible through pregnancy is required for fully engaging with the debate on abortion.

It may be possible to show that abortion must be *permissible* without appealing to knowledge that is primarily accessible through pregnancy. The biological facts and statistics may be enough to warrant this conclusion. However, one cannot be warranted in concluding that abortion is *impermissible* without attending to the knowledge accessible through pregnancy, unless one has compelling arguments that it does not matter what costs being required to continue a pregnancy places on the pregnant person. To reach the conclusion that abortion is impermissible without consulting knowledge acquired through pregnancy is to risk the charge that one’s assessment of the costs of being required to continue a pregnancy is inadequate.

What would be needed to show that it does not matter what costs are placed on the pregnant person? Such an argument would need to do more than simply show that the foetus is a person with all a person’s rights. Given that pregnancy involves sustaining the foetus, argument is needed to show that abortion is properly understood as doing harm, or killing, rather than refusing to continue to aid.[[57]](#endnote-57) Even if the foetus is a person and abortion is killing, it is not obvious that abortion must be impermissible. Many people hold that there are some burdens such that it is permissible to kill an innocent threat in self-defence to avoid those burdens. Continuing an unwanted pregnancy could plausibly be seen as such a significant burden that it is permissible to kill an innocent threat to avoid this burden. Perhaps this overestimates the cost of being required to continue a pregnancy – but showing this requires engagement with what it is like to be pregnant. To show that the understanding gained through pregnancy is irrelevant, the opponent of abortion would need to argue that (a) the foetus has the full moral status of a person; (b) having an abortion is no different from killing an innocent threat; (c) killing innocent threats is impermissible in all circumstances (or in all circumstances except to prevent the certainty of your own death, remembering that being pregnant involves a non-trivial risk of death). Alternatively, they might argue (a’) the foetus has something close to the full moral status of a person; (b’) the pregnant person has a special responsibility for the foetus; (c’) this special responsibility for the foetus gives the pregnant person the responsibility to keep it alive whatever it costs her (or whatever it costs her short of the certainty of her own death). Most of these premises are extremely controversial. Given this, anyone who wants to argue for the impermissibility of abortion should at least engage with the question of what is involved in requiring a person to remain pregnant to work out whether they need to make such controversial claims.

Someone might object that all we need to know to assess the ethics of abortion is how much of a burden pregnancy inflicts. Perhaps those who have been pregnant can tell the never-pregnant ethicist this, even if there will be elements of exactly what it is like to be pregnant that this ethicist cannot understand. [[58]](#endnote-58)

 This objection fails. Reference to ‘burdens’ seems to inappropriately assume that all costs are homogenous. [[59]](#endnote-59) It matters morally not just ‘how much’ a requirement ‘burdens’ me but also how. The fact that pregnancy requires extreme intimacy has different moral import than the fact that it involves pain. The task of assessing the ethical import of what is being asked of someone by requiring them to remain pregnant is *part* of applied ethics. Working this out requires substantive judgments about the ethical importance of bodily autonomy, of pain, of changes to one’s body and identity.

My conclusions do not imply that those who have not been pregnant may not engage in debate about the ethics of abortion. This would follow only by assuming an individualist model of reasoning about ethics, in which each person reasons alone without input from others. Ethical reasoning need not be done in isolation. Applied ethics as practised by contemporary professional philosophers generally is cooperative. Improvement of arguments through feedback is a cornerstone of contemporary philosophical practice. There are significant practical and philosophical challenges in working out how cooperation and collaboration can allow us to engage in ethical reasoning when relevant knowledge is not fully accessible to all. This project is beyond the scope of this paper. Nonetheless, it is too early to say that the project will fail.

I noted in the introduction that the fact that most pregnant persons are women influences both how epistemically transformative pregnancy is within this culture and in the implications of the epistemically transformative character of pregnancy for philosophical discussion of abortion. As Elizabeth Barnes argues, whether and to what degree an experience is epistemically transformative can be both contingent and a matter of injustice. [[60]](#endnote-60) Pregnancy is seen as a woman’s topic and is thus literature on pregnancy is less likely to be recognised as canonical. Those who have been pregnant face lack opportunities to write and publish. Thus, those who have not been pregnant may never have come across good narratives about what it is like to be pregnant. Moreover, first-hand testimony about pregnancy is not taken seriously: this often prevents the non-pregnant person from learning effectively the knowledge that can be conveyed about pregnancy and from believing those who have been pregnant when they say that there are aspects of this experience that he cannot fully grasp. Relatedly, there are powerful cultural stereotypes and scripts around pregnancy which provide a distorted understanding of what pregnancy is like. These scripts may often be seen as more reliable than the testimony of those are pregnant. This is a matter of epistemic injustice.

Nonetheless, even in a morally ideal world, there are likely to be experiences that are so distinctive, so different from all other human experiences, that they cannot be fully grasped by those who have not had that experience. For the reasons discussed in previous sections, pregnancy is one such experience.

**Other Relevant Experiences**

A pregnant woman’s partner may have been deeply involved in her pregnancy. This vicarious experience of pregnancy is also an epistemically transformative experience. It can give access to knowledge about what pregnancy is like that is very difficult to acquire without having a similar experience. However, there often remains a gap between the knowledge of the pregnant person and the knowledge of the person who has experienced pregnancy vicariously. It can be hard to explain, even to one’s partner, the constant presence of pregnancy and the way in which it permeates every aspect of one’s life.

Similarly, senior midwives who have never themselves been pregnant have experience-based knowledge of many pregnancies. This experience provides them with an excellent sense of the range of different ways that pregnancy can be – the shape of the abovementioned similarity space of pregnancy experiences. Nonetheless, despite these multiple, often intimate, observations, these midwives lacks the first-personal bodily experience of pregnancy.[[61]](#endnote-61)

 I drew comparisons above between pregnancy and severe illness. Illness and other experiences like gender confirmation surgery involve dramatic changes to one’s body and resultant changes to the self-understanding. In a similarity space of all possible experiences, such experiences are closer to many pregnancies than the experiences of those who have neither been pregnant nor severely ill nor had gender confirmation surgery. Indeed, someone who has had chemotherapy may have a better grasp of what extreme pregnancy sickness is like than someone with mild pregnancy sickness. Talk of ‘those who have not been pregnant’ should be understood with a silent caveat noting these other relevant experiences. Nonetheless, only pregnancy involves growing the early stage of another person inside your body. While other experiences may put those who have not been pregnant in a good position to grasp many aspects of pregnancy, they do not help them grasp that central aspect of the experience.

**Summary**

Pregnancy can provide knowledge that is important for the debate about the ethics of abortion. It can provide knowledge about what pregnancy is like and hence about what it is to require someone to remain pregnant against their will.

Pregnancy is an epistemically transformativeWIDE experience: it transforms the pregnant person’s epistemic status, giving access to knowledge which one would otherwise face significant barriers to acquiring. It is also an epistemically transformativeNARROW experience: giving access to knowledge that could not have acquired without having that experience. Engagement with appropriate literature can help those who have not been pregnant partially overcome the barriers to grasping the knowledge gained in pregnancy. However, this cannot fully convery what pregnancy is like. Both the epistemically transformativeWIDE and the epistemically transformativeNARROW nature of pregnancy pose significant challenges for philosophical debate about the ethics of abortion.

My focus in this paper is the epistemically transformative nature of pregnancy and the implications for debate on the ethics of abortion. This argument has wider implications. Many other areas of applied ethics are likely to involve epistemically transformative experiences. Philosophers working in these areas of applied ethics will need to work out how to respond appropriately to epistemically transformative experiences.

 I do not argue for this wider claim: such argument would have to proceed piecemeal, identifying the epistemically transformative experiences in each case and showing both that they are epistemically transformative and that the knowledge gained is crucial for the selected debate in applied ethics. Nonetheless, once we have recognised the implications of epistemically transformative experience for the debate on abortion, it seems likely we will become aware of similar cases elsewhere in applied ethics. Just war theory, the duties of the affluent to respond to global poverty, euthanasia: all seem to require knowledge which is difficult to grasp at all without the relevant experiences and which cannot be fully grasped without these experiences.

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1. See Judith Jarvis Thomson, ‘A defense of abortion’, *Philosophy & Public Affairs*, 1, 1 (1971): 48-9. [↑](#endnote-ref-1)
2. For similar arguments, see Margaret Little, ‘Abortion, intimacy and the duty to gestate’, *Ethical Theory and Moral Practice*, 2, 3, (1999): 295-312; Karen L. F. Houle *Responsibility, Complexity, and Abortion: Toward a New Image of Ethical Thought* (Lanham: Lexington Books, 2013). [↑](#endnote-ref-2)
3. See L. A Paul, *Transformative Experience* (Oxford: Oxford University Press, 2014); L.A. Paul, ‘What you can't expect when you're expecting’, *Res Philosophica*, 92, 2 (2015): 1-23. [↑](#endnote-ref-3)
4. My work has similarities to arguments from Feminist Standpoint Theory that there is some knowledge that is available only from the standpoint of an oppressed person and that this requires substantial modifications to traditional scientific methods. However, my focus is on the epistemic effects of certain experiences rather than on epistemic privilege associated with certain positions within systems of oppression. Moreover, I am interested in the implications of epistemic transformation for applied ethics, while work in Standpoint Theory has typically focused on the natural and social sciences and politics. (See, for example, Helen E. Longino, *Science as Social Knowledge: Values and Objectivity in Scientific Enquiry and Practice* (Princeton, N.J: Princeton University Press, 1990); Sandra Harding, ‘Rethinking standpoint epistemology: what is strong objectivity?’ in L. Alcoff and E. Potter (eds.) *Feminist Epistemologies* (New York/London: Routledge, 1993); Patricia Hill Collins, *Black Feminist Thought: Knowledge, Consciousness and the Politics of Empowerment* (New York/London: Routledge, 2000); Nancy S. Jecker, ‘The role of standpoint in justice theory’ *The Journal of Value Enquiry* 41 (2007):165-182.) [↑](#endnote-ref-4)
5. See for example, L. A Paul, *Transformative Experience*, pp. 3, 10, 76. [↑](#endnote-ref-5)
6. Lisa Guenther, ‘The birth of sexual difference’ in Sarah LaChance Adams and Caroline R. Lundquist (eds), *Coming to Life: Philosophy of Pregnancy, Birth and Mothering* (New York: Fordham University Press, 2013), p. 102. [↑](#endnote-ref-6)
7. Paul’s distinction between first personal and third personal perspectives has something in common with my distinction between grasp and information. (Paul, *Transformative Experience,* p. 109.) Successfully taking the first-personal perspective requires a grasp of, rather than mere information about, the situation. Nonetheless, the two are not the same. I might lack a grasp of, for example, the significance of very large numbers. For more distinctions that are related but not quite identical to my distinction between grasp and information, see Alison Hills’ distinction between information and understanding (‘Moral testimony and moral epistemology’, *Ethics*, 120, 1 (2009)) and Amy Kind and Peter Kung’s discussion of two distinctions in the literature on imagination: imagining from the inside vs. imagining from the outside and imagistic imagination vs non-imagistic imagination (‘Introduction: the puzzle of imaginative use’ in Amy Kind and Peter Kung (eds.), *Knowledge Through Imagination* (Oxford: Oxford University Press, 2016), pp. 4-5). [↑](#endnote-ref-7)
8. Margaret Little, ‘Abortion, intimacy and the duty to gestate’, *Ethical Theory and Moral Practice*, 2, 3 (1999): 300. [↑](#endnote-ref-8)
9. Young, ‘Pregnant embodiment’ in *Throwing Like a Girl and Other Essays in Feminist Philosophy and Social Theory*: 163. [↑](#endnote-ref-9)
10. Young, op cit. 164 [↑](#endnote-ref-10)
11. Young, op. cit. 163 [↑](#endnote-ref-11)
12. Adrienne Rich, *Of Woman Born: Motherhood as Experience and Institution* 10th Anniversary Edition (New York/London: W.W. Norton and Company, 1986), p. 63. [↑](#endnote-ref-12)
13. Young, op. cit. 171 [↑](#endnote-ref-13)
14. Martha Nussbaum, *Love’s Knowledge* (New York: OUP, 1990), p. 47 [↑](#endnote-ref-14)
15. Chitra Ramaswamy, *Expecting: The Inner Life of Pregnancy* (Glasgow: Saraband, 2016). [↑](#endnote-ref-15)
16. Ramaswamy, op. cit. 81-2. [↑](#endnote-ref-16)
17. See: MacDonald, Trevor. *Where's the Mother? Stories from a Transgender Dad*. Dugald, Manitoba: Trans Canada Press, 2016). *An Exact Replica of a Figment of My Imagination: A Memoir* by Elizabeth McCracken (London: Jonathan Cape, 2009). Cherríe Moraga, *Waiting in the Wings: Portrait of a Queer Motherhood* (Ithaca, NY: Firebrand Books, 1997). In ‘The stranger guest: the literature of pregnancy and new motherhood’ *LA Review of Books*, 29th July 2016, Lilly Gurton Wachter describes “a proliferation of texts that depth and detail to the experience of having a baby: the birth, we might say, of a new literature of new motherhood”, citing Elisa Albert’s *After Birth* (Boston: Houghton, Mifflin, Harcourt, 2015), Eula Biss’s *On Immunity: An Inoculation* (Minneapolis: Graywolf Press, 2014), Rivka Galchen’s *Little Labors* (New York: New Directions, 2016), Sarah Manguso’s *Ongoingness: The End of a Diary* (Minneapolis: Graywolf Press, 2015), and Maggie Nelson’s *The Argonauts* (Minneapolis: Graywolf Press, 2015).” Patricia Hill Collins notes: “Personal Narratives, autobiographical statements, poetry, fiction and other personalised statements have all been used by women of color to express self-defined statements on mothering and motherhood.” (Hill Collins, ‘Shifting the centre: race, class and feminist theorizing about motherhood’ in: D. Basin, M. Honey and M. Mahrer Kaplan (eds.), *Representations of Motherhood* (New Haven, Connecticut: Yale University Press, 1994), p. 60. Hill Collins discusses: Anne Moody, *Coming of Age in Mississippi* (New York: Delta Trade Paperbacks, 1968); Maya Angelou, *I know why the caged bird sings* (New York: Random House, 1969)*;* Linda Brent, *Incidents in the Life of a Slave Girl* (Boston: Thayer and Eldridge, 1861); Marita Golden, *Migrations of the Heart* (New York: Ballantine, 1983); Sarah E. Wright, *This Child’s Gonna Live*(Old Westbury, N.Y: Feminist Press, 1986); Alice Walker, *Meridian* (Boston: Harcourt, 1976); Toni Morrison, *Sula* (New York: Knopf, 1973)and *Beloved* (New York: Knopf, 1987); Amy Tan, *The Joy Luck Club* (New York: G.P. Putnam’s Sons, 1989)*;* Maxine Kingston, *Woman Warrior* (New York: Knopf, 1976); Jean Wakatasuki Houston*, Farewell to Manzanar* (Boston: Houghton, Mifflin, 1973); Connie Young Wu, ‘The world of our grandmothers’ in Asian Women United of California (eds),  *Making Waves: an Anthology of Writings By and About Asian-American Women* (Boston: Beacon Press, 1989), pp. 33-41; Gloria Anzaldua, *Borderlands/ La Fontera* (San Francisco, CA: Aunt Lute Books, 1987). I thank Chimine Nicole, Ginny Engholm, Katherine Glenn-Applegate and Hannah Ryan for recommendations. [↑](#endnote-ref-17)
18. See, for example, Nussbaum, op. cit. 44. [↑](#endnote-ref-18)
19. David Biro, ‘When language runs dry: pain, the imagination and metaphor’ in L. Folkmarson Käll (ed.) *Dimensions of Pain* (London: Routledge 2013), p.15 [↑](#endnote-ref-19)
20. Biro, op. cit. 15. [↑](#endnote-ref-20)
21. Biro, op. cit. 16. [↑](#endnote-ref-21)
22. Biro, op. cit. 16 [↑](#endnote-ref-22)
23. Nussbaum also notes the way in a sense of time allows narrative to play an important role in ethical thought. Nussbaum, op. cit. 37. [↑](#endnote-ref-23)
24. Kathryn Conway, *Beyond Words: Illness and the Limits of Expression* (Albuquerque: University of New Mexico Press, 2007), p. 3. [↑](#endnote-ref-24)
25. Styron, *Darkness Visible: A Memoir of Madness* (New York: Vintage, 1992), p. 17. Quoted in Conway, op. cit. 89. [↑](#endnote-ref-25)
26. Ramaswamy, op. cit. 7. [↑](#endnote-ref-26)
27. Ramaswamy, op. cit. 8. [↑](#endnote-ref-27)
28. Ramaswamy, op. cit. 54. [↑](#endnote-ref-28)
29. Ian James Kidd and Havi Carel, ‘Epistemic injustice and illness’, *Journal of Applied Philosophy,* 34, 2, (2017):185. [↑](#endnote-ref-29)
30. I thank Adrian Haddock and Peter Sullivan for pressing me on this. [↑](#endnote-ref-30)
31. For a similar argument, see Jecker, op. cit. 179. [↑](#endnote-ref-31)
32. Conway, op. cit. 3. [↑](#endnote-ref-32)
33. See, for example, Caitlin Dean and Margaret O’Hara, ‘Ginger is ineffective for hyperemesis gravidarum, and causes harm: an internet based survey of sufferers’*,* *MIDIRS Midwifery Digest* 25:4 (2015): 449 – 455. [↑](#endnote-ref-33)
34. Black women’s experiences of pregnancy may be affected by, for example, the much higher rates of maternal mortality for black women. See <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html> accessed 4th January 2018. Full study: Andrea A Creanga, Carla Syverson, Kristi Seed, William M. Callaghan ‘Pregnancy-related mortality in the United States, 2011-2013.’ *Obstetrics & Gynecology*. 130, 2, (2017):366-373. [↑](#endnote-ref-34)
35. I thank Simon Hope for pressing me on this. [↑](#endnote-ref-35)
36. I thank Elizabeth Phelps and Monica Lipscomb-Smith for helpful discussion on cultural variation in attitudes to pregnancy. [↑](#endnote-ref-36)
37. I thank an anonymous referee for raising this point. [↑](#endnote-ref-37)
38. Jennifer Scuro, *The Pregnancy [Equals Not] Childbearing Project: A Phenomenology of Miscarriage* (London: Rowman and Littlefield, 2017), p. 2. [↑](#endnote-ref-38)
39. Scuro, op. cit. p. 12 [↑](#endnote-ref-39)
40. See for example, S. Harding, *The Science Question in Feminism* (Milton Keynes:Open University Press, 1986), p. 192. Miranda Fricker, ‘Epistemic oppression and epistemic privilege’ *Canadian Journal of Philosophy*, 29, 2009: 197-199. [↑](#endnote-ref-40)
41. Miranda Fricker, op. cit.: 201 [↑](#endnote-ref-41)
42. This way of understanding experiences of pregnancy is based on a suggestion from Jessica Hammer. It also draws on discussion by Lawrence M. Thomas of the insight that members of the same diminished social category can have into each others lives. (Laurence M. Thomas, ‘Moral deference’, in Cynthia Willet (ed.) *Theorizing Multiculturalism: A Guide to the Current Debate* (Oxford: Blackwell, 1998)pp. 364-5.) [↑](#endnote-ref-42)
43. L.A. Paul, ‘Transformative choice: discussion and replies’, *Res Philosophica* 92, 2 (2015): 484-5. [↑](#endnote-ref-43)
44. In response to critique from Elizabeth Harman (‘Transformative experiences and reliance on moral testimony’, *Res Philosophica* 92, 2 (2015):323-339.), Paul notes that some people may have the distinctive parental attachment to children who are not their own. Such ‘alloparenting’ can give someone an understanding of what parenting is like (Paul, ‘Transformative choice: discussion and replies’: 518). [↑](#endnote-ref-44)
45. Paul, *Transformative Experience*, pp. 78-79 [↑](#endnote-ref-45)
46. I thank Andreas Kaspner for pressing me on this. [↑](#endnote-ref-46)
47. See Little, op. cit. 302. See also Andrew Koppelman, ‘Forced labor: a thirteenth amendment defense of abortion’, *Northwestern University Law Review* 84 (1990): 480–535. [↑](#endnote-ref-47)
48. Carel and Kidd distinguish three types of transformative experience: voluntary transformative experience, which are freely chosen; involuntary transformative experiences which are the unintended consequences of our choices, “imposed on us by the contingencies of life” and nonvoluntary transformative experiences which result from coercion. (Havi Carel and Ian James Kidd, ‘Expanding transformative experience’, *European Journal of Philosophy*, 28 (2020): 206.) They argue that the focus of the literature on voluntary transformative experiences has distorted our understanding of the phenomenon, for most transformative experiences are involuntary or nonvoluntary. Consideration of pregnancy as an epistemically transformative experience supports this claim, for pregnancy is often involuntary or nonvoluntary. Indeed, even planned pregnancies may involve involuntary transformative experiences: miscarriage, extreme pregnancy sickness, pregnancy discrimination. Furthermore, it might be argued that all pregnancies where abortion is prevented are nonvoluntary transformative experiences: the pregnancy person is forced to continue the pregnancy. At the very least, unplanned pregnancies are involuntary transformative experiences which involve deeply significant transformation. This may in itself be relevant to the ethics of abortion. [↑](#endnote-ref-48)
49. See, for example, Don Marquis, ‘Why abortion is immoral’, *Journal of Philosophy*, 86 (1989): 183-202; Michael Tooley, ‘Abortion and infanticide’, *Philosophy & Public Affairs*, 2, 1 (1972): 37-65; David Boonin, *A Defense of Abortion,* (Cambridge University Press, 2003), chapters 2 and 3. [↑](#endnote-ref-49)
50. See, for example, Thomson, op. cit.; Harry J. Gensler, ‘A Kantian argument against abortion’, *Philosophical Studies* 49 (1986): 83-98; Frances Kamm, *Creation and Abortion: A Study in Moral and Legal Philosophy*. (Oxford University Press, 1992); Boonin, op. cit. chapter 4. [↑](#endnote-ref-50)
51. Little, op. cit. 298. [↑](#endnote-ref-51)
52. Thomson, op. cit. [↑](#endnote-ref-52)
53. Gensler, op. cit. 88. [↑](#endnote-ref-53)
54. According to the President of the RCOG, 90% of women tear during childbirth (https://www.rcog.org.uk/en/blog/perineal-tearing-is-a-national-issue-we-must-address/). In the US in 2008, the maternal mortality rate was 16.7 per 100, 000 live births. Margaret C. Hogan, et al **‘**Maternal mortality for 181 countries, 1980–2008: a systematic analysis of progress towards Millennium Development Goal 5’**,** *The Lancet* , 375 , 9726:1609 – 1623. [↑](#endnote-ref-54)
55. Little op. cit. 305. [↑](#endnote-ref-55)
56. I thank Elselijn Kingma for pressing me on this. [↑](#endnote-ref-56)
57. That abortion requires acting on the foetus’ body does not settle the matter. As Jeff McMahan has argued, merely allowing harm can involve such action. Jeff McMahan, ‘Killing, letting die, and withdrawing aid.’ *Ethics* 103 (1993): 251. [↑](#endnote-ref-57)
58. I thank Antti Kappuninen for this objection. For similar objections to Paul’s argument that transformative experiences raise problems for rational choice theory, see Ruth Chang, ‘Transformative choices’, *Res Philosophica*, 92, 2, (2015): 237-282; Tom Dougherty, Sophie Horowitz and Paulina Sliwa, ‘Expecting the unexpected’, *Res Philosophica*, 92, 2 (2015): 301-321; Elizabeth Harman, ‘Transformative experiences and reliance on moral testimony’, *Res Philosophica*, 92, 2, (2015): 328-331. [↑](#endnote-ref-58)
59. I thank Rachel Elizabeth Fraser for raising this point. [↑](#endnote-ref-59)
60. See Elizabeth Barnes, ‘Social identities and transformative experience’, *Res Philosophica*, 92, 2 (2015):171-187. I thank Elselijn Kingma for pressing me on this. [↑](#endnote-ref-60)
61. Lauren Freeman argues that pregnant women’s privileged understanding of their bodies is systematically undermined and that this constitutes a form of epistemic injustice. She calls for health professionals and pregnant women – and patients in general – to be recognised as epistemic peers. Like Freeman, I want to recognise the expertise that health professionals have while arguing that there is some knowledge to which the pregnant person has a privileged access. Like Freeman, I think that the epistemic privilege which pregnant persons enjoy lies in their unique first-person access to the embodied experience of pregnancy. Freeman’s paper also makes interesting claims about why this kind of epistemic privilege is systematically unrecognised. (Lauren Freeman, ‘Confronting diminished epistemic privilege and epistemic injustice in pregnancy by challenging a “panoptics of the womb”’, *Journal of Medicine and Philosophy*, 40 (2015): 44–68. [↑](#endnote-ref-61)