

Dealing with Down A spinozist view on selective abortion

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Résumé:

On sait aujourd'hui qu'un foetus atteint du syndrome de Down peut tout à fait évoluer en un être humain raisonnable, capable de prendre part à la coopération sociale et de vivre une vie heuseuse. Nous savons, plus exactement, qu'un tel handicap n'exclut pas nécessairement une vie signifiante, utile et satisfaisante, ni pour la personne qui en est affectée, ni pour sa famille. Cependant, avec l'amélioration et la généralisation des tests pré-nataux permettant de détecter le syndrome au cours du premier trimestre de grossesse, peurs et discriminations réapparaissent sous les oripeaux de choix individuels prétendument rationnels. Certains en viennent même à espérer que cela puisse nous permettre d'atteindre – d'une façon socialement acceptable – un des buts poursuivis par les lois eugéniques du siècle passé: la disparition de l'« idiotie mongolienne ». Nous tâcherons ici de mettre ce problème éthique en relation avec la philosophie de Spinoza.

Mots-clés :

Syndrôme de Down, éthique, Spinoza, trisomie 21

Sommaire

Introduction

I. Technical information

II. Justification modes and ethical debat

III. Spinozist view on selective abortion

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Summary: A foetus with the Down syndrome may grow up into a reasonable human being, able to take part in social cooperation and live a happy life. In other words, it seems that such a handicap doesn't necessarily preclude a meaningful, useful and satisfying life – neither for the disabled, nor for his or her family. But, with the current improvement and generalization of pre-birth screening techniques allowing us to detect the Down syndrome at the first semester of the pregnancy, discriminations and phobias are about to be born again, undisguised in presumably reasonable and legitimate individual choices. It might even reach - in a socially acceptable way – one of the goals aimed by eugenic laws: the destruction of the so-called "Mongolian idiocy". We'll try to comment this ethical issue on the basis of Spinoza's philosophy.

Introduction

“We disabled people are living. We really want to live. Actually, many fellow disabled people are trying hard to live their painful lives. And other people can never judge whether our lives are “happy” or “unhappy.” It is even more unallowable that egoistic non-disabled people should kill disabled fetuses because they are “defective descendents,” and that they should make an excuse that it is done for the “happiness of disabled people”¹.

In most European countries, abortion is legal during the first semester. It can nonetheless be performed at a later stage of pregnancy in case of the baby being affected by severe genetic abnormalities. In this article we'll try to find out if we should consider the *Down syndrome* as one of these severe genetic impairments that could justify abortion at a later period of pregnancy². In order to answer that question, I'll recurrently refer to the philosophical anthropology of Spinoza³, namely because it helps us to oppose negative views on disability⁴⁻⁵ and gives access to enlightening perspectives on human choice as led by emotions (*affectus*)⁶⁻⁷.

At the end of the last century, eugenic theories that gave no moral value to Down people have been massively rejected, but - at the same time - the great improvement of pre-birth screening techniques allowed us to get rid of genetic abnormalities. Before the 1990', one

¹ Leaflet entitled “*Is It Natural that Disabled People should be Killed?: An Objection to The Eugenic Protection Law Revision Bill*” published by a friendship society for people with cerebral palsy called Blue Grass Group (*Aoi Shiba no Kai*). Cf. M. MORIOKA (2002), « Disability Movement and Inner Eugenic Thought: A Philosophical Aspect of Independent Living and Bioethics », in *Eubios Journal of Asian and International Bioethics* 12, 94-97.

² This issue is not about pro-life advocacy: even a hard-line pro-choice activist who defends abortion without any time limit could be opposed to a law that legitimizes its broadening in special circumstances.

³ The notes for the “Ethics” do not refer to pages but to parts (E) and propositions (P). For instance, “part II, proposition 46” would be E2P46. The definitions of emotions are abbreviated as follows: E3D. SPINOZA (1955), *Ethics*, trad. R.H.M. Elwes, New York: Dover.

⁴ B.J. GLEESON (1997), « Disability studies, a historical materialist view » in *Disability and Society*, vol. 12, n°2, p.9.

⁵ J. URMSON & J. REE (1989), *The Concise Encyclopaedia of Western Philosophy and Philosophers*, Unwin Hyman, London–Boston, p. 305.

⁶ J. LEAVITT (1996), “Meaning and Feeling in the Anthropology of Emotions” in *American Ethnologist*, Vol. 23, n° 3, pp. 514-539.

⁷ An emotion is “a confused idea, whereby the mind affirms concerning its body, or any part thereof, a force for existence greater or less than before, and by the presence of which the mind is determined to think of one thing rather than another” cf. SPINOZA, part III, Definition of emotions (E3D).

couldn't predict a Down syndrome before the second semester of pregnancy⁸, but today, screening tests are practiced at the end of the first semester and allow parents to abort Down foetuses at a presumably low moral cost. In this paper, I won't try to condemn neither their individual decision of aborting nor the improved medical techniques that make it possible, but rather the information that is provided to all us⁹. It contains, namely, hegemonic norms of embodiment that exclude the acceptance of biological weaknesses as parts of human diversity.

I. Technical information

Even the medical discourse – with its appearance of pure neutrality – still comforts a very negative depiction of trisomy that leaves parents in a state of relative ignorance toward what they could expect from life if they decided to keep the baby. This medical discourse pictures the Down syndrome as an illness, although it does not require treatment nor prevention, it is generally not accompanied by suffering (other than the one created by negative behaviours toward Down) and it occurs universally across gender and race, in a bit less than one out of a thousand births. Briefly, it is less an illness¹⁰ than a genetic condition which is certainly difficult¹¹ to face, which is challenging for both the disabled and his relatives, but which will not necessarily harm the quality of life of the disabled or for his family. Besides, there is another important ethical problem linked this medical information: before the diagnosis, it provides a statistic estimation of the risk of the foetus being affected by the syndrome. It implies that a significant amount of false positives (i.e. non-impaired foetuses) can accidentally be aborted.

8 H. KUHSE & P.SINGER (1985), *Should the Baby Live?*, Oxford: Oxford University Press.

⁹ The problem is: limiting access to this information in order to protect the discriminated Down minorities would be considered by relatives (especially by women) as the cause of a prejudice: it would indeed deprive them from the right to abort a child they would probably be unable to rise up. Consequently, the discriminative consequences of these tests can only be fought through the improvement of information.

¹⁰ It is considered as “a developmental abnormality characterized by trisomy of human chromosome 21”. The extra copy of chromosome 21 leads to an over-expression of certain genes. The gene-regulating protein NFATc is located in the cytoplasm rather than in the nucleus promoting DNA replication, because of two other proteins (DSCR1 and DYRK1A) whose concentration is abnormally high.

¹¹ Vision problems, hearing loss, heart defects, increased incidence of acute leukaemia, frequent infections, gastrointestinal obstruction, oesophageal atresia or duodenal atresia, breathing problems during sleep, instability of the back bones at the top of the neck, urinary system defects, high blood pressure in the lungs, seizures, hypothyroidism, speech problems and obesity. Life expectancy is 55 years old.

There are actually two types of procedures available to pregnant women in order to be informed about potential cases of trisomy 21: screening tests (non-invasive procedures) and diagnostic tests (invasive procedures). The *screening tests* usually begin at the 11th week of pregnancy. They just give a statistic estimation of the risk of carrying a Down foetus on the basis of the mother's age and blood composition. The follow-up generally lasts until the second semester for those who were screen negative. Even the best non-invasive tests carry a signifying risk of false positive (between 2 and 5%). The diagnostic tests¹² (CVS¹³, amniocentesis and PUBS¹⁴) take longer, but have much lower false positive rate (lower than 0,5%). They are performed between the 11th and 24th week of gestation. According to recent surveys, between 91 and 93% of pregnancies diagnosed with Down syndrome are terminated¹⁵⁻¹⁶. In the following point, we'll try to identify the different ways in which these abortions can be justified.

II. Justification modes & Ethical debate

“Timidity is the desire to avoid a greater evil, which we dread, by undergoing a lesser evil”¹⁷.

There are three major arguments that are used in order to justify selective abortion of impaired foetuses: the easier thing would be to declare that the foetus can be killed because its moral value is almost insignificant. For the ones who give – on the contrary - a genuine moral value to foetuses, there are still two arguments that can possibly justify selective abortion: the foetus interest on the one hand, and the family interest on the other hand. Let's take a closer look to these arguments.

¹² These procedures carry a small risk of miscarriage as tissue is extracted from the placenta or the umbilical cord to examine the foetus' chromosomes

¹³ Chorionic villus sampling

¹⁴ Percutaneous umbilical blood sampling

¹⁵ C. MANSFIELD, S. HOPFER, T.M. MARTEAU, (1999) “termination rates after prenatal diagnosis of Down syndrome, spina bifida, anencephaly, and Turner and Klinefelter syndromes: a systematic literature review, in *Prenatal Diagnosis* 19: 808-812

¹⁶ D. W. BRITT, S.T. RISINGER, V. MILLER, M.K. MANS, E.L. KRIVCHENIA, M.I. EVANS, “Determinants of parental decisions after the prenatal diagnosis of Down syndrome, Bringing in Context” in *American Journal of Medical Genetics* 93: 410-416.

¹⁷ SPINOZA, E3D39.

1. *The Foetal Interest Argument*: This argument attempts to justify termination by claiming that it actually benefits the impaired foetus, by saving it from a life of suffering. It can be a valuable argument in case of severe impairment accompanied by persistent and unbearable suffering, but in most cases (Down syndrome included), the impairment is not the direct cause of suffering. Consequently, in all these cases, the foetal interest argument cannot be taken as a sufficient condition to justify selective abortion. As an objection, one could nevertheless say that being born as a Down has already been considered as legal prejudice (cf. Perruche case). The problem is that in order to consider Lionel Perruche's trisomy as a prejudice, one must be able to compare his actual life either with the one he could have had or with a minimum state of dignity. Now, since a trisomic life is the only sort of life he could have had, and since he is far from being deprived of human dignity, one cannot say that never being born was preferable for him than being alive¹⁸.

2. *The Replacement Argument*: This is a utilitarian argument that gives a very low moral status to fetuses (in comparison with newborns). It states that it is acceptable to trade off the life of a foetus against that of another. In other words, the killing of a disabled foetus is justified by its replacement by a "*life with better prospects*"¹⁹. One of the main weaknesses of this argument is that the condition that legitimizes termination will not necessarily be fulfilled afterwards, unless we're talking about its replacement inside society rather than family. But in that case, it means that we give credit to the fact that the contribution of impaired people to general welfare is weaker than that of non-impaired, which is highly arguable, as we will see. More importantly, if impaired fetuses can be replaced by normal ones because of a consequent increase of general welfare, then normal ones could legitimately be replaced by enhanced ones. In other words, it could legitimize eugenic practices.

3. *The Family Interests Argument*: According to this argument, termination can be justified by reference to the interest of biological parents - especially the mother - and other family members. The following testimony is particularly illustrative of this: "*Some people say that abortion is hate. I say my abortion was an act of love. I've got three kids. I was forty-three when I*

¹⁸ He is the victim of a handicap rather than a prejudice: Lionel is unjustly confronted to difficulties linked to his genetic condition, but the remedies to these problems cannot possibly be found in the recognition and adjustment of technical errors – i.e., the absence of information (that would have inclined his parents to abort him) - but rather providing him the social recognition he deserves.

¹⁹ H. KUHSE & P. SINGER (1985), p. 118

*accidentally got pregnant again. We decided that there was enough love in our family to handle it, even though finances would be tight. But we also decided to have a test. A kid with a serious problem was more than what we could handle. And when we got the bad news, I knew immediately what I had to do. At forty-three, you think about your own death. It would have been tough now, but think what would have happened to my other kids, especially my daughter. Oh, the boys, Tommy and Alex, would have done okay. But Laura would have been the one who got stuck. It's always the girls. It would have been me, and then, after I'm gone, it would have been the big sister that took care of that child. Saving Laura from that burden was an act of love*²⁰. There is only one objection to this argument: it identifies the Down syndrome with a biological impairment that necessarily implies a decrease of welfare for the family, as if it was impossible to act upon the hostile environment in which the “disabled family” will possibly have to live in.

II.1. Malformations, misconceptions & stigmatization

So, the most appropriate argument for aborting a Down foetus seems to be the last one (Family Interest Argument): parents can easily justify the option of selective abortion insisting on the constraints and sufferance attached to stigmatized²¹ existences: intolerance, rejection, isolation... But, it is also clear that all these stigmas depend on social arrangements rather than biological features; consequently, it would make sense for the legislator to tackle these misfit social arrangements instead of using selective abortion as a solution to the problem.

It is true that disabled people have gained a lot of visibility over the past two decades, but nevertheless discriminations and fears continue and may nowadays be harder to overcome, namely because of the growing importance of firm norms of embodiment that exclude the recognition of human diversity. According to anthropologists Rapp and Ginsburg, the greatest obstacle may precisely be one's inability to keep these norms at distance: *“Whatever their cultural background, most pregnant women and their supporters are concerned not so much with*

²⁰ R. RAPP (1999), *Testing women, testing the foetus: The social impact of amniocentesis in America*. New York: Routledge, p. 247; not underlined inside the text

²¹ Seen as unable to defend any “positive social value”, the stigmatized subject is excluded from social interaction. He/she is genuinely taken away from the rites of interaction (whose aim is to fix the normalcy and value of the interacting subjects).

perfection, but seek basic health and “normalcy”, recognizing the limits of the material circumstances within which they undertake mothering. Indeed, some were willing to live with a range of disabling conditions if they could manage it practically and if the child could enjoy life. Nonetheless, most were frightened by the stigmatizing conditions that the test might predict, about which they knew almost nothing, and whose consequences they could only imagine”²²

Without realistic representations of Down syndrome, people may indeed naturally be inclined to think that no qualities can be attributed to Down people, that they do just take from others, or are unable to contribute anything. According to Adrienne Ash, this kind of assumption is totally unfounded : *“They contribute neither in spite of or nor because of their disabilities, but because, along with their disabilities, come other characteristics of personality, talent and humanity that render people with disabilities full members of the human and moral community”²³.*

II.2. The Ash-Watson Debate

Some scholars – such as John Watson - consider the improvement of screening tests as a very positive evolution that will allow mankind to get rid of terrible abnormalities. He argues: *“We place most of our hopes for genetics on the use of antenatal diagnostic procedures, which increasingly will let us know whether a foetus is carrying a mutant gene that will seriously proscribe its eventual development as a functional human being. By terminating such pregnancies, the threat of horrific disease genes contributing to blight many family’s prospects for future success can be erased”²⁴.* Philosopher Adrienne Asch criticizes this point of view as well as a large part of the current data on disability that she believes strengthens the unquestioned conviction according to which impairment precludes a satisfying life²⁵. More precisely, she thinks that antenatal testing is based on two erroneous assumptions about the impact of disability on human life: *“first, that the life of a person with a chronic illness or disability is forever disrupted (...); second, that if a*

²²R. RAPP & F. GINSBURG (2001), “Enabling disability, Rewriting Kinship, Reimagining Citizenship”, *Public Culture* 13.3, p. 543

²³ A. ASCH (1999), « Prenatal Diagnosis and Selective Abortion: A Challenge to Practice and Policy” in *American Journal of Public Health*, Vol. 89, n° 11, p. 1652.

²⁴ J.D. WATSON (1996), “President’s essay: genes and politics” in *Annual Report Cold Springs Harbor*: 1-20

²⁵ A. ASCH (1999), p. 1649.

*disabled person experiences isolation, powerlessness, unemployment, poverty, or low social status, these are inevitable consequences of biological limitation*²⁶.

Other scholars, in obstetrics and gynaecology, have reached similar conclusions, stressing the discriminatory effects that pre-birth screening techniques may have: “*Broader considerations in the evaluation of antenatal screening programs include assessment of issues related to the potentially negative effects of widespread screening on the perception about individuals with Down’s syndrome and the services that might be available for their care. Indeed, a critique of prenatal testing has been its potential of reinforcing discriminatory views about individuals with disabilities*”²⁷. Others add that widespread screening enacts a neo-eugenic trend and find connections between the choices that follow the antenatal testing on the one hand and the consumer choice on the other hand: babies would increasingly be seen as commodities whose characteristics would have to fulfil strict norms of embodiment.

²⁶ A. ASCH (1999), p. 1650

²⁷ B. KHOSCHNOOD, C. de VIGAN et alii. (2004); “A population-based evaluation of the impact of antenatal screening for Down’s syndrome in France, 1981-2000” in *BJOG: an International Journal of Obstetrics and Gynaecology*, vol. 111, p. 489.

III. Spinozist view on selective abortion

According to Spinoza – and contrarily to Cartesian anthropology – rational choice is not a separated realm that commands the body²⁸ from the outside. It just corresponds to bodily affections that allow us to keep ourselves at distance from our most partial and confused ideas. But although rational choice is based on well corroborated ideas, it is not free from all inadequacy. Since we generally think we understand the causes of our own actions, but nevertheless unavoidably fail to determine what “free choice” refers to, a decision that we take and that appears as a logically coherent individual choice may totally fail to increase welfare. In other words, the problem is that we project our own limits on nature and see constraints as the consequence of one of its so-called inner vices instead of recognizing them as the result of our misconceptions.

“Nothing comes to pass in nature, which can be set down to a flaw therein; for nature is always the same, and everywhere one and the same in her efficacy and power of action; that is, nature's laws and ordinances, whereby all things come to pass and change from one form to another, are everywhere and always the same; so that there should be one and the same method of understanding the nature of all things whatsoever, namely, through nature's universal laws and rules”²⁹.

So, if we think that a part of nature (say, a human being) is imperfect, lacks of something, it is just because our understanding is still too limited to see its perfection³⁰. More importantly, our reason should lead us to consider that a being *cannot be* different than what it actually is and becomes, which doesn't imply that it cannot or doesn't have to be changed or destroyed. If we demonstrate that its destruction implies a steady, consistent and communicable increase of joy, it's good for us to do so. If we predict, for instance, that a human being will be affected by a degenerative state accompanied by extreme suffering, selective abortion can be justified, it can be done out of sympathy. But, on the contrary, if you have an impaired foetus that is nonetheless supposed to be able to grow up into a

²⁸ J. LEAVITT (1996), p. 526

²⁹ SPINOZA, E3, preface.

³⁰ The problem of this spinozist viewpoint is that it rests upon a metaphysical argument that can hardly be used within the debate. The argument of “human ignorance about natural perfection” belongs indeed to individual ethics.

person able to follow a properly human desire and to be happy, you cannot possibly interrupt its life out of sympathy³¹.

Now, we've seen that some people argue that a foetus is fundamentally different from a newborn, and that it can consequently be replaced by a non-impaired foetus without any damage caused to anyone. This argument implies that any foetus can legitimately be replaced by an enhanced one. The problem is that trying to do so is not in our best interest because we don't manage to evaluate external forces properly: indeed, even if we admit that a foetus has no moral value, we'll still have to demonstrate that replacing the "stupid" ones by "intelligent" ones may improve general welfare, which is far from being obvious, because welfare doesn't depend on rationality but rather on reasonable endeavours and desire (*conatus*). Spinoza presents this desire as the essence of all human actions and considers that it is necessarily directed towards what is perceived by the man as an increase in his/her own acting power or as a transition to a higher perfection, i.e. an increase of joy. On the contrary, emotions of pain imply a decrease in one's own acting power (or a transition to a lower perfection)³². People who live in good company and whose desire is driven by reason instead of passions are the only ones who succeed in their pursuit of happiness, no matter if they are intelligent or not. A Down can possibly be one of them.

III.1. Improving genes makes things better?

According to Spinoza, none of the qualities we project on things belong to them. So, when we improve things, we don't make things better. We just adapt them to our desire in a way that is supposed to make it useful for us. Consequently, we will love it. If one of these things is similar to us (i.e. another human), we'll desire for the thing that we love what we desire for ourselves: pleasure, wealth and recognition. These ordinary goods can possibly help us in our endeavour, but if they are taken as ends in themselves they will most likely hinder it. In return, there is one lasting and communicable good which is able to help

³¹ But you can personally do it out of fear toward the opinion people are going to have about your family, contempt for the trisomic people or ambition toward your eventual future enhanced son or daughter, which is quite difficult to confess publicly...

³² By extension, love is joy accompanied by the idea of an external cause, and hatred is pain accompanied by the idea of an external cause.

anyone in any circumstance, especially if it's taken as an end in itself: being affected by something we are genuinely the cause (*being active*). As we're active, our endeavour consists in accomplishing all that follows from the (still abstract) concept of our nature in such a way that a growing part of our mind and body conforms to it³³.

Being born less intelligent than another doesn't necessarily obstruct one's capability to be active: "X" can be much weaker and slower than "Y", and much more active than B at the same time. In other words, the fact that a Down (X) be able of few things compared to a normal human (Y) is not a sufficient reason to say that the life of X will be less valuable than that of a Y. In return, the fact that someone be doing few things in comparison with what he *can* is a sufficient reason to make his life *passive*, lacking of dignity. If, contrarily to X, Y is separated from what he can - or alien to what he is, depending on what he's not - X will be happier than Y. Eventually, if - in spite of discriminations and frustrations - X manages to practise a complete endeavour driven by reason and supported by friends, couldn't he be as happy as anyone?

John Watson doubts it: "[s]eeing the bright side of being handicapped is like praising the virtue of extreme poverty. To be sure, there are many individuals who rise out of its inherently degrading states. But we perhaps most realistically should see it as the major origin of asocial behaviour"³⁴. One could object to him that mental retardation doesn't prevent Down people from being friendly and reasonable. First, they're friendly: their relatives generally consider that their company could perfectly well be loved or appreciated in spite of some practical difficulties. Second, as regards their intelligence, we know that - contrarily to what has been thought for centuries³⁵ - mentally handicapped persons are not necessarily unreasonable beings: "[P]eople who have Down syndrome (...) are able to have other experiences of thinking hard about important questions and making distinctions and decisions. Thus, they exercise capacities for reflexion and judgement, even if not in the rarefied world of abstract verbal argument"³⁶. Besides, most Down people perceive themselves as perfectly healthy, describing their conditions as givens of their lives or - so to say - the "equipment with which they meet the world"³⁷. This is what Albrecht and

³³ A. MATHERON (1968), *Spinoza, individu et communauté*, Paris: Minituit, p. 225.

³⁴ J.D. WATSON (1996), p. 19

³⁵ PLATO, *The Republic*, 423c-d

³⁶ A. ASCH (1999), p. 1652.

³⁷ A. ASCH (1999), p. 1650

Devlieger³⁸ call the *disability paradox*: most disabled people claim that they have a good or excellent quality of life while external observers tend to pretend the contrary.

III.2. Green Rose's Testimony: a selective abortion

For the parents of foetus X, it can also be legitimate to predict that carrying a Down would mean being dependent on external causes that would decrease their acting power. Let's take the following example: Rose Green³⁹ is the mother of a Down foetus. Her testimony can be understood as follows: she's first affected by an inconstant pleasure, arising from the idea of something future whereof she doubts the issue (Hope: E3D12). The pregnancy test leads her to feel pleasure arising from the idea of this future event wherefrom almost all cause of doubt has been removed (Confidence: E3D14). However, there is no absolute certainty concerning this event (Fear: E3D13): genetic tests have to be done. They eventually reveal a Down syndrome.

Ordinarily, the conception of Down syndrome "*leads the mind to imagine those qualities which are not in it rather than such as are in it*"⁴⁰: in other words, people usually picture Down people in purely negative terms (Contempt: E3D5). But for consternate⁴¹, despaired⁴² or disappointed⁴³ parents, this contempt can of course be accompanied by other ideas and feelings that could possibly erase it (love, sympathy, pity, etc.). Rose Green sincerely admits that she wasn't in that case: "*When we got the bad news, I immediately rejected the baby as "other", "alien." I didn't want anything to do with this child, once I knew it had Down syndrome. Other women have talked of terminating out of love for the unborn child, but I can't honestly say I felt that at the time. Certainly part of my justification for aborting was to spare the baby a life of disability and suffering. But that wasn't emotionally as powerful as this sense of rejection*"⁴⁴.

³⁸ G. L. ALBRECHT & P. J. DEVLIEGER (1999), "The Disability Paradox: High Quality of Life Against All Odds" in *Social Science & Medicine* 48: 977-988.

³⁹ GREEN, R. (1992), « Letter to a Genetic Counselor » in *Journal of Genetic Counseling*, vol. 1, n°1.

⁴⁰ SPINOZA, E3D5

⁴¹ Her desire to avoid what she considers as an evil is paralysed by amazement at the evil which she fears (cf. E3D42).

⁴² "*Despair is pain arising from the idea of something past or future, wherefrom all cause of doubt has been removed*" (E3D15).

⁴³ "*Disappointment is pain accompanied by the idea of something past, which has had an issue contrary to our hope*" (E3D17).

⁴⁴ R. GREEN (1992), p. 57

Thus, from the very moment that she and her husband learned about their foetus' abnormality, they did not doubt their decision. Between the screening and the abortion, they logically kept on calling their baby "foetus" in order not to be affected by any feelings of sympathy or pity⁴⁵. She certainly hoped that the foetus wouldn't be affected by anything before the moment of the abortion. But, while Rose Green was in the clinic waiting for the operation to begin, she felt her foetus kicking. This launched what she describes as devastating feelings: *"I've had to face the fact that we chose to kill this foetus, which we have conceived in love and hope. I have had to face the fact that I felt the baby kicking as I walked into the abortion clinic"*⁴⁶.

She got affected by what she imagined about the affects of her foetus because *"[h]e who conceives, that the object of his love is affected pleasurably or painfully, will himself be affected pleasurably or painfully; and the one or the other emotion will be greater or less in the lover according as it is greater or less in the thing loved"*⁴⁷. Therefore, Rose Green is now forced to recognize that the foetus is no longer an "alien": she necessarily identifies herself to it⁴⁸. Consequently she begins to feel emotions of sympathy⁴⁹ (*misericordia*) and pity towards it. And what she feared eventually happens: that (which affected the object of her sympathy) also affects her with similar pain, and more importantly, she conceives it as the consequence of her own decision. That means that she's affected by repentance: *"pain accompanied by the idea of some action, which we believe we have performed by the free decision of the mind"*⁵⁰.

A week after the abortion, she began to feel love for and attachment to her *"was-to-have-been baby"*⁵¹ and experienced persisting doubts about her decision: *"Sometimes, I am overwhelmed by the irrational thought that the whole thing had happened only because we believed in it and allowed it to happen – "we" referring not only to my husband and me personally but to the society in general. If we hadn't accepted the reality of chromosomes and trisomy and amniocentesis, then these phenomena simply*

⁴⁵ *"Pain accompanied by the idea of evil, which has befallen someone else whom we conceive to be like ourselves"* (E3D18).

⁴⁶ R. GREEN (1992), p. 61

⁴⁷ SPINOZA, E3P21

⁴⁸ *"By the very fact that we conceive a thing, which is like ourselves, and which we have not regarded with any emotion, to be affected with any emotion, we are ourselves affected with a like emotion"* (E3P27).

⁴⁹ *"(...) love, in so far as it induces a man to feel pleasure at another's good fortune, and pain at another's evil fortune"* (E3D24).

⁵⁰ SPINOZA, E3D27

⁵¹ R. GREEN (1992), p. 57

wouldn't exist, and I would now be 6 months pregnant with a normal child"⁵². Although she knows perfectly well that the results of her amniocentesis had a diagnostic value, she keeps on figuring out her could-have-been baby's abnormality as a sort of fiction. She indeed imagines that the abortion only happened because she believed in the reality of chromosomes: "(...) if we hadn't accepted the reality of chromosomes and trisomy and amniocentesis, then these phenomena simply wouldn't exist".

Such reasoning is possibly inadequate but the understanding of its inadequacy doesn't delete its existence. These so-called irrational thoughts about her baby may be partial and mutilated but genuinely reveal something about reality. Let's take an example by Spinoza: "[W]hen we look at the sun we imagine that it is distant from us about two hundred feet; this error does not lie solely in this fancy, but in the fact that, while we thus imagine, we do not know the sun's true distance and the cause of the fancy. For although we afterwards learn, that the sun is distant from us more than six hundred of the earth's diameters, we none the less shall fancy it to be near; for we do not imagine the sun as near us, because we are ignorant of its true distance, but because the modification of our body involves⁵³ the essence of the sun, in so far as our said body is affected thereby"⁵⁴. Thus, even science cannot provide us a perception of objects that is free from all inadequacy. So, these inadequate ideas that the scientific diagnosis proves wrong contain something positive that cannot be erased⁵⁵. Rose Green will nevertheless conclude: "Since last December I've sure become much more aware, as I'm sure you have, of kids with Down's syndrome – and observing them always confirms our decision. I know that our little baby girl is at peace – that she did not have to deal with all these difficulties confronting retarded children – [we] are very much at peace with that decision"⁵⁶.

Conclusion

As regards to all that has been said, it seems that considering the *Down syndrome* as a severe genetic impairments that could justify abortion during the second semester would be discriminative. So, one common legal abortion time limit should be adopted for all

⁵² R. GREEN (1992), p. 62

⁵³ The verb "to involve" here means "cannot be conceived without...".

⁵⁴ SPINOZA, E2P35, Appendix.

⁵⁵ "Nothing positive that a false idea has is removed by what is true in a true idea" (cf. SPINOZA, E4P1)

⁵⁶ R. GREEN (1992), p. 58

pregnancies, as anthropologist Tom Shakespeare suggests. Besides, we've seen that, even after having being technically informed, our conceptions about the syndrome may still be extremely unrealistic. Non-technical information could correct these images and could limit our tendency to think we (*a priori*) know what living with a disabled would be.

Eventually, it is in our own personal interest to pay higher attention to the question “what determines me to think a life is worthless?” Free choice is not a good answer, for the following reason: « (...) *all men are born ignorant of the causes of things, (...) all have the desire to seek for what is useful to them, and that they are conscious of such desire. Herefrom it follows, first, that men think themselves free inasmuch as they are conscious of their volitions and desires, and never even dream, in their ignorance, of the causes which have disposed them so to wish and desire* »⁵⁷.

⁵⁷ SPINOZA, E2P36

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