10. Buchanan A. Choosing who will be disabled: Genetic intervention and the morality of inclusion. *Social Philosophy and Policy* 1996;13:18–36.
11. See note 3, Asch, Wasserman 2005.
12. See note 3, Parens, Asch 2000:x.
13. Asch A. Disability equality and prenatal testing: Contradictory or compatible? *Florida State University Law Review* 30:315–42, 333–4.

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Synecdoche and Stigma

JAMES LINDEMANN NELSON

In the portion of their reply directed to me, Professor Asch and Dr. Wasserman helpfully develop the synecdoche argument by highlighting its connections to stigma. I understand them to distinguish the situation of a woman making a decision concerning her pregnancy informed by prenatal testing from a woman making a similar decision informed by considerations of, for example, poverty, like so: In testing contexts, it will characteristically be the case that the woman's decision will be distorted by the stigma associated with impairment: She will consider *only* the fact that, should her pregnancy come to term, the child would be impaired; she will not be able to attend in a satisfactory manner to a fuller range of possible features, both good and bad, that may characterize the child's life and her experience of being the child's parent. The woman considering whether to terminate her pregnancy due to, say, poverty will, in contrast, typically be able to deliberate in ways more responsive to a broader range of relevant matters, as the possible child's poverty will not be the *only* thing she is in a position to take into account about her or his life and their life together. Further, even where poverty or some other factor influencing decisions about terminating or continuing pregnancy are stigmatizing, they are not as thoroughly stigmatizing as are impairment-related conditions, due to prevalent confusions about the immutability of traits seen as biological rather than social.

This is as clearly and powerfully as I have seen these important points put. Do they constitute an accurate description of the differences in the way that women facing these decisions typically make them? My own suspicion is that reality is more complicated. I expect that many women trying to decide whether to continue a pregnancy in the face of information about fetal impairments actually think deeply about their own hopes concerning parenthood, family life, vocational life, and so forth, and try to imagine richly how raising a child with the identified impairment will fit into those aspirations.

But let us suppose that Asch and Wasserman are right. Who is wronged, and what is the remedy?

I think Asch and Wasserman are a bit less clear here than they might be. As described, it seems primarily pregnant women who have reason to complain. The stigma socially associated with impairments impair *them*, leading them to make decisions that, given a less distorted cognitive situation, they might not make. If the big problem with prenatal testing concerns women's deliberations, the natural question

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would seem to be how to bring it about that women can be released from this kind of cognitive cramp, so they can make a properly informed, reflective, and nuanced kind of cost–benefit decision about whether continuing the pregnancy makes sense for them and for those for whom they care, as do women in the poverty scenario. The goal is to figure out how to maximize the quality of women's deliberations about reproduction and the other dimensions of their lives reproduction touches. Although attention to such matters as the quality of genetic counseling would be relevant, the general struggle against features of social life that stigmatize and otherwise harm and wrong people with disability would be key—as would, of course, the struggle against other forces that distort women's thinking about their reproductive rights and responsibilities and that stigmatize abortion.

Seeing the stigma as primarily harming women, though, leaves out the stake that people with disabilities themselves have in the practice of prenatal testing—or so I think many critics would want to say. Perhaps Asch and Wasserman view the complex of testing and terminating of fetuses as *itself* one of those social features that stigmatizes, degrades, and otherwise harms and wrongs people with disabilities, replenishing the powerful and pervasive social tendency to see them as though their disabilities constituted the only or at least the chief fact about them.

Showing that this claim is true will be particularly tough. It will be difficult to provide good evidence for the counterfactual "Had there been no social practice of prenatal testing and termination, people with disabilities would, other things being equal, have experienced less stigmatization." Nor is it altogether clear, to take an easier, not quite dispositive, but still pertinent issue, that people with disabilities are more stigmatized now then they were prior to the introduction of the practice of testing and termination. The difficulty of showing an actual negative causal impact of testing and terminating on people with disabilities, as I see it, is one of the reasons sparking investigation of whether testing constitutes a wrong to people with disabilities due to an *expressive*, rather than a causal relationship—that testing and terminating constitutes something like a standing insult to people with disabilities.

Although I have not been able to satisfy myself that any version of the "expressivist" position is correct, speaking for myself, I do not regard the concern that testing and termination as either social practice or individual decision might demean people with disabilities as at all worthy of ridicule.[1] Further, both "social practice" and "individual choice" versions of the view have certainly been advanced by authors deeply concerned about the social situation of people with disabilities, not simply by their critics.[2] I am more than willing to accept, however, that the semantic content of testing and termination (if any) is not the point of Asch and Wasserman's objection. So I return to the possibility that prenatal testing causes the stigma faced by people with disabilities to worsen and, as before, will allow for argument's sake that it is true. What are the practical implications?

Banning or restricting prenatal testing is a possibility, as is directing moral criticism against the practice, individual decisions to use it, or both. Another option—trying to decouple the practice from its stigmatizing effects—would seem well worth trying, though. If we could summon the social will to rework features of the material and evaluative world that directly and clearly create or contribute to disabil-

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ities and to incorporate people with disabilities as fully as possible (and as they may wish) into social, political, civic, and cultural life, it does not seem plausible that testing and terminating would remain as an isolated but powerful source of stigma. Released from its own taint, prenatal testing could more effectively facilitate women's reproductive freedom and the many important ways that freedom ramifies through women's lives.

As I see it, the upshot of these considerations is that concern about prenatal testing on the part of advocates for the rights and interests of people with disabilities, although understandable, is largely misplaced. Struggling against stigma and other forms of disrespect is of the first importance, of course. However, the relationship between these evils and prenatal testing is problematic; who is victimized by any relationship that may exist is unclear and would probably be best addressed by changing features of social life that—unlike prenatal testing—clearly and directly constitute harms and wrongs to people with disabilities and that do not simultaneously—again, unlike prenatal testing—promote the interests of another oppressed and stigmatized group, women.

It might be replied that it is an illusion that women's interests are actually promoted by any system of prenatal testing. On this view, poverty or being a single parent or wanting that Princeton fellowship might all be good reasons for abortion, but fetal impairment (assuming the fetus would have a worthwhile life) never is, or, at least, never would be, absent stigma and discrimination. I am not sure that Asch and Wasserman believe this, but it seems suggested by, inter alia, the quotation they display from Asch and Erik Parens' introduction to *Prenatal Testing and Disability Rights*, where prenatal diagnosis is (I assume exhaustively) attributed to morally problematic views about desirable parental attitudes, morally questionable views about people with disabilities, or to simple misinformation. Further discussion may profitably address these claims and the related idea of whether women have any real stake in defending prenatal testing. Here, I touch (lightly) on only one part of this view: the appeal to unconditional welcome as the morally appropriate kind of attitude for those committed to parenthood.

Women who terminate on the basis of fetal impairments fail to extend unconditional welcome, as Asch and Wasserman think, and thus are open to moral censure—it is a demanding but not supererogatory standard. Yet not every abortion makes a woman liable to such blame. Women ending pregnancies on other grounds are not culpable, because they reject, not a child, but a "parental project." Yet this distinction seems altogether notional—one could as well describe disability cases or, for example, poverty cases in either way. Perhaps the stigma considerations are supposed to stabilize the distinction: Destitute fetuses are unstigmatized and hence can be seen as parental projects a woman is free to drop; impaired fetuses are stigmatized, and thus must be regarded as though they were rejected children. Here too, the reply seems plain: Granted that this is so, let us chip away at the stigma attached to disability, allowing fetuses with disabilities to attain parity with other fetuses as parental projects and hence as not as children automatically encompassed by the "unconditional welcome" ideal.

But I am really more troubled by the ideal itself, which seems neither clear nor admirable. Family life is not, either typically or at its best, a context where just any way of being is regarded as acceptable—quite the contrary. We mold

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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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