

## **Reproductive Choice and the Ideals of Parenting**

**Elisabeth Gedge (slide)**

### **Introduction**

The expressivist argument against prenatal or pre-implantation diagnosis for disability (PNT for convenience) maintains that PNT constitutes an affront to persons with disabilities.<sup>1</sup> In its social practice version it must maintain that there is a sufficiently stable meaning to the funded, normalised practice of PNT to construe it as sending the message that persons with disabilities are of lesser value than the non-disabled, and that preventing the birth of persons with disabilities is a permissible, even laudable, goal. Alternatively, expressivism can be construed as a critique of individual choices made by women and couples not to be impregnated or proceed with a pregnancy after a positive PNT finding. The individual choice version of expressivism has often been seen as less plausible than the social practice version, given the multiple meanings, motives and circumstances of people's reproductive choices. Nonetheless, Adrienne Asch and David Wasserman argue that individual choices to reject impaired potential offspring should be the subject of moral scrutiny, since they are likely to be the result of synecdoche, that is, "the uncritical reliance on a stigma-driven inference from a single feature to a whole future life."<sup>2</sup> **(slide)** Such synecdochal choices, they argue, assume that in virtue of impairment, the future child in question would be "incapable of [the] intimacy and community" involved in family life, and would impede or preclude the satisfaction of the goods of parenting. Their critique is thus twofold: we are to be rebuked for reducing the (future) child to the property of impairment, and for assuming that, given the impairment, the goods of parenting and family life are unattainable for those concerned. The critique obviously presupposes a certain view of the goods of family life and the virtues of parenting. **(slide)** While acknowledging "the irreducible plurality of reasonable conceptions of the goods of parenting,"<sup>3</sup> Asch and Wasserman nonetheless prescribe an

---

<sup>1</sup> For a discussion of expressivism in this context see Parens and Asch (eds) 2000. *Prenatal Testing and Disability Rights*, Washington: Georgetown UP.

<sup>2</sup> Asch and Wasserman, 2005. "Where is the sin in synecdoche? Prenatal Testing and the Parent-Child Relationship." Wasserman, Bickenbach and Wachbroit, *Quality of Life and Human Difference: Genetic Testing, Health Care and Disability*. New York: Cambridge UP, 172-216. 174, 176.

<sup>3</sup> *Ibid*, 208.

ideal of unconditional welcome and devotion as the appropriate moral stance for the virtuous parent. As they argue, parenting is unique amongst intimate relationships. For instance, whereas increased selectivity is morally appropriate when choosing a romantic partner over a friend, the moral significance of the family is precisely its lack of selectivity. Concomitantly, the appropriate stance for the virtuous family-building parent is one of unconditional welcome. Further, the particular goods of parenting, such as seeing a child through the major stages of life, making a child's life rich and fulfilling, and guiding her growth, are compatible, they claim, with all but the most severely debilitating impairments, and so impairment should rarely pose an obstacle to proceeding with a wanted pregnancy.

In the first section of this paper I present Asch and Wasserman's analysis of synecdoche and its connection to expressivism. I proceed to argue that the analysis is insufficiently contextualised, a point that can be underlined by considering recent feminist theorising in reproductive ethics and politics. While the requirement of unconditional welcome and devotion captures one half of an important Kantian intuition about the unique worth of each human being, it overlooks the way in which demands for maternal devotion have compromised women's autonomy and their moral self-understanding in the course of their pregnancy. Further, the positing of the family as morally unique deprives disabilities rights advocates of insights helpful to their cause that can be derived from finding commonalities amongst intimate relationships of different kinds.

### **Synecdoche**

According to Asch and Wasserman, the decision not to proceed with a pregnancy after a diagnosis of impairment is synecdochal because it identifies the future child with the diagnosed or predicted condition, relies uncritically on a mistaken belief that the diagnosis predicts with certainty a life that is unacceptably burdensome to child and/or parent, and because, in this case, the perception of burden is a product of stigma.<sup>4</sup> Acknowledging that social and institutional pressures militate against careful, critical thinking, they nonetheless note that decision-makers too quickly accept governing

---

<sup>4</sup> They make the obvious point that a genius-child can be equally burdensome, if not more so, than a child with an impairment, yet there is no stigma attached to genius.

stereotypes of the difficulties of impairment, fail to question the real meaning of a test result, and are moved to abandon their procreative aspiration despite the compatibility of most impairments with any reasonable expectation of the satisfactions of parenting.

**(slide)** The judgment is a product of stigma, they argue, since, first of all, studies do not support the belief that impairment significantly reduces the quality of life of families, relative to families not touched by impairment, and second, because in the comparable case – that of testing for multiple gestation - the idea of selective reduction or termination is received with horror. Whereas multiple births are considered high medical and personal achievements, notwithstanding the complex health problems, costs, nurturing and financial burdens accompanying them, a finding of impairment is considered a tragedy, and its attendant challenges an unreasonable burden to assume. Yet only in rare cases, argue Asch and Wasserman, would an impairment make one’s life unbearable or seriously threaten the quality of family life. Furthermore, in judging that impairment rightly (or appropriately, or unproblematically) precludes its bearer from the most intimate of relations, the same negative judgment is passed on all those living with that impairment. **(slide)** Thus the decision to abandon a reproductive aspiration on the basis of a positive test “both ratifies and perpetuates” the stereotype that renders such a judgment synecdochal, and gives persons bearing the impairment in question moral standing for a grievance. In this way synecdoche links to expressivism. Although neither the embryo in utero nor the embryo in vitro, still less the gamete, has a right to be born, Asch and Wasserman argue that the grievance of persons with impairments is grounded not on the rights of any of the ‘players’, but on the responsibility to treat others as moral equals. (In this case, the ‘others’ are persons living with impairments). Rights-violation does not exhaust the set of our moral responsibilities, and treating another as a moral equal extends beyond respecting her rights. Denying or questioning her appropriateness as a candidate for access to intimate relationships on unreasonable grounds can also be a reprehensible moral failure. When the denial is based on bigotry directed at a group characteristic (“I wouldn’t want my daughter to marry one”), all group members are wronged and rightfully aggrieved.

Interesting as the expressivist claim is, I wish to focus instead on Asch and Wasserman’s claims about the goods of parenting and the moral foundation of family

life. What are the goods of parenting and family life, against which we may judge the reasonableness of reproductive decisions? Asch and Wasserman admit that they “lack a fully developed account of the moral role of parents or the moral function of families”; nonetheless their view becomes clear in their critique of the reasoning offered in support of seeking PNT. First, they situate their own view against a contrasting view they find to be prevalent – that of the family as “... the voluntary association of self-interested individuals” reflecting “selectivity and limited commitment” and “now justified by analogy with the liberal state.”<sup>5</sup> Such a view is not only “impoverished” (at least as regards the parental relationship); it is at odds with the constitutive intentional and affective structure of family-building. As they remark,

Families begin with one or more adults “pledging” to love, nurture, and protect a person they have never met – a person to whom they will be bound not by compatible interests and tastes (though these may emerge) but by the profound dependency of that person at the onset of their relationship, and by their resolve to sustain and nurture that person when he is at his most vulnerable.<sup>6</sup>

Selectivity is at odds with this ideal of unconditional commitment which, in their view, is the “moral foundation of the family.”<sup>7</sup>

The family as an institution has its particular goods, as does parenting as an activity, claim Asch and Wasserman, and these goods are compatible with all but the most severe of impairments or strictures. **(slide)** Their account of the goods of families and parenting emerges in their discussion of these limiting cases, which they identify as three: virulently oppressive social environments; severe, comprehensive cognitive impairments; and very early death. While rejecting any line-drawing exercise, such as those proposed to set policy for PNT, they nonetheless consider, in relation to the goods of parenting, whether these three circumstances might warrant a decision in favour of testing and forfeiting a wanted pregnancy. First, if an impaired child was likely to be taken from her parents, subjected to experiments, or euthanized, there would be no opportunity for pursuing or achieving the goods of parenting or family life, and, indeed, considerations of the child’s welfare alone would perhaps be sufficient to deny it birth.

---

<sup>5</sup> Ibid, 200.

<sup>6</sup> Ibid, 202.

<sup>7</sup> Ibid, 203.

Severe, comprehensive cognitive impairment would preclude recognising one's parents and forming bonds of affection with them, thus clearly compromising one of the goods of parenting. However, as Asch and Wasserman note, "very few conditions that can be detected prenatally involve such cognitive incapacity" and those most commonly diagnosed very rarely do. Finally, a predictably early death would preclude the satisfaction of guiding a child to adulthood – one of the goods of parenting; nevertheless, in such a circumstance there could be satisfaction in rendering the short life as rich and fulfilling as possible – another of its goods.

By means of the discussion of these limiting cases, Asch and Wasserman's picture of the ideals and goods of parenting and of family life emerges: the family is a place where membership is not contingent on any particular properties or achievements; the attitude of parents should be one of unconditional welcome and their behaviour characterised by devotion; and the goods of parenting include developing bonds of affection, fostering and celebrating growth, and offering children opportunities for social engagement which involve challenge and satisfaction for the child, delight and pride for the parents. They note, further, that parental virtues go beyond these of preservation, nurturing and socialisation, to include the ability to "appreciate and convey their appreciation of the uniqueness of their children." In the case of a child with an impairment, this virtue must be well developed and consistent enough to provide the child with sufficient "security and love" to withstand the stigma such children will face. Asch and Wasserman's main point is that these ideals, virtues and expectations can nearly always be pursued and met in the face of impairment.

### **Unconditional Welcome and Devotion (slide)**

Although Asch and Wasserman concede that social and institutional pressures exist which make it difficult for prospective parents to resist the routinised offer of PNT and to recognise the bias implicit in the practice, I will now argue that their account is not sufficiently sensitive to the social construction of the ideals and virtues of parenting, and particularly of mothering. In this section I draw attention to the problematic way in which the social construction of the virtues of parenting shape and discipline the experience of parenting, especially for women. Importantly, this account reveals a commonality

between so-called ‘normal’ and ‘abnormal’ pregnancies, thus offering a way to strengthen the disability rights critique. I then return to the question of synecdoche and personal blame.

No-one familiar with several decades of feminist theorising about reproduction can feel comfortable with an uncritical and a-contextual proposal to demand unconditional devotion from mothers. As numerous commentators have noted,<sup>8</sup> our understanding of the ethics of maternity and parenting has been deeply influenced by an ideology of motherhood which naturalises the female role, privatises the care of children, and prescribes maternal self-sacrifice. In a fascinating exploration of the history of the ideology of motherhood, Rebecca Kukla has recently argued that the trope of maternal devotion has been politically constructed around a dualism of the fetish mother and the unruly mother, according to which the power of mothers’ bodies to form and deform invites surveillance and discipline. “These two maternal bodies,” she argues, “...are idealized, imaginary bodies through which we read, interpret, negotiate and judge mothers’ actual bodies.”<sup>9</sup> The social meanings of pregnant embodiment generate a set of behavioural norms which shape the concrete care of women as medical patients and as citizens, and provide the backdrop against which women’s reproductive decisions are made and judged. Because reproductive decisions necessarily take place in an arena of received meanings, values and norms, ascriptions of liability (for example, for synecdoche) and the identification of parental virtues must be subject to a nuanced social analysis.

Like many other commentators, Kukla notes that with the advent of sophisticated technologies the uterus has become public theatre in a new way. But what her historical account demonstrates is that although *access* and *specificity* have increased with modern technology, the publicity of the uterus and the fact of its political significance are not new phenomena. The awesomeness of the womb’s power to produce life, the dread of the permeability and vulnerability of the pregnant body, and the absolute dependency of a developing human on a woman’s decisions and movements have always shaped the social imaginary and social practices. Historically, as Kukla shows, the nature of the

---

<sup>8</sup> See, for example, Christine Overall (1987) *Ethics and Human Reproduction*. Boston: Allen&Unwin.

<sup>9</sup> Rebecca Kukla (2005). *Mass Hysteria: Medicine, Culture and Mothers’ Bodies*, Rowman and Littlefield, 81.

public interest in pregnancy shifted significantly with modernism, in particular in the wake of the burgeoning democratic movements of post-Revolutionary France. Seeking a new (post-Copernican) political self-understanding, the public imaginary grasped the harmonious orderliness of the maternal-fetal dyad as a microcosmic figuration of the political harmony it sought. Yet just as political order always risks subversion, and must be protected, so the maternal body must be policed, even against its own rogue behaviours. At that time, the new political manifestation of an ancient set of concerns brought civic legitimacy and a new intensity to the oversight and direction of women, and a new set of demands. As Kukla says,

Since the 18<sup>th</sup> century we have sustained and intensified our emphasis on what has been labelled ‘fetal perfectionism’; the idea that mothers have a duty to maximise the potential and future accomplishments of each fetus and child....We demand that mothers regulate their offspring with precision, and we hold them responsible for any failure to maximise their chances for fetal perfection where there exist public knowledge and personal disciplinary practices whose invocation might increase these chances.<sup>10</sup>

The distinctiveness of *contemporary* disciplinary practices regulating the reproductive lives and decisions of women, Kukla continues, lies in the phenomena of the ‘single canonical fetus’ and the shared pregnancy narrative. She convincingly shows that the disciplinary governance of the pregnant body of the 18<sup>th</sup> century has been modified by current reproductive technologies to direct women, through routine ultrasound and authoritative pregnancy manuals, in how they view their fetuses and how they experience their pregnancies. None of this, incidentally, is to say that women are passive – indeed, women are encouraged to view their pregnancies as projects, but with the objectives and contents of the projects publicly circumscribed.

**(slide)** Several things fall out of Kukla’s account of the public imaginary and its disciplinary practices around reproduction that have relevance to Asch and Wasserman’s account. First, drawing attention to the depth and endurance of deep cultural fears of women’s power to form and deform casts new light on public anxiety about fetal impairment, as well as making more sense of the public investment in selecting against even mild or unpredictable impairment. This only reinforces Asch and Wasserman’s call

---

<sup>10</sup> Kukla, 126.

for greater scrutiny of our attitudes and beliefs about the value of future lives in the reproductive context. At the same time, Kukla's analysis demonstrates a significant *continuity* between the 'normal' and the 'abnormal' pregnancy, in terms of the disciplinary pressures women face and internalise, and the limited narrative space women have to shape their personal and moral understandings of their pregnancy. As she says,

[W]hen we focus our analytic attention on the minority of cases where the 'normal' narrative *goes wrong...*" we implicitly presume "...that healthy, accepted, normal pregnancies are somehow immune from the constitutive power of rhetoric, ideology, and politics and [are] unmarked by social practices and meanings..."<sup>11</sup>

Insofar as we are confronted with the canonical fetus, in the form of either the generic image of the ultrasound or the homunculus of anti-abortion literature, we are less able to acknowledge the true diversity of future persons, whether impaired or not, and this is a problem for *all* prospective parents. High-tech pregnancy creates what Bruce Jennings has called the 'genetic imaginary' according to which the identity of persons is reduced to their genetic features, and the assumption is made that these features will determine their identities and their lives.

Paradoxically, at the same time as the "technological pregnancy" creates the canonical fetus and the single pregnancy narrative, it also undermines the possibility of unconditional welcome, insofar as its hidden message is that selectivity is necessary.

Second, we can see that the virtues of maternity, and indeed of parenthood, are bound to be shaped by the cultural factors Kukla identifies. The demand for fetal perfection, though it maybe clothed in the language of the interests of the fetus or future child, must also be seen as driven by anxiety for the public good. To the extent that such anxiety emerges in public debate and affects policy it is bound to create conditions in which individual resistance to the disciplinary trend towards fetal perfection is problematic. But the significance of Kukla's social analysis to the issue of unconditional devotion goes deeper. Externally, the drive to perfection constructs the decisional pathways of the pregnant woman – ultrasound is routinised, *What to Expect When You're Expecting* is prescribed. Internally, the conscientious pregnant woman is in a complex

---

<sup>11</sup> Kukla, p.110.

dialogical space in which her moral self-understanding, her attitude to her pregnancy, and her 'management' of it are all mediated by 'medical authority and surveillance.' A prevalent, powerful but generic normative script governing one's moral reasoning leaves little room for a personal moral response to a circumstance that may well demand a shift in moral self-understanding. Satisfactory moral decision-making in this context arguably requires the exercise of moral imagination, which in turn relies on the availability of diverse narratives of mothering and parenting against which individuals can test their own moral self-understanding in arriving at a decision. To the extent that such narratives are displaced by the governing script, women's reproductive autonomy is compromised.<sup>12</sup>

**(slide)** Where does this discussion leave unconditional devotion and synecdoche? Does it excuse women and couples for deciding against an impaired future child because their bias arises from a perfectionist mandate? Does it show that the virtue of an attitude of unconditional welcome is impossible for women or couples under the present disciplinary regime, and, since ought implies can, they have no obligation to welcome unconditionally? Or does it perhaps show that unconditional devotion and welcome cannot be, or at least cannot be known to be, virtues of parenthood?

First, unless we are social determinists we can acknowledge that agency and responsibility may persist even in the face of widespread practices of control.<sup>13</sup> Notwithstanding the disciplinary pressures which homogenise women's experiences of pregnancy and prescribe fetal perfection, we can expect women and couples to attempt to make decisions unaffected by bias. What the analysis of the social meanings of pregnancy *does* show, however, is that women and couples will be hugely assisted in this if a critical discourse develops which challenges the message of the genetic imaginary and encourages a diversity of narratives. The possibility of an interplay between such

---

<sup>12</sup> See Catriona Mackenzie (1992) "Abortion and Embodiment," *Australasian Journal of Philosophy* 70, 2: 136-155; Elisabeth Boetzkes (1999) "Equality, Autonomy, and Feminist Bioethics" in Donchin and Purdy (eds) *Embodying Bioethics: Recent Feminist Advances*. Lanham, Maryland: Rowman and Littlefield; Barry Hoffmaster (1991) "The Theory and Practice of Applied Ethics,"

<sup>13</sup> See Margaret Urban Walker (2007) *Moral Understandings: A Feminist Study in Ethics*. Oxford: OUP.

public discourses and the deliberations of pregnant women and couples should be an important factor in our judgment about synecdoche.<sup>14</sup>

If diverse narratives of pregnancy, maternity and parenting in families with impaired members emerge, an attitude of welcome becomes more feasible. But should it be unconditional? Here the limitations of the virtue ethics approach taken by Asch and Wasserman appear, since insofar as virtue ethics focuses on the dispositions and attitudes of individuals, important relational aspects are overlooked.<sup>15</sup> We've already noted the importance of attending to societal tropes and expectations. It is also important to note that in the relationship between woman and fetus or child each is a moral subject with a stake in being recognised as such, and the moral obligations on either side must be determined accordingly. The welcoming, devoted self cannot make an unconditional commitment if that jeopardises the conditions for a life of self-respect. Kukla puts it well when she says, referring to our duties to our future children,

It is a moral problem of the first order of difficulty to figure out exactly what the shape and reach of these duties are; it is by no means obvious how to come up with an ethical account that resists demanding unlimited self-sacrifice and discipline from mothers, and at the same time resists turning a blind eye to any moral claims that interrupt a mother's bodily liberty.<sup>16</sup>

An ethic of care, in examining the goods of particular relationships with attention to the needs, aspirations and status of *each* participant, would be a more promising guide to arriving at an appropriate moral balance here. An ethic of care would also examine the *network* of relationships within which parents and children relate to one another and determine how realistic unconditional devotion might be, given other social realities.<sup>17</sup>

---

<sup>14</sup> In the US the passing of the Brownback-Kennedy Act is highly significant in this respect. The 2008 Act calls for the circulation of "up to date, evidence-based information". Funds will be given "to diverse groups to produce and distribute information about pre- and post-natally diagnosed conditions." Rebecca Dresser, "A Truce in the Culture Wars?" Hastings Center Report, 39, 3, May-June 2009.

<sup>15</sup> See Virginia Held's critique of virtue ethics, as contrasted with care ethics, in Held, 2005, *The Ethics of Care: Personal, Political, Global* (Oxford).

<sup>16</sup> Kukla 136.

<sup>17</sup> Asch and Wasserman say little about the lack of social supports for persons with disabilities and their families. "Our society," they say, "offers more options and greater support than it did a generation ago, at least for the middle- and upper-class people who are the main consumers of PNT, and it does not demand heroic self-reliance to raise a child with an impairment." (209). Yet they immediately point to the contingency of such options and supports and predict that they may shrink as impairment is increasingly seen as an "avoidable result of parental irresponsibility."

### Family Life as Sui Generis (slide)

As well as claiming that parental virtue involves unconditional welcome and devotion, Asch and Wasserman contrast parenting and family life with other forms of intimate moral relationship, as we have seen. Family life is, morally speaking, sui generis, insofar as entry into it does not (or ought not to) rely on having particular qualifications. Degrees and grounds of selectivity govern other sorts of collectivities and relationships, but the family is alone in abandoning exclusivity and welcoming its members simply ‘as family’. By this, Asch and Wasserman clearly do not mean that no rules apply within families, that there can never be ‘tough love’, and that parents can never give their children an ultimatum. Rather, their point is that, unlike romance or friendship, the goods of family life are achievable (perhaps constituted) by the simple embrace of others within the group.

By emphasising the moral uniqueness of family life, and by endorsing the parental virtues of unconditional welcome and devotion, Asch and Wasserman make a moving statement about the value of persons and the moral challenge of viewing and treating persons in recognition of that value. In doing so they critique the ‘consumerist’ and ‘perfectionist’ modes of parenting which fall short of the ideal of unconditional acceptance. Yet the very emphasis on the uniqueness of family life may conceal commonalities with other relationships that might illuminate familial relations, including relations within families where a family member is disabled. Amy Mullin has contributed richly to this discussion in her exploration of pregnancy and childcare.<sup>18</sup>

Mullin argues that finding parallels between friendship and the care of children “reveals both interesting points of continuity and significant differences between these different types of caring relations.”<sup>19</sup> **(slide)** Whereas caring for children is commonly presented as requiring unilateral (and often sacrificial) giving, and friendship is taken to be a relationship between autonomous equals, Mullin shows that the lines cannot be so starkly drawn, and she does so in a way that has implications for the virtues of parenting and especially parenting by persons with disabilities. First, Mullin notes the diversity of

---

<sup>18</sup> Amy Mullin (2005) *Reconceiving Pregnancy and Childcare: Ethics, Experience and Reproductive Labor* Cambridge UP.

<sup>19</sup> Mullin 155

mother-child relationships – diversity in the circumstances of mothers and in the age and degree of development of children. Also important is the fact that both mother-child caring relationships and friendships need to be considered as embedded in a network of other relationships with which they are mutually constituted. But most importantly, Mullin shows that those who consider the mother-child relationship unique amongst personal relationships too quickly collapse three features of the relationship which, taken together, are thought to differentiate it from other personal relationships: the dependency of children, their inequality of power and ability, and their need for paternalistic oversight. Friendships, by contrast, are taken to require independence, equality, and reciprocity. Mother-child relationships and friendships are thus conceived oppositionally.

Mullin argues convincingly against this opposition (**slide**) by showing that mutuality and reciprocity can be found in mother-child relationships, and that dependency, inequality, and even, sometimes, paternalism are not inimical to friendship. Even quite young children can exhibit mutuality and reciprocity in gratitude, trust and the giving and receiving of care, and indeed such reciprocity can be a moral requirement of the relationship as children age. To the extent that this is so, requiring unconditional devotion on the part of a parent is morally suspect. At the same time, inequalities may feature in friendship as they do between parents and children, since friends may be unequal in resources, for instance, but equal in concern for one another and in their desire to promote each others' interests. And while independence is typically seen as a requirement of morally competent adults in a friendship, dependency need not rule out friendship. Persons may be dependent on their friends for material, physical or emotional support without thereby forfeiting *moral* competency. Finally, Mullin notes, it may well be appropriate in peculiar circumstances for friends to exercise paternalism towards friends, as, for example, when a friend is in shock and making a rash decision.

Finding commonalities between parenting and friendship is an important conceptual exercise; but it has particular strategic value also for those, like Asch and Wasserman, who want to 'normalise' life with disability, and life with those who are disabled. (**slide**) Foregrounding the fact that dependency may occur within friendships between morally competent adults, and that children can have duties of reciprocity, offsets an assumption that where there is dependency there is moral incapacity on the part

of the dependent. Mullin draws attention to how the phenomenon of ‘young carers’, that is, children with responsibilities of care towards parents with disabilities, has been viewed as an inappropriate ‘reversal of roles’. Viewing caregiving by children as a role reversal immediately infantilises the disabled parent, casting doubt on her moral as well as her physical capacities and, by extension, on her capacity to parent. By recognising, with Mullin, that dependency can be a feature of friendships between morally competent adults, and that children can have duties of reciprocity within a parent-child relationship, we resist assimilating disability (either in children or parents) to global incompetence, and this is surely important for affirming the equality of persons with disabilities. But we also, as noted above, put moral limits on the parental devotion that characterises the virtuous parent. The welcoming and devoted stance of the parent, with its initial moral asymmetry, is increasingly conditioned as the child develops the capacity for reciprocity.

Finally, Mullin’s insistence that personal relationships – whether parent-child or friendship – be seen as embedded in a network of other relationships also has implications for theorising disability and for the notion of parental virtue. In challenging the ideology of motherhood, Mullin notes our tendency to see mothering as a continuation of pregnancy, with singular responsibility for care assigned to mothers. Uncoupling caregiving from maternity is an important part of the critique of the ideology of motherhood, and is also important for recognising the skills and contributions of caregivers other than mothers and parents. It has particular relevance for children and caregivers with disabilities. First, as Mullin points out, exclusive caregiving renders the care recipient vulnerable, not just to abuse but also to an individual’s conception of what the care recipient’s needs are and how best to meet them. An ideal of caregiving will be richer and less likely to reproduce an unjust ideology of care if informed by more than one person. Second, recognising that caregiving involves diverse skills, that it is not simply a natural extension of pregnancy conceived as simply a biological phenomenon, makes space for the caregiving contributions of persons who may be able to meet only some of their children’s care needs. And since we need to acknowledge that caregiving is in fact always distributed across overlapping relationships – parent-child, teacher-student, health-provider-patient, daycare worker-child, the reliance of parents with disabilities

on others to meet the needs of their children will not be seen as aberrant or a failure of parental virtue. Fin

The general lesson to be learnt from referring to Mullin's treatment of caregiving is to recognise the moral appropriateness of placing conditions on the devotion of parents – that is, to modify the account of the virtue of unconditional devotion. *Conditional* devotion recognises the appropriateness of demanding reciprocity from the child, and so reduces the absolute asymmetry of care suggested by Asch and Wasserman's stipulation of unconditional devotion. A conditional devotion also recognises that the interests of children, including children with impairments, may be better served by access to a diversified group of caregivers, and a virtuous parent may in fact be obliged to seek out partnerships of care in order to correct for shortcomings in her own understanding and provision of nurturing care. Both observations point to the dangers of viewing “the family” as morally unique, and the benefits of finding moral overlaps with other intimate relationships. As for whether the absence of selectivity is unique to families, I believe a temporally sensitive account of friendship may well reveal that “you can't choose your friends”, that exit options within friendships may disappear and obligations continue even where the initial basis for friendship has eroded. But a full treatment of this point would have resulted in a different paper.

### **Bringing it Home (slide)**

In this paper there are a few things I haven't shown. I haven't shown that selecting against a future child with a disability is *not* a case of synecdoche - the wrong of “the uncritical reliance on a stigma-driven inference from a single feature to a whole future life.” I hope to have drawn attention to the difficulty of resisting bias against impairment which has deep roots in the cultural imaginary and the disciplinary norms and practices pregnant women and couples face. I have proposed that diverse narratives of lives lived with impairments and alongside those who are impaired will enable reproductive choices that are less tainted by stigma and more reflective of a realistic hope for the fulfilment of the goods of parenting. For that hope to be realistic, however, it is not enough to recognise the many ways in which persons with impairments may contribute to and benefit from family life, which is the focus of Asch and Wasserman's

paper. It is also necessary to assess the degree to which one is able to develop the virtues of parenting in the absence of sustained, reliable, and substantial social support. Given the rate of divorce, the problems of regulating child support, the absence of guaranteed and affordable day care, and the contingencies of the economy, assessing the likelihood of one's being able to be a virtuous parent is problematic for all would-be parents, not just those submitting to PNT. Prospective parents, as moral agents, are entitled to weigh these factors, and for this reason, assessments of synecdoche must be more sensitive to a consideration of context.

I hope to have shown the need to problematise the parental virtue of “unconditional acceptance and devotion.” I hope to have shown that we can only make sense of such a virtue against the background, first, of the fact that parents are moral subjects deserving of the conditions for self-respect, second, the reality of duties of reciprocity and mutuality on the part of children, and third, the necessity of social support for caregiving. Mothers in particular have been expected to exhibit self-sacrificial devotion, as a natural impulse not a moral commitment. As a moral commitment, however, the ability to offer welcome and devotion will be a function of a parent's particular circumstance, so a judgment about her virtue needs to be made within an ethical framework, such as the ethics of care, which is sensitive to overlapping relationships and the circumstances of all participants.

I haven't shown that the family is not a morally significant unit. Speaking of ‘the family’ is problematic and wasn't problematised enough by Asch and Wasserman in their paper. However, rather than pursuing that issue, I have drawn from Amy Mullin's work to challenge the family's claim to uniqueness, at least with respect to the work and virtues of parenting. I have tried to show that de-stigmatizing persons with impairments is not as well served by foregrounding the uniqueness of parental virtues as by noting the commonalities between parenting and other personal relationships. Friendships between the morally competent can tolerate inequalities, dependency and the need for paternalistic intervention, while preserving moral obligations of reciprocity. Likewise, caring relations – parental and otherwise - of and by persons with impairments can be relations of moral competents, and can be seen as continuous with all caring relations, not as aberrant. Emphasising the diversity of skills involved in caregiving and the importance of

distributing caregiving across persons with varying roles and responsibilities renders all dependents less vulnerable and the aims of caregiving better informed. These observations press against a view of parental responsibility and “the family” as exclusive, while nonetheless acknowledging the moral importance of the tasks of caregiving within and alongside families.

Finally, I hope, overall, to have shown the usefulness of bringing feminist insights into pregnancy and parenting to bear on the project of contesting current attitudes towards persons with impairments. In seeking to reduce the binaries of dependent/independent, family/friend, and normal/abnormal, the feminist works cited offer insights that help us to identify the sources of stigma that foster synecdoche even as they present the moral context of reproductive decision-making in its properly complex light.