California Institute of Integral Studies

Clark, Carey S. *Human Caring Theory: Expansion and Explication*. **Alfonso Montuori, adviser. 2004.**

In the late 1980s—early 1990s, the boom in the field of technologies and computer use had a profound effect in the westernized world of health care, even as a synchronistic movement toward corporate, economically driven means of providing health care also blossomed with the advent of health maintenance organizations. While medical technologies have grown and expanded, so has nursing's focus and emphasis on the utilization of these technologies via reductionistic-behavioralistic techniques in both educational and practice settings. The result of this technical-medical health-care emphasis on "curing" is that the practice of nursing has become unbalanced, and "modern nursing/medicine has been using only one half, one side, of its brain, so to speak. Within the dominant, modern, Western, mindset the caring-healing practices of nursing have been on the margins" (Jean Watson, *Postmodern Nursing and Beyond,* 1999: xiii).

This dissertation explores Watson's theory of human caring and seeks to explore the possibilities of theory expansion when the precepts of the theory are explicated via the new sciences and the transdicisplinary literature. Examples of and frameworks for a more complex, integral, and partnership-based approach to nursing are offered. Implications for nursing education, research, and practice are discussed in light of the importance of re-creating a more balanced nursing practice that is anchored in the caring practices. A model of quantum caring and quantum nursing is introduced. [Abstract from *Dissertation Abstracts International*, publ. no. AAT 3158584, DAI-B 65/12 (6/2005): 6288.]

Dalhousie University (Canada)

Hutt, Leah E. *Giving Money to Healthy Research Subjects: Reflections on the Contribution of a Relational Autonomy Analysis*. **Jocelyn Downie, adviser. 2004.**

Much of the current debate about monetary offers to subjects takes place within a liberal individualistic framework. This thesis considers the practice of giving healthy research subjects money through a new lens—that of relational autonomy. This lens is first applied to the issue of monetary offers generally. The analysis then moves to the specific, applying the lens to the leading payment models proposed in the ethics literature, to see what relational autonomy brings to the ethical analysis of these models.

A relational autonomy analysis of monetary offers calls us to consider issues relating to altruism and commercialism, voluntary consent (including coercion, undue influence, and constrained choice), and exploitation and justice. This research relates to such topics as subject motivation, subject demographics, and cost consequences of offering different amounts of money and implementing different payment models. The way money is offered can affect the ethical propriety of monetary offers to subjects. Five payment models that are proposed in the existing ethics literature are examined through the lens of relational autonomy. [Abstract from *Masters Abstracts International*, publ. no. AAT MQ94067, MAI 43/02 (4/2005): 430; shortened by UMI.]

Fordham University

Miles, Laura Mary. *Predictors of Distress in Women Being Treated for Infertility.* Merle A. Keitel, adviser. 2005.

According to the American Society for Reproductive Medicine, 6.1 million couples, representing all socioeconomic levels, age groups, ethnic backgrounds, and both genders, are affected by infertility, with research showing that women experience more distress over infertility than men. While the view that psychological factors cause infertility is no longer widely held, distress is still viewed by some as a major contributor to infertility.

The relationship between infertility and distress is complex, and research has been unable to substantiate a causal direction. Although many studies cite infertility as a highly stressful experience, there is great variability in women's responses to it. Lazarus and Folkman's (1984) cognitive phenomenological theory of stress, coping, and appraisal may help explain these varying distress levels. Gender role identity, career role salience, and societal pressure for motherhood are personal and environmental variables that were hypothesized to affect a woman's cognitive appraisal of an event as stressful, thus affecting distress level.

One hundred and nineteen female participants were recruited through New York University Medical Center's in vitro fertilization, reproductive surgery, and infertility clinic and through [the National Infertility Association,] Resolve. Participants completed questionnaires exploring negatively and positively valued gender characteristics, career role salience, social pressure for motherhood, cognitive appraisal, and distress as well as demographic and treatment history data forms.

The author found that 42 percent of respondents experienced clinically significant levels of global distress. A path analysis was conducted to assess the effects of gender role identity, career role salience, social pressure for motherhood, and cognitive appraisal, on distress. The author found that the model accounted for 32 percent of the total variance in cognitive appraisal. Women who experi-enced social pressure for motherhood viewed infertility as more stressful. Women who identified with more positively valued instrumental gender role traits reported less distress. While women who endorsed more negatively valued instrumental gender role traits and cognitively appraised infertility as stressful, reported greater distress. Results also indicated that women who experienced social pressure for motherhood viewed infertility as more stressful and as a result experienced more distress. [Abstract from *Dissertation Abstracts International*, publ. no. AAT 3166575, DAI-B 66/03 (9/2005): 1729.]

Georgia Institute of Technology

Lane, Eliesh O'Neil. *Decision-Making in the Human Subjects Review System.* Richard P. Barke, adviser. 2005.

Issues involving the use of human subjects converge at the intersection of research in engineering, science, ethics, medicine, and technology and society. Ultimately, questions arise about risks and benefits to research participants and society and about the governance of science. By law, research organizations must establish an institutional review board (IRB) to decide whether to approve research protocols involving human participants.

Approximately 6,600 IRBs exist in the United States. Previous research on IRBs, mostly quantitative, has not studied the relationship between member characteristics (such as role and gender) and member perceptions of the IRB process. In this study the author draws primarily on participatory democratic theory to frame the central research questions and the resulting analysis. The author examines IRB members' roles, participation, and expertise on the IRB and how these relate to their perceptions of the IRB decision-making processes at seven leading U.S. research universities.

Policy makers and researchers alike increasingly are focusing on the adequacy of

the existing system that oversees research studies involving human participants. As tension continues to mount over the applicability of the current guidelines to all research involving human participants, federally funded or not, it is timely to examine this oversight system to increase our understanding of how these committees actually decide whether to approve or disapprove human subjects research in their organizations.

In this study, data were collected from personal interviews with scientist, nonscientist, and nonaffiliated members serving on IRBs at each of the participating universities, and from observation of an IRB meeting at each site. The findings of this research provide a scientific assessment of the relationship between IRB member composition and members' perceptions of the IRB process. This research contributes to our understanding of the decision-making process that takes place within IRBs. Furthermore, it utilizes the IRB as a mechanism for expanding our understanding of larger questions about the interfaces of science and policy and science and society. By questioning who the experts are and how different members of an IRB attribute value to a research protocol, we can begin to address broader issues of expertise and public understanding of science and research. [Abstract from *Dissertation Abstracts International*, publ. no. AAT 3170067, DAI-A 66/03 (9/2005): 1156.]

Lancaster Theological Seminary

Call, Verna Louise. *A Pastoral Essay on the Practice of Supporting the Spiritual Well-Being of Persons with Alzheimer's Disease and Related Dementia.* Loyde H. Hartley, adviser. 2005.

This pastoral essay examines the theological issues and unique spiritual needs of persons with Alzheimer's disease and related dementia. As life expectancy increases, so does the likelihood of developing dementia. It is a crisis that will affect not only persons with the disease and their families but their churches as well.

This essay seeks to answer the question of how churches can best respond to this increasing need by, first, confirming that persons with dementia still have accessible and intact souls that hunger for spiritual nourishment and, second, providing guidance on how best to provide this spiritual care. This project can best be described as a description-focused project with implications or recommendations for practice. The insights of many writers who have provided their perspective on the theology of the soul, ethics on aging, issues on loss and grieving, medical understanding of dementia, and pastoral care of persons with dementia are drawn upon throughout this essay.

A major part of the research was undertaken while the author volunteered as a chaplain for a year in a dementia unit with more than sixty residents at various stages of disease. Many beneficial approaches and methods for spiritual care came from evaluating the observations, interactions, and group sessions in the dementia unit. Interviews with family members of persons with dementia provided information on common symptoms and difficulties associated with dementia and revealed the unique spiritual and emotional needs of persons with dementia and their families. Interviews with pastors with both personal and professional involvement contributed insight, encouragement, and support for the special practices proposed in the essay.

From this inquiry, a theological argument was developed that proposes that persons with dementia, even in the advanced stages, have accessible and intact souls that hunger for spiritual nourishment. Based on this assumption that persons with Alzheimer's disease and related dementia can still experience the love and grace of a God who never forgets or abandons them, this pastoral essay provides a practical resource for churches on the use of familiar religious objects, scriptures, prayers, hymns, and rituals to support their spiritual well-being. [Abstract from *Dissertation Abstracts International*, publ. no. AAT 3162927, DAI-A 66/01 (7/2005): 213.]

Nova Southeastern University

Reid, Maisie E. *An Empirical Examination of Organization Ethical Climate and the Cognitive Moral Development of Health Care Professionals.* **Frank J. Cavico, adviser. 2004.**

Literary work in the field of bioethics has raised the possibility that managed care organizations' dual role as profit-oriented businesses and [purchasers of] health-care delivery could cause ethical conflicts of interest and threaten the quality of patient care. This study examines empirically whether the cognitive moral development of health-care professionals working in managed care organizational environments represents a higher level of ethical development, as measured on the Defining Issues Test (DIT) score of Kholberg's stage sequence theory of moral development. Also, the study integrates health-care literature into organization theory to determine whether a relationship exists between respondents' ethical maturity level and the ethical climate of the organization. Regression analysis was used to test the proposition that there is a relationship between ethical maturity level and health-care professionals' determinants of age, gender, ethics training, managed care support, conflict of interest, and source of reference.

Although results of this exploratory analysis indicate that there is no relationship to the different variables, the study provides a variety of insights into the moral reasoning of health-care professionals and the methodological perspective. Findings revealed that health-care professionals practice moral reasoning skills within the ethical framework of bioethics and business ethics, which differ systematically from that of cognitive moral development. Practical implications and limitations of the study, as well as some areas for future research direction, are discussed. [Abstract from *Dissertation Abstracts International*, publ. no. 3169720, DAI-B 66/03 (9/2005): 1749.]

Purdue University

Escoffery, Mary Elizabeth. *Peter Singer's Ethical Theory.* **Leonard Harris, adviser. 2004.**

The author proposes that the driving force behind Peter Singer's philosophical theory is the question "how are we to live?" Such a question leads to the issue of ultimate values, and the problem of whether, at the fundamental level, it is possible to give reasons for choosing one way of life in preference to another.

If we follow the development of Singer's ethical argument, we can see that this is the issue that drives it at the three levels of moral discourse—the practical, the normative, and the meta-ethical levels. The author suggests that when developing his moral argument, Singer has three basic goals. As an activist, deeply committed to having a positive impact on the world, he wants to develop a theory of right action, that is, a theory that establishes how we ought to act in our daily lives. As an analytical philosopher, Singer also wants to establish a foundation for his moral theory, in order to argue against the intuitionists' approach to ethics, which he contends has no authority other than claims based on original convictions. Singer also hopes to go beyond R. M. Hare's linguistic theory of universal prescriptivism, to be able to claim that the ethical life applies to all human beings, not just to those who embrace the moral point of view.

To accomplish his goals Singer starts by accepting the two-level utilitarian position, claiming that such a position is a minimal one that we reach by universalizing self-interested decision making. He then seeks to ground this normative theory in a meta-ethical argument based on reason understood as cognitive consonance, an a priori structure of human understanding. The author proposes that Singer is unable to establish his justificatory argument using reason understood as cognitive consonance. This being the case, he is left with a normative utilitarian argument, which is supported by various ad hominem

arguments. Therefore, in the end Singer's moral theory turns out to be an intuitive one, no stronger than other intuitive theories; and he is unable to establish that his utilitarianism is more rational than the egoist's self-interested position. [Abstract from *Dissertation Abstracts International*, publ. no. AAT 3166618, DAI-A 66/03 (9/2005): 1024.]

Union Institute and University

Arnold, Lois Dimon Williams. *Donor Human Milk Banking: Creating Public Health Policy in the Twenty-first Century.* **Bethe Hagens, adviser. 2005.**

This case study fills a void in U.S. health policy by developing a national policy statement about donor milk banking where none has existed before. It frames this policy through a systematic discussion of more than a century of issues and controversies surrounding donor milk banking in the United States and references relevant global literature and examples of milk banking initiatives. The policy statement is directed to nongovernmental organizations involved in setting breastfeeding and maternal and child health policy, governmental agencies involved in nutrition and maternal and child health policy and regulation, health professional organizations that set standards for maternal and child care providers, and public health organizations involved in education and the establishment of health policy for the United States.

Stand-alone work papers appear in the appendices and provide critical background in the areas of history of human milk banking, health policy relating to breastfeeding and potential donor milk banking, international models of donor milk banking, quality control, and ethics. In order to draw conclusions and to develop the policy, the author used a qualitative triangulation method that involved writing as a method of inquiry, an integrative research review, and personal experience and knowledge of the topic.

The author has twenty-six years of hands-on experience in the field, beginning as a donor and continuing as an administrator and pasteurizer for a milk bank. She was instrumental in the formation of the Human Milk Banking Association of North America, acting as its executive director for eight years. In that time she worked with government agencies and began international consulting work, focusing on acquiring greater recognition of the public health value of donor human milk banking. The policy in this dissertation is phrased to ensure that donor milk banking realizes its full potential as an essential component of maternal and child public health, particularly in the preterm and sick infant populations. [Abstract from *Dissertation Abstracts International*, publ. no. AAT 3162984, DAI-B 66/02, (8/2005): 842.]

University of California, Santa Barbara

Geffen, Joel Phillip. *Fighting for Life: Religion and Science in the Work of Fish and Wildlife Biologists.* **Ines Talamentez, adviser. 2005.**

Philosophers, historians, and sociologists of science have argued that it is impossible to separate fact from value. Even so, Americans generally demand that scientists be "objective." No bias is permitted in their work. Religious motivations in particular are widely considered anathema.

This dissertation addresses both theoretical and practical aspects concerning objectivity in science through an examination of fish and wildlife biologists. The author hypothesized that they use the language of objective science as a tool to convince others to protect habitats and species. Further, the author claims that this "rhetoric of science" is employed either consciously or unconsciously on behalf of personal values, and that religious and/or spiritual values figure significantly among these. Regarding the issue's practical applications, the author ar-

gues in support of Susan Longino's assertion that while subjective influences exist in science, they do *not* necessarily indicate that objectivity has been sacrificed.

The author's primary methodology is ethnographic. Thirty-five biologists working in the Pacific Northwest were interviewed during the summer of 2001. Participant ages ranged from twenty-three to seventy-eight years. Both genders were represented, as were various ethnic and cultural backgrounds, including Native American. The author used a questionnaire to guide respondents through a consistent set of open-ended queries, and organized their answers under four categories: the true, the good, the beautiful, and the holy. The first three were borrowed from the theoretical writings of philosopher Immanuel Kant. The last came from Rudolf Otto's theological work. These categories provided an excellent analytical framework.

The author found that the great majority of fish and wildlife biologists strive for objectivity. However, they are also informed by powerful contextual values, which are derived from environmental ethics, aesthetic preferences pertaining to ecosystem appearance and function, and visceral experiences of connection with nature. These were blended into their practice of science to varying degrees. The author's hypothesis was affirmed. Science is not value-free, and nor can it be. Yet contextual values do not necessarily undermine scientific objectivity. [Abstract from *Dissertation Abstracts International*, publ. no. AAT 3163114, DAI-A 66/02 (8/ 2005): 536.]

University of Florida

Kelly, Annette. *Changes in Knowledge and Attitudes of Certified Nursing Home Assistants about Ethics of Treatment Choices for Nursing Home Residents with End-Stage Alzheimer's Disease*. Claydell Horne, adviser. 2004.

Nearly three-fourths of the 1.7 million residents in skilled-nursing facilities have Alzheimer's disease or a related disorder, and most of these residents will die in the nursing home setting. It is estimated that more than 40 percent of deaths in the United States will occur in skilled-nursing homes by 2020. End-of-life care decisions for severely cognitively impaired persons is challenging, because it is not possible to get the dying person's current perspective on treatment choices and advance directives are very often missing, incomplete, or ignored in the nursing home setting.

More than 90 percent of the direct care of persons with end-stage Alzheimer's disease is provided by certified nursing assistants (CNAs) who have little or no information about (or input into) treatment decisions. Our health-care system still has a bias toward aggressive intervention, resisting the more compassionate and relational application of a palliative care approach. However, a relational, palliative-care approach has become the hallmark of excellent, preferred Alzheimer care as the disease progresses to the end stage.

CNAs are moral agents, and should be considered responsible individuals in the delivery of appropriate care and support to persons with end-stage Alzheimer's disease. Everyday care for persons with end-stage Alzheimer's disease is founded on the dignity of the individual and demonstrated in respect for the individual's wishes and preferences. The ethical principles of autonomy, beneficence, and nonmaleficence can be lived out in the careful management of everyday ethical care.

Standing by You, an ethics education and support program for CNAs who care for persons with end-stage Alzheimer's disease, was developed and implemented to address this lack of ethics education. The author found significant changes in knowledge about the ethics of treatment decisions and a greater number of preferred attitudes about treatment choices in CNAs following an education intervention. A support intervention, following the education component, did not lead to significant changes. After the implementation of an education intervention, the variables of religiosity, ethnicity, and number of years working in long-term care did not affect the rate of

change in CNAs' knowledge about the ethics of treatment decisions and their attitudes about treatment choices for skilled nursing facility residents with end-stage Alzheimer's disease. [Abstract from *Dissertation Abstracts International*, DAI-B 65/12 (6/2005): 6290.]

University of North Texas

Porter, Russell Dean. *A Typology of Ethics Education in Health Care.* **Ron W. Newsom, adviser. 2004.**

This study is a qualitative analysis of the author's previous publications, academic and operational practitioners input, the literature, and accreditation requirements for ethics education in health care. Two research questions were addressed: (1) Is a typology of ethics education in health care needed? and (2) Is more specificity of ethics education in health care required? Both research questions were answered in the affirmative. The results indicate that a typology of ethics education in health care is needed, with the primary reason being the need for a focused manuscript that uses content validity to illustrate the hierarchy of ethical reasoning in health care. No one manuscript brings together the six ethics education domains that were identified as required for appropriate ethics education in health care.

The second research question result indicated that there are sparse educational objectives available in the context of cognitive and affective educational domains, especially for the six ethics domains presented here: (1) decision ethics, (2) professional ethics, (3) clinical ethics, (4) business ethics, (5) organizational ethics, and (6) social ethics. Because of the limited specificity of the ethics education objectives identified in the literature, the author developed and presented a typology, beginning with 270 ethics educational objectives, for use in health-care instruction. The author discusses how health care can be improved by including more specific ethics education objectives in health-care programs. Further recommendations include the creation of a taxonomy based on the typology developed here. [Abstract from *Dissertation Abstracts International*, publ. no. AAT 3145022, DAI-A 65/08 (2/2005): 2920.]

University of Texas Graduate School of Biomedical Sciences at Galveston

McGuire, Amy L. *Respect for Research Subjects: Reality or Rhetoric?* **William J. Winslade, adviser. 2004.**

The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research identified respect for persons as one of three fundamental ethical principles for research in its Belmont Report in 1979. Since then, the moral obligation to respect research subjects has been interpreted primarily in terms of respect for individual autonomy.

It is the author's thesis that respect for research subjects requires more than simply respecting subjects' autonomy. This dissertation examines the ethics of respect for research subjects from a historical, conceptual, and policy perspective. The purpose of this dissertation is to rehabilitate the concept of respect in research ethics and policy and to begin a meaningful dialogue about the ethics of respect for research subjects.

The author begins with a historical analysis of research ethics, focusing on the history of disrespect for research subjects. She argues that the national commission was responding to this history of disrespect when it identified respect for persons as a guiding ethical principle for research. Despite the effort of several commissioners to develop a more robust notion of respect, the author contends that the language used in the national commission's Belmont Report left an impoverished impression of what is required to respect research subjects. This has permeated the subsequent bioethics literature and has misinformed the ethics and policy of research.

This dissertation calls for reflective dialogue about the ethical duty of respect in the context of human subjects research. The author seeks to initiate the conversation by developing a multidimensional account of respect as an overarching normative category for research. As a foundation for a broader conceptualization of respect for research subjects, she uses the work of several prominent bioethicists who have struggled to gain a deeper appreciation of what it means to respect others. Finally, she examines several policy implications of taking respect seriously in the context of human subjects research, and proposes three recommendations for how a more robust interpretation of the ethical duty of respect can inform research ethics and policy. [Abstract from *Dissertation Abstracts International*, publ. no. AAT 3159410, DAI-B 65/12 (6/2005): 4697.]

University of Washington

Shirley, Jamie L. *Autonomy at the End of Life: A Discourse Analysis.* Sarah E. Shannon, adviser. 2005.

The goal of this study is to broaden our understanding of the varying languages of death and dying that influence the process of decision making by people at the end of their lives. The bioethics community has effectively advocated for a model of decision making in clinical practice that emphasizes the discourse of autonomy. This view is based on liberal political theory and assumes a rational individual with a right and capacity for self-determination over bodily integrity.

Many important protections for patients have been developed from the model, and it has achieved support from organizational and legal structures. However, growing empirical and narrative evidence suggests that this language is insufficient to describe decision making in our pluralistic American society, particularly for people in marginalized communities. Additionally, the discourse of autonomy, when used as a dominant, trumping language, does not account for the complexity and multiplicity of desires articulated and performed by people at the end of their lives.

The methodology of post-structural discourse analysis was used in this study to analyze data from thirteen interviews with people from diverse communities who were at the end of their lives. Extensive excerpts from two of the interviews are presented with detailed analysis of the textual features, the performative aspects, and the historical and cultural contexts of the language used by the participants. The aims of the analysis were (1) to identify how people from diverse communities talk about and frame discussions and decision making about their dying process and death, and (2) to demonstrate the usefulness of the post-structural discourse analysis to bioethical inquiry.

While the participants did use the discourse of autonomy, their linguistic choices were much more varied than is commonly acknowledged in the bioethics literature. In tension with the discourse of autonomy, which highlights rationality and individualism, the participants also deployed discourses that articulated values of dependency, interdependency, and relationality. Knowledge generated from this study can inform communication with people who are dying and be instrumental in guiding the development of new models of decision making in the bioethics community to better represent the pluralistic values and needs present in American society. [Abstract from *Dissertation Abstracts International*, publ. no. AAT 3163407, DAI-B 66/02 (8/2005): 819.]

Uppsala University (Sweden)

Häggström-Nordin, Elisabet. *Worlds Apart?: Sexual Behaviour, Contraceptive Use, and Pornography Consumption among Young Women and Men.* Barbro Wijma, adviser. 2005.

The overall aim of this thesis was to investigate the knowledge of, attitudes toward, and

experiences with regard to the emergency contraceptive pill (ECP), sexual behavior, and pornography consumption among high school students and young people. Data were obtained by questionnaires (studies I, II, and III), and by qualitative in-depth interviews (study IV).

A majority of sixteen-year-old high school students were aware that the emergency contraceptive pill existed and knew where to obtain it. Attitudes toward using the emergency contraceptive pill were generally positive, but more girls than boys were hesitant as to whether the emergency contraceptive pill should be available without a prescription. Of those who had experienced sexual intercourse, more than one fourth stated that they themselves or their partner had ever used the emergency contraceptive pill (I).

Almost half of the sixteen-year-old high school students surveyed (46 percent) had had sexual intercourse, a number similar to those reported in studies conducted ten and twenty years earlier. Use of contraceptives at first intercourse had increased (to 76 percent), and use of alcohol had decreased (to 23 percent). More students in practical rather than theoretical programs smoked, had sexual intercourse at an earlier age, had more partners, and used contraceptives at first intercourse less often (II).

Three of four eighteen-year-old students had had sexual intercourse, of which almost three quarters reported contraceptive use at first intercourse. Anal intercourse was reported by one sixth, with infrequent condom use. Male subjects who consumed more pornography were more likely than those who consumed less pornography to engage in a variety of sexual activities, as were male subjects who first had sexual intercourse at an early age (III).

The core category that emerged in the interviews was "living with the current sexual norm," pornography-created sexual expectations and demands. The interviewees expressed contradictory feelings toward pornography and felt that sexuality was separated from intimacy. In order to deal with the current sexual norm, participants had different individual handling strategies, including

liberal, normalization, distance, feminist, and conservative strategies (IV). Overall, the studies highlight several differences between genders and between students attending practical and theoretical study programs in questions concerning the emergency contraceptive pill, sexual behavior, and pornography. These differences should be addressed in planning for counseling and sex education. The author suggests that health and school personnel discuss how sexuality is portrayed in pornographic material with young people. [Abstract from Uppsala University Theses, DiVA no. 4779; available at http://publications.uu.se/theses.]

Magnusson, Maria. *Consumer Perception of Organic and Genetically Modified Foods: Health and Environmental Considerations.* **Liisa Lähteenmäki, adviser. 2004.**

The aim was to study consumer attitudes toward and perceptions of organic and genetically modified (GM) foods and factors influencing the purchase or non-purchase of these two types of foods. Data were collected by two questionnaire surveys (random nationwide samples of two thousand consumers, response rates 58 and 39 percent, respectively) and one interview study (n=40).

A majority of the consumers had positive attitudes toward purchasing organic foods, but few reported purchasing organic foods regularly. The most common beliefs about organic foods were that they are more expensive and healthier. Choice of organic foods was related to the perceived consequences for human health and to environmentally friendly behavior. Perceived positive health consequences appeared to be a stronger motive for purchasing organic foods than were environmental benefits.

Attitudes toward genetic engineering appeared to be dependent on the application area. Medical applications were generally more easily accepted than were food and agricultural applications. However, all medical applications were not equally accepted. Consumers had generally rather negative attitudes toward GM foods, which were perceived as not being healthy. Genetic modification of

animals for food production was perceived to be more negative than genetic modification of plants. Tangible benefits of GM foods, like being better for the environment or healthier, seemed to have a potential to increase willingness to buy.

The results indicate that the attitudes to organic and GM foods differ: the attitude to organic foods is positive while the attitude to GM foods is more negative. Further, the perceptions of organic and GM foods are opposed in relation to health. The purchase of organic foods and the potential willingness to purchase GM foods appear to be related to positive consequences for health and the environment. [Abstract from Uppsala University Theses, DiVA no. 4218; available at http://publications.uu.se/theses.]