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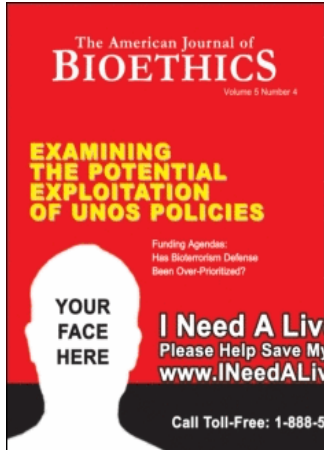
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### A Review of: "Susan Merrill Squier. 2004. Liminal Lives: Imagining the Human at the Frontiers of Biomedicine"

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On the other hand, Hilliard does include an excerpt from *Roe*'s companion case, *Doe v. Bolton* (410 US 179) (1973) which, as he rightly notes, is often ignored. It shouldn't be. In it Blackmun concludes that a state requirement that a physician consult with a hospital staff abortion committee (an early precursor of "ethics committees") or even obtain a second physician's concurrence, is an unconstitutional burden on the physician's right to practice medicine according to the physician's own "best clinical judgment." In this context, Blackmun expanded on the language in *Roe*, quoted above, by saying "If a physician is licensed by the State, he is recognized by the State as capable of exercising acceptable clinical judgment. If he fails in this, professional censure and deprivation of his license are available remedies. Required acquiescence by co-practitioners has no rational connection with a patient's needs and unduly infringes on the physician's right to practice." Toward the end of his career on the bench, Blackmun came to believe that women's rights were central to the abortion debate, but he also said that he believed that in 1972–73, equal protection was simply not a possible basis on which he could have gotten a majority of the Justices to rule against the Texas abortion statute (see, e.g., Greenhouse 2005).

At his Senate confirmation hearing, Judge Robert Bork (who found *Roe* and its right to privacy incomprehensible as Constitutional doctrine) was asked how he could uphold a woman's right to use contraception if he did not believe in a woman's right to privacy. He had no response, saying he would have to think about that. Judge John Roberts will not likely be asked this question—but instead will likely be asked how strong a precedent he considers a case like *Roe v. Wade*, that is controversial yet has been re-affirmed over and over by the Court, and what factors he would use to determine whether he would vote to modify or overrule it. Not a bad question for students either.

The entire book could have been devoted to continuing controversies over abortion after *Roe*, but Hilliard, usefully

I think, puts the "partial-birth abortion" case in a section on the regulation of medical treatment, and the abortion financing case in a section on the right to health care. Other sections include sexual autonomy, reproductive freedom, religious objections to medical treatment, confidentiality, mental illness, and the right to refuse treatment and the assisted suicide cases.

There are other textbooks of edited legal opinions related to bioethics, including Arthur LaFrance's *Bioethics: Health Care, Human Rights and the Law*, Matthew Bender, 1999; Janet Dolgin and Lois Shepherd's, *Bioethics and the Law*, Aspen, 2005; and my own favorite, now in its 5th edition, the *Bioethics* section (which is published as a separate book, and which I have used many times in a law school course) of Barry Furrow, Thomas Greaney, Sandra Johnson, Timothy Jost, and Robert Schwartz's now classic textbook, *Health Law*. Hilliard's book nonetheless has two advantages over these texts: first, it is written for nonlaw students and can be used by a teacher who is not a lawyer; and second, it is very reasonably priced. So even if you are using another basic text for your bioethics course, you should consider using this text as well—even if you don't assign it all—because American bioethics really is dominated in the public arena by American constitutional law. ■

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**Susan Merrill Squier. 2004. *Liminal Lives: Imagining the Human at the Frontiers of Biomedicine*. Durham, SC: Duke University Press. \$23.95, 350 pages, hardcover.**

Reviewed by Carol C. Donley, Hiram College

Susan Squier adopts the term "liminal" from the anthropologist Victor Taylor, who meant by it "being—on a threshold" or in an in-between state. She applies the term to beings—from embryonic stem cells and "incubabies" to artificially rejuvenated elderly people—all of whom are changing the definition of what it is to be human. These

"brave new beings" challenge many boundaries, from the understood time frame of a human life to accepted notions of identity.

Squier takes an especially interesting and fruitful approach to these liminal lives. She explores how literature has always helped us anticipate, explain, and find meanings

in the transitional and the marginal, in the passages from one state of being into another. Literature helps us recognize what is going on in the shifting nature of human existence. Today we do not really “understand what these new beings [stem cells, adoptable embryos, xenotransplants, etc.] mean to us, socially, politically, and ethically” (8). If we want to learn the significance of these new beings, Squier suggests, we will have to look through interdisciplinary lenses, be willing to experience performance art, and to see how fiction generates biocultural meanings.

Although Squier studies how biotechnology shapes the human body, she approaches the topic through narrative, both fiction and non-fiction. Fiction gives us entrance to the imaginary—or in the case of biotechnologies—to the “biomedical imaginary: the zone in which experiments are carried out in narrative and the psychic investments of medicine are articulated” (19). Squier understands literature as an active agent in social and cultural formation, not merely a reflection of a culture, such as Stendhal’s “mirror carried down a road” (*The Red and the Black*). Literature imagines alternative ways of being and seeing. It creates new metaphors and images to explain the ambiguous and unusual. Like art, it shapes life. One thinks of Picasso’s famous remark about his portrait of Gertrude Stein. When observers complained that it did not look like Stein, Picasso said, “It will.” And it did.

Each of Squier’s chapters explores one of the liminal lives or one of the reconfigurations of human life span. Each chapter also explores narrative structures and fictions, partly because they give us access to the liminal realm of the uncertain boundaries. From the perspective of feminist science studies, she criticizes the conventional belief that scientific discourse and concepts should be objective and factual (male), avoiding metaphor and poetry that characterize literature (female)—characterizing this as “a false divide which has produced a kind of systemic ignorance” (32) for both science and literature.

She recognizes the important contributions of Donna Haraway and N. Katherine Hayles, both of whom find common ground and useful interchange between literature and science. Unlike traditional discipline-bound scholars who fail to see across borders, Squier says that “whenever we see literature (culturally scripted as the domain of subjectivity), we should expect that there is also science (the culturally accepted home of objectivity).” For her, literature and science operate together. She sees the Two Culture divide of C. P. Snow as a mistake, just as the division of subject and object is a mistake.

Instead of maintaining the gap, she proposes to bridge the two fields by drawing on feminist science studies and feminist science fiction. The interdisciplinary thinking of Bruno Latour helps her to shift “what counts as center and what counts as periphery”—to see science and literature as

linked social practices interacting with each other. In this context, science fiction may be seen as a kind of thought experiment.

With this background, she explores the ambiguous cultural and medical meanings of tissue cultures, hybrid embryos, chimeras, incubabies, rejuvenates, stem cells and other liminal lives. When scientific articles, government reports, works of literature, and *New Yorker* cartoons all refer to the same topic—such as hybrid, or cross-species embryos—that is not coincidental. Squier points out that while “interspecies fertilization exists and indeed is sanctioned as a crucial part of contemporary reproductive technology and infertility treatment,” both British and American governmental committees have said that “interspecies reproduction is unacceptable and unworthy of federal funding and it should be against the law to bring interspecies hybrids to term” (90). Something deep in our psyches reacts to images of half man, half goat, even if we have not read Greek mythology. The desire for and fear of interspecies hybrids show up in children’s fairy tales, mythology, science fiction, and movies. Squier finds Freud’s 1925 essay on negation helpful here, with his observation that repressed images or ideas can become conscious if they are denied. The most unacceptable chimeras today would be human-animal hybrids having both cell types in the brain and gonads as well as the rest of the body. Government panelists use words like “repugnant” and “immoral” to express their reactions against this kind of research. (One is reminded of Leon Kass’s “wisdom of repugnance”).

Squier points out that “literature is one of the most powerful sites of the articulation of desire, precisely because—functioning like Freud’s concept of negation—literature can give expression to desire while simultaneously deauthorizing it as ‘only fiction’” (95). From Shelley’s “Frankenstein” to Lessing’s “The Fifth Child” and Atwood’s “Oryx and Crake” fiction has expressed the fascination and horror of such hybrids, conjuring up repressed images of the beast within us as well as the wish to experience what it would be like to be a horse (centaur) or goat (satyr).

Modern biotechnologies have extended human lives without necessarily extending quality of life along with the added years. The hospice movement has grown partly in response to this situation. Some of the new technologies, however, may really improve the quality of life as well. Squier says that in recent years we have “begun to understand that our relation to aging is negotiable not only in cultural but also in biological terms” (216). Replacement parts, human growth hormone, regenerative medicine, and stem cell therapy all contribute to our attempt to treat old age as a disease and to distance ourselves from end-of-life issues. Many bioethicists are concerned about the effects on social/economic/cultural worlds as well as the environment if we double the human life span. Still others are worried

about issues of access and justice, assuming that the new biotechnologies will be available only to those who can afford them—thus exacerbating the already wide discrepancy between the powerful well-off and the less powerful races and classes.

One of Squier's most interesting chapters examines the new kind of narrative coming from Alzheimer's patients before their disease robs them of the ability to know they have it. Moving away from focus on individual problems with aging, Anne Bastings's play *TimeSlips* is a collaborative, community performance. Like dementia storytelling groups on which it is based, the play *TimeSlips* begins with a group of dementia patients sitting in a circle of chairs, responding to prompts and in the process creating new characters and plots. The therapeutic storytelling groups create a work of

imagination which ends up being a play performed Off-Broadway. The activity builds and heals community. What individuals gain from it is not individual biotech enhancements but the therapeutic enhancement of having a good experience in community. As Squier comments, "The tales woven by Alzheimer's patients not only articulate the possibilities of life at the limen; they are themselves the liminal" (251).

This impressive work should interest bioethicists, medical humanities scholars, and others who work in yeasty interdisciplinary mixes. ■

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