IV. Intertwining knowledge practice, epistemology and ethics

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10. The Unconditionality of Parent-Child Relationships in the Context of Prenatal Genetic Diagnosis in Germany and Israel[1]

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The relationships between parents and children are often characterized as being unconditional, unchosen or un-cancellable. All these descriptions are expressions of the fact that these relationships lack the leeway that would be normal in other relationships for choosing or rejecting them, or breaking them off – and they lack this leeway either completely or to a great extent. Adjectives of the absolute that refer to this certainly do have an empathic or poetic dimension, in that they often profess a *perceived* absoluteness, irrevocability or unconditionality. But this empathic dimension does not disqualify the expressions from being descriptive categories for parent-child relationships. Rather, as the following analysis is intended to show, they contain a kernel of truth which can be clarified by a differentiated analysis, and are also helpful in categorising and critically discussing numerous phenomena in the development of parent-child relationships and the founding of families.

The focus of this consideration will be on the category of unconditionality.[2] This, according to a first thesis, corresponds to a multidimensional, complementary and multilateral relational context, which may be present in varying configurations, and is largely moderated by models of good parenthood. Not least, the variability of the relational context of "unconditionality" can, according to a subsequent thesis, shed light on why unconditional relationships take different forms in different societies. While in the context of the German

1 This chapter was translated from German by Monica Buckland, including the quotations. Besides her, I would like to thank Christina Schües, who contributed most to its development, as well as my colleagues from the PreGGI project and the participants of the conferences where I had the opportunity to present some of its ideas.

2 On un-cancellable relationships, see Foth (2019).

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debate about prenatal diagnosis, intact and loving parent-child relationships are often made dependent on the earliest possible and the prospective parents' most comprehensive love towards the child growing in its mother's womb, in the Israeli context the focus is more on safeguarding ideas of a fulfilling parent-child and family relationship by making arrangements before the child is born. These different approaches interact with reactions to the possibilities of prenatal diagnosis which are not completely distinct, but do display differences in emphasis and sometimes contradictory tendencies. For example, in the German controversy about the application of recent non-invasive prenatal testing (NIPT), concern about the overuse of prenatal diagnosis is ever-present, while the primarily professional discourse in Israel tends to pose the question of whether these tests contribute to a high standard of care.

New test methods offer important possibilities for reflecting on parent-child relations, as a recent quote by Braun points out:

> For a long time, but increasingly urgently, the question arises of how parent-child relationships are changing, as prospective parents are able to gain ever more knowledge about the probably genetic constitution of their future children (2016: 7).

Since 2011, the establishment of NIPT has been accompanied by both hopes and concerns (Hashiloni-Dolev/Nov-Klaiman/Raz 2019). As these tests only require a blood sample from the pregnant woman (through which cell-free foetal DNA can be obtained), they lack the risks associated with invasive methods such as amniocentesis. Moreover, they can be used early in pregnancy, from about the 8–9th week, and with the testing options constantly evolving beyond the initial focus on trisomies. Although their reliability still depends on the age of the pregnant woman and the objective of the test, many countries have considered their coverage by public health insurance, at least for trisomies 13, 18 and 21 (Löwy 2020). Increased use of prenatal testing thus becomes likely and justifies the concern about its impact on parent-child relations.

Methodologically speaking, the following reflections form an explorative philosophical essay, which is empirically inspired, but not yet adequately anchored in empirical terms. It emphasises a conceptual analysis, as well as reacting to tensions within comparative research into the social arrangements for childbearing, in order to draw initial conclusions.

Such a field of tension consists – in the first place – of a charged relationship between the vocabulary of unconditionality and the extension of prenatal diagnosis in combination with the possibility of abortion, i.e. with making

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the continuation of a pregnancy dependent on the expected state of the embryo, foetus or baby. A number of descriptive categories or conceptual framings have already been introduced into the debate for these reservations, such as the "tentative pregnancy" (Katz Rothman 1986), as well as the description considered to be often problematising, that of prenatal "selection", or the reverse, the euphemistic-sounding "selective reproduction" (Wilkinson 2010) and the less known "conditional parentage" (Efron/Lifshitz-Aviram 2020). This word-coining indicates both the descriptive and the more or less pronounced evaluative colouring of so-called thick terms, and thus already points towards the heated debates on prenatal diagnosis in bio(ethics), politics and society.

A further – second – field of tension arises out of the different (open ethical-political) discourses that refer to these developments, phenomena and categories. This applies, for one thing, to the discourse of concepts and ideals, particularly that of motherhood with feminist theory and care ethics; in these connections, unconditionality can easily be identified with categories of unconditional love or motherly love, although in feminist discourse these are treated with considerable ambivalence and are often associated with domestic self-sacrifice. On the other hand, particularly in Disability Studies and disability ethics, there are also demands for unconditional parenthood as the ideal of relationships for all concerned, or an important part of a culture of inclusion and welcome.

Finally – thirdly – there is the difficult question of what conclusions can be drawn from the coexistence of experienced or desired unconditionality and the contrasting reservations for the characterisation of different social arrangements for childbearing. For example, do (expecting) parents in some societies have a more unconditional relationship with their growing children – at least in the prenatal stage? Do others tend more strongly towards risking intact relationships? Or does the ostensible vocabulary of unconditionality conceal and burden the reality of parenthood, instead of illuminating and inspiring it?

This also shows how the comparison between Germany and Israel threatens to be both exciting and fraught with tension. Although public healthcare in both countries shows similarly high medical standards, there are significant differences in the way they handle the possibilities of reproductive medicine. But attempting to evaluate these quickly leads to the difficulties of judging, in which historical experiences play an important role for both countries, yet in very different ways. In reaction to the unparalleled crimes against humanity that were committed in so many areas of society, the successively evolved basic principles of German post-war policy and of many social movements include a

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desire to present a positive counter-model and, within the framework of what is possible at all, to make amends. More than to any other country we consider ourselves indebted here to Israel, the country that has become a homeland for many Jewish survivors of the Holocaust and their descendants.[3] Conversely, on the Israeli side, there is at least *one* important lesson of the Holocaust: developing one's own strengths (Hashiloni-Dolev/Raz 2010: 89, 97). The need to nip things in the bud, first and foremost in one's own country, driven by the extent of the crimes committed in Germany – this has no equivalent in the context of Israel, where the excesses and crimes were not committed by their own people, but suffered by them. Therefore, possible criticism from post-war German society is subject to particular difficulties[4]: for one thing, because the heirs of the perpetrators elevate themselves morally to become the critics of a society or political landscape that is, in a distinctive way, marked by the descendants of their victims; and for another, because they do it by virtue of a horizon of experience that these descendants do not share. Only a discussion that takes such differences into account, as well as the sensitive constellation of discourse, can be both critical and fruitful.

To be able to process these questions, irritations or even tensions, the first part of this essay undertakes a conceptual clarification of various levels and aspects of unconditionality, points out contrasting connections to it, and relates it to alternative concepts from prenatal care and prenatal diagnosis. The second part then addresses cultural-social variations in Germany and Israel, and finally discusses both descriptive and normative consequences of conceptual clarifications and comparative insights. Despite this superficially linear structure, the actual logic of thinking is cyclical, and returns repeatedly to particular issues and aspects of the topic rather than finalising them conclusively in each case.

1.1 Locating unconditionality and its counterparts

In a conceptual explication of unconditionality it is first important to specify what it does *not* mean. For example, it does not mean the unreasonable or naïve claim that something arises without pre-existing conditions, a *creatio ex nihilo*.

3 See Kloke (2005); and on scientific cooperation also Steinhauser, Gutfreund and Renn (2017).

4 Cf. the intoduction and chapter 12 of this volume.

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Motherhood or parenthood, and the condition(s) of being born, of natality, are an age-old object of social and political concern and influence, framed by numerous parameters. Who becomes a parent, with whom, when, and how, are dependent on so many conditions and formed by so many perspectives that they demand their own treatises (Schües 2016; Schües/Foth 2019). But it is important to note that, despite all attempts to take control, pregnancy and the beginning of parenthood is a process with many unknowns that are not characteristic of or comparable to the development of other social relationships. In this comparative perspective on unconditionality, the term indicates the *characteristic absence* of particular reservations in the genesis, development and continuation of a relationship. Compared to the process of becoming friends, the genesis of the bodily parent-child relationship does not rest on gradually increasing affection for a concrete Other, a process driven by mutual sympathy. Such processes of becoming friends, or equally of romantic love, can swell to a *perception of unconditionality* in which the relationship to the other is no longer *subjectively* available for negotiation, or becomes the object of total devotion. In terms of society, however, both types of relationship remain subject to the *proviso* of continuing mutual affection and satisfaction, which enables disappointed friends and lovers to step back from their perceived unconditionality and continue the relationship under certain conditions only. The relationships between parents and children are different. Even if the developing child is the object of particular hopes, fantasies and expectations, the physical relationship which has already begun with the embryo/foetus in utero needs no agreements (so to speak) in order to develop further. At the same time, it is a relationship with an unknown human being about whom, despite any perceived closeness or attachment, little more is known than the story of its genesis, its anticipated human form, and initial processes that make themselves felt in the form of foetal movements.[5] Its more precise physical constitution is the object of sensations and only to a limited extent of knowledge. This (social-ontologi-

5 Mills puts this pointedly: “Except in rare cases of adoption of older children with already revealed and well-established personalities, the choice of a child is the choice of a pig in a poke. Gender, appearance, intelligence, talents, and temperament all appear to the parents as an unfolding surprise. Parents of two or more children are invariably astonished at the differences between individuals produced by the same parental genes and reared in the same family environment. We are still far away from the prospect of ‘designer’ children, tailormade to match parental expectations.” (2003: 150–151)

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cal) starting position is – or was – (objectively) largely one of unconditionality or the impossibility of controlling the course or the outcome of a pregnancy.

However, this starting point changes with the use of prenatal diagnosis which makes it possible for prospective parents to acquire more knowledge, or at least probabilities, about the constitution of their child, providing a basis on which to make decisions. It puts them in the position of knowing more about the developing child (the "glass belly", Hey 2012), such as its sex and its organic or genetic constitution, and the possible consequences of this for the child and its family. Prenatal diagnosis facilitates a focus on the technically measurable physical condition of the child as a basis for deciding whether to continue the pregnancy or not, provided there is the possibility of termination. In interaction with the law on abortion, or on tolerating it, prenatal diagnosis provides, alongside its therapeutic goals, the societal possibility to add a physical provision to the child's birth and in doing so to take a step back from unconditional parenthood. The subjective internalisation of this (objective) possibility is described by the term "tentative pregnancy".

In the triangular understanding of the parent-child relationship as the relationship of one parent to the child, the child to the parent, and possibly the parents to one another (in terms of the child), the physical reservation towards continuing a pregnancy lies on the level of the *responsivity of prospective parents*. This level should be differentiated from other sides of the multidimensional, complementary and multilateral relational contexts of unconditionality. It describes neither the level of an *irreversible* event (the causally irreversible biological-genetic-physical bringing about of one existence through another), nor the related social attribution of parenthood and childhood, with its often very limited exit opportunities. It is much more a form of pregnancy-related reaction and interaction of the prospective parents with the developing child, the complementary counterpart of which is the helplessness of the developing child (Schües 2016; Graumann 2010: 138). From the perspective of this being comes another dimension of unconditionality, which consists in the developing being having no choice but to be entrusted to this pregnant woman, or these prospective parents. The more opportunities are afforded to prospective parents, in order to make their reaction dependent on particular conditions, the more the social-ontological status of the possible child also shifts as a result of their decisions about whether to make use of these opportunities or not. Parental unconditionality is now no longer the reaction to the inevitability of how a pregnancy turns out, but a subjective decision, which might – and can – turn out differently. The social facilitation of prenatal diagnosis and the so-called "selec-

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tive" termination of pregnancy implies in principle their permissibility, even if only within certain limits. Both factually and normatively, the unavailability of a particular outcome of a pregnancy is relativised, and thus the norm of the unconditional acceptance of any child is also made optional. But this means that even within the triangle of two possible parents and child, the internalisation of unconditionality between the prospective parents can turn out differently; if we take a step back from the narrow focus on the parent-child dyads, the reaction of possible further children in the family also becomes relevant, as does that of other members of the family and the social environment, which affirms particular norms or sends conflicting messages.[6] This is what I refer to when I describe unconditionality as "multilateral".

Now the physical reservation that prenatal diagnosis offers prospective parents, or even suggests to them, can be interpreted in different ways. For those who label it *prenatal selection*, which is usually critical and problematising in Germany, the reservation often implies a negative value judgement of a life with disability. From the assumed perspective of the possible child or its parents or family, the child's life, for itself or for others involved, is not considered sufficiently worth living to continue with the – originally wanted – pregnancy. The judgement that individuals make may be free or socially prejudiced, and either way results in the selecting out of foetuses with particular physical characteristics, i.e. it has eugenic dimensions as well.

Equating the physical reservation with (eugenic) selection is, however, also open to criticism (Foth 2021). Particularly in Germany, this term is strongly associated with mass murder driven by the state, and a particular, medically veiled contempt for humanity directed against people with disabilities, at times with especially drastic devaluations of their worth. There yawns a considerable gap between such judgements and the often complex motives of pregnant women and others involved in pregnancy, making use of prenatal diagnosis and contemplating a termination. Comparative studies of such motives demonstrate a wide spectrum of concerns and perspectives, which in many cases are about the compatibility of a child with special needs and one's own capabilities and wishes (self-care), as well as the perspectives of other

6 The documentary film *Week 23*, by the Israeli director Ohad Milstein, about the pregnancy of his Swiss wife Rahel, exemplifies how differences become apparent, both between the couple and in their families, and in the changing medical context (see chapter 9 in this volume).

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family members (concern for third parties).[7] It may be that in such considerations, misleading views about disabilities and their conflation with suffering play a key role, and that, as some authors argue (Asch/Wassermann 2005), prospective parents often underestimate their own capacities. But this does not justify reducing a decision that is often difficult for one's conscience and one's life – the decision to end a pregnancy – to a negative value judgement. This, at least, is implied by the regulatory path that Germany has taken, which rejects disability as the ultimate justification for an abortion (embryopathic indication), and instead recognises only the possible impacts of a disability on the bodily or mental condition of the pregnant woman and her individual situation as a justification (social-medical indication). The individual perspective that leads to a particular abortion does not imply the generalised judgement that it would be better for other pregnancies as well to reach a similar decision.[8] Rather, it is precisely the cases of parents who – often after much agonising – use prenatal diagnosis in order not to have an additional child with special needs that show how complex such decision-making, and how open the results, can be.

From this perspective, deciding for or against a pregnancy does not automatically imply a particular value judgement, even though the risk remains of being drawn into making it, for example through an uncritical routinisation of prenatal diagnosis. It is also at the root of a scepticism towards the efforts of some liberal authors to use "selective reproduction" as an umbrella term for a whole series of procedures that influence how a pregnancy turns out, and discussing them as possibly welcome options in having children (Wilkinson 2010). In place of the sometimes overcritical and negatively loaded word "selection", the wording is now uncritical, reductive and downplaying (Rehmann-Sutter 2021), making it easy to lose critical distance from the logic of selection, which may not be (openly) eugenic in nature but becomes problematic in its consumer-orientation, or when it takes an economic or perfectionist stance. This is addressed in public discourse using phrases such as "the child as a product", "designer baby" or "perfect child". None of these wordings does justice to the phenomenal experiences of prospective parents, who do not understand

7 See chapter 8 of this volume.

8 As Asch and Wasserman make clear, opting for termination does not imply making a similar decision at a later point: "A woman may be willing to abort after eighteen weeks but not after twenty two; she may be willing to abort, but not to put an impaired newborn up for adoption." (2005: 194).

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their willingness to terminate a pregnancy either as a negative, generalisable judgement or as a corrective on the path towards their plan of parenthood, but as a way out of an emergency in which they unexpectedly find themselves.

In the wake of the "selective reproduction" approach, the authors Yael Efron and Pnina Lifshitz-Aviram (2020) have suggested establishing the term "conditional parentage" for some of these phenomena. In addition to prenatal phenomena such as preimplantation diagnostics (PGD) and selective abortion, it also encompasses experiences of postnatal parenthood under reservation, particularly in the case of adoption. Using the examples of Israel, the United Kingdom and other European countries, the authors argue that in all of these fields, Western states enable and foster the right to make parenthood conditional on the constitution of the child. They describe this legal phenomenon, or the underlying wish of prospective parents, as "conditional parentage". It refers to the decision about "whether" to become parents and not "how" to parent, like so-called "conditional parenting" as a kind of guiding through conditional love and acknowledgement as part of bringing up a child. The authors themselves expend a lot of energy on presenting "conditional parentage" as an expression of contemporary and well-understood eugenics, which should be implemented cautiously so as not to repeat any mistakes of the past. The authors' other provocation consists in recognising and welcoming the conditionality of possible parents implied in granting and exercising rights to choose, as these serve valuable individual and societal goals. This signifies a strengthening of the conditionality of parenthood, which runs contrary to the idea and the ideal of unconditional acceptance of every child, and that makes it necessary to analyse the associated qualities more deeply. I will now undertake this analysis and return to consider the term "conditional parentage" as part of my conclusions.

1.2 Unfolding unconditionality

The descriptive-normative dual character of "unconditionality" is based on its assessment as an important prerequisite for parent-child relationships and for families, the loss of which should be mourned or – if possible – compensated for. This ambivalence is already clearly expressed in the term "tentative pregnancy". For Katz Rothman, the establishment of tentativity in pregnancy injects a fundamental conflict between the actual and often socially supported

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process of bonding with the developing foetus, and the willingness to break this bond if necessary, in reaction to a prenatal diagnosis.

> The problem, or one of the problems, with the technology of amniocentesis and selective abortion is what it does to us, to mothers and to fathers and to families. It sets up a contradiction in definitions. It asks women to accept their pregnancies and their babies, to take care of the babies within them, and yet be willing to abort them. We ask them to think about the needs of the coming baby, to fantasise about the baby, to begin to become the mother of the baby, and to be willing to abort the genetically damaged fetus. At the same time. For twenty to twenty-four weeks. Women suffer in this contradiction of demands (1985: 190).

This conflict has direct potential for the suffering of ambivalent feelings and an ordeal for the persons concerned instead of a pregnancy that might otherwise have proceeded without any worries, alongside the possible indirect psychological repercussions of a decision to terminate or not. It could also mean a loss of or possible damage to the resulting parent-child relationships. This *reverberation* is feared by other authors too, either through a lasting weakening of the relationships and the attitudes and abilities of the parents that protect them – e.g. Sandel's true parenthood as a "school of humility" (2007: 85) – or as a latent cause of conflict in later relationships:

> A child who knew how anxious her parents were that she have the "right" genetic makeup might fear that her parents' love was contingent upon her expression of these characteristics (Anderson 1990: 428; cf. Kittay/Kittay 2000: 169, 182ff.).

These conflicts may not lie solely on the parent-child or child-parent levels, but may also be carried "socially invasively" into the parents' relationships, as one recent publication on NIPT in Germany suggests, and thus they raise both the direct and the indirect potential of suffering and breakdown (cf. Reinsch/König/Rehmann-Sutter 2021: 12).

The topos of a tentative pregnancy also serves to make clear some ambivalences in the feminist discourse that affect the way we deal with the vocabulary of unconditionality. Ultimately, tentative pregnancy accompanies one of the central achievements of feminist demands, the right to abortion. The watershed here is the already mentioned "selective" abortion, in which a basically wanted pregnancy is then terminated after all, under the physical reservation in response to a finding (cf. Waldschmidt 2006). While some authors de-

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fend this as extended freedom of decision, others, and particularly representatives of the disability rights movement and disability studies scholars, distance themselves from it. They demand that every possible child be viewed as a gift who deserves to be loved unconditionally and made welcome, also the family should not be an exclusive club, and its moral foundation consists precisely in its inclusivity, i.e. for the child to be accepted unconditionally and to be able to sense this for the whole of its life, knowing it and being able to draw strength from it (cf. Asch/Wasserman 2005: 202–203; cf. Kittay/Kittay 2000: 169, 182, 192).

Added to the feminist ambivalence towards selective termination is an ambivalence towards the category of unconditionality – above all if this is interpreted in the light of *unconditional motherly love*. The ambivalence towards this concept of love is built on its interconnection with particular ideas of motherhood (or womanhood) and the understanding of this as ideological (Mullin 2006; Schütze 2010; Diabaté 2015). Unconditional love approaches (prospective) mothers as a presumed *natural* requirement and justifies and explains their *sole or primary responsibility* for childcare and management of the household. It serves to exacerbate domestic self-sacrifice, dependency and exploitation. Instead, feminist voices demand an understanding of motherhood as part of a wider network of care, which assures mothers of the conditions in which they are able to continue along their personal and professional paths, or the conditions of their self-respect (Gedge 2011). Many authors fall back on other terms to describe parenthood (Mullin 2006). Parenthood then has the character of a commitment or a particular form in which the developing child is recognised (Schües 2016; Wiesemann 2015). Schües, for example, draws on the "gift" metaphor to illuminate the acceptance of a newborn irrespective of its conditions (for although, or perhaps precisely because, its vulnerability puts it at the mercy of its parents, it also makes a multitude of demands of them).

These considerations often take place in the horizon of ideas about parental care and responsibility. They specify how prospective parents' response or reaction might look if it is to represent an *affirmative* response to the child growing in its mother's womb and this child's needs.[9] They may serve to avoid the

9 This wording is inspired by Waldenfels' reflections on responsivity (1994: 75; 2012), insofar as prospective parents (have to) react to the course of the pregnancy, by taking or refusing to take decisions, they "respond" in a broad sense to the situation and the implied demands of the developing child; in a more narrow sense, however, respon-

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abbreviations and distortions of the understanding of parental unconditionality laid down in the concept of unconditional love. For, in analysing what it is that in my view shows an unconditional parental response, four categories or groups in addition to love dominate: the most prominent expresses the unreserved decision in favour of this child (giving birth to it, and taking on parenthood), and terms such as acceptance, acknowledgement or welcoming stand for this, as also "that parents must appreciate [...] the uniqueness of their children" (Asch/Wasserman 2005: 209). The next emphasises above all the act of caring, attentive care, support, playing a protective role, and devotion up to the extreme case of self-sacrifice; a further category is best described as commitment, and expresses the responsibility and duty that prospective parents take on towards the children in their care, or the promise they make to them (Schües 2021; Wiesemann 2015); finally, temporal categories of duration point in two possible directions, i.e. to remain unconditional for as long as possible, or to commit as soon as possible, perhaps even at the point of wanting a pregnancy (cf. Asch/Wasserman 2005: 202). These five groups of categories and their different versions are at the heart of a conception of unconditional responsivity, while any further features that often form stumbling blocks for the feminist approach, such as its naturalness (which expresses the idea that an unconditional response is a biological mechanism, is self-rewarding and has some authoritative force) or exclusivity (which sees the mother or the parents in a unique or privileged position to provide these qualities), can be dissociated from it. Thus, it becomes clear how the possible aspects of unconditional responsivity can separate from one another, for example if a bond is felt in the sense of tender care, but commitment is withheld, or if there is a feeling of obligation but not of true joy about the pregnancy, or when earlier reservations are given up in the light of growing level of care (see above, Fn. 8).

By differentiating the possible dimensions of concepts of unconditional responsivity or parenthood in this way, it becomes clear how they can be challenging or all-encompassing to a greater or lesser degree, and how they can be intertwined in different ways with the ideals of parenthood.

sivity denotes accepting this situation and these demands, in contrast to the attempt to withdraw from them.

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1.3 Gaps in the concept

The main problem of such concepts of unconditional responsivity, however, remains the lack of contextualisation, or their indeterminacy in the relational context of the individual, family and society. While it is clear that the form of responsivity is unconditional in the sense that it is not subject to the condition of the physical constitution of the foetus and is thus also independent of associated ideas of quality or performance, other aspects of decision-making by prospective parents remain unaddressed. These include the personal connection to professional or other biographical goals, or to the existing demands of the family or level of social support. Sometimes it is the parents who already have a disabled child and so can hardly be suspected of making value judgements about life, who are most torn between wanting to encounter unconditionally the child developing in a further pregnancy, and the worry that having another disabled child would be too much of a burden or would lead to competition for care (Nippert/Horst 1994: 39–44). Therefore, it is in fact the existing obligations that can cause a pregnancy to be called into question.

Nor does the notion of unconditionality offer a clear orientation for how to deal with anticipatory compassion, in which prospective parents paint a future bleak picture for a possibly disabled child, an existence full of suffering, and doubt whether it really is good for the child to be born. These considerations run the risk of underestimating their own capacities as well as the potentials of both society and of the child, and serve a kind of self-deception (Asch/Wasserman 2005: 181). Additionally, in the context of Germany these considerations are burdened by the massive abuse of similar justifications during the Nazi-era "euthanasia" programme, and are therefore open to particular mistrust. Nevertheless, the fact is that this motive can play a significant role in prospective parents' thinking (Nippert/Horst 1994; pro familia Bundesverband 2018) and it appears questionable to assume that such cases generally involve a form of self-deception. In principle, what follows is the difficult situation of deciding to terminate a pregnancy on the grounds of a concern for the possible child as well (on this, see Hashiloni-Dolev/Shkedi 2007; DER 2013, Dissenting Position 2).

The gaps in the concept of unconditional responsivity, and the potentials for conflict, might perhaps be bridged by a concept of responsibility. As a normative category, responsibility is well suited to identifying complex or poorly defined areas that can only be grasped to a limited extent by explicit guidelines on how to act and how to be. In addition, there is a close conceptual relation-

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ship with the notion of responsivity. The concept of responsibility is however not established on unconditional responsivity, as becomes clear looking at the concept of prenatal "genetic responsibility", which often relates directly to reproduction (Lipkin/Rowley 1974; Leefmann/Schaper/Schicktanz 2017: 2). The concept demands that, in view of the possible presence of genetic deviations or defects, appropriate precautions must be taken either before a pregnancy commences or during its course. The idea of genetic responsibility has some roots in societies or communities where particular genetic diseases have or have had higher prevalence, and potential parents can have their carrier status tested in advance (on carrier screening, see Raz/Schicktanz 2016: 46ff.). The concept can however be generalised beyond this, and require prospective parents to check the genetic status of their offspring at various pre-birth stages and, if necessary, intervene to prevent the birth. Since the concept favours knowing over not-knowing, and the taking of extensive precautions rather than accepting a pregnancy and letting it happen, and since it can be associated with ideas of optimisation, the concept is particularly controversial in Germany – in contrast to Israel (cf. Remennick 2006: 48).

2.1 The example of Israel

Seen from Germany, Israeli society and the way it deals with pregnancy, birth and the family offers some unusual perspectives. For one thing, there is a strong "(pro)natalism", that is, a widespread fixation on having children and founding families (Gross/Ravitsky 2003: 251f.), which is reflected in the very high birth rates for a Western country (3.11 children per woman in 2016), even among secular Jewish women (Okun 2016), as well as in numerous other phenomena; these include the particular significance of shared sabbath meals in Jewish families (Münch 2017), and, to add some rather anecdotal impressions, the special child-friendliness of Israeli restaurants or the way people mention how many children and grandchildren they have when they introduce themselves. The traditional, historical, social and political reasons for this orientation have already been unpacked in numerous articles (Hashiloni-Dolev and others) and will not be repeated here. It is accompanied by a strong focus on the family, shown in comparatively frequent family contact and marked interdependence (Kagitcibasi/Ataca/Diri 2010, Hashiloni-Dolev 2018). The promise of happiness and the model of a good life associated with natalism and family orientation leads to a glorification of parenthood over the possi-

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bility of remaining consciously child-free, for women in particular (Donath 2015). It does not expect of prospective parents, particular mothers, to abstain from professional paths, but accepts the dual-earner household as normal, not least as a response to the high cost of living for many Israeli families.

> The basic assumption of Israeli women from all population categories, including the ultra-orthodox, is that family and outside work can be combined. Thus, the employment of mothers with young children is a rather common phenomenon in Israel (Lavee/Katz 2003: 204).

It is also taken as read that care tasks will be shared out among different members of the family (Lavee/Katz 2003). This family orientation is also very inclusive and open to the use of assisted reproductive technologies, single parenthood (with a sperm donor), same-sex parents[10] and, not least, late pregnancies at an advanced age. Even postmortem parenthood is made possible through the freezing of sperm and eggs.

For another thing, the State of Israel, with its genetic screening programmes and wide-ranging prenatal testing, strives to make the birth of children with genetic deviations or disorders preventable (Raz 2018). In contrast to Germany, the expansion of these programmes since the 1970s has been associated with the targeted prevention of heritable gene defects (Zlotogora et al. 2016) that occur frequently in particular Jewish or Israeli communities and that often have an indisputable potential to cause suffering. First and foremost is Tay Sachs syndrome, which as a result rarely occurs now, along with Beta-thalassemia. This has been implemented both through pre-conception carrier screening[11] and through prenatal screening programmes. In comparison with Germany, where prenatal screening programmes attract considerable mistrust, forms of state-supported gene tests are normal for Israelis, many of whom use them individually (e.g. before marrying). This willingness to undergo genetic tests continues with antenatal care, at least for the majority of the non-ultra-orthodox Jewish population for whom abortion is in principle an option.

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10 This inclusivity refers to (assisted) pregnancy, but not to marriage (Knaul 2016), which in Germany is precisely the opposite.

11 Collected under the "national carrier screening programme for reproductive purposes", which is partially covered by health insurance funds (see Zlotogora et al. 2016).

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> Israeli women who question prenatal screening and advocate more natural and women-controlled models of childbearing are currently in a minority, and their voice is seldom heard (Remennick 2006: 49).

Although the Israeli abortion law is strict *de jure*, in that the assent of a committee is necessary, *de facto* it shows a very high rate of acceptance and includes embryopathic indications (Rimon-Zarfaty/Jotkowitz 2012). This kind of "selective" abortion based on a possible impairment of the child is not subject to stigmatisation or public criticism (ibid.: 27). While the political and medical provision of prenatal testing is based on the principle of informed self-determination, and the provision of medical information and recommendations is supposed to be non-directive, the interplay of wide-ranging testing, a *de facto* liberal abortion law, and social conditions in which providing care for a child with a disability is difficult, combine to generate a clear preference for avoiding having impaired children, even among the medical staff providing advice (cf. Zlotogora 2014: 93; Efron/Lifshitz-Aviram 2020: 26). This applies to the secular, liberal, middle class or upper middle class Jewish population at least; attitudes are different, and terminations often not considered, among very religious or ultra-Orthodox families and communities, as well as in Arab or other non-Jewish ethnic groups.[12]

Israeli disability rights groups have become more significant over the last decade, and draw upon the UN Convention on the Rights of Persons with Disabilities, which Israel has also recently ratified.[13] However, these groups rarely focus their criticism on the prenatal sector, and some even call for prenatal testing to be expanded. There is no indication of a critical distance from official policy and medicine, even in the form of an inherited mistrust because of a state extermination policy and its support from medicine, as in Germany.[14] Criticism of rigid ideas of normality in medicine and society, or of equating disability with suffering, are much rarer than in Germany, where they are part of the official discourse surrounding prenatal diagnosis. It is hardly surprising

12 Ultra-Orthodox pregnant women often interpret termination to show a lack of faith in God and the task he has imposed, and is thus experienced as a spiritual crisis (Teman/Ivry/Bernhardt 2011: 78); prenatal unconditionality thus appears as the expression of unconditional trust in God, or a deeper level of relationship, i.e. with God, and thus enjoys appropriate recognition in the community.

13 On Disability, see chapter 6 in this volume.

14 Care for pregnant women is largely provided by hospitals; midwives are also trained nurses, and home births are rare (Raz 2008: 28; Brusa/Barilan 2018).

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that the prevention of suffering (and not eugenic selection) is often named as a goal of the prenatal programme (and of the human geneticists involved) (cf. Hashiloni-Dolev/Raz 2010: 97).

The testing strategy also differs from that in Germany. In Israel, for example, a screening program for Down syndrome and other trisomies is well established (Zlotogora/Haklai/Leventhal 2007) and is covered by health insurance, through a mixture of non-invasive and invasive testing as part of the so-called "Health Basket". This basket also covers non-invasive first trimester screening (FTS) and invasive amniocentesis in combination with the chromosomal microarray (CMA) analytical procedure, which in contrast to conventional chromosome analysis is able to show even the tiniest changes (Müller-Egloff 2017: 458f.). As a result, Jewish children with Down syndrome are mostly born into the ultra-Orthodox community (Zlotogora 2014: 88). In Germany, although FTS is often used, and perhaps sometimes covered by the health funds – the data on this are not always clear – they are *not* an explicit part of health insurance cover, while CMA tends to be used very cautiously and is not recommended by the professional medical associations for routine use (Müller-Egloff 2017: 459). The routinisation of this testing in Israel indicates that the widest possible testing is encouraged, and the risk of miscarriage caused by higher rates of invasive testing is accepted in favour of gaining information (although it is argued that this risk through routinising the procedure is extremely small, which contradicts the figures circulating internationally). With this backdrop of established standards and priorities, the alternative of integrating NIPT, introduced in 2012, into the Health Basket (at current conditions in terms of costs, reliability and test spectrum), although certainly desired from many sides, does not appear attractive enough in terms of health policy. It could even be counterproductive, if to prevent the risk of miscarriage it were to result in recourse to a reduced and less reliable testing spectrum and thus "underprovision" of prenatal diagnosis.[15]

Three of the most important conflicts that the German regulation of the prenatal sector had to overcome are interpreted differently in the Israeli context, and are weaker. This applies first to the personification of the embryo or foetus, second to the danger of heteronomy (through family, state, society), and

15 This interpretation is based on the situation that NIPT has twice been proposed for the Health Basket and rejected, and on impressions from professional presentations at events in the PreGGI project (cf. chapter 3 of this volume).

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third to the culture of welcome in society, which links the parents' decisions in individual cases with the social fate of people with disabilities.

Embryos or foetuses are not recognised in Israeli law as autonomous legal entities. At first they are considered to be part of the pregnant woman, and then gradually develop into a person, but formally it is only at birth that they acquire their own legal status (Rimon-Zarfaty/Raz/Hashiloni-Dolev 2011: 217). Although many Israelis perceive the foetus to be an autonomous organism as the pregnancy advances, and think of it more as its own person when its movements are felt by the pregnant woman, these attributions tend to occur later than in comparative studies from countries such as the USA or Australia (ibid: 222). Another comparison with European countries observes that "Israeli women were most likely to think that a developing baby acquires human dignity with birth and that a developing fetus is not yet a human being" (Fischmann 2011: 59). This might be reflected in the professional discourse, in stronger reservations about an unreflected way of speaking about an unborn life, baby or child. German abortion law's fundamental conflict between mother and unborn child therefore collapses, or is at least weakened. Both positions are rarely seen as being in need of protection against outside influence as well.

Unconditional parental affection towards the born child, in the form of unconditional love and being embedded within the family in a "system of mutual love and caring" (Hashiloni-Dolev 2018: 123), is certainly expected and highly regarded in Israel, and "conditional love" possibly understood as offensive (cf. Weiss 1994; Watzman 2005).[16] Nevertheless there appears to be a significant difference between the prenatal and postnatal phases, at least among secular Jewish Israelis.[17] The resistance to unconditional responsivity implied in the topos of a tentative pregnancy does not appear as a risk to the relationship between parents and children, but as a way to harmonise different desires, goals and interests. The final acceptance of the developing foetus as a future child and family member is held back; motives of anticipated compassion, as well as care and responsibility, also for other family members, may also play a role

16 According to Weiss (1994), the focus on healthy children without impairment is so widespread in Israel that it prevents many parents who unexpectedly have a disabled child from accepting them; the study, "Conditional love: parents' attitudes toward handicapped children" is however not uncontested (cf. Watzman 2005).

17 On divergent ideas of so-called "New Age" mothers, or religious but not ultra-Orthodox pregnant women, see Rimon-Zarfaty (2014).

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here. In this perspective the physical reservation is not perceived as a threat to family cohesion, but rather as a possible way to generate it.

In combination with a reluctance to personify the foetus and accept it unconditionally, the widespread idea of "genetic responsibility" (Remennick 2006: 48) elevates preventing the birth of a child with a genetic impairment almost into a duty. The decision of the individual prospective parents is often linked to the idea that a disabled child will be a burden on the family and on society (Hashiloni-Dolev/Raz 2010: 97). So a social pressure becomes clear, which (prospective) parents may feel if they decide against using prenatal diagnosis and to accept any child unconditionally (see Rimon-Zarfaty 2014).

2.2 The example of Germany

The population of Germany is almost ten times as large as that of Israel and there are also ten times as many organisations that (want to) have a say in prenatal diagnosis. In comparison with Israel, prenatal diagnosis is disputed terrain in Germany. Not just because of German history and the above-mentioned tensions in regulating antenatal care and abortion, but also because of different paths of policy implementation. In Israel many competences are concentrated (vertically) in the Ministry of Health, while in Germany they are delegated (horizontally) to committees with a corporatist tradition, such as the German Federal Joint Committee (Gemeinsamer Bundesauschuss, G-BA).[18] As the process for the health funds covering NIPT demonstrated, these committees do not have access to reliable data on the status of prenatal diagnosis, so that the intended provision of the Maternity Guidelines cannot be compared to provision established in practice, nor can reliable scenarios be extrapolated from them (TAB 2019: 192). In addition to ethical and political polarisations, the discourse is thus conducted under dubious conditions (Scharf et al. 2019). Nevertheless, the G-BA has approved amending the Maternity Guidelines in favour of NIPT, setting the future course in several interesting directions. Foremost, there is increased individualisation of the indication for prenatal diagnosis. The classification of a "risk pregnancy", which justifies additional tests – long criticised for its tendency to spread and its unsettling effect – has been renamed "pregnancy with particular risks" and the indication for the newly

18 Neither implementation programme accords with the idea of a "republican discourse", which some call for (cf. Braun 2005: 44; see also chapter 5 in this volume).

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added NIPT made dependent on the personal circumstances of the pregnant woman (cf. G-BA 2019; Rehmann-Sutter/Schües 2020). How practical limitations might make this focus on individual cases collapse back into routinisation remains to be seen.

In contrast to the Israeli discourse, concern about routinisation and overprovision of prenatal diagnosis is common (TAB 2019: 93–96). This is not just concern about externally determined overprovision, but also about the loss of a carefree, hopeful pregnancy (on medicalisation, cf. TAB 2019: 168f.) and the burden and conflicts of decision-making based on problematic and sometimes only probabilistic information (Petersen/Jahn 2008).[19] In addition, it appears that pregnant women who make use of prenatal diagnosis often do so without having already decided whether they would consider terminating in the event of a problem being found, or even that they have in fact ruled out termination and welcome non-invasive tests (with no risk of miscarriage) only to have certainty as early as possible and if necessary prepare themselves for the birth of a child with special needs (cf. Reinsch/König/Rehmann-Sutter 2021: 6). Similar motives can also be found among pregnant women in Israel, particularly those who are critical of prenatal testing, but this does not change the fact that the majority fully accept wide-ranging testing and some consider it just routine ("pregnancy is checkups", Nov-Klaiman/Raz/Hashiloni-Dolev 2019: 4, 9; Rimon-Zarfaty 2014).

It is uncertain whether similarly clearly marked groups can be seen in prenatal diagnosis in the German context. Many Israeli publications on genetic testing programmes or attitudes to them start out by differentiating population groups (e.g. differentiating the Jewish population into ultra-Orthodox, religious/conservative/traditional, secular mainstream vs. "New Age") between which marked differences have been observed for some time. Although in Germany religiosity is often mentioned as a possible factor in decision-making on prenatal testing possibilities or results (e.g. in TAB 2019: 73, 144), and religious institutions such as the churches exercise influence in the relevant debates and take up a clear position, differentiating pregnant women according to social, regional, cultural or ethnic origin plays no great role in reporting on the state of prenatal diagnosis, at least not in the recent reports of which I am aware such

19 Here, Petersen and Jahn (2008: 47) refer to the literature on the potential for physiological harm: "In fact, increased levels of maternal anxiety and stress can adversely affect the cognitive, behavioural, and emotional development of the child. One possible underlying mechanism can be found in the elevated maternal stress hormones."

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as the TAB Report (2019: 129f.). It is therefore impossible for me to differentiate many general statements on the German discourse.

In comparison with Israel, Germany shows a markedly lower birth rate (although it has been rising since 2010), with 1.59 children per woman in 2016. Although childlessness polarises opinion in society it is widely accepted, and thus relativises parenthood and family as the main purpose in life and the model of a good life. In abstaining from having children, individualistic life-goals and the desire for autonomy sometimes play a role, but uncertainties and constraints are often mentioned too. This applies, for example, in terms of being unable to reconcile having children with a career, but also because of fears of not being able to live up to the demands of parenthood (Dorbritz/Diabaté 2015). With a view to reconciling work and family, traditional ideas of the division of labour and for mothers having the main responsibility for early childcare ("intensive mothering"), particularly in West Germany, compete with the acceptance of outsourcing childcare so that mothers can work full-time (more in East Germany) (Pfau-Effinger/Smidt 2011; Diabaté/Beringer 2018).

> East German women are more strongly child-oriented, but reject sole childcare through the mother more often than West German women. What these women have in common is considering bringing up children to be a challenging task, in which as parents it is possible to get a lot wrong. Here, those interviewed obviously share the same concerns (Schiefer/Naderi 2015: 168).

Mothers having jobs is mostly accepted in principle, as well as their own individual "self-care", yet there often remains an unresolved conflict with equally strong demands for their presence in the household. Even the international literature indicates this, with some fascination for the singular German expression (and stigma) of "Rabenmutter" (literally a "raven mother", defined by the Duden dictionary as an "unloving, coldhearted mother who neglects her children") (Heffernan/Stone 2021). For some time the model of "responsible parenthood" has meant that the high requirements for parenthood have grown (Ruckdeschel 2015). This model requires that people only become parents if they are able to offer the child a good future (the *whether* of parenthood) and to undertake everything necessary for that (the *how* of parenthood), with the possibly dual effect that although an intensive process of reflection about parenthood is undertaken, parenthood itself is increasingly perceived as a burden.

In the German discourse on prenatal diagnosis and NIPT, proper parenthood is a persistent motive and is also reflected in the relevant publications,

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such as the Report of the German Ethics Council (DER 2013: 143ff.) and the TAB report (2019: 167ff.).

Prenatal testing is associated not only with concerns about heteronomy – I cannot, unfortunately, go into detail here about preimplantation genetic diagnosis or in vitro fertilisation – but also with the fear of burdening pregnancy and parenthood, and deforming the bonds between parents and children. Although unable to make statements about their frequency, some interviews indeed demonstrate the worry of prospective parents about the effects of their decisions on their later child, other children in the family or other members of society (Reinsch/König/Rehmann-Sutter 2021: 11f.). This illustrates the conflicts that the possibilities of prenatal diagnosis, in combination with the ideas and norms of parenthood and family relationships, can really give rise to.

Whether the norms of unconditional parenthood really do still prevail in the German context and discourse, or whether they are necessarily equated with the (prenatal) acceptance of every possible child, appears unclear (to me). The relevant norms are often described in the literature, sometimes bound up with voices from discourses of recent decades, e.g. on preimplantation genetic diagnosis (Hashiloni-Dolev 2007; Hashiloni-Dolev/Shkedi 2007; DER 2013: 143–146), yet on the other hand, the now well-established procedures of prenatal diagnosis are already associated with a possible rethink. Sigrid Graumann's statement summarises this well:

> The unconditional acceptance, and thus recognition, of the child, without taking into account the characteristics and abilities that are expected of it, *has up to now been the prevailing societal norm.* It is important to note that a pregnancy is the most extreme form of the existential dependence of one person upon another. [...] Every unborn child is existentially dependent upon being accepted unconditionally by its mother. Prenatal diagnosis now opens up the possibility of making the acceptances of the child in advance dependent on its genetic constitution. *This changes the societal norm* (2010: 138, emphasis added).

The direction in which society's norms are changing (not just in the sense of common practice but also of common expectations), and how advanced this process is, appear nevertheless to be subject to contrasting interpretations. For example, representatives of the first dissenting opinion of the German Ethics Council make the following call:

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> Medical research and public health policy may not reinforce the *social pressure of expectation* that disabled children should no longer be born. On the contrary, they must counter it by giving a signal that every child, whether with or without physical or mental disability, is welcome. A social atmosphere of acceptance and encouragement may make it easier for parents to give love and care to a child which enriches their lives in another way from the children who lead their lives without physical or mental disablement (DER 2013: 168–169, emphasis added).

Meanwhile, the authors of the second dissenting position state:

> Women who make use of prenatal diagnosis as a general rule wish to satisfy their general responsibility for the future welfare of the child. In certain circumstances this may mean from the viewpoint of the pregnant woman that in the last instance she decides against carrying the unborn child to full term. *Currently, such decisions are respected by a broad section of our society and also by the legal system* – in full knowledge of the associated serious moral dilemma, not least for the woman herself (DER 2013: 171, emphasis added).

In my opinion, such evaluations not only show that there are varying perceptions of the status quo, but also make clear an ongoing process of replication and reinterpretation of parental and family models, the interpretations of which have gained currency in parallel and in conflict with one another. This is also reflected in statements by organisations providing advisory services for pregnancy-related conflicts. For example, in answer to the question "Are parents in the crossfire of an ethical and medical debate?" pro familia NRW notes:

> Much is said about the reaction of prospective parents after prenatal diagnosis has identified a problem, but they themselves rarely get a chance to speak in the debate. All too often it is assumed they will not want a child with a disability. Yet many consultations in recent years have failed to confirm this. Rather, upon receiving the diagnosis of an abnormality parents find themselves in one of the most difficult of life situations. Often this is a long-planned, wished-for pregnancy. The couples who come for advice after abnormal findings are struggling to make a decision that actually cannot be made. Deciding between not having their own much wanted child, or a life with a disabled child, presents an almost irreconcilable conflict. The decision to terminate the wished-

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> for pregnancy is never taken lightly. Termination is associated with great pain and grief for those involved. And yet the fear of getting into financial difficulties, of being socially isolated, and not being able adequately to care for a child that will require a lot of support throughout its life, is too great. Many parents also worry that the child will suffer once it is born. *Most of those affected* articulate very clearly that they *believe society does not approve of either of these decisions*. This is often the reason why they entrust only a few people in their circle with their news (pro familia NRW 2018: 5; emphasis added).

There is now apparently a situation in which, depending on one's focus and the approach of those providing the information, social pressure, prevailing expectations and norms are perceived very differently (on this, see Schneider 2018: 244). These expectations and norms can, although they do not need to, reinforce the internal conflicts of prospective parents. But even if they do not feel such a conflict themselves, they are likely to experience tension in their environment, since social polarisation around the issue means they always have to reckon with rejection or criticism from one side or another. This applies not just to those who have a disabled child, but also those who decide against having one, although in different ways.

2.3 Concluding reflections on the comparison

Comparing the different ways societies deal with pregnancy and prenatal diagnosis can help in questioning one's own assumptions and distancing oneself from all too familiar pathways of thinking and feeling. It can make it possible to admit different interpretations of what is good, right or desirable, instead of assuming an apparently clear ideal. Unconditional parenthood stands for a central principle of human relationships, which when one looks more closely actually has space for possible interpretations, gaps and gradations.

While in the Israeli context there is an apparently more unconditional social "commitment" to becoming parents (of several children if possible), to the point of discriminating against or pitying (consciously) childless people in the light of a broadly shared view of what constitutes a good life, this commitment is linked, at the political and medical-administrative levels and throughout large parts of society, to making pregnancy manageable and to support for at least some prenatal reservations, i.e. about the kind of children. This com-

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mitment also implies rejecting the unconditional, earliest possible acceptance of any developing child. But I see no indication for support of parental reservations at birth or later, so that in principle this *caesura* also means that parental or family unconditionality is expected and encouraged (which might be described as a temporal gradation of unconditional responsiveness).

In the German context by contrast there are stronger reservations about becoming parents in the first place, or having several children. Medical-administrative procedures and social expectations tend to oscillate between positions that are critical of any interference in pregnancy and prenatal life, and that support the earliest possible acceptance of all developing children, at least in wanted pregnancies, and positions that accept and want to enable having reservations to different degrees. Across this spectrum the development of the parent-child relationship appears potentially conflict-laden and tensions are more expected to carry over into the resulting relationships.

Awareness of the concerns and ambivalences about prenatal diagnosis, widespread in Germany, focuses attention on the many vulnerabilities that its use can bring, despite its superficial alignment with the principle of non-directive counselling and the informed self-determination of pregnant women. Consciousness of these vulnerabilities produces a particular (and sometimes one-sided) caution about extending prenatal diagnosis. This caution is both justified and relativised by observing how prenatal diagnosis is handled in Israel. On the one hand, this observation strengthens concern about routinising prenatal diagnosis in a way, which let its intensive use in some population groups become so much a matter of course that is scarcely questioned, and accordingly places more pressure on pregnant women. On the other hand, the Israeli example also suggests that many fears about the disruptive effect of prenatal diagnosis are not compelling and that there are different paths to fulfilling family relationships.

The earliest possible unconditional responsivity of prospective parents appears to be neither a necessary prerequisite for nor a guarantee of the integrity of the parent-child relationship or intact family relationships, at least not in the context of Israel. Nevertheless, the parental affection and family acceptance *perceived* as unconditional by the born child are indispensable. Perceiving this unconditionality is however dependent on many factors, such as the safety and comfort actually experienced in a family and how family is appreciated and its

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cohesion[20] promoted by society; and how and in what climate decisions that affect one's own coming-into-the world and one's own identity are thematised in (later) relationships (on this, see e.g. Kittay/Kittay 2000).

In my opinion, it is in the interests of both societies to learn *something* from the example of the other. For the Israeli context this would mean recognising and valuing the possible alternatives (which are also covered by the principle of informed self-determination and non-directive counselling) of voluntary not-knowing, carefree pregnancy, and an unconditional decision in favour of a possibly disabled child, and therefore to create the practical conditions for this; in the German context, it would mean overcoming the situation of an apparently insoluble double stigmatisation and to enable free decision-making both *for* and *against* having a possibly disabled child, and to accept this decision as the expression of fully considered parenthood. The German Ethics Council recommendations state only:

> Society and the state should respect[21] the readiness of parents to give care, security and love to a child which will possibly suffer physical or mental impairments (DER 2013: 165).

How a decision for reservation or even termination should be treated is left open. According to Asch and Wasserman, this would still – though with every sympathy – be expecting people to feel some discomfort for their decision's implied indirect discrimination against people with the same impairment, and relativising the valuable model of unconditionality (2005: 209f.). This sounds more like tolerance than acceptance.

I think a central lesson to be drawn from this comparison in the German context is the need to counter the tendency towards an ever-greater escalation of pregnancy conflicts, such as when particular overloaded and overloading

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20 Family cohesion also depends on "doing family" (Jurczyk/Lange/Thiessen 2014: 12), in particular the internal construction of community as a closely connected group with a shared identity, a working model of family, and a feeling of belonging together, as well as the external presentation and performance of the family, not least as part of a battle for recognition.

21 The official English version of this Opinion differs subtly from the German original, and loses important nuance. A closer translation might be: "The willingness of parents to give care, security and love to a child who might be *affected* by physical or mental impairments deserves the *admiration* [Wertschätzung] of society and the state" (2013, German version, p. 179). There is no mention of "suffering", and "Wertschätzung" implies something stronger than mere "respect".

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ideas burden prospective parents with too much responsibility. For example, the implication that prospective parents' actions either have particular motives or carry messages, which could be stigmatising ("what you're doing is selection" etc.), should be avoided; and advocacy for unborn life should not lead to a personification of the foetus, counter to the wishes of the pregnant woman (cf. pro familia Bundesverband 2012); and finally, prospective parents should not be held responsible as guarantors of social inclusion in place of the State. A willingness to terminate a pregnancy after a prenatal test result does not imply a rejection of unconditional affection for other children in the family, with or without disability, and neither does it necessarily bring with it any baggage for these relationships.

Rather, I suggest that the parents' prenatal decisions can *retrospectively* be the source of both identification and rejection, and which it is depends on numerous contextual factors, in the light of which parenthood can (later) be viewed. Adult children, particularly those who are themselves becoming parents, could identify with their parents' decisions and handle things in the same way, or at least find them reasonable. There appears to be potential for conflict primarily when the parent-child relationship is already experienced as difficult, strained or burdened, and information about the prenatal chapter of the relationship fits into a pattern of perceived lack of love or acknowledgment. Although finding out that one (i.e. the child that one would have become) would have been accepted by one's parents in any case, may give one a special feeling of reassurance (which one would like to pass on to one's own children), it is by no means certain that similarly strong feelings of security might not be engendered just as well in other ways, such as through parental love that is always *experienced* as being unconditional, or strong family cohesion. The potential for retrospective damage is greatest when it interacts with elements of the parents' characters that would always be problematic, such as the inability to cope with diversions or disappointments.

The key question of course is whether such parental characteristics are reinforced by the increased provision of prenatal diagnostic methods. Do they weaken the fundamental standards and ideals of parenthood? I think that they have potential to do so as ever more characteristics can, through the use of prenatal testing, be made the object of reservations. Whether this actually happens depends on many factors. Theoretically prenatal diagnostic methods are a gateway to the expression of prospective parents' more self-centred motives that are not to the benefit of the children or the resulting parent-child relationships (e.g. consumer mentality, desire for control, intolerance, or overam-

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bition). There will certainly be such cases, although I cannot say anything about their frequency or any significant increase. My impression up to now is that, in both Germany and Israel, most prospective parents try to act responsibly towards their children and to bring this responsibility into harmony with their (equally legitimate) personal aspirations and desires. Responsibility is however interpreted in different ways. In the German context, the norm of "responsible parenthood" always contains the option of *not* becoming parents, if the demands appear too great. However, there are competing interpretations of these demands, between the poles of the most encompassing responsivity towards the developing child, and more or less recognised reservations reflecting individual situations and family constellations. In the Israeli context on the other hand, abstaining from parenthood receives little approval, but at the same time, there is a widespread willingness or even expectation to adapt pregnancy to the individual or family situation. What would need to be shown is that these forms of responsibility have been misdirected or corrupted (for example, through egocentric or heteronomous motives or a sense of responsibility for achieving the best possible result that steers prospective parents towards thoughts of optimisation even before birth). The theoretical approaches that I know of, sometimes using case studies, criticise the (prenatal) loading of parenthood with unnecessary worries, conflicts and attributions of responsibility, or concerns about harm to an inclusive society and its members, but provide less illumination of their consequences for lived parenthood and family after the birth.[22] At least Asch and Wasserman, who connect (almost) all reservations on the part of prospective parents with "an impoverished conception of parenthood and families" – but have some sympathy for those reservations in a societal context that presents extreme difficulty to parents of children with disabilities (Asch and Wasserman 2005: 202) – appear to believe that these kinds of relationships approach a liberal understanding of family as an interest group of individuals, who cannot achieve the depth and quality of unconditional relationships. This is surely based upon the idea that prenatal reservations are translated into lasting reservations within the relationships, or that exercising choice in building the relationships may translate into a willingness

22 On this, see also Remennick's criticism of increased "genetic anxiety" in connection with the provision of prenatal diagnosis in Israel (2006: 37), or for Germany, Samerski's diagnosis of a "decision trap" in human genetics counselling (2010), as well as the review by Beckermann, which is critical of both "fear as big business" (2010: 4–5), and Samerski's generalising comments.

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of parents and children to distance themselves from one another in future. In the Israeli context of a strong family orientation, however, such a development appears unlikely. I therefore find it hard to see clear indications of (impending) negative changes in relationships between parents and children.

Does it then follow to say that, at least before the child is born, the parents' dependency on conditions and prenatal reservations can be an alternative model? This is the position taken by Efron and Lifshitz-Aviram. As a reminder, these authors have three main theses: first, that in Israel and other Western countries we can observe a legal or underlying political and sociomedical phenomenon that enjoys widespread recognition and which they call "conditional parentage"; second, that this is a form of modern eugenics; and third, that conditional parentage (as a new, welcome form of eugenics) should be carefully regulated to serve the interests of parents, families, and society.

This overt demand to re-establish the term "eugenics" (positively), although it can only be a divisive "red cape" (Hashiloni-Dolev/Raz 2010: 90), appears to me to be neither promising nor right. Because in the light of historical experience the term is quite rightly a "red flag" – an indicator of danger. But even without the reference to eugenics, affirming "conditional parentage" remains difficult. The core of this, which I consider questionable, lies in the strength of state and society support for parental choices, whether negative (ruling out particular conditions) or positive (targeted selection or causation of particular conditions) as the expression of parental autonomy in harmony with the values of family and society. Although the authors themselves note the danger of collapsing these measures into particular negative trends, their own description already seems susceptible to misinterpretation and an idea of responsibility for optimal results. I would highlight one sentence: "All prospective parents wish for a healthy offspring with maximum potential to succeed in life" (Efron/Lifshitz-Aviram 2020: 49). I doubt very much whether all prospective parents would phrase their wishes for their offspring in this way. The problem is not the desire for good health expressed here – although "health" can of course be understood in different ways – but the superlative vocabulary at the end of the sentence. I believe that many prospective parents would rather speak of their children being happy or able to lead a normal life, rather than adopt the language of the optimum. Already because of this tendency (to slip from fundamental concerns about health to the maximisation of life chances), I consider the assertive support of parental reservations to be wrong.

Prospective parents' reservations are plausible where they are the expression of justified concern (about themselves, the possible child, and the situa-

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tion of the family). I therefore consider it wrong to equate the responsibility and concern of prospective parents straightforwardly with (the earliest possible) prenatal unconditionality. Parental unconditionality, whether before or after the birth of a child, is a powerful and important model (or part of the model) of good parenthood, but models interpreted (too) one-sidedly always risk appearing overpowering, or skewing one's view of the diversity of cases. Ideals or models often prove themselves in bringing together several issues that are significant in themselves, and so ordering a field of human practice in a convincing way. Prenatal unconditionality can be placed at the service of three distinct issues: carefree and hopeful pregnancy, the birth and affirmation of any child, and fulfilling family relationships. Of these three concerns the birth and affirmation of any possible child (and the indirect result of a more inclusive society) is the centrepiece, for which unconditionality appears indispensable. But this is different from both carefree pregnancy and fulfilling family relationships: these concerns can be realised in various ways, depending on the circumstances of the prospective parents. Pregnant women who would basically consider, with both their head and their heart,[23] terminating the pregnancy if test results are positive, can also draw reassurance from the (earliest possible) exclusion diagnostics and then, at least in this limited sense, enjoy their pregnancy. If this takes place in unity with the other parent-to-be and without ambivalent feelings, for instance, due to a previous, unconditional pregnancy, prenatal testing need not become socially invasive. Furthermore, the semantics of a *restrained* bonding with the foetus need not imply its complete absence, but often its persistent growth, so that despite initial reservations a felt unconditionality can sooner or later develop on its own, especially in a pregnancy that is much wanted by the family circle (in a society that is crazy for children). Here, there is also obviously the possibility of compensation for withheld feelings of bonding. Thus, intact and fulfilling family relationships are not dependent on prenatal unconditionality. At the same time, the appeal to the earliest possible unconditionality has the advantage of already naming that on which it finally depends, namely that love, care and unconditionality are authentically experienced in the family.

23 The fear that prenatal diagnosis primarily addresses a rational calculation and distracts from what feels like certainties but is arguably more difficult to articulate, runs through their critical commentary; see Katz Rothman (1985: 190), Reinsch/König/Rehmann-Sutter (2021: 2), and Stadelmann (2018: 75).

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