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To cite this article: Donald DeMarco (2012) Sophie's Choice—A Contemporary Ideal, The Linacre Quarterly, 79:1, 19-24, DOI: [10.1179/002436312803571528](https://doi.org/10.1179/002436312803571528)

To link to this article: <https://doi.org/10.1179/002436312803571528>



Published online: 18 Jul 2013.



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# Sophie's Choice— A Contemporary Ideal

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*Editorial note: In the August 14, 2011, issue of The New York Times Magazine, an article about selective abortion in multiple-gestation pregnancies highlights some of the moral distress accompanying this practice. The overall tenor of the piece, however, is devoid of moral calculation, and seems to proffer unabashedly the option of abortion. In this editorial, Dr. DeMarco provides a clear and direct commentary of the magazine article. He effectively supplies the moral analysis, which was conspicuously absent from the article, and calls for an honest appraisal of choices made.—ed. John M. Travaline*

The 1982 movie, *Sophie's Choice*, based on the novel of the same name by William Styron, presents a dramatic and heart-wrenching “choice” that the main character, played by Meryl Streep, is forced to make. Upon arriving at the concentration camp in Auschwitz, with her two young children, a Nazi officer informs Sophie that she must choose life for one and death for the other. “Don’t make me choose,” she pleads, “I can’t choose.” Her words fall upon deaf ears. When a young Nazi officer is ordered to take both children away, she realizes that it is better to save one than have both perish. Sophie then utters the four words that will haunt her for the rest of her life. Releasing her daughter, she shouts, “Take the little girl.”

Aside from whatever merits this movie may have as a whole, this one scene stands out as unforgettable. It drives a sword through the

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The Linacre Quarterly 79(1) (February 2012): 19–24.

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0024-3639/2012/7901-0004 \$.30/page.

heart. Sophie, herself, is unable to live with her “choice” and her guilt intensifies to the point of despair. She ends her tormented life by ingesting cyanide.

A good work of art will depict good as good, evil as evil. There is no need for an ethicist to explain to the movie viewer that consigning an innocent child to death is an act of unspeakable horror. Nor does he need to explain that a mother’s heart will be broken knowing that she had a hand, though forced, in the death of her daughter. Nor does the viewer see virtue in the officer’s willingness to allow one child to live and extending to Sophie the privilege of choosing which one it will be.

The viewer responds viscerally to the scene. His response is a mixture of great sympathy for Sophie and strong reprehension for the two Nazi officers. There is no question here of ethics being blurred or obscure. And surely one cannot abide for a second the notion that ethics evolves with politics. We know, instinctively, that a mother’s love for her children is good, while Nazi politics is bad. A good novel, therefore, can be more realistic than much of politics, or even, for that matter, much of philosophy.

Likewise, in reading Albert Camus’s *The Stranger* (1942), one knows that there is something terribly wrong with the main character, Meursault, who is serenely indifferent to the life or death of another human being: “And just then it crossed my mind that one might fire or not fire—and it would come to absolutely the same thing.” The reader knows that an inexorable law of human brotherhood is violated when Meursault kills the stranger, one that demands retribution: “And each successive shot was another loud, fateful rap on the door of my undoing.”

The ethical realism we find in good literature is not always present as it should be in the media, in politics, in academe, in business, in liberal churches, and in that ethically impotent network of nonsense known as “political correctness.”

In *The Abolition of Man* (1943), a book that is small in size though large in scope, C.S. Lewis calls attention to an insidious process in the modern world in which ethics has been removed from its proper root in the heart. He laments, therefore, the effort on the part of modern educators to produce “Men without Chests.” Such a procedure is tragic-comedic. It is tragic because it immobilizes a vital source of ethics. It is comedic because it prevents people from achieving the difficult things they need to achieve in order to sustain civilization. Ethical anemia cannot engender virtue. Such educators, for Lewis, seek the impossible. They want life to be easy and people to be non-judgmental, and, at the same time, want the difficult and elusive goals of peace and prosperity to be attained. Accordingly, Lewis writes: “we remove the organ and demand the function. We make men without chests and expect of them virtue and enterprise. We laugh at honor and are shocked to find traitors in our midst. We castrate and bid the gelding be fruitful.”

A woman may convince herself that her abortion is merely a choice. Yet, in stifling a motherly dimension in her being, she renders herself less likely to be a complete mother to the children she chooses to have. Sophie knew that she could not be a good mother for her son because she was not a good mother for her daughter, notwithstanding the horrific situation that was forced upon her.

The emotional power of *Sophie's Choice* rests on the immediate and undiluted ethical impact it has on the viewer. But if we alter certain features that are extrinsic to this essential ethical issue, would the contemporary viewer respond in the same way? First, let us remove all references to Nazis and concentration camps. Next, let us place the two children inside the womb. Finally, let the new Sophie be truly free to make her choice. What would her response be? And what would the popular response be? Would it be horror or acceptance?

We have a sense of what these responses might be when we read an article that appeared in the August 14, 2011, edition of *The New York Times Magazine* titled "The Two-Minus-One Pregnancy" by Ruth Padawer. The title is both intriguing as well as misleading. It conveys the immediate impression of a pregnancy that undergoes a mathematical reduction. It does not specify that the central issue of the article concerns the ethics of killing a perfectly healthy child-in-the-womb when the gestational mother wants to reduce the twins she is carrying to a singleton.

The change in "scenery," so to speak, from a concentration camp to an abortion clinic (sometimes referred to as a "health center"), and the children from residents in the world to residents in the womb, causes the central ethical issue to go out of focus. What is left is simply an abstract choice.

"Killing" is a realistic term since the "pregnancy reduction" procedure involves injecting potassium chloride into the thoracic cavity of one of the twins (usually the one that is easier for the technician to reach). The procedure is done using ultrasound guidance. The doctor knows full well that he is not merely reducing a pregnancy but extinguishing the life of an unborn child. "Two-minus-one" is not simply a characteristic of a pregnancy.

The author, Ruth Padawer, writes in a non-judgmental fashion. She is a journalist, not a novelist. Ethics, wherever it exists, is always a conundrum. She also writes empathically, fully sensitive to the pain and difficulties women experience who decide to have one of the two children they are carrying eliminated. Too much empathy, however, can obscure ethics. On the other hand, too rigid an ethic can smother empathy. This is a problem that the article does not attempt to resolve.

What are the limits of choice? Where is the boundary between choice and ethics? The women presented in the article are depicted as living somewhere on the boundary between choice and ethics, intense relief and

intense guilt, personal freedom and profound regret. But it is not clear how they can separate the preferred factor from the unwanted one.

In most of these cases, the women conceived at an advanced age and through the aid of in vitro fertilization and embryo implantation. Said one woman: "We created this child in such an artificial manner—in a test tube, choosing an egg donor, having the embryo placed in me.... The pregnancy was all so consumerish to begin with." "If I had conceived these twins naturally," she went on to say, "I wouldn't have reduced this pregnancy, because you feel like if there's a natural order, then you don't want to disturb it" (Padawar, "The Two-Minus-One Pregnancy").

The artificiality of such a conception places it at some emotional distance from a more natural conception that results from the conjugal embrace of husband and wife. It is precisely this context of marital love that helps both the mother and the father to regard their offspring as fully human, as fully lovable human beings begotten through their loving relationship. From an emotional standpoint, love is more realistic than technology. A picture of a child does not elicit as much feeling in another as the child himself. Technology places us a step away from direct, living contact with another.

While a woman may experience some discomfort with her artificially "created" child-in-the-womb," the physician who performs the pregnancy reduction procedure does not share this emotional distance. Many doctors find the procedure unnerving because it is viewed under ultrasound imaging, making it visually explicit, which is not the case with abortion. The woman can close her eyes to the procedure; the doctor cannot.

The expressions "two-minus-one" as well as "pregnancy reduction" are mathematical in essence. But mathematics, like technology (practical as it may be), is also a step away from reality. A woman who undergoes pregnancy reduction feels the consequences viscerally. For her, the experience is not something captured by a mathematical equation.

One woman agreed to terminate her unborn boy and not his twin sister since she already had a son at home. The experience, however, haunted her: "I just couldn't sleep at night knowing that I terminated my daughter's healthy twin brother" (Padawar, "The Two-Minus-One Pregnancy"). The clean subtraction of one from two does not come close to epitomizing her visceral response.

Pregnancy reduction is, to be more accurate, selective killing. This is the harsh and disturbing reality from which, it is said, people must be shielded. In 1981, a woman was carrying twins, one of whom was diagnosed as having Down syndrome. Doctors at Mt. Sinai Hospital destroyed the Down syndrome child by drawing out its blood through a needle. The mother eventually gave birth to a healthy baby while delivering a papery vestige of the other twin. The doctors referred to the procedure as "selective delivery of discordant twins" (T.D. Kerenyi and

U. Chitkara, "Selective Birth in Twin Pregnancy with Discordancy for Down's Syndrome," *New England Journal of Medicine* 304 [1981]: 1525–1527). This reality-shielding euphemism suppresses the selective killing while fabricating a "discordant" relationship between the twins who were merely different from each other.

Abby Johnson spent eight years working for Planned Parenthood. Her experience there taught her, as she reports in the bestselling book, *Unplanned* (Carol Stream, IL: SaltRiver, 2010), that it was commonplace for a woman seeking an abortion to change her mind when she discovered that she was carrying twins.

The word "twins" conveys more reality than "fetus." It is used univocally when applied to inhabitants of the uterus as well as to those who have been born. Unborn twins are said to be "twins" in the same way that born twins of any age are said to be twins. The term helps to humanize the unborn and place them on an ethical par with any other set of twins no matter how old they may be. The term also shifts the focus of attention from an unwanted pregnancy to a pair of unborn siblings who may be identical or fraternal. For many, the word "twins" ushers in more reality than can be easily suppressed.

No one will disagree that carrying, delivering, and raising twins is difficult, challenging, and full of self-sacrifice. But it is not the terrifying ordeal that some people who contemplate pregnancy reduction envision. In *New York Times Magazine* article, Dr. Richard Berkowitz, a perinatologist at Columbia University Medical Center, avers that, "The overwhelming majority of women carrying twins are going to be able to deliver two healthy babies." Ruth Padawer records the fears of particular women seeking pregnancy reduction, who want to avoid the unmanageable ordeal of coping with "two tempestuous teenagers," or "the chaos, stereophonic screaming, and exhaustion of raising twins." Fear is a prism that can make reality seem far more frightening than it may turn out to be.

Fear, euphemisms, ideology, and suppressed realities do not provide a good formula for balanced thinking. Sheena Iyengar, a social worker at Columbia Business School, is the author of *The Art of Choosing* (New York: Twelve: 1210). Iyengar maintains that "the story upon which the American dream depends is the story of limitless choice" (Padawar, "The Two-Minus-One Pregnancy"). Unfortunately, as she warns, we are not sure about where the ethical boundaries should be. The ideology of choice can easily submerge sober concerns about human procreation including age, marital status, health, and the readiness to assume the responsibilities inherent in raising children. Limitless choice can easily contradict freedom. We all have choices to make, but reasonable choices can lead us to a freedom of fulfillment as human beings. Unregulated choice ensnares us.

Padawer presents the dilemma of two forty-five-year-old lesbians, living together, who, in "getting serious" about conceiving, found

themselves both pregnant, concurrently, with twins. One of these women, assessing her predicament from an existential point of view, offers some valuable common sense: "I've come to realize there's only so much we can control. There's a point where you just have to let nature take its course." Nonetheless, this wisdom falls in the category of arriving a bit late. "We are to soon old and too late smart," as some philosopher once said. One of the partners asks, after her pregnancy reduction, the unanswerable question, "Did we choose the right one?" Of course, there is no "right" one, just as there was no "right" one in the case of Sophie's choice.

Nature is a reliable guide. And so is love. Dr. Mark Evans, who does pregnancy reductions, claims that "Ethics evolve with technology" (Padawar, "The Two-Minus-One Pregnancy"). This is a dangerous statement since ethics is often absorbed by the technological imperative or compromised by the popular demand to use medical technologies for non-medical reasons. If ethics changes with technological innovations, we may wonder whether ethics, always lagging behind technology, is of any value whatsoever.

Yet, the visceral responses of many women who have chosen pregnancy reduction attest to the deeply rooted reality of ethics. Hindsight is usually clearer than foresight. More to the point, "hind-sense" is stronger than foresight. Why else would the vast majority of women who have had pregnancy reductions choose to remain anonymous and refrain from telling anyone about it? Ethics does not exist on the heels of technology. It exists in the heart of each human being. It needs, therefore, to be intuited more thoroughly and articulated more clearly.

Finally, medical practices should not be marketed the way consumer products are. Patients have the right to know, unambiguously, the precise nature and likely consequences of the procedures that they are thinking about choosing. But they also have the duty to make ethical choices from their own personal standpoints. Accurate information and good character make a fortuitous combination. When reality goes out of focus, the most reliable basis for ethics is compromised. Perhaps our first ethical obligation is to be honest, both with ourselves as well as about the things we choose. And honesty means very little if it is not based on a courageous and steadfast realism.

Has "Sophie's Choice" become a contemporary ideal? It has for anyone who has lost sight of ethics and replaced it with bare choice. The essential evil of the Nazis, we should remember, was precisely their willfulness.