

The Ideology of Choice: Abortion (Bio-) Politics, Prenatal Screenings and Women's Liberation

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1. Introduction

It is eight o'clock in the morning and I am sitting in the doctor's room of the department of endocrinology in a hospital in Prague, waiting for my regular check-up. Like every other year since I was seven. When I was a kid, I was diagnosed with hypothyroidism, which is an autoimmune disease that causes the underproduction of certain hormones necessary for the well-functioning of my body. For several years, I have visited the hospital and my doctor has advised me on what to do with my thyroid if I become pregnant. Each time, I say that I have no desire to become pregnant but the doctor continues to talk, no matter my stance on pregnancy. The same situation happens also this day, at 8 o'clock in the morning. I am sitting at the doctor's room, obtaining my "perfect" results while listening to her recommendations concerning my future. I feel obliged by the tone of her voice, by the sanitary environment and her arguments to become a disciplined patient, a reasonable responsible woman who wants the best for her and her maybe-future baby. But it is the emphasis on the quality of the baby that makes me question whether the interest in my responsabilisation is more about me or the future citizen represented by the idea of my baby. As the doctor says, "We want a baby of the highest quality."

First, I do not understand who she meant by that "we." Second, I do not understand what she means by the "high quality" standard, which provokes my fast answer: "So you think that babies that are not able-bodied are not good?" I am not expecting for my question to cause such anger and hostility. The doctor continues, "Of course you don't have to do it. You don't have to follow my advice. It is your choice." Even though the doctor frames my action through the rhetoric of choice and emphasizes my individual agency, I feel that it is not my "real" choice if I feel that I should act in the name of my future offspring. Especially when the doctor carries her thoughts on with a story about a couple of doctors who refused to undergo prenatal screenings when the woman was pregnant. "They also refused, convinced

how anti-ethical the procedure is and they ended up with a child with Down Syndrome,” the doctor utters. I feel threatened despite the fact she thinks that she is giving me the best non-coercive advice. I feel like I am trapped and the only decision I can make is the one that complies with the dominant one. Leaving the doctor's room in a cranky mood, I start thinking about choice, women's liberation and the dominant machinery, in which certain lives are deemed less desirable than others.

In this paper I explore the borders of one's autonomy and self by analysing contemporary feminist and other critical scholarships that problematize the concept of reproductive freedom articulated as an individual “right to choose.” The contemporary critical feminist scholarships disclose how class, age, racial status and (dis)ability greatly nuance the meaning of *choice*, dividing good mothers from those whose reproduction is deemed undesirable. In particular, the case of prenatal screenings highlights the limits to women's freedoms set by the newly emerging reproductive technologies and medical/cultural discourses which imagine the production of a “perfect child” in a neoliberal context of choice. In this paper, I argue that reproductive freedom articulated as an individual right to choose is an ideological construct serving the purpose of white able-bodied supremacy that masks its interests to control women's sexuality and reproduction under the veil of women's liberation. This paper is divided in two main sections. The first part is concerned with the critical feminist scholarship and the limits of freedom set by neoliberal discourses of choice. The second part of the paper discloses the parallels between biopolitics and critical feminist scholarship while emphasizing that biopolitical theories are a useful feminist tool, which propose a different concept of freedom: a freedom which cannot be possessed or lost but which is discursively negotiated, i.e. ideologically structuring the field of women's possibilities/choices. Biopolitical understanding of freedom discloses that the choices women make are not only influenced by different juridical regulations but also by the various medical and cultural discourses that form and split good/bad motherhood along the ageist, ableist and racist lines. These theories further emphasize the impossibility of escaping power relations and therefore represent an attempt to deviate from the abstract concept of rights resting on the autonomously deciding self, which dominates the contemporary understanding of reproductive freedoms. As my personal story shows, regardless of their age or ambitions to become pregnant, women are subjected to different regimes of truth represented by various cultural and medical discourses on good motherhood/ “perfect child” that

structure the possibilities of how she can *be* and what she can *choose*. The choice she makes thus not only depends on what she *has* but also on what she *can have* since the decision is never truly just hers and therefore is (inter)dependent on its context and the differently interlocked systems of oppression she is positioned into.

2. Feminism(s) and the right to choose

In the 1970s, the legalization of abortion was a key issue for many women's liberation groups in the USA. It was believed that access to a reliable form of contraception and safe abortions would make women the primary judges of their reproductive lives. Feminists argued that the right to control one's body was an integral part of women's full citizenship and autonomy (O'Brien Hallstein 2010, 12-13). The attribution of this right made many white second-wave feminists believe that the struggle over women's freedom was over and that the dilemma was resolved for all women (Solinger 2001, 4). It was assumed that the recognition of abortion as a negative right, as a right to privacy, would emancipate women from the dominant masculine ideology and that motherhood/reproduction will become a matter of *free* unlimited *choices*. However, the *Roe* decision¹ already set clear limits to women's freedom by defining foetal development and therefore defining the state's "legitimate" interest to intervene in women's private lives. Furthermore, it was the Hyde amendment in 1977 which abolished all public funding for abortion that raised attention between many critical and mainly feminist scholars and activists of colour who pinpointed its discriminatory character.

The "right to choose" came to be criticized, I argue, from two directions. First, it was the neutrality principle based on privacy claims and the utopian egalitarianism of all women that evoked a response from feminist scholars and activists (Lublin 1997; Petchesky 1990; Price 2010; Roberts 1999; Sethna 2012; Smith 2005; Solinger 2001). Second, it was the emerging foetus rights, the shifting of the living threshold facilitated by technological development that was challenged by many feminist critical thinkers (Duden 1994; Lublin 1997; Petchesky 1990; Roberts 2009; Rothman 1985; Samerski 2009). All of these aforementioned scholars show that having a *free* choice is an ideological construct veiling the "fact" that class, age, ability, and race nuance the meaning of choice. First, I will disclose the critique aiming at dismantling the neutrality principle while pondering choice as a social construct. Second, I will demonstrate the impossibility of decisions many critical scholars pinpointed when confronting the newly emerging foetus rights and the dominant discourse of a "perfect child."

Feminism(s) against the Neutrality Principle

Critical feminist scholars made clear that abortion access cannot be defended through the articulation of reproductive freedom understood as a woman's right to choose because such a strategy overlooks the complex socio-cultural context, in which such choices occur. Jael Silliman commented on the choice paradigm by arguing that,

[Ch]oice is rooted in the neoliberal tradition that locates individual rights at its core...[thus obscuring] the social context in which individuals make choices, and discounting the ways in which the state regulates populations, disciplines individual bodies, and exercises control over sexuality, gender and reproduction (Silliman in O'Brien Hallstein, XXVII).

In the logic of the law, women are allowed to have abortion but the state is not responsible for securing their access to abortions (Lublin 1997; Petchesky 1990; Roberts 1999; Sethna 2012; Solinger 2001). This logic springs from the fact that the law is based on a neutrality principle through which every citizen is perceived on the same basis, without taking into account the broad structural elements that either limit or facilitate one's choices. However, minimizing government involvement can seriously limit the access to such services, especially in the case of young women (Petchesky 1990).

This problem with accessing abortion services is convincingly demonstrated by Christabelle Sethna and Marion Doull (2012) in their study concerned with abortion tourism, that is, women who travel to access abortion services. The so-called extra-legal impediments, i.e. the cost of the services, the geographical distance to obtain abortion, the time-consuming parental referrals or approval policies, but also the anti-choice harassment, complicate access to abortion even in places where abortion is legal. As these scholars pinpointed, "While there is no doubt that some women want to journey away from their home communities in order to protect their anonymity, the geographical distance to abortion services remains one of the major barriers to abortion access" (164). It is possible to say then that state non-intervention creates a social division in society according to wealth and geographic location, complicating the possibility to choose for many women (Lublin 1997; Sethna 2012; Solinger 2001).

The rhetoric of free choice overlooks that some women have choices and some don't while also delineating the borders of proper and responsible motherhood. Rickie Solinger (2001) shows that choice has become a consumer privilege enjoyed mostly by white middle-class women. The author

compellingly criticizes the concept of “choice” by making a distinction between “rights,” understood as “privileges or benefits that one can exercise without access to any special resources”; and “choices” for which one needs to possess some resources (6). In the dominant discourse of unlimited choices, women who have some resources are labelled as good choosers whereas poor mothers that depend on welfare are perceived as burdens of society, beggars who did not make the right choices. Choice and privacy is then something that poor women do not have, the author convincingly claims. Under such circumstances, a poor woman can hardly afford to pay for the service or travel to the closest location where she could access it.

Moreover, race has always separated the experiences of childbearing and pregnancy for white middle class women and for women of colour (Roberts 1999; Smith 2005; Solinger 2001). Many critical scholars pinpointed eugenics and genocide as effects of the state's commitment to non-intervention. They identified that what is perceived as a right for some can be a duty for others. For example, mainstream feminist agenda celebrates the emergence of safe birth control as a sign of women's liberation and a symbol of feminist achievements. However, it was African American women who had sponsored access to birth control long before other women. They were the target of early population control policies which kept an eye on those whose reproduction was deemed undesirable (Roberts 1999). These practices, based on racist attitudes and depicting women of colour as welfare queens in need of control, do not belong just to the first half of the twentieth century. Solinger shows how many poor American women were forced to opt for sterilisation when abortion funding was cut down immediately after *Roe v. Wade*. She argues that “[f]or many poor women after *Roe*, perhaps especially for poor women of colour, reproductive choice came to mean deciding between an abortion they didn't have the money to pay for and a sterilisation they also did not have the money for, but for which the federal government would pick up the tab” (Solinger 2001, 11). Reproductive politics in North America thus inevitably connotes racial politics, and the rhetoric of free choice seems to be facilitating its functioning.

This review of the critical feminist scholarship shows that without taking the complicated historical and socio-economic context into account, we cannot understand the decisions of certain women (Petchesky 1984; Roberts 1999; Smith 2005; Solinger 2001). These scholars thus lead us to a new paradigm of social justice, which does not abandon the notion of liberty but attempts to make it stronger and aware of the different systems of oppression that form who we are. As Roberts states, “[t]he abstract freedom

to choose is of meagre value without meaningful options from which to choose and the ability to effectuate one's choice" (1999, 309). It is believed that the social justice framework, by employing the positive notion of liberty and racial equality, can enhance one's autonomy and self-determination. According to these scholars, the state would not just make sure that women have rights to not have children but also the rights to have them and parent them (Price 2010; Roberts 1999). Even though choice can be understood as just for *some*, the case of prenatal screenings shows that *all* women (regardless whether their bodies are read as pregnant or pre-pregnant) are subjected to different regimes of truth represented by medical and cultural discourses on a perfect child, which further problematizes the liberal understanding of choice.

Feminism(s) against the "perfect child"

The second main critique of abortion rights articulated through the rhetoric of choice can be read as a response to the emergence of new technologies of power and the invention of a "perfect child." Many scholars criticized the newly emerging discourse of foetus as a living object on its own, as an entity that is separable from women's bodies, as an autonomous subject endowed with rights and therefore in need of protection. As Barbara Duden (1994) demonstrated, "[t]he noun 'fetus' (...) has assumed imperative connotations. It now refers to an object in need of care that demands tests, diagnosis, protection, and management, if not transplantations and abortions" (134). The changing discourses regarding reproduction, complemented by the development of new technologies, have re-signified how we understand child-bearing, pregnancy and reproduction in general. Children are seen as products, as planned products of conception (Rothman 1985, 188) whose quality depends on their mother's behaviour and actions.

In the neoliberal era of choice women are hailed by the scientific, medical and popular discourses in becoming responsible parents who want the best for their children, and the responsibility to make a decision is placed on them (Samerski 2009; Roberts 2009). The focus on the "perfect baby" represents a new tendency which treats pregnant women only in regard to the outcome, i.e. the baby whose quality is assessed by different genetic prenatal tests such as amniocentesis (Dumit and Davis-Floyd 1998, 5). We can see that the new meanings of reproduction are based on a technocratic model, which allows for the separation of the mother and her child. Women are seen as empty containers, their foetuses as separate beings implanted in their wombs which have to be controlled by the newest technologies to

achieve the highest quality (Rothman 1985). Despite the fact that the new technologies have brought new possibilities of controlling the undesirable outcomes of pregnancy they have also, according to many, posed a threat to women's freedoms and rights (Petchesky 1990; Roberts 2009; Rothman 1985; Samerski 2009).

Gradually with the developments in science, women became subjected to the modern regimes of truth, subordinated to the hegemony of medical personal, and positioned in "the decisional trap" (Samerski 2009, 754) to choose what is *right* to do. Women cannot just wait for the baby to come; instead they have become managers of foetal risk profiles. As Silja Samerski pointed out, "freedom, choice and autonomy are being redefined in a way that requires scientific input and guidance services in order for them to be appropriately exercised" (755). The multiplicity of options offered by the spawning technologies present women with more choices. Yet, these choices made in the context of medical truths (i.e. dominant able-bodied norms of healthiness/fitness) and the calculus of risk seem to be limiting women's autonomy and self-determination rather than allowing it, as exemplified by my personal story. Women, regardless whether they are pregnant or not² (or even ever planning on becoming a mother), are interpellated by the various discourses to become responsible citizens who first and foremost want the best for their future offspring (and therefore experience pressure to stay healthy and not smoke, drink or take drugs, for example).

Despite the fact that any procedure cannot be done without *informed consent*, according to Samerski such professionally imposed self-determination is rather disempowering and a woman saying "no" to the genetic testing is almost impossible. Women find themselves in "the decision trap" (754) since they soon realize that being pregnant (or being a woman with a potential to reproduce) means making decisions and calculating with risk. She either delivers a disabled child, or she agrees with the risk of induced miscarriage that can be caused by the invasive technique of amniocentesis. If the test does not provide a "green light," she has to make decision whether to terminate the pregnancy or not (735-736). It is obvious that under such conditions, "to choose is compulsory" (736). Women are not obliged to fight for their rights but they are expected to exercise them in a certain way, as responsible citizen-mothers who want the best for their child according to the standards of what is consider normal. As Samerski describes, "Only those who submit to the rationality of fetal development and manageable risks are asked to make free decision," (737). Therefore, genetic counselling

represents a new social technology through which one is governed, a technology dividing good choosers from the bad ones and allowing to choose only those who comply with the norm of responsabilisation, not those who exceed it.

Moreover, most of the feminists concerned with the foetus quality assessment have emphasized the eugenic consequences that the liberal understanding of “choice” puts in place disclosing how women’s bodies are being turned into the sites of self-governance in the name of a healthy child (Meekosha 2010; Roberts 2009). This scholarship draws explicitly on Nikolas Rose’s concept of biological citizenship representing the shift in the new biopolitical regime, which Rose calls ethopolitics. The new biopolitical regime works through our individualized selves which are supposed to exercise autonomy and freedom in the range of available options. Rose comments on the situation by claiming, “the new pastors of the soma espouse the ethical principles of informed consent, autonomy, voluntary action and choice, and non-directiveness” (Rose 2001, 9). In the next section, I will elaborate how critical feminist scholarship can be enhanced or is further complementary to biopolitical theories, emphasizing that a biopolitical understanding of freedom might be useful for women’s liberation since it departs from the classical juridico-political concept of power.

3. Biopolitics, Feminism, and Choice

Biopolitical theories and the critical feminist frameworks that defy the understanding of reproductive freedom as a “right to choose” can lead to a very productive and co-enriching relationship. At this point, it is important to remind us of what biopolitics is and how it could be useful for understanding women’s liberation.

What Is Biopolitics?

The concept of biopolitics, which departs from the classical juridical concepts of sovereignty that conceptualizes power in purely negative terms, was mainly popularized by the writings of Michel Foucault (1990, 2003, 2008) and Giorgio Agamben (1995). Both of these philosophers pointed out that the relationship between life and politics was transformed since the ancient to the modern times. Agamben showed that ancient Greeks had two words for describing what we nowadays understand as “life”: *zōē* (bare life), “a living common to all living beings such as animals, men or gods”; and *bios*, a human way of life characteristic for an individual and groups. These two concepts can roughly be understood as representing a biological and political

existence. In the modern times the modes of government have been changing by including bare life, a pure biological existence, into the calculations of State power. In *The History of Sexuality*, Foucault (1990) writes that “[f]or millennia man remained what he was for Aristotle: a living animal with the additional capacity for political existence; modern man is an animal whose politics calls his existence as a living being into question” (143).

From Foucault’s description we can understand that life, especially its biological capacity, became an object of state interests in the late 18th century. One of the aims of the politics from now on was to secure bare life thereby giving the state the responsibility to take care of its population and secure its desirable growth. According to Foucault, this new power originated in two basic forms. First, human “anatomy-politics” disciplines individual bodies, which are through the processes of individualization, normalization and hierarchization made to be docile. The other pole of the power represents regulatory controls, a biopolitics of the population, which developed later in the 18th century with the emerging modern science, its classificatory system and invincible truths. These two poles, initially separate, were conjoined on many levels by the end of the 19th century. Foucault uses the example of sexuality, which is permeated by both modes of the power. He shows that by acting upon the healthy reproduction of society, the state enacts different disciplinary techniques (e.g. control of masturbation which is deemed unhealthy) to ensure good and healthy sexuality of its citizens (sexuality that leads to procreation). From this perspective, the bodies of citizens are not just regulated and controlled but through productive power they are constituted as subjects of certain ideological practices, which he calls discourses.³ Discourses are understood as “practices that systematically form the object of which they speak” (Foucault 1972, 49), i.e. as sets of statements/assumptions and expectations that guard/guide what is sayable and what is not, whose being is recognized and how, who is deemed normal and who is deviant, what is possible or what is not. Discourses are the locus where knowledge and power intersect and thus delimiting the options and conditions of our liveability.

Abortion discourses represent such ideological practices and though gender-blind,⁴ biopolitical theories can be a useful tool for a feminist analysis. As both of these positions defy liberalism, I argue that there is a mutually enriching relationship between the two. The critical feminist voices can contribute to the theories of biopolitics by showing that the splitting mechanisms of modern nation states are not neutral but rather differentiate life along the ageist, ableist, gendered, and racialized lines. On the other

hand, biopolitical theories can enhance critical feminist positions by proposing a new concept of power, in which power is not perceived as a possession but as a productive mechanism through which women are constructed as desirable/undesirable beings/mothers in the nexus of regulatory and disciplinary mechanisms. Biopolitical theories thus offer feminism a new concept of personhood that does not rest on the humanist notion of autonomous and freely deciding individuals. By departing from the classical juridical concept of power, biopolitical theories transgress the traditional dichotomies of freedom/unfreedom, public and private, outside and inside, liberal (having a choice) and authoritarian (not having a choice).

The Productivity of Power

As I have demonstrated through my analysis of the feminist literature that defies the neutrality principle implied by the “right to choose” rhetoric, these feminist scholars disclosed the biopolitical strategies of the modern North American nation-states that divide good mothers from the bad ones along the ageist, racialized, and ableist lines while emphasizing that choice is a privilege enjoyed only by some. However, their analysis is rather political than biopolitical, as it focuses on negative aspects of power, i.e. on the controlling and regulating aspects of state policies. In Rickie Solinger’s (2001) words, somebody has a choice and somebody does not, i.e. somebody has power to decide and somebody does not. Along the same lines, by stressing the value of liberty, Dorothy E. Roberts proposes that the meaning of liberty has to change for women of colour to gain the same level of autonomy as other women. According to her it is necessary to maintain the notion of liberty since “liberty stresses the value of self-definition, and it protects against the totalitarian abuse of government power” (Roberts 1999, 302).

In contrast, biopolitical analysis of abortion discourses operates along a different concept of power, through which *all women* are understood to be subjected to a certain regime of truth. In particular, perceiving risk as a social technology (Samerski 2009) and women’s bodies as the sites of self-governance (Roberts 2009) complies with the biopolitical understanding of how power works. Jana Sawicki (1991) distinguishes three main characteristics of power from such a perspective: “1. Power is exercised rather than possessed. 2. Power is not primarily repressive, but productive. 3. Power is analysed as coming from bottom up,” (21). This understanding of power rejects both liberal theories of sovereignty and Marxist theories, which perceive power as possession, as something that one can or cannot

have, highlighting that power is everywhere. It seems that even some of the critical feminist scholars too often assume the notion of authenticity that can be usurped by state or its elites, which actually might not be sufficient for understanding women's liberation.

As Clare Chambers (2008) reminds us, even if there are no repressive mechanisms that would coerce us to make certain decisions, the productivity of power stays untouched and our decision is moulded according to the dominant social norms. Chambers argues, "Even if we were to eradicate all repressive power we could leave creative power untouched" (44). Therefore, as much as it is important to challenge the dominant liberal paradigm of choice by pinpointing the repressive character of different juridical sanctions, it is also important to challenge the dominant norms that structure our desires and beings, i.e. it is important to move to the zone of everyday practices. Even if everybody had secure access to abortion services there would still be the dominant social norms guiding women's decisions (for example being a 16 year old mother is stigmatized, or bringing a disabled child to this world works in a similar way by stigmatizing the mother while challenging the dominant liberal models of normalcy).

Biopolitical theories then draw our attention from the realm of law to the realm of norms by highlighting that the individualized aims of national happiness are achieved through one's subjectification into the "normal" order of things. As Foucault emphasized, we cannot exist outside of discourse. We are discursive beings whose freedom can be understood only in relational terms and therefore he saw the possibilities of freedom in resistance. Such a fight for one's freedom, understood in forms of opposing and local knowledges, is represented by the social justice movement, by feminists of colour who have reconceptualized the mainstream feminist paradigm of choice by creating a discursive space for the needs of marginalized women to be expressed. Another form of resisting dominant power relations is the interdisciplinary effort of feminism and critical disability studies, in which scholars disprove genetic testing as empowering and turn our attention from the realm of state and laws to the realm of medical control and the dominant able-bodied norms.

If we understand biopolitical theories properly, we know that, according to Foucault, there is no difference between freedom and unfreedom in the classic sense of the binary since freedom is always socially constructed. It is a material freedom that works through differently disciplined bodies whose autonomy is regulated according to the dominant social norms, i.e. it is a freedom that rather than resting on the abstract

concept of citizenship it recognizes its flesh-bound and physical character. Therefore, even though freedom is a construct, it is a construct that has detrimental material consequences on one's life, as demonstrated by critical feminist scholars in different cases. I argue that women's freedom cannot be understood through the binary logic of free and unfree subjects, liberal subject and its totalitarian counterpart, otherwise it will always become an illusion based on the assumption of autonomous, active and free subjects exercising their unlimited choices. Understanding women's liberation through this binary logic further sustains that the power to decide ultimately rests in the freely and autonomously deciding individual, and not in her interactions and negotiations with the ideological frameworks that form the possibilities of how she can recognize herself and of actions she can take.

Feminist Biopolitics

Building on the theories of Foucault and Agamben, many feminist scholars have already commenced the move from feminist politics towards feminist biopolitics. In her ground-breaking work, *The Limits of Bodily Integrity*, Miller departs from the liberal concept of citizenship and perceives rights and citizenship as tools in the construction of the physical, flesh-bound citizen, rather than in the construction of the abstract, law-bound citizen. She disputes the binary of free and unfree subjects, maintaining that "the opposition between the post-eighteenth century liberal and the post-eighteenth century authoritarian is a fantasy" (2007, 5). According to her, it is exactly the process of granting rights that creates bio-political spaces from women's wombs while subjecting the physicality of the womb into politics. Women's wombs thus represent spaces where boundaries between the inside and outside, public and private, totalitarian and liberal are blurred.

Another feminist scholar, Penelope Deutscher, shows that the case of abortion politics demonstrates the impossibility to escape power relations and the unstable boundary between one's choice and state interests. She claims that "abortion has relentlessly and internationally been its own state of exception" (2008, 60) by pinpointing that principally abortion is outlawed and therefore its legalization represents its own state of exception. From her work, we can understand that the exceptional character of abortion rights delineates the relationship between the sovereign and its subjects, the limits of one's freedom and expected behaviour. Her article also challenges the anti-abortion rhetoric which is always ready to re-appropriate Agamben's vocabulary and designate women's wombs as camps in which the decision on the bare life of the foetus takes place, representing the foetus as a pseudo *homo sacer* (66). Deutscher defies such a position and claims that we should

rather think of women's wombs and bodies as representing lives from which humanity can be stripped.

Feminist biopolitics thus understands the concept of liberty outside of the positive and negative dichotomy, emphasizing that there are not just limits to one's freedom but rather that freedom is structured and formed by the limits. It is an understanding that we cannot escape power relations, we can only mould them and make them liveable. The limits of bodily integrity construct the bodily integrity itself, they form the possibilities of how to be. This is why Miller states that the question for feminism is not what kind of juridical identity one has (whether passive or active), but rather to what extent is one's life inscribed in the juridical and political order, i.e. what sorts of bodily borders one bears (Miller 2007, 9). It is because the borders represent the borders of the thinkable, the borders of one's self. Therefore a biopolitical understanding of reproductive politics should ask: What kind of exclusion/inclusion does the discourse of choice delineate? Which and whose choices are deemed (ir)responsible? What is good and bad motherhood and according to who? How I can resist and refuse who I am supposed to be? What kind of (bio-)ethics should be proposed that would take the relational character of our being into account? How to think of an ethics that would acknowledge the interdependent character of our being?

4. Conclusion

In this essay I attempted to complicate the meaning of reproductive freedom articulated as an individual right to choose by showing that framing abortion (bio-)politics in such a way is an ideological construct serving the purposes of white able-bodied supremacy that masks its interests to control women's sexuality and reproduction under the veil of women's liberation. The abortion politics is an example of biopolitical strategies *par excellence*, the cutting and splitting mechanisms of modern nation-states, in which the main focus became the *life itself*. By theoretically engaging with the critical feminist scholarship, I have disclosed that these processes are not neutral and that age, class, race, and (dis)ability nuance the meaning of choice. We have learnt that the rhetoric of free choice veils the fact that some women have choices and some don't. In the second section of my paper I attempted to complicate this understanding of choice even more by making the critical scholarship communicate with biopolitical theories. I pondered the abortion discourses as ideologically practices, i.e. practices delimiting the options of the possible and thinkable for women in regard to reproduction. Departing from the classical juridico-political concept of power, biopolitical theories

rather assume that all women are somehow subjected to different regimes of truth and that it is through one's subjectification how the desirable optimum of population is being maintained and regulated. In the new biopolitical regime, we are (paradoxically!) becoming the masters of our lives: we are allowed to exercise our autonomy and freedom only according to pre-existing options and under the threat of being perceived as irresponsible if we don't make the *right* choices, as was exemplified by the case of prenatal screenings as well as my own story.

Women regardless their age and ambitions to ever become pregnant are subjected to different regimes of truth represented by the various cultural and medical discourses on good motherhood/ "perfect child" that structure the possibilities of how she can *be* and what she can *choose*. Biopolitical theories thus disclose these mechanisms and offer to go over the limits of one's self by showing that any politics resting on the assumption of a freely deciding individual is misleading. Therefore the question is how can we resist and redefine the choice paradigm in a way that it suits better the realities that many women and other oppressed groups experience? A feminist critique, informed by biopolitics, has to ask these normative questions and aim at verbalizing ethics that would better respond to how we are situated in this world, which is not as individuals but as social and (inter)dependent beings. A feminist critique must aim to dismantling power relations while disclosing the repressive mechanisms of the state, as well as exposing the social construction of normalcy, health and other material ideals to which we are subjected. Otherwise, women's liberation will always stay an illusion. Some women will have the right not to have children, whereas others will never have the choice to keep them and parent them.

I am 28 years old. I have an autoimmune disease. I am white and I am working on my PhD. I have never had an abortion. I have never had a baby. Was it all my choice? Will I ever have a baby? Will the conditions of my life allow me to have some? What if it "just happens"? What will I know and have to decide? And If I decide to become pregnant, how much will be my pregnancy curtailed by others? How much will I feel the norm of responsabilisation, the trap to be a good woman, a good mother? What will I *choose*? How will I become to be?

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¹ Roe v. Wade is a landmark decision by the US Supreme Court announced on the 22nd of January 1973. It recognizes a woman's decision to have an abortion as a right to privacy, as founded in the Fourteenth Amendment of the American Constitution. The right to personal privacy allows women to have an abortion during the first trimester of a pregnancy. However, abortion can be prohibited after the point of viability except in the cases where a woman's life or health is threatened.

² Even though it is true that some women make the decisions on whether to abort the foetus or not together with men, it would not be proper to argue that men are subjected to the same politics since they are usually confronted with the "right to choose" only when some "defect" was found. However, women are subjected to that regardless whether or not they are ever planning on having babies. Rather, the fact that women do not make these decisions alone further underscores the problems with the liberal understanding of choice, which places the responsibility to decide solely on women while overlooking that women seldom make these decisions alone.

³ Even though Foucault maintains the distinction between ideology and discourses, I do not. I understand ideology not as false consciousness but rather in terms of maps of meanings which delimit the options of the thinkable.