our children right from the start, incorporating them into particular regimens of practice, evaluative outlooks, and physical habits. If our children are ill or disabled, we do not accept such states of affairs as expressing our welcome of them "as they are," and it is a good thing, too. Rather, we subject our kids to considerable inconvenience and pain to enculturate, to cure, or to compensate. Further, as the burden for doing all this arduous shaping still falls disproportionately on women, we ought to be very wary about promulgating a conception of virtuous parenting that may discourage them from asserting the freedom to reflect and to act on their judgments about whether a given pregnancy is one they wish to continue.

Perhaps unconditional welcome is thought fully consistent with demanding that children be imbued with that highly artificial practice, consideration for others, with immersing them in swimming or Spanish classes, with putting braces on their legs or cleats on their feet, because in these cases, it is merely features of our children—selfishness, ignorance, limited mobility—that we reject, and not children *tout court*. But, among other problems (e.g., is it not in general terms tendentious to regard abortion as the rejection of a child?), this reading of unconditional welcome would not square with Asch and Wasserman's parallel use of the point to indict genetic enhancement decisions. As with stigma, then, unconditional welcome is a moral concept requiring considerable further development if it is to do the work Asch and Wasserman assign it.

Notes

1. I treat the issue at some length in "The Meaning of the Act: Relationship, Meaning and Identity in Prenatal Genetic Screening," in my *Hippocrates' Maze*. Lanham, Md: Rowman and Littlefield; 2003.
2. For example, Susan Wendel writes: "The widespread use of selective abortion to reduce the number of people born with disabilities . . . sends a message to children and adults with disabilities, especially people who have genetic or prenatal disabilities, that 'we do not want any more like you.' " (*The Rejected Body*. New York: Routledge; 1996:153). Focusing on individual choices rather than social practices, Laura Hershey writes: "I believe the choice to abort a disabled fetus represents a rejection of children who have disabilities." (*Ms*. July/August, 1994:30). Another example is provided in an excellent essay Professor Asch wrote with Gail Gellner, where it was claimed that treating disabilities did not encounter the same moral problems as terminating pregnancies: "What differentiates preventing disability by abortion from preventing it by immunization is that the abortion indicates that the disability makes the child unacceptable." (Feminism, Bioethics and Genetics. In: Wolf S, ed. *Feminism and Bioethics*. New York: Oxford; 1996:339). I believe that the matter is much more complicated, but it seems clear that no progress could be made in assessing this claim without considering how a nonlinguistic action or event "indicates" the truth of a given proposition, and thus attending to the kinds of points explored in discussions of the expressivist argument.

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Reply to Nelson

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We are gratified by Nelson's response to our commentary. It shows, for the first time, an appreciation of the distinctive character of our criticism of in-

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dividual decisions to test and terminate for fetal impairment. Although we still find much to disagree with in Nelson's characterization and critique of our views, he has given us a welcome opportunity to clarify and develop them.

We agree with Nelson that the question of who is wronged by the distorting impact of stigma on reproductive decisions is a difficult and complex one. Nelson is surely right that the pregnant woman herself may have a complaint about the "cognitive cramp" that stigmatization inflicts—a cramp that is tightened, not relaxed, by the routine character of prenatal disability testing and the oppressive expectation that positive results will lead to termination. As we noted in a longer paper on the subject:

> The principal target of what has become known as the disability critique of prenatal testing (PNT) has been health professionals and the policies they establish, not individual parents and the decisions they make. Indeed, one of the strongest complaints about professional practices and policies is that they infringe rather than enhance the reproductive freedom of individual parents, by pressuring them to abort fetuses likely to develop substantial impairments. (p. 172)[1]

In other work, we have criticized genetic counselors who treat abortion as the expected sequel of "positive results" and urged counselors to encourage women and couples facing such results to consider the option of raising a child who would have a disability. We believe that actually meeting families with such children can be a powerful antidote to synecdoche. But recognizing that pregnant women have a complaint about current practices does not mean that their own decisions, pressured and misinformed as they so often are, are exempt from moral scrutiny and criticism. We believe those decisions may give grounds for complaint to people with disabilities.

Nelson is correct that, in general, such a complaint cannot be based on the harm attributable to the decision of an individual woman or couple to abort a fetus expected to become a child with a disability. Although that decision marginally reinforces the practice of testing and termination and the prejudicial attitudes underlying it, the actual harm from such pressured complicity is too slight to ground a complaint from existing people with disabilities. But though an individual decision to abort such a fetus may not harm those people, it may wrong them, in a sense we tried to capture in the longer paper quoted earlier. We believe that people with disabilities might reasonably feel disturbed by an individual's refusal to enter into an intimate relationship with another being because of her unreasonable aversion to a characteristic they shared with that being:

> [P]arents who uncritically assume that a child with a severe impairment cannot fulfill even their modest expectations about raising a child and forming a family act on a false, harmful assumption about impairment. In effect, they let the impairment define the identity of its bearers and make them "somewhat less than human," in Erving Goffman's words, . . . deeming them ineligible, without good reason, for one of the most intimate of all relationships. To the extent that the use of PNT is informed by this view of impairment, people with impairments have a basis for complaint, not only because they are harmed by that same view in pursuing their own ambitions and desires, but because that view suppresses their distinct identities, lumping them together with "defective" fetuses, embryos, and gametes as bearers of a common taint (p. 189).[2]

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We likened the offense given to an existing person with disability to that given to a Black of Jewish person by a friend's refusal to marry someone because they were Black or Jewish (and not, say, because they were of a different faith or ethnicity—an admittedly difficult distinction to draw). Although the friend would not be harmed by the decision, he might reasonably take offense at the stereotypes and prejudices that informed it. Someone who held those attitudes would treat people "like him" as moral inferiors, as suitable for friendship but unworthy of the most intimate relationships. What would give offense was not that the person refusing to marry conveyed or expressed such attitudes—she might vehemently deny or repress them—but the very fact that she had them (a fact that may, admittedly, be very difficult to ascertain). Although the offense is based on the attitudes held by the individual decision maker, those attitudes themselves reflect, and owe much of their offensive character to, pervasive social prejudices. In a society where disability was not stigmatized, where people with disabilities were not treated as "somewhat less than human," the decision not to marry a person with an impairment or not to bear a fetus carrying one would be less suspect, and less offensive. That decision might be ill advised or idiosyncratically biased, but it would not reflect a pervasive and destructive stigma.

In suggesting how a person with an disability may feel implicated by the decision to abort a fetus with a similar disability, our goal has been to explain and legitimize the reaction of many people with disabilities to selective abortion, not to rebuke individuals who engaged in that practice. Indeed, our target has always been the practice of selective abortion, not those who are pressured into engaging in it without adequate information or reflection. Our main concern about the prospective parents themselves is that they are not being encouraged to think about their own hopes in having children, and consider how a child's impairment might affect those hopes. More broadly, we believe that the best qualities in parenting—the appreciation of the uniqueness of any future child—are not well served by the practice of testing and the surrounding cultural climate. But if we think that prospective parents are exhibiting less than ideal self-reflection and strength, we must acknowledge that we hold out parental ideals as aspirations, recognizing how hard they are to meet.

Nelson reserves his strongest criticism for the ideal of unconditional welcome we introduce in criticizing all forms of selectivity in bearing children—for or against any characteristic, whether stigmatized or not. Nelson claims that we make an untenable distinction between rejecting a child, which conflicts with that ideal, and abandoning a parental project, which does not. He dismisses that distinction as "altogether notional," because "one could as well describe disability or, for example, poverty cases in either way." The distinction we actually made was between "setting conditions on the kind of child one would have" and abandoning a parental project. We did not intend these to be mutually exclusive—parents who decide not to bear a child with a severe impairment might also decide that they currently lack the emotional or financial resources to become parents and abandon or postpone the project of having a child. (We observed that this distinction would collapse if "parental projects" were construed to include

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plans to have a child only if it were, or were not, of a given type, because such a project would set conditions on the kind of child the parents would have.) But it would be misleading, to say the least, to characterize the decision of a woman to terminate a pregnancy because her family was too poor to support a(nother) child as imposing conditions on the kind of child she would have—any child she had in those circumstances would be poor. What deters her is her own poverty. There is no exercise of selectivity in her decision; there is no child she would be willing to have now (except possibly one that came with a huge child-rearing bonus attached). The lack of confidence, optimism, or preparation that may be reflected in her decision not to become a parent to any new child or to any child at all strikes as a very different shortcoming (if it is a shortcoming at all) from the unwillingness to become the parent of a child with a specific characteristic.

Nelson perhaps does not agree with the ideal of parenthood we embrace, but we think that ideal is worth serious examination. It is important to distinguish it from a far less attractive ideal with which Nelson and others confuse it: a "nondirective" parenting that disavows the guiding, shaping, and molding of character and behavior we believe is integral to any parental project. To unconditionally welcome a child is not to uncritically accept his dispositions or conduct. Along with William May (and Michael Sandel, who quotes him), we agree that parental love should be at times accepting and at other times transforming, and that children need and deserve both. Parental efforts to shape character and behavior, to direct their child's development in ways that will help him flourish in his family and society, are very different from their refusal to "welcome" a child because of a characteristic the child cannot change. Such parental selectivity, based on one piece of diagnosable information, resembles an audition for family and community membership far more than it resembles the typical parental effort to inculcate courtesy, cooperation, sharing, and good manners.

As we said earlier, we are holding up an ideal that some may find unrealistic and overly demanding. But we believe that this ideal is worth serious ethical, professional, and public discussion, as an enlargement of ideals of love and commitment that many people already embrace. We observed in our longer essay that thoughtful people have advanced ideals that require radical changes in practices regarding the consumption of meat. We applaud the social changes that are making vegetarianism an easier and more acceptable way of life than it may have been 30 years ago, and perhaps ruefully, we admit that we ourselves have not been persuaded to change our own practices on this matter. Everyone falls short of ideals they hold. We are acutely aware that we fail to contribute as much as we might to the urgent causes in which we believe, or do as much volunteer work as we could, or simply be as patient and considerate in our ordinary interpersonal dealings as we strive to be. But our failure to live up to such ideals hardly justifies their repudiation. We understand that even prospective parents who espouse an ideal of welcome for and appreciation of a new child may receive diagnostic information sufficiently distressing and alarming to cause them to change their minds. But we sug-

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gest that little in existing professional practice of testing and counseling, little in bioethics literature, and little in the surrounding culture even puts such an ideal in the minds of prospective parents. Our efforts here have been to articulate this neglected ideal, and to urge people to take it seriously.

Notes

1. Asch A, Wasserman D. Where is the sin in synechdoche? In: Wasserman DT, Bickenbach JE, Wachbroit, RS, eds. *Quality of Life and Human Difference: Genetic Testing. Health Care, and Disability.* New York: Cambridge University Press; 2005.
2. See note 1, Asch, Wasserman 2005:189.

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