



From Intimacy to Responsibility: A Critique of Margaret Little's View on Abortion*



Zeynab Dehghani Nistani¹

Alireza Alebouyeh²

1. M.A. in Islamic Philosophy, Ma' shūmiyyah Institute of Higher Education and Seminary Studies, Qom, Iran. **(Corresponding Author)**. zeynab.dehghani65@gmail.com

2. Associate Professor, Department of Moral Philosophy, Research Institute for Islamic Philosophy and Theology, Islamic Sciences and Culture Academy, Qom, Iran. a.alebouyeh@isca.ac.ir

Abstract

Among conventional approaches to the issue of abortion, the conflict between the "fetus's right to life" and the "woman's right to control her own body" has been at the center of many ethical debates. In contrast, a newer approach to the ethics of pregnancy maintains that this issue should be reconsidered in light of the moral intimacy and interpersonal relationships that emerge during pregnancy. In her article "*Abortion, Intimacy, and the Duty to Gestate*" (1999), Margaret Olivia Little offers a distinctive framework for understanding the ethics of abortion. Moving beyond approaches grounded in the "right to life," the "woman's right to bodily control," and utilitarian calculations, she argues—by focusing on the relationship between mother and fetus—that pregnancy is not merely

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a biological process but rather a profound and personal relationship. Consequently, moral obligations toward the fetus cannot be understood independently of the pregnant woman's attitude toward and evaluation of this relationship.

Little reconceptualizes abortion not simply as a conflict between the "fetus's right to life" and the "woman's right to bodily control," but as a question concerning moral intimacy and the woman's evaluative authority. Nevertheless, her theory faces serious criticisms. Conditioning moral obligation upon individual evaluation entails the risk of relativism; the emphasis on intimacy overlooks the role of causal responsibility in the formation of moral obligations; and, finally, it neglects the moral weight that both secular and religious traditions attribute to fetal life. While acknowledging the value of Little's relational approach as an important corrective to overly abstract theories, the present article argues that her view fails to provide an adequate foundation for explaining the moral obligations associated with pregnancy.

Keywords

Abortion, Maternal Obligations, Margaret Little, Consent in Pregnancy, Intimacy in Pregnancy.

Introduction

The issue of abortion has been one of the most contentious topics in applied ethics, situated at the intersection of theories of individual rights, deontology, and utilitarianism. Most classical approaches to this issue have fallen into two principal camps: on the one hand, theories emphasizing the fetus's right to life, such as that of Don Marquis (Marquis, 1989); and on the other hand, views grounded in the woman's right to control her own body, such as that advanced by Judith Jarvis Thomson (Thomson, 1971). Although these frameworks have sought to clarify the moral boundaries of abortion, they have, as Little argues, largely neglected "the lived and intertwined reality of pregnancy" (Little, 1999, p. 299), focusing instead on the question of fetal personhood.

Through her influential article, "Abortion, Intimacy, and the Duty to Gestate" (1999), Little sought to address this theoretical gap. She contends that abortion cannot be adequately explained merely on the basis of a conflict between two rights—the "right to life" and the "woman's right to bodily control"—because pregnancy is, first and foremost, a form of intimate and moral relationship in which the woman's body becomes the locus of a lived and complex connection. According to Little, pregnancy is not an act of bodily giving or sacrifice; rather, it is a relationship whose nature is grounded in bodily and emotional intertwinement (Little, 1999, p. 303).

Critiquing classical perspectives, Little emphasizes that these theories rest upon the assumption of a complete separation between two persons, whereas in pregnancy the boundaries between two bodies and two lives are profoundly intertwined (Little, 1999, p. 301). Accordingly, understanding a woman's moral obligations toward the fetus is impossible without recognizing this biological and emotional intertwinement. She distinguishes among biological parenthood, legal

parenthood, and relational-personal parenthood, arguing that only obligations arising from a lived and personal relationship possess substantial moral force. On this basis, a woman's responsibility during pregnancy is not an absolute duty; rather, it depends upon how she understands her relationship with the fetus. In her view, a woman's conception of pregnancy determines the kind of relationship in which she stands and the responsibilities that follow from it (Little, 1999, p. 315).

Drawing on an ethics of relationships and invoking examples such as kidney donation to one's child and the notion of being "open to a relationship," Little attempts to move readers from an abstract understanding of morality toward a lived understanding of the ethics of pregnancy. Nevertheless, her theory has been met with criticism. Some have argued that making moral responsibility dependent upon a woman's personal experience leads to moral relativism and neglects the woman's causal role in bringing the fetus into existence. Furthermore, compared with religious and utilitarian approaches, Little's account fails to assign sufficient weight to the intrinsic value of fetal life.

While examining and explicating Little's theory, the present article seeks to demonstrate that, although her approach constitutes an innovative attempt to rethink the ethics of abortion through the lenses of intimacy and relationship, it nevertheless remains confronted with fundamental questions concerning the limits of moral responsibility, the place of causal responsibility, and the authority of lived experience.

1. Elucidating Little's Theory: Intimacy, Relationality, and the Duty to Gestate

The dominant discussion concerning the ethics of abortion has largely been framed within two principal approaches: those emphasizing the

"fetus's right to life" and those centering on the "woman's right to control her own body." Margaret Little regards this dichotomy as inadequate because it is grounded in an individualistic conception of human beings that assumes bodies to be independent and separate from one another (Little, 1999, p. 298). In her view, these frameworks are incapable of capturing the distinctive nature of pregnancy, a condition in which two lives are internally intertwined (Little, 1999, p. 299). Accordingly, the central issue is not whether the fetus is a person, but rather the nature of its relationship with the woman and whether the continuation of that relationship can be required in the absence of the woman's consent.

Little argues that a significant portion of traditional debates on abortion has focused on the question of fetal personhood, while overlooking a more fundamental and prior question: what precisely does the "right to life" mean within the specific context of pregnancy? (Little, 1999, pp. 298–300). In her view, the right to life comprises a set of specific, context-dependent rights and has never been interpreted as including a right to use another person's body or occupy it (Little, 1999, pp. 300–301). Therefore, even if the fetus is regarded as a person, the question remains whether a "right to continue living within another person's body" can legitimately be subsumed under the right to life. According to Little, a woman's right to bodily integrity and bodily autonomy may limit the scope of the rights attributed to the fetus and preclude an interpretation according to which the right to life entails an enforceable entitlement to the use of another person's body (Little, 1999, pp. 301–302).

In explaining the unique condition of pregnancy, she writes:

" Even assuming fetal personhood, that is, we have here a person in extraordinary physical enmeshment with another – a person whose blood is being oxygenated by another's lungs, a person whose

hormonal activity in turn affects that other's brain and metabolism, a person whose growing size enlarges another's physical boundaries. " (Little, 1999, p. 303).

On this basis, pregnancy constitutes a deeply intertwined bodily relationship, and any ethical or legal framework that neglects this phenomenological reality will be incomplete. According to Little, approaches grounded either in the right to life or in women's rights reduce the lived experience of pregnancy to an external condition, whereas pregnancy is an internal, embodied, and intimate relationship in which the woman's body becomes the site of another's life (Little, 1999, pp. 303–304).

From this point onward, Little shifts the discussion from the level of abstract rights to the domain of the ethics of relationships, asking whether anyone can be compelled to continue such an intimate and deeply intertwined relationship. Her answer depends upon the concept of consent. Just as consent in sexual ethics marks the boundary between love and rape, a woman's consent in pregnancy marks the boundary between an ethically meaningful experience and the occupation of her body without consent (Little, 1999, p. 304).

In her view, many prevailing analyses focus exclusively on the medical risks or social burdens of pregnancy while neglecting the harm associated with the "unwanted occupation of the body" and "non-consensual intimacy." Little understands this condition as a form of injury to freedom and argues that the continuation of pregnancy without consent constitutes a violation of a woman's liberty, just as sexual intercourse without consent is regarded as rape even in the absence of physical injury (Little, 1999, p. 306).

Little also addresses the issue of causal responsibility, emphasizing that consent to sexual intercourse does not amount to

consent to pregnancy. In her view, even if an individual engages in sexual activity with awareness of the possibility of pregnancy, the object of consent remains unchanged: consenting to a relationship with a sexual partner is not equivalent to consenting to the occupation of one's body by a fetus. Moreover, accepting a risk differs from accepting an obligation arising from its consequences. Just as accepting the risk of developing lung cancer through smoking does not imply consent to a particular course of treatment, accepting the risk of pregnancy does not necessarily imply consent to carrying the pregnancy to term (Little, 1999, pp. 304–305).

Little acknowledges that even if the fetus is not regarded as a person, there may nevertheless exist significant beneficence-based reasons for continuing a pregnancy (Little, 1999, p. 301). However, she maintains that beneficence in pregnancy differs from ordinary acts of beneficence. Examples such as financial assistance, voluntary service, or social sacrifice cannot adequately capture the distinctive character of pregnancy, because pregnancy requires a "sharing of body, heart, and life" and involves a degree of bodily and psychological intertwinement absent from conventional cases of beneficence (Little, 1999, p. 302). In her view, analyses of beneficence must take into account not only the magnitude of sacrifice but also its personal and internal character—an aspect neglected in prevailing ethical discussions. To address this omission, she introduces the framework of the ethics of relationships (Little, 1999, p. 297).

Little does not regard parenthood as a unitary phenomenon; rather, she distinguishes among three levels of parenthood.

First, there is biological parenthood, which rests solely upon a genetic connection and does not, by itself, generate profound moral responsibilities. To illustrate this level, she refers to the example of a sperm donor, who possesses a biological connection to the child but

lacks a lived and emotional relationship with that child (Little, 1999, pp. 296–297).

Second, there is legal parenthood, which is constituted by legal obligations such as financial support or guardianship and operates independently of the quality of emotional relationships. Adoption serves as an example of this category, in which an individual assumes legal parenthood despite lacking a biological role (Little, 1999, p. 297).

Third there is relational and personal parenthood—the lived experience of being a parent—constitutes the deepest form of parenthood, rooted in emotional attachment, a shared history, and the lived experience of caring relationships. Little argues that many of the most demanding moral obligations arise and become intelligible only within the context of such relationships. (Little, 1999, pp. 296–297).

She concludes that none of these levels, taken individually, generates a definitive obligation to continue a pregnancy, because the relationship between mother and fetus is not fixed in advance (Little, 1999, p. 299). Consequently, the quality of the woman's experience of pregnancy becomes morally significant. Little identifies three principal forms of this experience: a warm and receptive relationship characterized by attachment and readiness for motherhood; a neutral or suspended relationship in which the woman has not yet decided whether to embrace the maternal role; and a tense and unwanted relationship in which pregnancy is perceived as distressing or threatening (Little, 1999, pp. 300–301).

According to Little, parental obligations are not homogeneous. Certain commitments, such as legal obligations, remain independent of the quality of the relationship. However, responsibilities involving bodily sharing and emotional sacrifice acquire meaning only within the context of a lived and personal relationship (Little, 1999, pp. 297–298).

Therefore, the fetus's biological dependence gives rise only to a minimal moral claim—a claim that calls upon the woman to be open to the possibility of relationship rather than to accept a definitive obligation to continue the pregnancy (Little, 1999, p. 298).

To clarify this notion, Little invokes examples drawn from ordinary human relationships. For instance, if a stranger requests your friendship, you bear no particular moral obligation to accept it. Yet if the same request comes from a cousin or close relative with whom you already share social and emotional ties, greater openness to relationship may reasonably be expected. What generates genuine moral obligations, therefore, is the quality of the lived relationship rather than the mere existence of a biological connection or the abstract possibility of relationship (Little, 1999, pp. 306–307).

Little regards the biological bond between woman and fetus as analogous to a form of initial connection that generates a modest moral claim. In her view, this claim is not binding, but it invites the woman, at the moral level, to maintain openness toward the possibility of a maternal relationship. What such "openness" practically requires depends upon the woman's psychological, emotional, material, and temporal circumstances—that is, upon the broader context of her life. In other words, the important conclusion Little draws from this discussion is that, so long as a lived and personal relationship with the fetus has not yet been established, robust parental obligations—including a definitive duty to sustain the gestational relationship—do not arise (Little, 1999, pp. 298–300).

Finally, Little responds to the concern that her theory may lead to moral relativism. She clarifies that she does not intend to suggest that a woman's evaluation can wholly determine the moral status of the fetus or infant, nor that it can justify any form of harm toward a child. In her view, not all moral obligations toward fetuses or infants

belong to the same category. Some remain independent of the quality of the relationship; however, responsibilities associated with pregnancy and the woman's embodied involvement are fundamentally relational in character and acquire meaning only within the framework of lived experience (Little, 1999, p. 312).

Accordingly, Little's theory reconceptualizes pregnancy not merely as a biological process but as an intimate and embodied relationship between woman and fetus. It seeks to move the ethics of abortion beyond the traditional dichotomy of the "right to life" and the "woman's right to bodily control" and relocate it within the horizon of an ethics of intimacy, consent, and relational responsibility. Nevertheless, this approach remains vulnerable to important questions concerning objective criteria of duty, causal responsibility, and the limits of the authority of lived experience.

2. Critiques of Little's Theory

A number of objections may be raised against Little's theory. The following sections examine some of the most significant criticisms.

2.1. Misconceiving the Source of Obligation: Neglecting *Causal Responsibility*

One of the fundamental shortcomings of Little's approach lies in its relocation of the source of moral obligations in pregnancy. She grounds such obligations not in the parents' causal role in bringing into existence a dependent being, but rather in the "quality of intimacy" and the "mother's lived relationship with the fetus" (Little, 1999, pp. 300–302). On this view, the moral obligation to continue a pregnancy arises only when the woman experiences an inner readiness for, or an emotional bond with, the fetus.

By contrast, many ethical theories endorse a relatively stable

principle: whenever an individual's actions result in the creation of a dependent being, the dependence generated by those actions itself provides the basis for moral responsibility. Lee and George argue, on precisely these grounds, that bringing into existence a fully dependent human life generates a serious responsibility—a responsibility grounded not in emotions, but in the very nature of the action that produced that dependence (Lee & George, 2005, p. 18).

Little, however, regards the biological connection merely as an "invitation to openness toward relationship" and concludes that, in the absence of intimacy or relational readiness, no decisive moral obligation to continue pregnancy exists (Little, 1999, pp. 298–302). The implication of this view is that the mother's internal evaluation may neutralize the obligations arising from the creation of a dependent being—a conclusion that appears inconsistent with many ethical analyses of responsibility.

Scanlon emphasizes that moral reasons concerning others are not dependent upon the agent's psychological states (Scanlon, 1998, p. 50). Similarly, Kamm regards dependence resulting from one's actions as the source of a "weighty duty independent of intimacy" (Kamm, 2007, p. 112). Even within care ethics, Kittay maintains that dependence itself generates a moral claim and that such a claim is not necessarily contingent upon an emotional relationship (Kittay, 1999, p. 30).

It is noteworthy that even Thomson does not regard causation as entirely irrelevant. She distinguishes between imposed dependencies and dependencies resulting from deliberate action, acknowledging that the acceptance of risk may generate a form of moral responsibility (Thomson, 1971, pp. 58–59). Consequently, the complete transfer of the basis of obligation from causality to perceived intimacy, as found in Little's theory, remains highly questionable.

Accordingly, Little's approach appears to risk weakening the moral obligations arising from the creation of a dependent human being by shifting the source of duty from causal responsibility to subjective experience—obligations that, in many responsibility-based and care-oriented approaches, are regarded as independent of psychological states.

2.2. Conditioning Moral Duties upon Feelings and the Risk of Moral Relativism

In Little's theory, the obligation to continue pregnancy is neither prior nor independent; rather, it depends upon the woman's psychological, emotional, and lived circumstances. Strong obligations emerge only when the woman understands herself as engaged in a personal relationship with the fetus and possesses the necessary space for such a relationship (Little, 1999, pp. 302–304). Thus, the source of moral obligation becomes not the status of the fetus but the woman's experience and interpretation of pregnancy.

Within this framework, the preservation of human life is demoted from the status of a binding duty to that of a virtuous practice. Abortion consequently comes to be understood not as a violation of duty, but as a refusal to enter into an intimate relationship. The boundary between "duty" and "virtue" is thereby transformed, and the value of preserving life becomes dependent upon the agent's internal evaluation.

Little attempts to distance herself from the charge of relativism by clarifying that her theory does not license harming a fetus or infant on the basis of personal attitudes (Little, 1999, pp. 310–312). Critics, however, contend that merely denying extreme implications does not resolve the structural problem within the theory. The concern is that the woman's embodied experience shifts from being a descriptive

datum to becoming a normative criterion for determining the boundaries of obligation. Without an independent standard, this transition leads to the relativization of moral duty.

Lee and George argue that any theory conditioning the preservation of human life upon the agent's subjective evaluation moves, in practice, toward relativism because it renders the moral value of life dependent upon individual attitudes (Lee & George, 2005). In their view, the destruction of a human life is itself sufficient to generate moral obligation and ought not to be reduced to the quality of the agent's experience. They further regard Little's response to the distinction between fetuses and infants as inadequate. If maternal experience can neutralize obligation during pregnancy, it remains unclear why the same criterion should lose its force at later stages of the child's life (Lee & George, 2005, pp. 17–22).

This criticism is also consistent with broader ethical perspectives. Scanlon considers moral reasons to be independent of individual preferences (Scanlon, 1998, p. 50), while MacIntyre maintains that emotions cannot determine moral principles (MacIntyre, 1984, p. 162). Even within care ethics, Kittay identifies objective dependence as the source of moral claims (Kittay, 1999, p. 30).

Although defenders of Little may argue that her aim is merely to highlight the role of lived experience in the ethics of pregnancy, the central difficulty remains unresolved: her theory lacks an independent and non-subjective criterion capable of constraining the role of experience in determining moral obligation. Consequently, individual experience not only describes a situation but also becomes determinative of the norm itself. For this reason, it may be argued that, despite Little's efforts to avoid relativism, her theory gives rise to a form of structural relativization of moral obligation by conditioning duty upon psychological states.

2.3. The Contradiction of "Non-Reciprocal Intimacy" and a Faulty Analogy

Little characterizes pregnancy as an intimate relationship and argues that compelling a woman to continue pregnancy constitutes a form of "forced intimacy without consent" (Little, 1999, pp. 304–306). However, applying the concept of intimacy to pregnancy encounters significant conceptual difficulties.

Within the ethics of relationships, intimacy is generally understood as a conscious, reciprocal, and agentive relationship requiring mutual awareness, reciprocal agency, and emotional sharing accompanied by mutual vulnerability (Nozick, 1989; Helm, 2010; Nussbaum, 2001). Intimacy is therefore inherently relational rather than merely an internal experience or a one-sided bodily condition.¹

Yet the characteristics of pregnancy—including the fetus's residence within the woman's body, its use of her bodily resources, and its complete dependence for survival—appear to signify biological dependence rather than intimacy. The fetus neither consciously enters

1. It may be argued that Little understands intimacy not as a reciprocal relationship but merely as a one-sided and embodied experience. Even if such an interpretation were accepted, however, one of two conclusions would follow. Either the concept of intimacy would be reduced to the agent's internal and subjective state, in which case it would no longer function as a genuinely relational concept endowed with strong normative force; or its use would become merely metaphorical, thereby rendering it incapable of serving as a persuasive basis for an argument against legal compulsion.

Moreover, the very normative language employed by Little—particularly the expression "compelled intimacy"—presupposes relational assumptions that are difficult to reconcile with a wholly one-sided understanding of intimacy. Accordingly, in the present author's view, if Little wishes to retain the language of intimacy, she must also accept at least the minimal conceptual commitments that accompany that concept.

into this relationship nor participates in reciprocal agency. Accordingly, bodily intertwinement alone is insufficient to justify the attribution of moral intimacy. If mere physiological dependence constituted the criterion of intimacy, then relationships such as those between parasite and host, patients dependent upon life-sustaining technologies, or premature infants connected to intensive care devices would likewise have to be regarded as intimate relationships. Such conclusions suggest that the concept of intimacy, as employed in this context, has undergone an unprincipled expansion.

On the other hand, findings from developmental psychology indicate that the maternal-fetal relationship is not entirely one-sided. During the second half of pregnancy, fetuses exhibit differential responses to their mother's voice (Kisilevsky et al., 2009; Partanen et al., 2013); maternal emotional states are associated with behavioral and physiological changes in the fetus (Van den Bergh et al., 2017); and evidence exists for prenatal learning and memory (Moon et al., 2013). Furthermore, some studies have identified forms of regulatory and interactive dependence between mother and fetus (Marx et al., 2015).

Although such findings are insufficient to establish the existence of full moral intimacy, they nevertheless challenge Little's entirely woman-centered account. Consequently, her analysis is weakened in two respects. If the precise philosophical definition of intimacy is adopted, pregnancy does not qualify as intimate in the analytic sense of the term. If, however, a biological-emotional definition is accepted, the exclusion of the fetus's role yields an incomplete and biased analysis. In either case, the normative foundation of Little's theory for making pregnancy-related duties dependent upon the mother's subjective evaluation faces a serious challenge.

2.4. The Conceptual Ambiguity of "Openness to Relationship"

In order to avoid the conclusion that a woman acquires a definitive obligation to continue pregnancy from its very inception, Little distinguishes between "accepting a relationship" and being "open to a relationship." In her view, the fetus's biological connection generates merely a mild moral invitation to remain open to the possibility of a relationship, rather than a binding obligation to embrace motherhood or continue the pregnancy (Little, 1999, p. 298). Nevertheless, this distinction is beset by serious conceptual and normative ambiguities.

First, Little fails to clarify what precisely is meant by "openness." Is it merely a psychological attitude, a practical readiness to respond to a relationship, or a minimal form of moral commitment? The concept lacks clearly defined analytical criteria, even though any normative concept ought to provide a basis for identifying instances of compliance with, or deviation from, its requirements. In the absence of such criteria, "openness" possesses neither binding force nor a clear practical guiding function (Scanlon, 1998).

Second, if the fetus's dependence genuinely carries moral significance and obliges the woman to remain "open to relationship," it remains unclear why this obligation does not give rise even to a minimal degree of practical commitment. If "openness" constitutes a moral duty, one would expect at least limited practical consequences to follow from it; if it has no such implications, it becomes difficult to regard it as a genuine obligation. Little provides no convincing explanation for this problem.

Third, this distinction gives rise to a form of internal inconsistency. On the one hand, the biological connection is considered sufficiently important to warrant the demand for an attitude of "openness." On the other hand, that very same connection

generates no specific practical obligations. As a result, "openness" remains suspended between psychological description and normative claim.

Finally, the insistence that weighty obligations arise only after the woman's voluntary entry into the relationship transfers the primary burden of moral commitment to the individual's subjective judgments and inner readiness, thereby detaching it from objective and publicly assessable standards (Nagel, 1986). Accordingly, the central concept of "openness to relationship" lacks a clear definition, offers no determinate practical criteria, and fails adequately to explain its connection with moral obligation. It is precisely this ambiguity that inadvertently pushes Little's theory toward a form of moral subjectivism.

2.5. A Faulty Analogy Between "Legal Compulsion" and "Compelled Intimacy"

Little characterizes the legal prohibition of abortion as a form of "compelled intimacy" because, in her view, the state forces a woman to make her body available to another and to remain within an unwanted relationship (Little, 1999, p. 303). However, this analogy is open to question from conceptual, moral, and legal perspectives.

In legal philosophy, there is a fundamental distinction between "compelled intimacy" and "legal obligations to protect vulnerable persons." The former refers to the imposition of a personal and emotional relationship against an individual's will, whereas the latter encompasses protective duties such as the prohibition of child abuse, the prohibition against abandoning dependent individuals, and parental obligations toward children—duties grounded in dependence and vulnerability rather than in consent to enter into a personal relationship (Kittay, 1999). Likewise, within the ethics of relationships,

intimacy is understood as reciprocal, conscious, and voluntary in nature (Friedman, 1998), whereas caring for a dependent being does not necessarily possess these characteristics and instead rests upon responsibilities arising from one's circumstances. Accordingly, equating the continuation of pregnancy with the imposition of an intimate relationship conflates two distinct types of moral obligation.

Moreover, in cases of sexual or emotional coercion, an individual is confronted with the imposing will and intentional agency of another person. The fetus, by contrast, lacks any interventionist intention or coercive will, and its dependence upon the mother's body is natural and involuntary in character. Describing this condition through the language of "compelled intimacy" therefore constitutes a form of conceptual projection that overlooks the distinction between intentional imposition and natural dependence.

Consequently, Little's analogy between the legal prohibition of abortion and compelled intimacy is conceptually imprecise and ethically and legally misleading, insofar as it obscures the fundamental distinction between protective obligations and personal relationships.

2.6. The Exclusion of the Father and the Reduction of Parental Duties

Little analyzes pregnancy primarily as an intimate relationship between the woman and the fetus. As a result, the father's role is almost entirely absent from the moral structure of her theory. Yet if the source of moral obligation is understood in terms of causal responsibility for bringing dependent life into existence, that responsibility is distributed between both parents (Lee & George, 2005).

Neglecting the father has the effect of placing the entire moral

burden of reproduction upon the mother's body and will, thereby rendering the theory normatively incomplete. Furthermore, if duty arises only when the mother experiences intimacy, while the father remains wholly outside this framework, parental obligations are reduced to matters that are exclusively personal and dependent upon the mother's experience. In this way, the shared foundation of parental responsibility disappears. Accordingly, the systematic exclusion of the father constitutes one of the significant weaknesses of Little's theory.

2.7. The Absence of the Fetus's Moral Status and the Reduction of the Intrinsic Value of Life

Little's approach deliberately distances itself from addressing the moral and ontological status of the fetus. She explicitly states that she does not intend to engage with the question of whether the fetus is a "person," since, in her view, the intimate experience of pregnancy is sufficient for analyzing the duty to gestate (Little, 1999, pp. 297–299). Yet this methodological avoidance of the personhood question gives rise to a structural problem: Little passes judgment on the moral permissibility of ending fetal life without first determining the fetus's moral value.

Within Little's account, the "right to life" becomes a conditional right, one whose content depends upon the mother's evaluation of the possibility of forming an intimate relationship. As she argues, the "lived relationship" and the woman's "openness to relationship" determine whether any duty toward the fetus exists (Little, 1999, p. 300). This shift from the "intrinsic value of life" to a "relational evaluation" constitutes a highly significant normative transformation. However, within deontological ethics and natural law philosophy, human life is regarded as a basic good whose value does not depend upon any individual's psychological or emotional states. Lee and

George state explicitly: "Human life is an intrinsic good that cannot be limited or suspended through the preferences, mental states, or personal experiences of another" (Lee & George, 2005, p. 14). From this perspective, Little commits a form of ethical reductionism by rendering the fetus's fundamental and independent right to life contingent upon the woman's psychological and emotional condition.

Furthermore, a substantial body of literature in bioethics and moral philosophy maintains that determining the moral status of the fetus is a prerequisite for any judgment concerning the permissibility of abortion. Jeff McMahan writes: "No theory concerning the permissibility or impermissibility of abortion can be complete without taking a position on the moral status of the fetus" (McMahan, 2002, p. 257). Little's departure from this methodological principle renders her theory vulnerable at the level of argumentation, since she grounds duty in the lived relationship without clarifying the moral status of the very object of that relationship.

Consequently, Little's analysis not only leads to a relativization of the right to life but also allows the moral value of a human being to become wholly dependent upon the mother's subjective and variable experiences. This normative dependence confronts her theory with a fundamental question: if the value of fetal life has not already been established, how can feelings, intimacy, or the absence of intimacy provide an adequate basis for deciding whether pregnancy ought to continue or be terminated?

2.8. The False Distinction Between Risk and Responsibility: A Critique of Little's Medical Analogy

In defending the moral permissibility of abortion, Little argues that accepting the risk of a consequence does not necessarily entail accepting a moral obligation to endure that consequence. She offers

the example of an individual who smokes despite being aware of the risk of cancer but who, if diagnosed with the disease, bears no moral obligation to accept a particular form of treatment. In her view, pregnancy is analogous in this respect. Thus, even if a woman knowingly engages in conduct that carries the risk of pregnancy, this fact alone does not commit her to continuing the pregnancy, and abortion may be regarded as a "therapeutic option" for addressing an unwanted condition (Little, 1999, pp. 303–305).

Lee and George reject this analogy as fundamentally flawed because it fails to distinguish between two morally distinct situations. In the case of cancer, treatment concerns cells or pathological processes that possess no independent moral value; consequently, choosing among treatment options does not involve deciding whether to preserve or eliminate another human being (Lee & George, 2005, pp. 15–17). However, if the fetus is understood as a human being possessing intrinsic value, abortion is no longer merely the management of an unwanted bodily condition or the selection of a therapeutic intervention. Rather, it becomes the direct destruction of a human life. In that case, the fundamental distinction between "remedying a harm devoid of independent moral value" and "eliminating a being possessing intrinsic good" is obscured (Lee & George, 2005, p. 18).

Lee and George's principal criticism is that, by focusing on the concept of risk, Little treats responsibility arising from the creation of a situation as equivalent to the accidental encounter with a harm. In their view, knowingly accepting a risk through conduct that may result in the existence of a dependent human being is not simply the acceptance of an unwanted possibility; rather, it constitutes entry into a situation that generates distinctive moral responsibilities. Risk-taking in this context concerns the possibility of actualizing a human

life, and this fact itself may give rise to a moral claim.

Accordingly, even if one accepts that assuming a risk does not invariably entail accepting all of its consequences, this principle is insufficient to justify Little's conclusion. The central question is whether a being that has come into existence precisely as a result of that risk-taking, and that is assumed to possess independent moral value, may be treated as a removable complication. Lee and George answer in the negative, arguing that it is precisely at this point that Little's medical analogy collapses. Assuming the human value of the fetus, abortion is not the treatment of a disease but rather an act directed immediately at the life of another being.

Therefore, the distinction between "accepting risk" and "accepting responsibility," upon which Little relies, is regarded by her critics as inadequate. Although risk acceptance in many contexts generates no special obligations, when it results in the creation of a dependent human being, it may constitute the basis of moral responsibility. By disregarding the distinction between harms lacking intrinsic value and human life possessing independent good, Little's medical analogy oversimplifies the central moral issue and fails to provide sufficient justificatory force in defense of abortion.¹

1. Moreover, even in her later writings, Little continues to refrain from providing a clear account of the precise normative implications of fetal value, despite acknowledging that "the fetus is not valueless and possesses a kind of developing intrinsic value" (Little, 2007, p. 302; Little, 2013, pp. 48–49). She explicitly maintains that "human potentiality, by itself, cannot generate full moral value," while simultaneously emphasizing that "potentiality is not morally insignificant and cannot simply be disregarded" (Little, 2013, p. 52).

There appears to be a form of structural inconsistency between Little's claim that the fetus is valuable and her relational framework. For if the acknowledgment of intrinsic value—even if understood as gradual, as Little suggests in her later

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Conclusion

In her article "Abortion, Intimacy, and the Duty to Gestate," Margaret Little offers an innovative attempt to reconceptualize the issue of abortion by moving beyond traditional rights-based and personhood-centered frameworks toward an ethics of intimacy. Within this ethical framework, pregnancy is understood not merely as a biological condition but as an embodied, intertwined, and intimate relationship between the woman and the fetus. Little's principal innovation lies in her introduction of concepts such as non-voluntary intimacy, openness to relationship, relational duties, and embodied intertwinement, through which she seeks to develop a new moral vocabulary for understanding pregnancy—one in which the lived experience of the woman's body occupies the center of ethical analysis.

By placing embodiment and relationships of dependency at the forefront, Little helped bridge the gap between biomedical ethics and the ethics of care. She demonstrated that pregnancy cannot be adequately analyzed solely within the frameworks of abstract rights, individual autonomy, or the metaphysical status of the fetus. Rather, it should be understood as a relational and embodied event that calls for an ethics of its own.

At the same time, this very shift in perspective provides the foundation for the criticisms examined in this article. First, by

← works—is to be taken seriously, it cannot be left without any corresponding normative consequences and reduced merely to the mother's personal experience. To recognize that the fetus possesses intrinsic moral value is, at minimum, to accept that such value gives rise to moral considerations that are not wholly contingent upon the mother's subjective assessment of her relationship with the fetus. Otherwise, the attribution of value risks becoming merely rhetorical, devoid of substantive normative force.

distancing itself from the question of the fetus's moral status, Little's theory overlooks the intrinsic value of life and reduces it to the mother's experience of intimacy. Second, the transfer of the source of obligation from causal responsibility to the quality of the lived relationship generates a form of moral subjectivism that may lead to relativism and undermine objective parental duties. Third, her reliance upon the concept of intimacy is marked by conceptual tension, since intimacy, within the tradition of the ethics of relationships, is understood as a reciprocal and conscious relationship and cannot straightforwardly be applied to the fetus, which lacks mutual awareness. Moreover, even if findings from developmental psychology suggest that fetuses exhibit quasi-emotional and embodied responses to their mothers at certain stages of pregnancy, this dimension remains absent from Little's theory, and the relationship is ultimately reduced to the mother's perception alone.

In the final analysis, it must be acknowledged, on the one hand, that Little's theory has made a significant contribution to the ethics of care and the ethics of embodiment by opening a new field of inquiry—one that places the lived experience of pregnancy, the quality of embodied intertwinement, and the role of consent in caregiving relationships at the center of ethical reflection. On the other hand, her approach appears insufficient as a normative framework for determining parental duties and the moral value of life. This is because the framework depends too heavily upon the mother's subjective and emotional states and is unable to explain why a dependent being, brought into existence through the causal and biological actions of the parents, is not entitled to independent moral consideration and protection.

Therefore, although Little's theory opens important new horizons for understanding pregnancy, it encounters serious challenges

when advanced as a comprehensive account of the duty to gestate and the moral value of fetal life. These are the very challenges that the present article has sought to clarify through a critical and analytical examination.



References

- Friedman, M. (1998). Romantic love and personal autonomy. *Midwest Studies in Philosophy*, 22(1), pp. 162–181. <https://doi.org/10.1111/j.1475-4975.1998.tb00336.x>
- Helm, B. W. (2010). *Love, friendship, and the self: Intimacy, identification, and the social nature of persons*. Oxford: Oxford University Press
- Kamm, F. M. (2007). *Intricate ethics: Rights, responsibilities, and permissible harm*. Oxford: Oxford University Press. <https://doi.org/10.1093/acprof:oso/9780195189698.001.0001>
- Kisilevsky, B. S., Hains, S. M. J., Brown, C. A., Lee, C. T., Cowperthwaite, B., Stutzman, S. S., Swansburg, M. L., Lee, K., Xie, X., Huang, H., Ye, H.-H., Zhang, K., & Wang, Z. (2009). Fetal sensitivity to properties of maternal speech and language. *Infant Behavior and Development*, 32(1), pp. 59–71. <https://doi.org/10.1016/j.infbeh.2008.10.002>
- Kittay, E. F. (1999). *Love's labor: Essays on women, equality, and dependency*. London: Routledge.
- Lee, P., & George, R. P. (2005). The wrong of abortion. In A. I. Cohen & C. H. Wellman (Eds.), *Contemporary debates in applied ethics* (pp. 13–26). Hoboken: Blackwell Publishing.
- Little, M. O. (1999). Abortion, intimacy, and the duty to gestate. *Ethical Theory and Moral Practice*, 2(3), pp. 295–312. <https://doi.org/10.1023/A:1009955129773>
- MacIntyre, A. (1984). *After virtue: A study in moral theory* (2nd ed.). University of Notre Dame Press.
- Marquis, D. (1989). Why abortion is immoral. *The Journal of Philosophy*, 86(4), pp. 183–202. <https://www.jstor.org/stable/2026961>
- Marx, V., & Nagy, E. (2015). Fetal behavioural responses to maternal voice and touch. *PLOS ONE*, 10(6), e0129118. <https://doi.org/10.1371/journal.pone.0129118>

- McMahan, J. (2002). *The ethics of killing: Problems at the margins of life*. Oxford: Oxford University Press.
- Moon, C., Lagercrantz, H., & Kuhl, P. K. (2013). Learning in utero: Evidence for fetal auditory learning. *Acta Paediatrica*, 102(2), pp. 156–160. <https://doi.org/10.1111/apa.12098>
- Nagel, T. (1986). *The view from nowhere*. Oxford: Oxford University Press.
- Nozick, R. (1989). *The examined life: Philosophical meditations*. New York :Simon & Schuster.
- Nussbaum, M. C. (2001). *Upheavals of thought: The intelligence of emotions*. Cambridge: Cambridge University Press. <https://doi.org/10.1017/CBO9780511840715>
- Partanen, E., Kujala, T., Näätänen, R., Liitola, A., Sambeth, A., & Huotilainen, M. (2013). Learning-induced neural plasticity of speech processing before birth. *Proceedings of the National Academy of Sciences of the United States of America*, 110(37), pp. 15145–15150. <https://doi.org/10.1073/pnas.1302159110>
- Scanlon, T. M. (1998). *What we owe to each other*. New York: Harvard University Press.
- Thomson, J. J. (1971). A defense of abortion. *Philosophy & Public Affairs*, 1(1), pp. 47–66.
- Van den Bergh, B. R. H., van den Heuvel, M. I., Lahti, M., Braeken, M., de Rooij, S. R., Entringer, S., Hoyer, D., Roseboom, T., Räikkönen, K., King, S., & Schwab, M. (2020). Prenatal developmental origins of behavior and mental health: The influence of maternal stress in pregnancy. *Neuroscience & Biobehavioral Reviews*, 117, pp. 26–64. <https://doi.org/10.1016/j.neubiorev.2017.07.003>