

## Conclusion

This study brought together the very practical concern of talking with patients about genetic information with a highly theoretical discussion about communication and meaning. Drawing from the literature on genetic counseling, three models were introduced and then elaborated in several ways. An attempt was made to locate the models within larger streams of philosophical and theological thought. The teaching and psychotherapeutic models of genetic counseling were located within the what Peters calls the spiritualist tradition and were implicated in the technical and therapeutic visions of communication respectively. The responsibility model was elaborated in terms of an alternative vision of spirit rooted in Hegelian insights and underwritten by Robert Brandom's pragmatic theory of communication. By applying the models to the concerns around nondirectiveness and spiritual assessment, I tried to demonstrate how the responsibility model provides a better set of expressive resources about communication to guide practitioners.

Throughout the project Debbie's case served as a site for testing the adequacy of the models and as a source for examples. Chapters 2 and 3 referred intermittently to her case as the models were being developed; Chaps. 4 and 5 invested significant attention to the case as a way to evaluate the adequacy of the models. Much more could have been said. For example, the issue around communicating probabilities has been the focus of significant research. An unfortunate consequence of focusing on a prenatal case is that it reinforced the perception that genetic counseling is exclusively about reproductive concerns. A few other examples were used to acknowledge the rapid expansion of genetics into almost all areas of medicine.

In Chap. 2, I introduced the teaching and psychotherapeutic models of genetic counseling. The assumption of this chapter was that these models implicitly relied on accounts of general communication to support their theses. John Durham Peters' story about communication in the West highlighted two main traditions: the spiritualist tradition and the embodiment tradition. He identified two visions of communication in the U.S. that have inherited the problematics of the spiritualist tradition. The technical and therapeutic visions of communication have, on Peters' view, dominated the U.S. since World War II, the same period when formative attitudes

about genetic counseling were being pioneered. I proposed that the teaching model of genetic counseling incorporated many of the views of the technical vision; and that the psychotherapeutic model of genetic counseling was heir to the therapeutic vision of communication. Locating the models within broader views of communication allowed more explicit theses to be identified and ultimately evaluated in reference to the specific tenets of each model.

Chapter 3 consisted of a large-scale constructive move. I began by acknowledging Mary White's work that argues for placing sociality and responsibility at the center of genetic counseling, and that proposes the key concept of dialogical counseling. She developed these terms with the help of H. Richard Niebuhr's work in *The Responsible Self*. I elaborated and extended her stance in what I called responsibility model. As an heir to what I termed the embodiment tradition, the counterpart to the spiritualist tradition in Peters' account, the responsibility model embraces communication as a social practice that allows embodied selves to coordinate meanings across different perspectives. Hegel's insights into reciprocal recognition, sociality and historicity were acknowledged as the formative ideas in this tradition. To provide a more detailed footing for the responsibility model, I introduced and explicated Robert Brandom's pragmatic theory of communication. Using Brandom's theory to underwrite the responsibility model was in some respects an attempt to get back to the basics. His deontic scorekeeping account describes what happens in rudimentary conversations and what is required in normative practices to grasp a conceptual content. At the center of his model is the concept of dialogue. His detailed work provides White's dialogical counseling with sophisticated expressive resources that allowed the theses of the responsibility model to be elaborated.

The third chapter represented a shift from developing theoretical models to applying them. I examined one of the central values in genetic counseling, nondirectiveness. I demonstrated that nondirectiveness is a contested value with an important history. Nondirectiveness could best be understood as a corrective to the eugenic policies of the U.S. and Europe in the first half of the twentieth century. Against this historical backdrop, I examined how each of the models specified and applied nondirectiveness. The teaching model defined it as the patient's right to noninterference with decision making. This view was justified with inadequate notions of pedagogical neutrality and autonomy. The psychotherapeutic model defined nondirectiveness as the promotion of autonomy and suggested that counseling skills should be actively used to encourage the patient. This view failed to maintain a meaningful distinction between directiveness and nondirectiveness by defining the former too narrowly and the latter too broadly. Resisting calls to jettison nondirectiveness as a defining value, I showed how the responsibility model provides a more nuanced understanding of the directive and nondirective stances that occur within genetic counseling sessions.

The final chapter addressed the prospects of spiritual assessment in genetic counseling. The interest by HCPs in spirituality has grown in the past fifteen years and the interest has spread to genetic counseling. I analyzed a representative definition of spirituality and concluded that a new definition was needed. A new definition was presented that used Daniel Sheridan's distinctions between culture, spirituality, and

religion. His taxonomy provided a way to locate spirituality as mode of culture and to further divide spirituality into subspecies that included religion. This definition provided theoretical backing for the medical literature's preference for defining spirituality more broadly than religion. The next section presented reasons for and against spiritual assessment as a general proposal for HCPs. Richard Sloan's arguments against the partnership of medicine and religion provided needed push back for researchers who too quickly assume that spiritual assessment will improve patient care. In the genetic counseling context, very few studies have been undertaken in this area. Two studies that explored the possibility of spiritual assessment in genetic counseling were analyzed and evaluated. I concluded from these studies and the preceding arguments that a standardized spiritual assessment had more potential for harm than benefit. The final section of this chapter returned to Debbie's case to evaluate the adequacy of the three model's response to the religious concerns. I concluded that the responsibility model provided the most adequate model for addressing Debbie's religious concerns.

## **Implications**

### ***Genetic Counseling and Professional Communication***

An obvious hope of this project is to have an effect on the practice of genetic counseling. This purpose is not based on the assessment that most genetic counselors are performing poorly. To the contrary, my limited contact with genetic counseling gave me the impression that they do a difficult job well. Nor do I pretend to have the know-how required to navigate and negotiate in the patient education room. Thus, an ambitious theoretical project like this one hopes to serve the more modest practical aim of supplementing knowing how with a knowing that. In other words, I tried to make explicit what I think many HCPs already do when they undertake genetic counseling. Nonetheless, some models are better than others, and the better ones might help in the process of training better counselors. I have tried to show that the responsibility model is better than the two dominant alternatives.

What has been learned in the present inquiry can be easily extended to other forms of health care communications and profession/client communication more generally. Several insights have been discovered in this project. Brandom's deontic scorekeeping model demonstrates how dialogue is at the root of grasping a conceptual content. Against this backdrop, professional communications such as genetic counseling can be seen as late developments in linguistic practices that have structural challenges. It appears as though the professional does not need to understand the esoteric information from the client's point of view. Brandom's model reminds us that the professional needs the client's understanding to grasp conceptual content in a particular context. One of the great challenges professionals have when talking to clients is to engage each person as a new dialogue partner for coordinating mean-

ings. Another insight from the responsibility model is the distinction between navigating and negotiating perspectives. Many service professionals probably have an awareness of how they navigate a conversation but less awareness about how they negotiate perspectives within a conversation. Brandom's theory gives new resources for discourse analysis in this area. Third, the myth of professional neutrality is dismissed in this project. The myth of neutrality is the position that providing objective information is a neutral act. If Brandom's argument is accepted that linguistic practice is a fully normative practice, then the claim of neutrality is not credible. This insight expands current notions of professional and shared responsibility. Finally, the notion of shared decision making is an established domain in medical ethics but has received little attention in terms of communication theory. The weight Brandom places on dialogical processes makes his theory compatible with these ethical pursuits.

### *Medicine and Spirituality*

The last chapter in this project has great relevance to a growing debate in medicine and the broader culture about the role spirituality should play in medicine. The definition of spirituality offered in this project has the potential to change the way we think about spheres of culture such as religion and medicine. Sheridan's broad notion of spirituality allows us to see both religion and medicine "as modes of culture in which human beings transform the problematic of the human predicament"; at the same time, the taxonomy allows for distinctions to be made between spiritualities. In an age when religion and science are simplistically pitted against one another, it is important to have categories that allow us to see their similarities and differences. Sheridan's framework can acknowledge that HCPs and patients both live in a world mediated by several modes of culture that shape their actual attitudes within clinical situations. These modes bring a variety of meanings into the health care setting that have to be coordinated across perspectives. If I think genes are the *Language of God*,<sup>1</sup> then an utterance of *P* means something different in my mouth than it does in your ears. Learning to talk about genetics will sometimes mean learning to talk about religion.

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<sup>1</sup>Francis S. Collins, *The Language of God : A Scientist Presents Evidence for Belief* (New York: Free Press, 2006).

# Appendix

**Table 1** Example of question for the hope approach to spiritual assessment

<b>H: Sources of hope, meaning, comfort, strength, peace, love and connection</b>
We have been discussing your support systems. I was wondering, what is there in your life that gives you internal support?
What are your sources of hope, strength, comfort and peace?
What do you hold on to during difficult times?
What sustains you and keeps you going?
For some people, their religious or spiritual beliefs act as a source of comfort and strength in dealing with life's ups and downs; is this true for you?
If the answer is "Yes," go on to O and P questions.
If the answer is "No," consider asking: Was it ever? If the answer is "Yes," ask: What changed?
<b>O: Organized religion</b>
Do you consider yourself part of an organized religion?
How important is this to you?
What aspects of your religion are helpful and not so helpful to you?
Are you part of a religious or spiritual community? Does it help you? How?
<b>P: Personal spirituality/practices</b>
Do you have personal spiritual beliefs that are independent of organized religion? What are they?
Do you believe in God? What kind of relationship do you have with God?
What aspects of your spirituality or spiritual practices do you find most helpful to you personally? (e.g., prayer, meditation, reading scripture, attending religious services, listening to music, hiking, communing with nature)
<b>E: Effects on medical care and end-of-life issues</b>
Has being sick (or your current situation) affected your ability to do the things that usually help you spiritually? (Or affected your relationship with God?)
As a doctor, is there anything that I can do to help you access the resources that usually help you?
Are you worried about any conflicts between your beliefs and your medical situation/care/decisions?

(continued)

**Table 1** (continued)

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Would it be helpful for you to speak to a clinical chaplain/community spiritual leader?

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Are there any specific practices or restrictions I should know about in providing your medical care? (e.g., dietary restrictions, use of blood products)

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*If the patient is dying:* How do your beliefs affect the kind of medical care you would like me to provide over the next few days/weeks/month

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# Bibliography

- Anandarajah, G., and E. Hight. 2001. Spirituality and medical practice: Using the hope questions as a practical tool for spiritual assessment. *American Family Physician* 63(1): 81–9.
- Aquinas, Thomas, and Dominicans. 1981. English Province. *Summa Theologica*. Complete English ed. Westminster: Christian Classics.
- Armstrong, D., S. Michie, and T. Marteau. 1998. Revealed identity: A study of the process of genetic counselling. *Social Science and Medicine* 47(11): 1653–8.
- Asch, A. 1998. Distracted by disability. The “difference” of disability in the medical setting. *Cambridge Quarterly of Healthcare Ethics* 7(1): 77–87.
- Asch, A. 2003. Disability equality and prenatal testing: Contradictory or compatible? *Florida State University Law Review* 30(2): 315–42.
- Baker, Diane L., Jane L. Schuette, Wendy R. Uhlmann, and NetLibrary Inc. 1998. *A guide to genetic counseling*. New York: Wiley-Liss.
- Baumiller, R.C. 1974. Ethical issues in genetics. *Birth Defects Original Article Series* 10(10): 297–300.
- Benkendorf, J.L., M.B. Prince, M.A. Rose, A. De Fina, and H.E. Hamilton. 2001. Does indirect speech promote nondirective genetic counseling? Results of a sociolinguistic investigation. *American Journal of Medical Genetics* 106(3): 199–207.
- Berkowitz, R.L., J. Roberts, and H. Minkoff. 2006. Challenging the strategy of maternal age-based prenatal genetic counseling. *The Journal of the American Medical Association* 295(12): 1446–8.
- Bernhardt, B.A., B.B. Biesecker, and C.L. Mastromarino. 2000. Goals, benefits, and outcomes of genetic counseling: Client and genetic counselor assessment. *American Journal of Medical Genetics* 94(3): 189–97.
- Bosk, Charles. 1993. The workplace ideology of genetic counselors. In *Prescribing our future: Ethical challenges in genetic counseling*, ed. D. M. Bartels, B. LeRoy and Arthur L. Caplan. New York: Aldine de Gruyter, xii, 186 p.
- Botkin, J.R. 1995. Federal privacy and confidentiality. *The Hastings Center Report* 25(5): 32–38.
- Boyle, P. J. 2004. Genetics and pastoral counseling: A special report. *Second Opinion (Chicago)* (11): 4–56.
- Brandom, Robert. 1994. *Making it explicit: Reasoning, representing, and discursive commitment*. Cambridge, MA: Harvard University Press.
- Brandom, Robert. 2000. Facts, norms, and normative facts: Reply to Habermas. *European Journal of Philosophy* 8(3): 356–74.
- Brandom, Robert. 2002. *Tales of the mighty dead: Historical essays in the metaphysics of intentionality*. Cambridge, MA: Harvard University Press.

- Brandom, Robert. 2004. Hermeneutic practice and theories of meaning. *SATS – Nordic Journal of Philosophy* 5(1): 5–26.
- Bussing, A., T. Ostermann, and H.G. Koenig. 2007. Relevance of religion and spirituality in German patients with chronic diseases. *International Journal of Psychiatry in Medicine* 37(1): 39–57.
- Churchill, L.R., and D. Schenck. 2005. One cheer for bioethics: Engaging the moral experiences of patients and practitioners beyond the big decisions. *Cambridge Quarterly of Healthcare Ethics* 14(4): 389–403.
- Clarke, A., E. Parsons, and A. Williams. 1996. Outcomes and process in genetic counselling. *Clinical Genetics* 50(6): 462–9.
- Clayton, E.W. 2006. The web of relations: Thinking about physicians and patients. *Yale Journal of Health Policy, Law, and Ethics* 6(2): 465–77; discussion 79–502.
- College, Sarah Lawrence. 2008. *Human genetics 2007–2008 Courses* [website]. Bronxville: Sarah Lawrence College. Available from <http://www.slc.edu/human-genetics/Courses.php>. Accessed 11 Jan 2008.
- Collins, Francis S. 2006. *The language of God: A scientist presents evidence for belief*. New York: Free Press.
- Counseling, Ad Hoc Committee on Genetic. 1975. Genetic counseling. *American Journal of Human Genetics* 27(2): 240–242.
- Davidson, Donald. 1963. Actions, reasons, and causes. *The Journal of Philosophy* 60(23): 685–700.
- de Crespigny, L. 2003. Words matter: Nomenclature and communication in perinatal medicine. *Clinics in Perinatology* 30(1): 17–25.
- Dice, Lee. 1952. Genetic counseling. *American Journal of Human Genetics* 4(4): 332–46.
- Douglas, Mary. 1992. *Risk and blame: Essays in cultural theory*. London/New York: Routledge.
- Dyson, J., M. Cobb, and D. Forman. 1997. The meaning of spirituality: A literature review. *Journal of Advanced Nursing* 26(6): 1183–8.
- Ehman, J.W., B.B. Ott, T.H. Short, R.C. Ciampa, and J. Hansen-Flaschen. 1999. Do patients want physicians to inquire about their spiritual or religious beliefs if they become gravely ill? *Archives of Internal Medicine* 159(15): 1803–6.
- Eisinger, F. 2007. Prophylactic mastectomy: Ethical issues. *British Medical Bulletin* 81–82: 7–19.
- Ellington, L., D. Roter, W.N. Dudley, B.J. Baty, R. Upchurch, S. Larson, J.E. Wylie, K.R. Smith, and J.R. Botkin. 2005. Communication analysis of Brcal genetic counseling. *Journal of Genetic Counseling* 14(5): 377–86.
- Ellington, L., B.J. Baty, J. McDonald, V. Venne, A. Musters, D. Roter, W. Dudley, and R.T. Croyle. 2006. Exploring genetic counseling communication patterns: The role of teaching and counseling approaches. *Journal of Genetic Counseling* 15(3): 179–89.
- Ellington, L., K.M. Kelly, M. Reblin, S. Latimer, and D. Roter. 2011. Communication in genetic counseling: Cognitive and emotional processing. *Health Communication* 26(7): 667–675.
- Farrelly, E., M.K. Cho, L. Erby, D. Roter, A. Stenzel, and K. Ormond. 2012. Genetic counseling for prenatal testing: Where is the discussion about disability? *Journal of Genetic Counseling* 21(6): 814–824.
- Fine, Beth. 1993. The evolution of nondirectiveness in genetic counseling and implications of the human genome project. In *Prescribing our future: Ethical challenges in genetic counseling*, ed. D.M. Bartels, Bonnie LeRoy, and Arthur L. Caplan. New York: Aldine de Gruyter.
- Freire, Paulo. 1970. *Pedagogy of the oppressed*. New York: Herder and Herder.
- Geertz, Clifford. 1973. *The interpretation of cultures; selected essays*. New York: Basic Books.
- Giroux, Henry A. 1997. *Pedagogy and the politics of hope: Theory, culture, and schooling: A critical reader*, The edge, critical studies in educational theory. Boulder: Westview Press.
- Habermas, Jürgen. 2000. From Kant to Hegel: On Robert Brandom's pragmatic philosophy of language. *European Journal of Philosophy* 8(3): 322–55.
- Habermas, Jürgen, Ciaran Cronin, and Max Pensky. 2006. *Time of transitions*. Cambridge/Malden: Polity.



- Harmon, Amy. 2007, May 9. Prenatal test puts down syndrome in hard focus. *New York Times* 1.
- Harrison, M.O., C.L. Edwards, H.G. Koenig, H.B. Bosworth, L. Decastro, and M. Wood. 2005. Religiosity/spirituality and pain in patients with sickle cell disease. *The Journal of Nervous and Mental Disease* 193(4): 250–7.
- Heffner, L.J. 2004. Advanced maternal age – How old is too old? *The New England Journal of Medicine* 351(19): 1927–9.
- Hegel, Georg Wilhelm Friedrich, and Peter Crafts Hodgson. 1988. *Lectures on the philosophy of religion: The lectures of 1827*, one-volume edition. Berkeley: University of California Press.
- Hegel, Georg Wilhelm Friedrich, Arnold Vincent Miller, and J.N. Findlay. 1977. *Phenomenology of spirit*. Oxford: Clarendon Press.
- Hook, E.B., P.K. Cross, and D.M. Schreinemachers. 1983. Chromosomal abnormality rates at amniocentesis and in live-born infants. *The Journal of the American Medical Association* 249(15): 2034–8.
- Hsia, Y. Edward. 1979. The genetic counselor as information giver. In *Genetic counseling: Facts, values, and norms*, vol. 15, ed. Alexander Morgan Capron, 169–86. New York: Alan R. Liss.
- Kaldjian, L.C., J.F. Jekel, and G. Friedland. 1998. End-of-life decisions in HIV-positive patients: The role of spiritual beliefs. *AIDS* 12(1): 103–7.
- Kant, Immanuel. 1991. An answer to the question: What is enlightenment? In *Kant: Political writings*, vol. xv, ed. Hans Siegbert Reiss. Cambridge/New York: Cambridge University Press, 311 p.
- Kay, Lily E. 2000. *Who wrote the book of life? A history of the genetic code*, Writing science. Stanford: Stanford University Press.
- Kelly, Patricia T. 1977. *Dealing with dilemma: A manual for genetic counselors*, Heidelberg science library. New York: Springer-Verlag.
- Kenen, R., and J. Peters. 2001. The colored, eco-genetic relationship map (cegrm): A conceptual approach and tool for genetic counseling research. *Journal of Genetic Counseling* 10(4): 289–309.
- Kessler, Seymour. 1979. *Genetic counseling: Psychological dimensions*. New York: Academic Press.
- Kessler, S. 1981. Psychological aspects of genetic counseling: Analysis of a transcript. *American Journal of Medical Genetics* 8(2): 137–53.
- Kessler, S. 1997a. Psychological aspects of genetic counseling. Ix. Teaching and counseling. *Journal of Genetic Counseling* 6(3): 287–95.
- Kessler, S. 1997b. Psychological aspects of genetic counseling. Xi. Nondirectiveness revisited. *American Journal of Medical Genetics* 72(2): 164–71.
- Kessler, S. 1998. Psychological aspects of genetic counseling: Xii. More on counseling skills. *Journal of Genetic Counseling* 7(3): 263–78.
- Kessler, S. 2001. Psychological aspects of genetic counseling. Xiv. Nondirectiveness and counseling skills. *Genetic Testing* 5(3): 187–91.
- Kessler, S., and E.K. Levine. 1987. Psychological aspects of genetic counseling. Iv. The subjective assessment of probability. *American Journal of Medical Genetics* 28(2): 361–70.
- Kevles, Daniel J., and Leroy E. Hood. 1992. *The code of codes: Scientific and social issues in the human genome project*. Cambridge, MA: Harvard University Press.
- King, D.E., and B. Bushwick. 1994. Beliefs and attitudes of hospital inpatients about faith healing and prayer. *Journal of Family Practice* 39(4): 349–52.
- Koenig, H.G. 2001. Religion and medicine Iv: Religion, physical health, and clinical implications. *International Journal of Psychiatry in Medicine* 31(3): 321–36.
- Korenberg, J.R., X.N. Chen, R. Schipper, Z. Sun, R. Gonsky, S. Gerwehr, N. Carpenter, C. Daumer, P. Dignan, C. Disteche, et al. 1994. Down syndrome phenotypes: The consequences of chromosomal imbalance. *Proceedings of the National Academy of Sciences of the United States of America* 91(11): 4997–5001.
- Lewis, L.J. 2002. Models of genetic counseling and their effects on multicultural genetic counseling. *Journal of Genetic Counseling* 11(3): 193–212.

- Lippman-Hand, A., and F.C. Fraser. 1979a. Genetic counseling--the postcounseling period: I. Parents' perceptions of uncertainty. *American Journal of Medical Genetics* 4(1): 51–71.
- Lippman-Hand, A., and F.C. Fraser. 1979b. Genetic counseling: Parents' responses to uncertainty. *Birth Defects Original Article Series* 15(5C): 325–39.
- Lippman-Hand, A., and F.C. Fraser. 1979c. Genetic counseling: Provision and reception of information. *American Journal of Medical Genetics* 3(2): 113–27.
- Locke, John, and P.H. Nidditch. 1979. *An essay concerning human understanding*. The Clarendon Edition of the works of John Locke. Oxford/New York: Clarendon Press/Oxford University Press.
- Maaskant, M.A., M. van den Akker, A.G. Kessels, M.J. Haveman, H.M. van Schrojenstein Lantman-de Valk, and H.F. Urlings. 1996. Care dependence and activities of daily living in relation to ageing: Results of a longitudinal study. *Journal of Intellectual Disability Research* 40(Pt 6): 535–43.
- Marks, Joan. 1993. The training of genetic counselors: Origins of a psychosocial model. In *Prescribing our future: Ethical challenges in genetic counseling*, vol. xii, ed. D.M. Bartels, B. LeRoy, and Arthur L. Caplan. New York: Aldine de Gruyter, 186p.
- Maugans, T.A., and W.C. Wadland. 1991. Religion and family medicine: A survey of physicians and patients. *Journal of Family Practice* 32(2): 210–3.
- Mazzoni, D.S., R.S. Ackley, and D.J. Nash. 1994. Abnormal pinna type and hearing loss correlations in down's syndrome. *Journal of Intellectual Disability Research* 38(Pt 6): 549–60.
- McSherry, W., and K. Cash. 2004. The language of spirituality: An emerging taxonomy. *International Journal of Nursing Studies* 41(2): 151–61.
- Michie, S., F. Bron, M. Bobrow, and T.M. Marteau. 1997. Nondirectiveness in genetic counseling: An empirical study. *American Journal of Human Genetics* 60(1): 40–7.
- Moreira-Almeida, A., and H.G. Koenig. 2006. Retaining the meaning of the words religiousness and spirituality: A commentary on the Whoqol Srpb Group's "a cross-cultural study of spirituality, religion, and personal beliefs as components of quality of life" (62: 6, 2005, 1486–1497). *Social Science and Medicine* 63(4): 843–5.
- Motulsky, Arno. 2004. 2003 Ashg Award for excellence in human genetics education: Introductory remarks for Joan Marks. *American Journal of Human Genetics* 74: 393–94.
- Nicolaidis, K.H., F.A. Chervenak, L.B. McCullough, K. Avgidou, and A. Papageorghiou. 2005. Evidence-based obstetric ethics and informed decision-making by pregnant women about invasive diagnosis after first-trimester assessment of risk for trisomy 21. *American Journal of Obstetrics and Gynecology* 193(2): 322–6.
- Niebuhr, H. Richard. 1963. *The responsible self; an essay in Christian moral philosophy*, 1st ed. New York: Harper & Row.
- Nussbaum, Robert L., Roderick R. McInnes, Huntington F. Willard, Margaret W. Thompson, and James S. Thompson. 2001. *Thompson & Thompson genetics in medicine*, 6th ed. Philadelphia: Saunders.
- O'Dea, Thomas F. 1966. *The sociology of religion*, Foundations of modern sociology series. Englewood Cliffs: Prentice-Hall.
- Oyama, O., and H.G. Koenig. 1998. Religious beliefs and practices in family medicine. *Archives of Family Medicine* 7(5): 431–5.
- Parens, Erik, and Adrienne Asch. 2000. *Prenatal testing and disability rights*, Hastings center studies in ethics. Washington, D.C.: Georgetown University Press.
- Parens, E., and A. Asch. 2003. Disability rights critique of prenatal genetic testing: Reflections and recommendations. *Mental Retardation and Developmental Disabilities Research Reviews* 9(1): 40–7.
- Paul, Diane B. 1995. *Controlling human heredity, 1865 to the present*, The control of nature. Atlantic Highlands: Humanities Press.
- Peregrin, Jaroslav. 2001. *Meaning and structure: Structuralism of (post)analytic philosophers*, Ashgate new critical thinking in philosophy. Aldershot/Burlington: Ashgate.

- Peters, Ted. 1996. *For the love of children: Genetic technology and the future of the family*, Family, religion, and culture, 1st ed. Louisville: Westminster John Knox Press.
- Peters, John Durham. 1999. *Speaking into the air: A history of the idea of communication*. Chicago: University of Chicago Press.
- Peters, J.A., R. Kenen, R. Giusti, J. Loud, N. Weissman, and M.H. Greene. 2004. Exploratory study of the feasibility and utility of the colored eco-genetic relationship map (Cegrm) in women at high genetic risk of developing breast cancer. *American Journal of Medical Genetics. Part A* 130(3): 258–64.
- Peters, J.A., L. Hoskins, S. Prindiville, R. Kenen, and M.H. Greene. 2006. Evolution of the colored Eco-genetic relationship map (Cegrm) for assessing social functioning in women in hereditary breast-ovarian (Hboc) families. *Journal of Genetic Counseling* 15(6): 477–89.
- Radford, Gary P. 2005. *On the philosophy of communication*, Wadsworth philosophical topics. Belmont: Thomson Wadsworth.
- Rapp, R. 1988. Chromosomes and communication: The discourse of genetic counseling. *Medical Anthropology Quarterly* 2(2): 143–57.
- Rebbeck, T.R., T. Friebel, H.T. Lynch, S.L. Neuhausen, L. van't Veer, J.E. Garber, G.R. Evans, S.A. Narod, C. Isaacs, E. Matloff, M.B. Daly, O.I. Olopade, and B.L. Weber. 2004. Bilateral prophylactic mastectomy reduces breast cancer risk in Brca1 and Brca2 mutation carriers: The prose study group. *Journal of Clinical Oncology* 22(6): 1055–62.
- Reed, Sheldon Clark. 1955. *Counseling in medical genetics*. Philadelphia: Saunders.
- Reis, L.M., R. Baumiller, W. Scrivener, G. Yager, and N.S. Warren. 2007. Spiritual assessment in genetic counseling. *Journal of Genetic Counseling* 16(1): 41–52.
- Resta, R.G. 1997. Eugenics and nondirectiveness in genetic counseling. *Journal of Genetic Counseling* 6(2): 255–8.
- Resta, R.G. 2005. Changing demographics of advanced maternal age (Ama) and the impact on the predicted incidence of down syndrome in the United States: Implications for prenatal screening and genetic counseling. *American Journal of Medical Genetics. Part A* 133(1): 31–6.
- Resta, R.G., and S. Kessler. 2004. Commentary on Robin's a smile, and the need for counseling skills in the clinic. *American Journal of Medical Genetics. Part A* 126(4): 437–8; author reply 39.
- Resta, R., B.B. Biesecker, R.L. Bennett, S. Blum, S.E. Hahn, M.N. Strecker, and J.L. Williams. 2006. A new definition of genetic counseling: National society of genetic counselors' task force report. *Journal of Genetic Counseling* 15(2): 77–83.
- Rippentrop, E.A., E.M. Altmaier, J.J. Chen, E.M. Found, and V.J. Keffala. 2005. The relationship between religion/spirituality and physical health, mental health, and pain in a chronic pain population. *Pain* 116(3): 311–21.
- Rogers, Carl R. 1951. *Client-centered therapy, its current practice, implications, and theory*. Boston: Houghton Mifflin.
- Rogers, Carl R. 1961. *On becoming a person; a therapist's view of psychotherapy*. Boston: Houghton Mifflin.
- Rorty, Richard. 1999. *Philosophy and social hope*. London/New York: Penguin.
- Roter, D., L. Ellington, L.H. Erby, S. Larson, and W. Dudley. 2006. The genetic counseling video project (Gcvp): Models of practice. *American Journal of Medical Genetics. Part C, Seminars in Medical Genetics* 142(4): 209–20.
- Rothenberg, Karen H., and Elizabeth J. Thomson. 1994. *Women and prenatal testing: Facing the challenges of genetic technology*, Women and health series. Columbus: Ohio State University Press.
- Rothman, Barbara Katz. 1986. *The tentative pregnancy: Prenatal diagnosis and the future of motherhood*. New York: Viking.
- Scharp, Kevin. 2003. Communication and content: Circumstances and consequences of the Habermas-Brandom debate. *International Journal of Philosophical Studies* 11(1): 43–61.

- Schwartz, M.D., C. Hughes, J. Roth, D. Main, B.N. Peshkin, C. Isaacs, C. Kavanagh, and C. Lerman. 2000. Spiritual faith and genetic testing decisions among high-risk breast cancer probands. *Cancer Epidemiology, Biomarkers & Prevention* 9(4): 381–5.
- Searle, John R. 1979. *Expression and meaning: Studies in the theory of speech acts*. Cambridge/New York: Cambridge University Press.
- Sellars, Wilfrid. 1954. Some reflections on language games. *Philosophy of Science* 21(3): 204–28.
- Shannon, Claude Elwood, and Warren Weaver. 1949. *The mathematical theory of communication*. Urbana: University of Illinois Press.
- Sheridan, Daniel. 1986. Discerning difference: A taxonomy of culture, spirituality, and religion. *The Journal of Religion* 66(1): 37–45.
- Sloan, Richard P. 2006. *Blind faith: The unholy alliance of religion and medicine*, 1st ed. New York: St. Martin's Press.
- Sorenson, J.R. 1993. Genetic counseling: Values that have mattered. In *Prescribing our future: Ethical challenges in genetic counseling*, ed. D.M. Bartels, 3–14. New York: Aldine De Gruyter.
- Sorenson, J.R., C.M. Kavanagh, and M. Mucatel. 1981. Client learning of risk and diagnosis in genetic counseling. *Birth Defects Original Article Series* 17(1): 215–28.
- Stefanek, M., P.G. McDonald, and S.A. Hess. 2005. Religion, spirituality and cancer: Current status and methodological challenges. *Psychooncology* 14(6): 450–63.
- Stern, A. 2012. *Telling genes: The story of genetic counseling in America*. Baltimore: Johns Hopkins University Press.
- Stout, Jeffrey. 1988. *Ethics after babel: The languages of morals and their discontents*. Boston: Beacon Press.
- Stout, Jeffrey. 2004. *Democracy and tradition*, New Forum Books. Princeton: Princeton University Press.
- Suter, S.M. 1998. Value neutrality and nondirectiveness: Comments on “future directions in genetic counseling”. *Kennedy Institute of Ethics Journal* 8(2): 161–3.
- Urbano, R.C., and R.M. Hodapp. 2007. Divorce in families of children with down syndrome: A population-based study. *American Journal of Mental Retardation* 112(4): 261–74.
- van den Berg, M., D.R.M. Timmermans, J.H. Kleinvelde, J.T.M. van Eijk, D.L. Knol, G. van der Wal, and J.M.G. van Vugt. 2007. Are counsellors' attitudes influencing pregnant women's attitudes and decisions on prenatal screening? *Prenatal Diagnosis* 27(6): 518–524.
- Vanderbilt Center for Integrative Health. 2007. Nashville: Vanderbilt University Medical Center. Available from <http://www.vanderbilthealth.com/integrativehealth/>. Accessed 17 Dec 2007.
- Veach, P.M., D.M. Bartels, and B.S. LeRoy. 2007. Coming full circle: A reciprocal-engagement model of genetic counseling practice. *Journal of Genetic Counseling* 16(6): 713–728.
- Wachholtz, A.B., M.J. Pearce, and H. Koenig. 2007. Exploring the relationship between spirituality, coping, and pain. *Journal of Behavioral Medicine* 30(4): 311–8.
- Weil, Jon. 2000. *Psychosocial genetic counseling*, Oxford monographs on medical genetics; No. 41. New York: Oxford University Press.
- Weil, J. 2003. Psychosocial genetic counseling in the post-nondirective era: A point of view. *Journal of Genetic Counseling* 12(3): 199–211.
- Weil, J., K. Ormond, J. Peters, K. Peters, B.B. Biesecker, and B. LeRoy. 2006. The relationship of nondirectiveness to genetic counseling: Report of a workshop at the 2003 Nsgc annual education conference. *Journal of Genetic Counseling* 15(2): 85–93.
- Wertz, D.C., and J.C. Fletcher. 1988. Attitudes of genetic counselors: A multinational survey. *American Journal of Human Genetics* 42(4): 592–600.
- Wertz, D.C., J.R. Sorenson, and T.C. Heeren. 1986. Clients' interpretation of risks provided in genetic counseling. *American Journal of Human Genetics* 39(2): 253–64.
- White, M.T. 1997. “Respect for autonomy” in genetic counseling: An analysis and a proposal. *Journal of Genetic Counseling* 6(3): 297–313.
- White, M.T. 1999. Making responsible decisions. An interpretive ethic for genetic decision making. *The Hastings Center Report* 29(1): 14–21.

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