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### Genetic Counseling Is Directive? Look Again

To the Editor:

Bernhardt (1997) reads the data of Michie et al. (1997) and concludes that nondirectiveness cannot be achieved. I reach the opposite conclusion. The difference in these two views depends on the definition that one accepts for directiveness and how one conceptualizes the relationship between directiveness and nondirectiveness. Communication marked by persuasive coercion is the core aspect of directiveness. The data of Michie et al. take on different meaning in the light of this definition.

First of all, despite the title of their study, the authors clearly state that their work “is an empirical investigation of directiveness” (Michie et al. 1997, p. 40). Thus, whatever inferences can be drawn about nondirectiveness will depend largely on how one conceptualizes the relationship between directiveness and nondirectiveness. If one assumes, as Ms. Bernhardt and many others seem to do, that directiveness and nondirectiveness are opposite sides of the same coin (it’s either heads or tails) as opposed to, let us say, extremes of a more or less normal distribution of transactual possibilities in counseling sessions, one might come to very different conclusions about just what the Michie et al. study does or does not demonstrate.

Second, Michie et al. (1997, p. 42) define directiveness as “directions or advice . . . in regard to specific behaviors

or making decisions. . . . or advice about the client’s views, attitudes or emotions.” However, not all geneticists or psychologists see it this way. Rather, they see *coercion*, not advice giving, as the core issue of directiveness.

Directiveness in genetic counseling is a form of persuasive communication in which there is a deliberate attempt—through deception, threat, or coercion—to undermine the individual’s autonomy and compromise his or her ability to make an autonomous decision (Kessler, in press-a, in press-b). Singer (1995) and other psychologists call this communication process *persuasive coercion*. This is what I think most of us have in mind when we address the issue of directiveness in genetic counseling.

Both the “Code of Professional Ethics” adopted by the National Society of Genetic Counselors (1992) and the recent “Code of Ethical Principles for Genetics Professionals” (Baumiller et al. 1996) specifically highlight coercion as the defining aspect of directiveness. There is a qualitative difference between saying “It’d be sensible if you spoke to Michael and Carol about this” (Michie et al. 1997, p. 42) and “Your risk is too high to have children and if you decide to do so I will no longer offer you my services.” In the latter situation a strategy of threat is used to coerce a decision, whereas in the former case the client’s ability to decide for him- or herself is not compromised.

Removing coercion as the defining issue in directiveness leads to an absurd position in which almost any action or utterance in genetic counseling could be interpreted as directiveness, and, in fact, contextualists, such as Clarke (1991) and Brunger and Lippman (1995), seem to do exactly that. The result is an unrealistic lumping together of all forms of advice, directions, suggestions, and recommendations, helpful or not, coercive and noncoercive, into a single, undifferentiated mishmash. This, in turn, has led to confusion and to an ever-widening chasm between academics, theorists, and researchers, on one hand, and practitioners, who just want to do the best that they can to help their clients, on the other.

Seen through the lens of coercion, the results of the Michie et al. study take on a significance different than the one that Ms. Bernhardt assigns to it. Examine the instances that Michie et al. (1997, p. 42) give of directiveness. Even Bernhardt points out that one category, reinforcement, can hardly be considered directive. I would go further and say that *none* of the examples that Michie et al. list are unequivocal cases of directiveness; not one example can be misconstrued as an attempt to coerce, deceive, or threaten a client or to undermine their autonomy. It might be argued that not only have Michie et al. not studied nondirectiveness, but they haven’t studied directiveness either. But, in that case, what has been investigated? What indeed.

There are two possibilities:

1. Michie et al. have actually studied instances of near-directiveness—but of the mildest and most benign sort, the behaviors that might just as easily be seen as neutral or possibly shading into nondirectiveness at times. These are not the more egregious forms of directiveness that might cause us to raise our arms in dismay and outrage, and, as Bernhardt points out, their impact in steering the clients to make a specific decision seems to have been minimal. If Bernhardt is astonished at the number of instances of “directiveness” in the sessions studied by Michie et al., I am astonished, given the fact that less than half of the counselors even had training in counseling, how benign the few instances that they documented actually were.
2. Michie et al. have simply exposed the standard stuff of counseling interactions, the so-to-speak unpolished gems that constitute the give-and-take between participants and that reflect the counseling and communication skills of the counselor. This is hardly as trivial or inconsequential as it might sound to some. On the contrary, in my view, this makes the Michie et al. work one of the most important contributions in years to the genetic counseling literature.

Michie et al.’s study is a major step forward toward unlocking the black box of genetic counseling. We have moved one stage closer to revealing the actual contents of genetic-counseling sessions, which, I have long argued (Kessler 1990), is necessary if genetic counselors are to have a realistic basis for evaluating their work and for improving their counseling and communication skills. Reading transcripts of genetic-counseling sessions strongly suggests that these skills are in need of major improvement among many professionals in genetic services (Kessler 1997). Wertz et al. (1987) and Michie et al. (1997) both demonstrate that genetic counselors have difficulties in understanding the agendas and needs of their clients; they do not understand what clients are saying to them. Without such understanding, counselors are prone to misdirect their counseling efforts and talk past, rather than to, clients (Kessler 1997). In addition, many genetic counselors have difficulties in dealing with the intense or emotionally laden material that often emerges in counseling. They tend to ignore it, change the subject, and engage in other emotionally suppressive activities and thus show little empathy for the client’s feelings and beliefs. Finally, they “dread” (to use Ms. Bernhardt’s term) such direct questions as “What do you think I should do?” Why should that be? After all, such questions are faced daily by counselors in every counseling profession, but generally they result neither

in advice giving nor in the evoking of dread. Is it possible that this “dread” is symptomatic of a problem that, once exposed, might be repaired by improved training in counseling skills?

Rather than suggesting that nondirectiveness is unattainable, the Michie et al. data, in my view, indicate that we are closer than ever before to achieving it. Ms. Bernhardt may be seeing the glass as half empty; I see it as half full.

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