TO HAVE AND HAVE NOT:

PROCREATIVE CHOICE AND THE ETHIC OF CARE

by

Joyce Nicholls-Goudsmid

M.A., Simon Fraser University, 1987

THESIS SUBMITTED IN PARTIAL FULFILLMENT OF

REQUIREMENTS FOR THE DEGREE OF

DOCTOR OF PHILOSOPHY

in the Department

of Psychology

SIMON FRASER UNIVERSITY

February 1997

APPROVAL

Name: Joyce Nicholls-Goudsmid

Degree: Doctor of Philosophy

Thesis Title: To Have and Have Not: Procreative Choice and the Ethic of Care

Examining Committee:

Chair: Dr. Barry Beyerstein
Associate Professor

James E. Marcia, Professor
Senior Supervisor

Robert Ley Associate Professor

Raymond Koopman Associate Professor

Janet Strayer, Professor
Internal-External Examiner

Ruthellen Josselson, Professor
Department of Psychology
Towson University
External Examiner

Date Approved: _____

PARTIAL COPYRIGHT LICENSE

I hereby grant to Simon Fraser University the right to lend my thesis, project or extended essay (the title of which is shown below) to users of the Simon Fraser University Library, and to make partial or single copies only for such users or in response to a request from the library of any other university, or other educational institution, on its own behalf or for one of its users. I further agree that permission for multiple copying of this work for scholarly purposes may be granted by me or the Dean of Graduate Studies. It is understood that copying or publication of this work for financial gain shall not be allowed without my written permission.

Title of Thesis/Project/Extended Essay

To Have and Have Not: Procreative Choice and the Ethic of Care

Author: _____
(signature)

_____
(name)

_____
(date)

ABSTRACT

A focus of the present study was on the relationship between the choice of whether or not to have children (procreative choice) and moral reasoning as conceptualized by Gilligan (1982). Previous research found "homemakers" and intentional mothers scoring lower than men and voluntarily childless women on Kohlbergian measures of moral development. Gilligan's theory, however, is based on an Ethic of Care, which has greater relevance to the issue of procreative choice. It has also been suggested that voluntarily childless women are less traditional in sex role orientation than intentional mothers. Therefore, in addition to the Ethic of Care Interview, other measures included the Personal Attributes Questionnaire, a self-report measure of Gender Role Self Concept, and a Personal Information Interview, constructed for the present study. The latter measure was incorporated in order to capture the participants' personal perspectives on their procreative choices. Participants were 54 voluntarily childless women and 27 intentional mothers, all recruited from a large metropolitan city and its outlying communities. The two groups were similarly distributed on most of the demographic variables assessed. However, there were significant differences with respect to marital status, professional status, and method of birth control. With respect to the Ethic of Care Interview, childless women scored both higher and lower in moral reasoning than did the intentional mothers. Also, the childless women tended to be more self-oriented, while the intentional mothers tended to be more other-oriented. The results of the Personal Attributes Questionnaire suggested that the women scoring low on both Masculinity and Femininity (Undifferentiated) were more self-oriented; those scoring high on both (Androgynous) were more self-and-other oriented; and

those scoring high on one scale only (Stereotyped) were more other-oriented. This study found no relationship between procreative choice and Gender Role Self Concept. The responses to the Personal Information Interview were abstracted to comprise eight topics that reflected the participants' decision-making processes. The discussion of results proposed some mechanisms that might account for the obtained relationship between Ethic of Care and procreative choice. In addition, some limitations of the study were addressed as well as its implications for future research.

For Brenda Conn Hryhor

1951 - 1995

The temple bell stops

But the sound keeps coming out of the flowers.

Basho

ACKNOWLEDGEMENTS

This dissertation has been a long time in progress and there are many people who contributed to its completion. First I wish to thank Dr. Jim Marcia, my senior advisor, for his encouragement and support of me over the past dozen years, and for his belief in me, especially when I didn't have it myself. I would like to thank also Dr. Bob Ley and Dr. Ray Koopman for their timely and invaluable assistance in the completion of this dissertation. I am grateful to the Department for allowing me to finish this degree. My deepest appreciation also to Joan Foster for her statistical and moral support and to Karen Krantz who, on the way to helping with my thesis, became a friend. Not least of all, I am indebted to all the women who participated in this study and who were courageous enough to share such an intimate part of their lives with me.

I wish to use these acknowledgements as a means to express my gratitude to those long-time friends and colleagues who have been unfailing in their encouragement and support of my academic tenure: to Olivia Scalzo whose friendship and integrity have been touchstones in my life; to Christine Doyle and Libby Goszer for their love and encouragement; to Edward Clarke for his counsel; to Diane Lloyd and the folks in Nelson for loving me anyway; and to Wendy Harris for her acceptance and moral support. Of course I could not have negotiated the system for all these years without the help of Bev Davino and Lorie Tarcea.

I am grateful to my family for never asking, "Are you ever going to finish that thing?" I thank my parents, Estelle and Leon, who imbued me with the desire to learn and whose genetic and financial contributions made that possible. Thank you to my sister Marja, who did choose to parent and is so good at it, for her generosity and also for being my friend. Finally, and most important, I thank Wilf for his love, help and sacrifice during these last 13 years. Life with him puts everything else into perspective.

TABLE OF CONTENTS

LIST OF TABLES

INTRODUCTION

Voluntary Childlessness

In reviewing the findings on childlessness in the psychological literature, one is struck by a curious phenomenon. That is, interest in this area of research seems to have peaked in the early 1980s and, aside from a few dissertations and other publications, fallen out of favour. That interest in various psychological and sociological phenomena waxes and wanes is in itself not surprising; there have been many "zeitgeists" with respect to publication in any area of scientific enquiry. What is interesting, however, is that it has happened on a topic that the popular press, at least, considers a timely and relevant one.

One often reads of debates regarding the ethics and viability of reproductive technology for those individuals who are unable to conceive "the old-fashioned way". We hear of the declining birth rate in the western world and, indeed, about governments offering incentives for reproduction by those individuals who are contemplating childlessness or limited size families. Magazines and television talk shows frequently feature discussions about women's choices: to get married, to have children, to have a career, or any permutation of the three. And yet, in a time when women presumably have more choice than they have ever had, the issue of whether or not to have children is scarcely addressed in the research literature.

On the other hand, the ten years between 1975 and 1985 saw a great deal of publication in this area. Perhaps due to the advent of easier accessibility to birth control and some measure of social acceptance of abortion, it became apparent that one could choose to postpone having children, even indefinitely.

This latter alternative, voluntary childlessness, was seen as such a revolutionary concept that it comprised the sole topic addressed in the December 1982 issue of the Journal of Family Issues.

Most writers at the time thought that they were noting the start of a trend in voluntary childlessness. According to Westoff (1978), "If current rates for first births were to persist, some 30 per cent of U.S. women now of childbearing ages would never have children" (p. 55). Veevers (1980) predicted that "in the immediate future we would expect voluntary childlessness to characterize between 10 and 15 per cent of all couples - approximately three times as many as were found in the 1960's [sic]" (p. 157). Houseknecht (1982), on the other hand, suggested that "the *long-term* trend in the voluntary childless rate appears to be downward, or at least not upward" (1982, p. 56; emphasis in original).

In fact, the rate of voluntary childlessness has clearly increased in the past 25 years. According to Statistics Canada, the percentage of ever-married Canadian women, aged 35-44 without children went from 7.8% in 1971 to 8.4% in 1981, and to 11.9% in 1991, a 20-year increase of more than 50%. In the U.S. in 1975, 5.3% and 6.5% of ever-married white women between ages 35-39 and 40-44, respectively, were childless (Boyd, 1989). In 1979, 7.1% of ever-married white women between ages 35-39 were childless (Houseknecht, 1982); by 1985, 9.9% of ever married white women between ages 35-44 were childless (Boyd, 1989). Abma and Peterson (1995) report that by 1990, 4.3% of ever-married women in the U.S. were *voluntarily* childless. An interesting finding of this study is that although 25% of women who planned to remain childless were having children two years later, 7% of women who expected to have children did not. After controlling for career and income, these results were found to be unrelated

to age. All of this suggests that, indeed, the rate of voluntary childlessness is either increasing or at least holding steady.

Except for the Abma and Peterson results, most of the data do not discriminate between women choosing not to have children and those who find themselves unable to do so. However, authors such as Boyd argue quite persuasively that the earlier reasons for sterility such as malnutrition, STDs, and inadequate medical care are less likely to pertain now and, therefore, that a rise in childlessness could be attributed to choice rather than chance.

Davis (1982) puts the implied "new" trend into childlessness in historical perspective. Her research indicated that, in fact, the highest levels of childlessness and single-child parenthood occurred during the 1930s. Davis concluded that this was not due to the "changing demographic composition of cohorts and changing health levels and incidence of fecundity-impairing diseases" (p. 454) but, rather, to the interplay of "reproductive ideology and economic conditions" (ibid.). Davis does acknowledge that the improvement of health and the decrease in diseases that can affect fecundity may have been partly responsible for a decrease in childlessness and "only children" between the 1930s and 1970s, but she clearly indicates that the reverse is not true. That is, the increase in childlessness is **not** related to health concerns.

Voluntary childlessness was of interest not only to sociologists, demographers, and historians, but also to some psychologists, generally female and generally doing their dissertations. Most of the psychological literature reviewed for the present study was referenced in the Dissertation Abstracts. Most of those abstracts described studies looking at the relationship between voluntary childlessness and marital satisfaction (e.g., Saracino, 1987; Rankin, 1981; Watkinson, 1984; Golden-Scaduto, 1989).

Moral Development

Arnett (1990) appears to be one of the more recent researchers to examine voluntary childlessness. She went beyond the earlier studies and attempted to determine whether or not a measure of moral judgement development would demonstrate significant differences between voluntarily childless women and intentional mothers. Arnett used the Defining Issues Test (DIT), which is based upon Kohlberg's model of moral development. She found that more mothers than childless women preferred to use Stage 4 (Conventional level) moral reasoning in solving moral dilemmas while childless women were more likely to use Stage 5A (Post-conventional level) moral reasoning. These results were significant for Arnett's subjects over age 40. Arnett concluded that there was a relationship between voluntary childlessness and moral judgement as measured by the DIT but she admitted that she could not explain this relationship.

While Arnett's results are interesting, at first glance they are not surprising. Over 20 years ago Kohlberg and Kramer (1969) found that housewives and mothers tended to be at a Stage 3 (Conventional - Interpersonal concordance) level of moral reasoning. Kohlberg suggested that it was functional for these women to be at Stage 3 because at that stage the concern is with what pleases or helps others and is approved by them. However, Arnett's results are at odds with Kohlberg's. The latter implied that once women moved beyond the interpersonal sphere and, like men, obtained higher education and higher status jobs, they too would develop beyond Stage 3, toward the independent principled judgement that he discovered in his research with men. Arnett's group of mothers

were similar with respect to age, education, and income to her group of childless women. Yet the mothers were still rated lower in moral reasoning. It would be hard to believe that the experience of having children could, in itself, somehow diminish a woman's capacity for moral reasoning. But this is implied by Arnett, who concluded that "voluntary childlessness has a positive effect on moral judgment [sic] development" (1980; p. 160).

A more plausible explanation is that the theory and model of moral reasoning upon which both Arnett's and Kohlberg's studies are based are not sensitive to the much more immediate moral concern with which every woman must come to grips, that is, if and how to balance the bearing and care of children with the rest of her life. It is suggested here that a much more valid measure in this instance would appear to be one based upon a care-based model of moral development such as articulated by Carol Gilligan (1982).

Implicit in the foregoing is that women, at least in this century, have had to address the question of whether or not to have children. And Arnett's study makes it explicit that this is an issue outside the realm of a "mere" biological imperative, that it is a moral question having to do with relationships and responsibilities. This is exactly what Carol Gilligan (1982) proposed as the predominantly female mode of moral reasoning.

> When birth control and abortion provide women with effective means for controlling their fertility, the dilemma of choice enters a central arena of women's lives. Then the relationships that have traditionally defined women's identities and framed their moral judgments no longer flow inevitably from their reproductive capacity but become matters of decision over which they have control....However, while society may affirm publicly the woman's right to choose for herself,

> the exercise of such choice brings her privately into conflict with the conventions of femininity, particularly the moral equation of goodness with self-sacrifice. Although independent assertion in judgment and action is considered to be the hallmark of adulthood, it is rather in their care and concern for others that women have both judged themselves and been judged. (p. 70)

More generally, Gilligan took issue with the tendency of psychology to interpret female development in terms of theory formulated with reference to male experience. Her stated aim was

> to provide, in the field of human development, a clearer representation of women's development which will enable psychologists and others to follow its course and understand some of the apparent puzzles it presents, especially those that pertain to women's identity formation and their moral development in adolescence and adulthood. (1982, p. 3)

Gilligan's perspective is itself based upon the work of writers such as Nancy Chodorow (1978) and Jean Baker Miller (1976), who also concern themselves with female psychology as a distinct but normal phenomenon. Both Chodorow and Miller conceptualize women's identity as a function of attachment and intimacy, and men's identity as achieved more through separation and individuation. Gilligan found this reflected in the responses she heard in Kohlbergian research on moral development. She concluded that women do not respond to the presented moral dilemmas in the same way as men do, and are rated lower in their responses, because for women morality often is not defined in terms of justice but in terms of relationship, or care.

From her own research in moral development across the life-span and across genders, Gilligan proposed a model of moral reasoning based upon the ethic of care. On the basis of responses to actual and hypothetical moral dilemmas, she abstracted three moral perspectives and two transitional phases which comprise a sequence of female moral development. [It should be noted that Gilligan herself believes the "the different voice" she hears with respect to moral reasoning "is characterized not by gender but theme. Its association with women is an empirical observation....But this association is not absolute" (1982, p. 2)] The initial focus of the sequence is on caring for the self to ensure survival. This is followed by the first transition in which the focus on the self is experienced as selfishness. Such self-criticism "signals a new understanding of the connection between self and others which is articulated by the concept of responsibility" (p. 74). The second perspective is defined by a deeper understanding of the concept of responsibility integrated with a morality that is concerned with care for the dependent and unequal. "At this point, good is equated with caring for others" (ibid.). This self-sacrificing position leads to a discomfort, or disequilibrium, which in turn leads to a re-evaluation of relationships, in order to sort out the imbalance implied by observing "the conventions of feminine goodness" (p. 74).

The third perspective is marked by an increased understanding of the psychology of human relationships and the realization that "the self and other are interdependent" (ibid.). With this understanding, the tension between selfishness and responsibility dissipates. "Care becomes the self-chosen principle of a judgment that remains psychological in its concern with relationships and response but becomes universal in its condemnation of exploitation and hurt" (ibid.).

Gilligan did not herself operationalize this sequence of development. The standardized measure of the ethic of care was constructed and validated by Skoe (1987) who called it the Ethic of Care Interview (ECI). In addition to the concurrent validity with a Kohlbergian measure of moral development, the ECI also has construct validity with respect to ego identity status (Skoe & Marcia, 1991). Furthermore, a study by Söchting (1991) found that the ability for care-oriented moral reasoning is related more to sex role orientation, as measured by the Personal Attributes Questionnaire (PAQ), than to biological sex. This finding of a relationship between sex-role orientation and moral development supports the results of Leahey & Eiter (1980) and Lifton (1985).

Gender Role Self Concept

Sex role orientation, or gender role self concept (GRSC) as it is more commonly referred to in the literature, denotes the extent to which individuals display or uphold behaviour socially sanctioned as congruent with their gender. The construct of GRSC is founded upon the work of Parsons and Bales (1955) who saw the quality of expressiveness inhering in the mothers and instrumentality inhering in the fathers of the "traditional" nuclear family. Expressiveness, according to Parsons and Bales, is involved in the "maintenance of integrative relations between [the family's] members, and regulation of the patterns and tension levels of its component units" (p. 47), while instrumentality mediates the family's relationship with the outside world, "meeting the adaptive conditions of [the family's] maintenance of equilibrium, and ... establishing the desired relations to external goal-objects" (ibid.).

Two instruments commonly used to measure GRSC are the Bem Sex Role Inventory (BSRI; Bem, 1974) and the Personal Attributes Questionnaire (PAQ; Spence, Helmreich & Stapp, 1974). Each measure requires that subjects rate themselves on a number of traits empirically judged either masculine or feminine by college students. Subjects endorsing a high number of apparently feminine or masculine traits are classified, respectively, as "feminine" or "masculine". Subjects endorsing an equally high number of masculine and feminine traits are classified as "androgynous" while subjects endorsing an equally low number of masculine and feminine traits are classified as undifferentiated. It is thereby assumed that the dimensions of femininity and masculinity are independent at least to some extent and that feminine traits indicate expressiveness while masculine traits indicate instrumentality.

This suggestion had been supported by the work of Taylor and Hall (1982) who found that, indeed, the instrumentality and expressiveness scales of the BSRI and PAQ are each associated with discrete sets of traits. Expressiveness predicted empathy, capacity for nurturing, need for and giving of approval, emphasis on consideration in leadership, sociability, self-disclosure, and elaboration of affective reactions for both genders. Instrumentality predicted dominance, aggression, assertiveness, emphasis on structure in leadership, and arrogance-calculatingness, again for both genders. For the BSRI, expressiveness and instrumentality are related to two distinct clusters of qualities, labelled nurturance and dominance, respectively, while androgyny is related to both. Spence (1984) interpreted the two orthogonal clusters as interpersonal versus self-assertive orientations. However, the PAQ is considered a more internally valid measure of instrumentality and expressivity (Helmreich, Spence & Wilhelm, 1981; Wilson & Cook, 1984), and appears to have more content and construct

validity than does the BSRI (Day & Korabik, 1990). Furthermore, the "conceptually purer" form of the PAQ now generally used in research is intended as "a personality test of expressive and instrumental qualities" rather than a measure of "masculinity" and "femininity", per se. Therefore, it might be said that the PAQ is conceptually closer than the BSRI to Gilligan's measure of moral development. Nonetheless, Leahey & Eiter (1980) found that androgyny, in females in particular, predicted the highest level of moral reasoning, using the BSRI as the measure of GRSC and a Kohlbergian measure of moral reasoning.

Rationale for the proposed study

As indicated earlier, Gilligan implies that the decision about whether or not to have children has become a fundamental female moral question. It is a

> dilemma whose resolution requires a reconciliation between femininity and adulthood....The "good woman" masks assertion in evasion, denying responsibility by claiming only to meet the needs of others, while the "bad woman" forgoes or renounces the commitments that bind her in self-deception and betrayal. (p. 71)

Gilligan saw this issue being played out in women's decisions about whether or not to have abortions, so that "the abortion decision brings to the core of feminine apprehension...the adult questions of responsibility and care" (p. 71). However, choosing whether or not to have an abortion at a particular time in one's life does not address the resolution of a more encompassing issue regarding responsibility and care facing most women in adulthood. Even as Gilligan implies, it might be argued that a more important moral choice for a woman has to do with whether or not ever to have children. After all, the choice to "interrupt that stream of life

which for centuries has immersed her in the passivity of dependence" (p. 71) by having an abortion can be "undone" by having a child at another point in time. Therefore, the decision about whether or not to have children at all would seem to characterize the most fundamental conflict between self and other, constituting a woman's central moral dilemma. Within Gilligan's ethic of care model of morality, this is construed as requiring a reconciliation between selfishness and responsibility, which is seen as the most mature stage of moral development.

The primary purpose of the present study is to investigate further the phenomenon of voluntary childlessness from the perspective of moral judgement using the Ethic of Care Interview (ECI). Moral judgement in this case is based on a theory in which the highest level of moral reasoning denotes a balance between rights and responsibilities, or justice and care, rather than one or the other.

Thus, the present study will undertake to assess the kinds of moral resolutions woman have had to come to regarding their choices about having children. As discussed earlier, generally speaking, women in this culture are now able to make procreative choices and many of them do so, especially with respect to delaying or spacing the birth of their children. With respect to ultimate procreative status there appear to be four possibilities; first, a woman may actively choose to have a child, including the choice of when to have that child, how many children to have, and how they will be spaced. Second, a woman may choose not to have children at all and may demonstrate commitment to this choice through various means, including sterilization.

One might consider also two other "alternatives". First, a woman may not make an active choice; she may or may not use birth control measures; she may not have an idea of what she will do if she does become pregnant; it may be that it is acceptable to her if she becomes pregnant but also acceptable if she does

not; it may be a combination of any of these circumstances. There is another possibility with respect to a woman's procreativity; that is, a woman may wish to bear a child but may be physiologically unable to do so. This in itself presents further opportunity for choice including the exploration of biotechnical assistance, adoption, surrogate pregnancy, and/or an acceptance that one will not have one's own biological children. However, these aspects of women's experience will not be addressed here because the issue being addressed in this study is **procreative choice** and in both of the foregoing situations the choices to be made about having a child are *post hoc*, as it were.

The research question to be addressed, then, is to what extent may a woman's stage of moral development, as conceptualized by Gilligan, be related to her procreative choice? Furthermore, using a sample of females only, to what extent is gender role self-concept related to procreative choice? With respect to GRSC, previous research findings indicate that males and females who score high on care-based moral reasoning (as well as justice-based moral reasoning and identity) also tend to be more androgynous than people who score low. "Being androgynous may provide a person [with] the flexibility and freedom necessary to establish a strong sense of self as well as the ability to comprehend more mature moral principles..."(Skoe, 1991, p. 26). Söchting (1991) found that "the most mature individuals in terms of care-oriented moral reasoning...were individuals with an androgynous sex role orientation" (pp. 43-44), as assessed with the PAQ, and this relationship was stronger for females than for males. In addition, for both males and females an instrumental orientation is associated with caring primarily for oneself, while an expressive orientation is associated with caring primarily for others. Therefore, a masculine or instrumental orientation is associated with a Level 1 Self orientation in the Ethic of Care. A feminine or

expressive orientation is associated with a Level 2 Other orientation in the Ethic of Care. An androgynous orientation, with a balance between expressiveness and instrumentality, is associated with a Level 3 Self and Other integration within Gilligan's model. Furthermore, with the BSRI as a measure of GRSC, Leahey and Eiter (1980) concluded that androgyny, especially in females, is related to higher levels of moral reasoning. Therefore, in general, the relationship between moral maturity and GRSC has been supported by the research.

The balance in androgyny has been found to be associated with psychological flexibility. For example, with respect to females, androgynous subjects tend to be more flexible in heterosexual relations (Wiggins & Holzmuller, 1981). Androgyny is also associated with greater creativity (Harrington & Andersen, 1981; Carter, 1985), political awareness and lower conventionality (Jones, Chernovetz & Hansson, 1978), and cognitive flexibility (Anderson,1986). Studies indicate also that androgynous subjects tend to be high in identity (e.g., Scheidel & Marcia, 1985) implying that, in particular, the females of these subjects have had to examine their gender roles and come to their own understanding of what these entail for them (Glaser & Dusek, 1985; Orlofsky, 1977; Waterman & Whitbourne, 1982).

Implied in the foregoing is that women who are androgynous and morally mature are independent thinking, assertive individuals who are concerned with the welfare of others but whose personal decisions reflect a commitment to their own emotional and psychological well-being. Theoretically, such individuals are more likely to "march to the tune of a different drummer", not with eccentricity but with integrity. It might be suggested that this type of woman could make a choice not to fulfill her socially sanctioned imperative to parent a child of her own where at all possible. This was suggested by Bram's (1984) study in which voluntarily

childless women (and their husbands) were found to be less traditional in sex role orientation than those with or wanting children. On the other hand, this may also be the type of woman who could choose to have a child, but on her own terms. This could include choices regarding single parenthood or alternative family configurations, timing, and spacing of children.

As discussed earlier, gender stereotyped individuals (i.e., expressive females and instrumental males) tend to be less flexible than androgynous subjects (Kelly & Worell, 1977) and are more likely to accept the "rules" that designate what is "appropriate" for each gender (Frable, 1989). The more gender stereotyped one's attitudes are, the less likely one is to have liberal attitudes toward the rights and roles of women and toward egalitarian marital relations (Spence, Helmreich & Stapp, 1975). Therefore, expressive females who, as discussed earlier, may also be more likely to be at Level 2 of Gilligan's model (Other-oriented), could be less likely to challenge the societal definition of female roles. These women would be more likely to feel the need to fulfill without question their "biological imperative". Or, these might be the women who end up with no children because they were busy meeting the needs of others for whom children were not a priority (e.g., romantic partners), also a Level 2 Ethic of Care. It would also be interesting to see whether these dimensions would differentiate between women who have committed to having no children through surgical means and women who intend not to have children but who are still capable of having them.

In order to address questions such as these, the present study included two of the measures discussed above, the ECI and the PAQ. In addition, an information interview protocol was administered to the participants in this study. There appears to be minimal interest in the research literature in the subjective

experience of women in making decisions about whether or not to have children. The present study is attempting not only to build on the work of Gilligan, Skoe and others on the Ethic of Care model of moral development, but also to add to the qualitative dimension of psychological research. The protocol outline for the Personal Information Interview (PII) was conceived for this study by the principal investigator. It was then refined and developed on the basis of a pilot study with six women undertaken prior to the present study.

Hypotheses

The primary purpose of the present study was to investigate further the phenomenon of voluntary childlessness from the perspective of moral judgement, in this case based on a theory in which the highest level of moral reasoning denotes a balance between rights and responsibilities, or justice and care, rather than one or the other. Furthermore, this study will go beyond the usual approach of contrasting voluntary childlessness with intentional motherhood on quantitative measures by also exploring with participants their motivations for and perspectives on the choices they have made.

The issue of proposing specific hypotheses is not so clear. Women who choose not to have children may do so out of an ability to make choices based on balancing the needs of others with their own needs. In that case it could be hypothesized that voluntary childlessness is associated with a higher, Level 3, Ethic of Care. On the other hand, women who choose not to have children may do so out of an inability to balance the needs of others with their own and will demonstrate a self-survival (Level 1) Ethic of Care. Or, as indicated earlier, the "choice" not to have children may arise out of a woman's continual postponement

of her own needs and desires (i.e., for a child) in order to meet the demands of others (e.g., partners, careers, family, etc.). This would characterize an other-oriented (Level 2) Ethic of Care.

Similarly, women who choose to have children may do so out of an ability to balance needs (Level 3), a disregard for the needs or desires of others (Level 1), or a need to do the conventional thing (Level 2).

Certainly the same issues arise with respect to Gender Role Self Concept. If an instrumental orientation is associated with caring primarily for oneself, an argument could be made for an association between voluntary childlessness and a masculine sex role orientation and, in turn a Level 1 Ethic of Care. But if women who choose to have children do so as a way of caring primarily for the self (a bit of irony) then this, too, could demonstrate a masculine sex role orientation and, thereby, a Level 1 Ethic of Care, and so on.

After struggling with these apparent contradictions, a decision was made to forego any *a priori* hypotheses about particular relationships among the variables. Although there would be a loss in terms of statistical power, this might be offset by the opportunity to explore the issue of procreative choice through the PII.

METHOD

Participants

Participants were recruited, initially, through brief feature articles in Vancouver's two daily newspapers. The items were picked up by two smaller community newspapers as well. Through these media and word of mouth, 105 women responded to a request for participants. Of this number, 97 women were available to be interviewed within a 3 month period. Sixty-five said that they had chosen not to have children, 29 said that they had chosen to have the children they have, and 3 were actively trying to have children. After conducting the interviews, data from 81 participants (mean age = 37.6 years) were usable; of these, 54 had chosen not to have children (mean age = 38.1 years) and 27 had chosen to have children (mean age = 36.7 years). Some of the recorded interviews were not usable either because of a lack of clarity by the participant about whether or not she had made an actual choice or due to audio recording equipment failure. It had been planned that an equal number of women would be recruited between the choice-yes and choice-no groups but, due to time constraints, this did not happen. Therefore, the ratio of women not wanting children to women wanting children was exactly 2:1. Against expectation, it was more difficult to recruit women who chose to have children, perhaps because their time is more at a premium due to family obligations.

Measures

Ethic of Care Interview (ECI)(Appendix A)

The Ethic of Care Interview (ECI) was developed and validated by Skoe (1986) in order to operationalize Gilligan's (1982) care-based model of female moral development. Since that time, the ECI has also been used with men (Skoe & Marcia, 1991; Söchting, 1991; Söchting, Skoe & Marcia, 1994) although it appears that there is a stronger relationship between sex role orientation and ECI for women than for men. The measure was found also to possess construct and concurrent validities (Skoe & Marcia, 1991) as well as high interrater and internal consistencies (see Skoe, 1996). Therefore, it was used in the present study to assess participants' level of moral reasoning.

The ECI is a semi-structured, semi-standardized interview (Skoe, 1993) which asks the subject to present a conflict that she herself has experienced and about which the interviewer will ask some questions. Then the interviewer presents three prepared interpersonal dilemmas. The dilemmas are presented in verbal and in written form and all responses are audiotaped. For each of the dilemmas the subjects are asked first what they think the character in the dilemma should do, and why. This is followed by a series of questions designed to ascertain the subject's level of understanding about interpersonal relationships and the relationship between self and other.

For each dilemma, including the self-generated one, subjects' responses are scored according to one of five stages - 1, 1.5, 2, 2.5, or 3. These stages are briefly summarized as follows:

Stage 1 - Egocentric, Self-oriented

Women in this stage primarily consider their own wants and needs and not the needs of others. They are pragmatic and tend not to experience much conflict about what is right and wrong. There is little differentiation between what one should do and what one wants to do.

Stage 1.5 - Transition from Self-oriented to Other-oriented

A person at this stage seems to struggle more with the issues inherent in deciding what is the right thing to do. There is a growing awareness of the inter-relatedness of self and other but one's own survival is still a priority.

Stage 2 - Conventions of Goodness; Other oriented

In this stage good is equated with self-sacrifice and caring for others. Survival is seen to depend on the acceptance of others and the caring for others comes at the expense of self-assertion.

Stage 2.5 - Transition from Other-oriented to Self-and-Other-oriented.

This transitional phase reflects movement toward acknowledgement of one's own needs and a greater concern for truth and honesty than with goodness.

Stage 3 - Self-and-Other oriented (Ethic of Care).

Criteria for goodness move inward. The obligation to care extends to include the self as well as other.

The scoring manual, including more detailed descriptions and examples of responses for each stage, is provided in Appendix A. In brief, each subject receives a total score which is the average of the levels scored on each of the four dilemmas. Each total score is then classified as at level 1, 2, or 3, derived by "collapsing" the five levels into three and rolling the transitional levels into the "outer" main levels; that is, 1.5 goes to level 1 and 2.5 goes to level 3. This is a useful approach particularly in cases of small sample sizes, such as in the present study. The cut-off points for establishing the three categories are determined by keeping a narrow range around level 2 (that is, 1.76 to 2.24) in order to preserve the integrity of that stage which is characterized by a primary concern for others at the expense of one's own needs (Skoe & Diessner, 1994; Söchting, 1996).

Personal Attributes Questionnaire (PAQ)(Appendix B)

The PAQ is a self-report questionnaire designed to assess gender role self concept (sex role orientation). The version used for this study comprises 24 items rated on a five point Likert scale. Each of these items may be assigned to one of three scales, the M (masculinity) scale which contains traits thought to reflect instrumentality; the F (femininity) scale which contains traits thought to reflect expressivity; and the M-F (masculinity-femininity) scale which is not relevant for the purposes of this study as it does not assess androgyny.

Both the M and F ratings as well as the Androgyny and Undifferentiated ratings are derived using a median split method. Subjects who score above the median on the M scale and below on the F scale are rated as Masculine. Subjects who score above on the F and below on the M are rated as Feminine.

Scores above the median on both scales are rated Androgynous and those below on both are seen as Undifferentiated. For this study, norms developed from middle-aged adult samples were used, as advised by Spence & Helmreich (1980). (As a basis for comparison, the Spence et al. medians for middle class, middle aged subjects are 22 and 23 for the M and F scales respectively, while for the present study the medians were 20 and 23 for the same scales respectively.) Internal reliability for the full (55 item) scale has been established, obtaining Cronbach's Alphas of .85, .82 and .78 for the M, F, and M-F scales respectively with both adolescent and middle-aged males and females. Correlations between the full and short (24 item) scales were found to be .93, .93, and .91 for the M, F, and M-F scales, indicating that use of the shorter version is appropriate. Factor analyses from samples of male and female adolescents and middle-aged adults support the assignment of items to the M and F scales and found no overlap between the two factors (Helmreich, Spence, & Spence, 1981).

Personal Information Interview (PII)(Appendix C)

The PII is a standardized, semi-structured interview designed for the present study. It is structured as a clinical interview. The initial questions are related to demographic information (where do you live, with whom, where were you born and raised, what kind of work do you do, etc.). The interview then explores some aspects of the participant's developmental history (for example, her experience in her family of origin) with an emphasis on attitude toward the concept of family and early ideas about having children as well as the idea or reality of parenthood (depending upon the participant's procreative status). This

part of the interview is meant to explore the decision process around having children.

Procedure

Interviews were conducted at the home of the participant or at the home of the researcher, depending upon which was more convenient for the participant. Each interview was allotted 2 hours. After brief personal introductions, each participant was provided with an information sheet about the study which indicated the purpose of the study, the limits of participation, and assurances regarding confidentiality and anonymity (See Appendix D). Participants were asked to sign a form indicating informed consent and were given a copy of this to keep with the information sheet. The informed consent form included information on how to act on any concerns they might have had about the study or their participation in it (See Appendix E).

After informed consent had been given, the ECI was administered. This interview was conducted first in order to provide the participant with a level of comfort with the researcher before being asked to respond to the PII which asks for more personal information. Both the PII and ECI were audiotaped. After the PII, participants were asked to complete the PAQ. They were then debriefed, thanked, and told that once the study was complete they would receive a summary of the results.

RESULTS

Reporting the results

In addition to reporting the results of significance testing, effect sizes will also be reported. The population effect sizes (ES indexes) and their values as proposed by Cohen (1992) will be used as indices of the actual size of any mean differences found. That is, for tests between two independent means, small, medium, and large effect sizes (Cohen's d) are .20, .50, and .80 respectively. For contingency tables, effect sizes (Cramér's V) are .10, .30, and .50, respectively. Following a convention already established in psychological research, due to its exploratory nature, a significance level of $p < .10$ was considered statistically significant for the present study.

Demographic Information

Participants were 81 adult females ranging in age from 24 to 50 years (mean = 37.6 years; SD = 5.26).For the women choosing no children (choice-no) the range was also between 24 and 50 (N = 54; mean = 38.07; SD = 5.78). For the women choosing children (choice-yes) the ages ranged between 26 and 42 years (N = 27; mean = 36.7; SD = 3.97). There was a small and non-significant difference between the mean ages of the choice-yes and choice-no groups ($t(71.10)=1.25$, n.s; Cohen's $d = .26$).

There were also no significant differences between the groups with respect to number of divorces and abortions, mother's birthing difficulties, level of education or number of siblings in the family of origin (See Tables 1b, 1c, 1f, 1h,

and 1i). For the two former variables a Mann-Whitney U test was used instead of a *t*-test because the distribution assumptions underlying the *t*-test were not met. There was a small but significant difference between the groups with respect to marital status ($X^2(2, N = 81) = 4.63$, $p < .10$; Cramér's V = .24), seen in Table 1a. That is, there were proportionally more choice-yes women who were married and proportionally more choice-no women who were living single or common law. There was a significant difference with a large effect found with respect to method of birth control, ($X^2(6, N = 81) = 28.83$, $p < .0001$; Cramér's V = .60) (see Table 1d). As might be expected, women choosing not have children used more permanent forms of birth control, such as tubal ligation, partner's vasectomy, both, or hysterectomy. Women choosing to have children, even those who planned to have no more, tended more often to use no or other forms of birth control such as condoms, foam, IUD, diaphragm, or "the rhythm method". Furthermore, even though there were no significant differences in age between the choice groups, the older women tended to a small extent to use more permanent forms of birth control than did the younger women ($X^2(2, N = 81) = 5.50$, $p < .07$; Cramér's V = .26) (see Table 1e). This may reflect the fact that the older the woman the more likely she is either to have had the children she wanted and taken steps not to have more, or to have taken steps not to have them at all, if that was her choice.

There was also a relationship of medium effect between choice and professional status, shown in Table 1g, with the choice-no women more represented in the Unskilled, White collar and Technical categories, and less represented in the Professional, Homemaker and Student categories ($X^2(5, N = 81) = 10.29$, $p < .10$; Cramér's V = .36).

There was a total of 57 children from 24 of the 27 choice-yes women. The other 3 choice-yes women were either trying to get pregnant or not trying not to get pregnant. The range of number of children was from 1 to 6, with a mean of 2.375 children per family.

Table 1a

Frequencies of Demographic Factors:

Marital Status by Choice

	Choice		
Marital Status	No	Yes	Total
Single	13 **16%**	3 **4%**	16 **20%**
Married	31 **38%**	22 **27%**	53 **65%**
Common Law	10 **13%**	2 **2%**	12 **15%**
Total	54 **67%**	27 **33%**	81 **100%**

Cramér's V = .24

$X^2(2, N = 81) = 4.63, p < .10.$

Table 1b

Frequencies of Demographic Factors:

Divorce by Choice

	Choice		
Divorces	No	Yes	Total
None	40 **49%**	18 **22%**	58 **71%**
One	11 **14%**	8 **10%**	19 **24%**
Two	3 **4%**	1 **1%**	4 **5%**
Total	54 **67%**	27 **33%**	81 **100%**

	Mean	SD
Choice-No	.31	.58
Choice-Yes	.37	.57

U = 681.5

non-parametric $d = -.065$

$z = -.475$, $p = .32$ n.s.

Table 1c

Frequencies of Demographic Factors:

Abortion by Choice

	Choice		
Abortions	No	Yes	Total
None	36 **44%**	17 **21%**	53 **65%**
One	13 **16%**	8 **10%**	21 **26%**
Two	5 **7%**	2 **2%**	7 **9%**
Total	54 **67%**	27 **33%**	81 **100%**

	Mean	SD
Choice-No	.43	.66
Choice-Yes	.44	.64

U = 709

non-parametric *d* = .027

z = .10, p = .46 n.s.

Table 1d

Frequencies of Demographic Factors:

Method of Birth Control by Choice

Method	Choice: No	Choice: Yes	Total
None	4 **5%**	4 **5%**	8 **10%**
Other	6 **7%**	17 **21%**	23 **28%**
Pill	5 **6%**	–	5 **6%**
Vasectomy	17 **21%**	3 **4%**	20 **25%**
Tubal Ligation	20 **25%**	3 **4%**	23 **29%**
Hysterectomy	1 **1%**	–	1 **1%**
Vas. & Tubal Lig.	1 **1%**	–	1 **1%**
Total	54 **66%***	27 **34%***	81 **100%**

*Variation in per cent total due to rounding of decimal places.

Cramér's V = .60

$X^2(6, N = 81) = 28.83, p < .0001$

Table 1e

Joint Classification Frequencies:

Level of Birth Control by Age

Level of Birth Control	**Age by Decade**			Total (%age of 81)
	20 – 29	30 – 39	40 – 50 *	
Low				
	5	23	8	36
	71%	**50%**	**29%**	**44%**
High				
	2	23	20	45
	29%	**50%**	**71%**	**56%**
Total				
	7	46	28	81
	100%	**100%**	**100%**	**100%**

* Includes one participant age 50.

Cramér's V = .26

$X^2(2, N = 81) = 5.50, p < .07$

Table 1f

Frequencies of Demographic Factors:

Mothers' Birthing Problems by Choice

Type of Problem	Choice: No	Choice: Yes	Total
None/Don't know	28 **35%**	16 **20%**	44 **55%**
Abortion	1 **1%**	–	1 **1%**
Miscarriage	11 **14%**	2 **2%**	13 **16%**
Stillbirth	1 **1%**	–	1 **1%**
Difficult Pregnancy	4 **5%**	2 **2%**	6 **7%**
Difficult Labour	6 **7%**	3 **4%**	9 **11%**
Multiple Problems	3 **4%**	4 **5%**	7 **9%**
Total	54 **67%**	27 **33%**	81 **100%**

Cramér's V = .24

$X^2(6, N = 81) = 4.85$, $p = .56$ n.s.

Table 1g

Frequencies of Demographic Factors:

Profession by Choice

Profession	Choice: No	Choice: Yes	Total
Unskilled	6 **7%**	1 **1%**	7 **8%**
White Collar	11 **14%**	4 **5%**	15 **19%**
Technical	11 **14%**	2 **2%**	13 **16%**
Professional	24 **30%**	15 **19%**	39 **49%**
Homemaker	–	3 **4%**	3 **4%**
Student	2 **2%**	2 **2%**	4 **4%**
Total	54 **67%**	27 **33%**	81 **100%**

Cramér's V = .36

$X^2(5, N = 81) = 10.29, p < .10$

Table 1h

Frequencies of Demographic Factors:

Education by Choice

	Choice		
Education	No	Yes	Total
Some High School	–	2 **3%**	2 **3%**
Grade 12	8 **10%**	2 **2%**	10 **12%**
Some Post Sec.	17 **21%**	5 **6%**	22 **27%**
Technical Training	3 **4%**	2 **2%**	5 **6%**
College	5 **6%**	2 **3%**	7 **9%**
University	21 **26%**	14 **17%**	35 **43%**
Total	54 **67%**	27 **33%**	81 **100%**

Cramér's V = .29

$X^2(5, N = 81) = 6.79$, $p = .24$ n.s.

Table 1i

Frequencies of Demographic Factors:

Number of Siblings by Choice

	Choice		
Siblings*	No	Yes	Total
1	1 **1%**	2 **3%**	3 **4%**
2	13 **16%**	4 **5%**	17 **21%**
3	25 **31%**	12 **15%**	37 **46%**
4	9 **11%**	5 **6%**	14 **17%**
5	4 **5%**	2 **2%**	6 **7%**
7+	2 **3%**	2 **2%**	4 **5%**
Total	54 **67%**	27 **33%**	81 **100%**

*Includes participant

Cohen's d = –.15

$t(40.20, N = 81) = -.63$, $p = .53$ n.s.

Inter-rater Agreement (Ethic of Care Interviews)

Because the principal investigator did both the ECI and the PII, Ethic of Care ratings were not made until after all the interviews were done. In fact, about a year passed between conducting the interviews and rating them. Although this was not done on purpose, it may be that this helped to make the ratings "cleaner" because the participant's choice status and personal circumstances were less immediate for the investigator.

After being rated, a sample of 21 interviews (26%) were then rated by a research assistant blind to the nature of the study, who had been trained by the investigator on the rating system developed by Skoe (1986). The sample was chosen on a semi-random basis, random as to individual interview, but chosen to reflect the 2:1 ratio of choice-no to choice-yes participants. Training consisted of providing the assistant with the rating manual and literature on the measure, discussing the material, listening to previously rated audiotapes of ECI interviews from another study and discussing those ratings, and practice ratings on other tapes from the present study not included for inter-rater agreement.

For each participant, every dilemma received one of five stage scores (1, 1.5, 2, 2.5, or 3) as indicated in the rating manual (Skoe, 1993). A "quarterscore" such as 1.25 or 2.75 was given rarely, only when the response to the dilemma seemed to fall between stages. These scores were added and a total (actually an average) score of the four ratings was then obtained. Table 2 shows the distribution of the total scores for the two raters. Interrater agreement for the total scores was .86. A weighted Kappa (calculated to take into account the "distance" between rating disagreements) of .90 was achieved. Interrater reliability correlations between the two raters on scores for all four dilemmas ranged from

.76 to .90. This compares favourably with other ECI studies, such as reviewed by Skoe (1996), for which interrater agreement has ranged from .76 to .92 for the individual dilemmas and from .87 to .91 for the total scores, and for which Kappas range from .63 to 1.00.

Table 2

Distribution of Inter-rater Agreements

	Rater 2			
Rater 1	Self	Other	Self and Other	Total
Self	9	1	–	10 **47.6%**
Other	–	4	1	5 **23.8%**
Self and Other	–	1	5	6 **28.6%**
Total	9 **42.9%**	6 **28.6%**	6 **28.6%**	21 **100.0%**

$Kappa_w = .90$

Ethic of Care Interview (ECI)

The results of the ECI are interesting for a number of reasons. First, no relationship was found between EC level and age. Earlier studies using the ECI did find this relationship but these studies were done mainly with young university undergraduates (for example, mean age = 20.6 years, range = 17 to 26; Skoe, 1986). Like the present study, more recent studies with older subjects by Skoe, Pratt, Matthews, and Curror (1996) suggest that this is not a unidimensional relationship.

Second, as Table 3a shows, with respect to EC and marital status, most (12/15 or 80%) of the women not in a marital type of relationship were found at the Self-oriented level of care while women who were married or lived common law were evenly distributed on all three levels ($X^2(6, N=80) = 15.27$, $p < .02$; Cramér's V = .31).

Furthermore, there appear to be mixed results in the relationship between the ECI and Gender Role Self Concept, as assessed by the PAQ ($X^2(6, N=80) = 9.23$, $p = .16$.; Cramér's V = .24) and shown in Table 3b. When the Masculine and Feminine scores are combined to form a Stereotyped Self-concept, as in Table 3c, a 3 X 3 chi square analysis indicates that Undifferentiated women (low in both femininity and masculinity) are more likely to be found at the Self-directed level of care and Androgynous women are more likely to be found at either the Self-directed or Self-and-Other-directed levels of care ($X^2(4) = 8.50$, $p < .10$; Cramér's V = .23), with an effect size approaching medium. The stereotyped self concept is evenly distributed throughout the three levels of care.

Table 3a

Joint Classification Frequencies:

Ethic of Care and Marital Status

Ethic of Care	Marital Status: Single	Married	Common Law	Total (%age of 80)
Self	12 **80%**	16 **30%**	5 **42%**	33 **41%**
Other	2 **13%**	17 **32%**	3 **25%**	22 **28%**
Self and Other	1 **7%**	20 **38%**	4 **33%**	25 **31%**
Total	15 **100%**	53 **100%**	12 **100%**	80* **100%**

* One Ethic of Care score missing.

Cramér's V = .28

$X^2(4, N = 80) = 12.19, p < .02.$

Table 3b

Joint Classification Frequencies:

Ethic of Care and Gender Role Self-concept

	Gender Role Self-concept				
Ethic of Care	Undifferent-iated	Feminine	Masculine	Androgynous	Total
Self	14 **43%**	10 **30%**	3 **9%**	6 **18%**	33 **100%**
Other	7 **32%**	8 **36%**	5 **23%**	2 **9%**	22 **100%**
Self and Other	4 **16%**	8 **32%**	4 **16%**	9 **36%**	25 **100%**
Total (%age of 80)	25 **31%**	26 **33%**	12 **15%**	17 **21%**	80* **100%**

* One Ethic of Care score missing

Cramér's V = .24

$X^2(6, N = 80) = 9.23$, $p = .16$ n.s.

Table 3c

Joint Classification Frequencies:

Ethic of Care and Gender Role Self-concept (Collapsed)

	Gender Role Self-concept			
Ethic of Care	Undifferent-iated	Stereotyped	Androgynous	Total
Self	14 **43%**	13 **39%**	6 **18%**	33 **100%**
Other	7 **32%**	13 **59%**	2 **9%**	22 **100%**
Self and Other	4 **16%**	12 **48%**	9 **36%**	25 **100%**
Total (%age of 80)	25 **31%**	38 **48%**	17 **21%**	80* **100%**

* One Ethic of Care score missing

Cramér's V = .23

$X^2(4, N = 80) = 8.50, p < .10$

This is different from the rather clear-cut findings that a masculine sex role was related to a lower EC rating while a feminine sex role was associated with a higher EC rating (Söchting, 1991). This held especially for women. In addition, Söchting found that an androgynous sex role was associated with the highest ECI rating, the Self-and-other balanced orientation. Similarly, Leahey and Eiter (1980), Pratt et al. (1984), and Lifton (1985) found that there was a positive relationship between sex role and stage of moral development, as assessed on a Kohlbergian measure, whether the Bem Sex Role Inventory (BSRI), the California Psychological Inventory (CPI) or the PAQ was used to assess sex role. The reason for the anomalous results in the present study may then be spurious or may be due to sample differences such as the fact that these participants were not young undergraduates.

However, Table 4a shows a clear relationship between Ethic of Care and choice ($X^2(4, N=80) = 12.11$, $p < .05$; Cramér's V = .39). That is, all but one of the choice-yes women were found in either the Other-oriented level of care or in the two levels adjacent (1.5 and 2.5). When the EC categories are collapsed to 3 levels in Table 4b to more clearly reflect the three orientations, proportionally more choice-yes women were found to be Other-oriented while proportionally more choice-no women were found at the Self-oriented level of care. The distribution of women at the Self-and-Other orientation is approximately as expected ($X^2(2, N = 80) = 7.89$, $p < .02$; Cramér's V = .31). Table 4c shows the EC ratings grouped to further contrast the levels reflecting a predominant concern with self (1, 1.5, and 3) with the levels reflecting a predominant concern with others (2 and 2.5) ($X^2(1, N = 80) = 10.46$, $p < .002$; Cramér's V = .36). Seventy-five per cent of the choice-yes women reflect a predominantly other orientation while 83% of the choice-no women reflect a predominantly self orientation.

Table 4a

Joint Classification Frequencies:

Choice and Ethic of Care (with Transition Stages)

	Ethic of Care					Total
	Self Stage 1	Transition Stage 1.5	Other Stage 2	Transition Stage 2.5	Self and Other Stage 3	
Choice-Yes	–	6 **22%**	12 **44%**	8 **30%**	1 **4%**	27 **100%**
Choice-No	7 **13%**	20 **38%**	10 **19%**	9 **17%**	7 **13%**	53 **100%**
Total (% of 80)	7 **9%**	26 **33%**	22 **27%**	17 **21%**	8 **10%**	80* **100%**

* One Ethic of Care score missing

Cramér's V = .39

$X^2(4, N = 80) = 12.11, p < .05$

Table 4b

Joint Classification Frequencies:

Choice and Ethic of Care

	Ethic of Care			
	Self (1)	Other (2)	Self and Other (3)	Total
Choice-Yes	6 **22%**	12 **44%**	9 **34%**	27 **100%**
Choice-No	27 **51%**	10 **19%**	16 **30%**	53 **100%**
Total (%age of 80)	33 **42%**	22 **27%**	25 **31%**	80* **100%**

* One Ethic of Care score missing

Cramér's V = .31

$X^2(2, N = 80) = 7.89, p < .02$

One other finding of note regarding the EC was revealed by a 2 x 4 (Choice x Dilemma) analysis of variance with repeated measures on the dilemma. Table 5a shows neither a main effect for choice ($F(1,76) = 0.79, p = 0.38$) nor an interaction of choice x moral dilemma ($F(3,228) = 0.97, p = 0.41$), but there was a significant main effect for type of dilemma ($F(3,228) = 12.82, p < .00001$). A comparison of means indicated that the real-life dilemma was significantly different from each of the other three dilemmas. That is, regardless of choice, participants scored higher on the self-generated real-life dilemma than they did on the hypothetical dilemmas presented by the interviewer (see Tables 5b and 5c). These results are interesting in that most previous studies have found that hypothetical dilemmas tend to "pull for" higher stage moral reasoning than do real-life dilemmas (Kohlberg, Scharf & Hickey, 1971; Levine, 1976; Damon, 1980;

Table 4c

Joint Classification Frequencies:

Choice and Ethic of Care (Major Components)

	Ethic of Care		
	Stages 1, 1.5, & 3 SELF	Stages 2 and 2.5 OTHER	Total
Choice-Yes	7 **26%**	20 **74%**	27 **100%**
Choice-No	34 **64%**	19 **36%**	53 **100%**
Total (%age of 80)	41 **51%**	39 **49%**	80* **100%**

* One Ethic of Care score missing

Cramér's V = .36

$X^2(1, N = 80) = 10.46, p = .002$

Higgins, Power & Kohlberg, 1984; Pratt, Golding, & Hunter, 1987; Wark, 1993). One exception, notable in the context of this study, is Gilligan & Belenky (1980) whose female subjects demonstrated higher levels of moral development on real-life versus hypothetical dilemmas. It is also interesting that Gilligan and Belenky's study looked at decisions about abortion, a topic not unrelated to the one under present study.

Table 5a

Summary table of two way ANOVAs between Ethic of Care dilemmas and Choice

Source	df	SS	MS	F	p–value
Choice	1	.90	.90	.79	.38 ns
Error	76	86.58	1.14		
Total	77	87.48			
Dilemma	3	10.84	3.61	12.82	< .00001
Dilemma x Choice	3	.82	.27	.97	.41 ns
Error	228	64.25	.28		
Total	234	65.07			

Table 5b

Table of Mean Scores and Standard Deviations for Dilemmas

	Dilemma			
	Real Life	Lisa	Betty	Kristine
Mean Scores	2.19	1.66	1.95	1.86
Standard Deviations	.69	.70	.64	.74

Table 5c

Summary of Anovas between Real Life and Hypothetical Dilemmas

Source	df	SS	MS	F	p-value
Lisa*					
Real Life	1	11.03	11.03	36.93	< .0001
Error	79	23.58	.30		
Betty*					
Real Life	1	2.32	2.32	7.34	.0083
Error	79	24.93	.32		
Kristine**					
Real Life	1	4.20	4.20	12.16	.0008
Error	78	26.93	.36		

* One Ethic of Care score missing.

** Two Ethic of Care scores missing.

Gender Role Self Concept (PAQ)

As already noted, the data on the relationship between ethic of care and sex role orientation are not conclusive. The data also did not support a relationship between sex role orientation and age, choice, or for choice-no participants, whether or not she was an early articulator or postponer (see Tables 6a, 6b, and 6c).

Table 6a

Joint Classification Frequencies:

Age and Gender Role Self-concept

	Gender Role Self-concept				
Age by Decade	Undifferent-iated	Feminine	Masculine	Androgynous	Total (%age of 81)
20 – 29	1 **4%**	3 **12%**	2 **16%**	1 **6%**	7 **9%**
30 – 39	14 **54%**	17 **65%**	5 **42%**	10 **59%**	46 **57%**
40 – 50*	11 **42%**	6 **23%**	5 **42%**	6 **35%**	28 **34%**
Total	26 **100%**	26 **100%**	12 **100%**	17 **100%**	81 **100%**

* Includes one participant age 50.

Cramér's V = .16

$X^2(6, N = 81) = 4.48$, $p = .61$ n.s.

Table 6b

Joint Classification Frequencies:

Choice and Gender Role Self-concept

	Gender Role Self-concept				
	Undifferent-iated	Feminine	Masculine	Androgynous	Total
Choice -Yes	9 **33%**	11 **41%**	2 **7%**	5 **19%**	27 **100%**
Choice - No	17 **31%**	15 **28%**	10 **19%**	12 **22%**	54 **100%**
Total (%age of 81)	26 **32%**	26 **32%**	12 **15%**	17 **21%**	81 **100%**

Cramér's V = .18

$X^2(3, N = 81) = 2.58, p = .46$ n.s.

Table 6c

Joint Classification Frequencies:

Choice-No
Time of Decision and Gender Role Self-concept

	Gender Role Self-concept				
Time	Undifferent-iated	Feminine	Masculine	Androgynous	Total
Early Articulator	7 **27%**	8 **31%**	3 **11%**	8 **31%**	26 **100%**
Postponer	10 **36%**	7 **25%**	7 **25%**	4 **14%**	28 **100%**
Total (%age of 54)	17 **32%**	15 **28%**	10 **18%**	12 **22%**	54 **100%**

Cramér's V = .25

$X^2(3, N = 54) = 3.46, p = .33$ n.s.

Early Articulators versus Postponers

Of the 54 women who chose not to have children, 28 (52%) were early articulators and 26 (48%) were postponers. That is, the choice-no women were split almost equally between those who had articulated by their mid to late 20s that they did not want to have children and those who either did not articulate this until later in life or continued to put off having children. This ratio of almost 1:1 is different from that found in earlier studies of this nature. Callan (1983) and Offerle (1985) found an almost 2:1 ratio of postponers to early articulators using similar criteria. Chi square analyses of the present two groups indicate that there were almost no relationships between timing of choice and demographic variables, the ECI, or the PAQ. One exception was with respect to birth control. Table 7a shows that postponers were much more likely to have partners who had vasectomies while early articulators tended to have tubal ligations ($X^2(6, N = 54) = 17.22$, $p <$ .01, Cramér's V = .56). Table 7b shows that, in general, early articulators more often tend to use more permanent forms of birth control such as partner's vasectomy, tubal ligation, both, or hysterectomy ($X^2(1, N = 54) = 2.85$, $p < .10$; Cramér's V = .23). Postponers are more evenly divided between the more permanent forms as above and the less permanent forms, that is, the pill, IUD, foam, condom, "rhythm method" or nothing.

Table 7a

Frequencies of Demographic Factors:

Choice-No
Method of Birth Control by Time of Decision

Method	Time of Decision: Early Articulator	Time of Decision: Postponer	Total
None	1 **2%**	3 **5%**	4 **7%**
Other	–	6 **11%**	6 **11%**
Pill	4 **7%**	1 **2%**	5 **9%**
Vasectomy	6 **11%**	11 **20%**	17 **31%**
Tubal Ligation	15 **28%**	5 **9%**	20 **37%**
Hysterectomy	1 **2%**	–	1 **2%**
Vas. & Tubal Lig.	1 **2%**	–	1 **2%**
Total	28 **52%**	26 **48%**	54 **100%**

Cramér's V = .56

$X^2(6, N = 81) = 17.22, p < .01$

Table 7b

Frequencies of Demographic Factors:

Choice-No
Level of Birth Control by Time of Decision

Level of Birth Control	**Time of Decision**		Total
	Early Articulator	Postponer	
Low	5	10	15
	9%	**19%**	**28%**
High	23	16	39
	43%	**29%**	**72%**
Total	28	26	54
	52%	**48%**	**100%**

Cramér's V = .23

$X^2(1, N = 54) = 2.85, p < .10$

PERSONAL INFORMATION INTERVIEW (PII)

The Personal Information Interview was constructed and administered to elicit responses that might clarify a number of aspects of and influences upon procreative choice. Appendix C includes the questions asked in this interview. It was thought that perhaps questions about early family life, childhood play, goals and aspirations and influences, as well as direct questions about procreative choice would give some clues not only to how women decided whether or not to have children but also about possible differences between the choice-yes and choice-no groups.

Quite early in the interviews it became clear that some questions and answers were more interesting and illuminating than others. For example, questions about early play elicited fairly uniform responses; most of the women remember being tomboys and "playing Barbies." Only one woman (choice-no) stated that she did not play with dolls as a child. Proportionally just as many choice-yes as choice-no participants had pets. And, as discussed by Veevers (1985), some people with pets and no children view their pets as surrogate offspring but most do not, and some people with children are also extremely emotionally attached to their pets. Two women with children volunteered that their pet dogs were their "trial run" at parenthood.

After reading and re-reading the transcripts of the interviews a number of questions or themes were abstracted either because they addressed the research question directly or because they elicited strong and/or interesting points of view. For example, there was not a direct question regarding selfishness and yet a number of women did address that quite strongly. In the end, eight groups of responses or topics were abstracted:

1. Specific roles assigned to the participant within the family of origin.
2. Childhood projection into the future regarding procreative choice.
3. Perceived influences on procreative choice.
4. Feelings or thoughts about children or having them.
5. Concerns about having and raising children.
6. Perceived reasons for having children or not having them.
7. Regrets re: procreative choice made.
8. Perspectives on the issue of procreative choice.

Roles

One of the questions asked with respect to roles was about the participant's birth position in the sibline. The question was asked due to a curiosity about whether or not being a first born, a position that often predicts an early caretaking role, was associated in any way with procreative choice. There was a difference between the choice groups with respect to birth order; first-borns constituted 43% (23/54) of the choice-no participants but only 22% (6/27) of the choice-yes participants. However this result was not significant ($X^2(3, N = 81) = 5.51$, n.s.; Cramér's V = .26) (see Table 8). Furthermore, in the interviews, only 8 of the 54 choice-no participants (less than 15%) versus 13 of the 27 choice-yes participants (over 48%) described themselves as either an early caretaker, mediator, or peacemaker in their families of origin.

The women in both groups described themselves as children in remarkably similar terms - smart, bossy, independent, tomboy, and troublemaker were the most common descripters used. Only a couple of women in each group

described themselves as shy or a "Goody Two Shoes" when they were children. Most described childhood activities which included just as much bike-riding and outdoor sports with other girls and boys as it did playing house and "Barbies."

Table 8

Joint Classification Frequencies:

Choice and Birth Order

	Birth Order				
	Only	First-born	Middle	Youngest	Total
Choice-Yes	4 **15%**	6 **22%**	9 **33%**	8 **30%**	27 **100%**
Choice-No	2 **4%**	23 **43%**	17 **31%**	12 **22%**	54 **100%**
Total (%age of 81)	6 **8%**	29 **35%**	26 **32%**	20 **25%**	81 **100%**

Cramér's V = .26

$X^2(3, N = 81) = 5.51$, $p = .14$ n.s.

Future

One of the difficulties with using retrospective reports is the inability to know how the passage of time has impacted on the recollection of past feelings and thoughts. One would expect, therefore, that most of the women who chose to have children remember wanting them always and that most of the women who chose not to have children remember never wanting them. In fact, 12 of the 54 choice-no participants (22%) expected when they were younger that they would have children at some point. For some, the circumstances never presented themselves:

> When I was 18 I thought, in ten years I'll be married with kids. Ten years later [I thought], well, in [another] ten years I'll be married with kids. Now I'm ten years later and I think, forget that scene....I kind of grew up thinking that I would be a mom and a wife with a house, like my parents, and I think that was sort of a main picture of me. But I'm so far away from that picture [now] in this apartment, smoking and drinking wine at 37....You can say I have that picture, that I haven't lost it...but the components don't add right now and I've never directed them to add up.

> I guess when I was young it was assumed that I would have kids, but it wasn't something that I built into what I would be when I grew up.

For other choice-no women there was already a conflict between what they wanted and the times they were born into.

> I took [marriage and children] for granted. I always thought I would get married and I guess I never really wanted children but I assumed that I would [have them] because that was just the natural thing when you're grown up. The way I was brought up...in our household, I had training to be a housewife, even though my parents wanted a good education for me.

Most of these choice-no participants professed not to have seen children in their future, ranging from not even thinking about it to being really clear that they would not parent.

> Well, as a teenager I was living in "X" so I met my first love and that was it. We were going to get married and live happily ever after....Kids weren't even discussed. I didn't even think of it. Yeah, we wanted to get married as soon as we graduated but no kids were discussed.

> I don't know that I ever thought about children in a "shall I have them or won't I?" way. Because I think back then it was sort of understood you got married and you did have children.

> I guess I just vaguely assumed that sometime I would be married and have kids, but it wasn't something that I thought about very much.

> I felt I wanted an unconventional life. I didn't want to be in a house in the suburbs, working 9 to 5, and a bunch of kids. I mean, I didn't want that life. I wanted to be able to travel and to see the world and to do different things and to be constantly involved with things.

> Maybe [I'd be a] wife, certainly not a mother. I think by about 12 I knew that wasn't going to be in the picture.

> I knew very young that I wasn't going to have children...I knew that....[at] about 8 or 9.

> I knew I didn't want to have kids and I had wanted to become an engineer....I didn't really want a child. I didn't want to be a mother. I don't think that's what my life was supposed to be, that I was supposed to do that.

In comparison, 16 of the 27 choice-yes participants (59%) reported wanting children from an early age.

I just thought I was going to be independent and try to break out of the mold...but I wanted to have kids when I was young...I was definitely going to get married and have kids. I knew that for myself.

I wanted to have a family first and foremost.

I always wanted to get married, have a big wedding, have 2 or 3 kids.

Well, the only thing I ever wanted to do was have children. That was all I wanted. I didn't want a career. In fact when I got married I hadn't finished high school.

This means that almost half of the choice-yes participants did not experience a desire for children until they got married or/and when they reached their late 20s or early 30s. Their early views of themselves, as follows, were quite similar to those of some of the women who chose not to have children.

I didn't want to be a mother. I absolutely knew; when I went to university I decided that I hated kids and I was never going to have any kids....Not being maternal, kids have never appealed to me that much and I just thought, "No way. They're such brats."

I always thought that I'd be a vet or something...I never really thought about [combining a career and family]. I never said I wasn't going to. I never said I was.

I wasn't going to have kids. No. Definitely. I had a tubal [at] around [age] 20.

[Marriage and kids] was never a goal. No, if anything it was the opposite.

I figured even in my teens that I would leave the motherhood thing to my sister and be kind of a peripatetic aunt who drops in...and takes off again.

Influences

For women choosing not to have children, the most commonly cited influences in that decision appeared to relate to early experiences and fell into 3 categories. Parents' influence was cited in 12 cases (22%). This was described as having poor parental role models or a parent telling the participant from an early age not to have children either because of something inherent in the nature of having children (they will ruin your life, labour is painful) or inherent in the participant (you don't have the patience to be a good parent). Another influence was having parented siblings in childhood. As one woman said, "I felt that I'd already had my family. I really did." Another early caretaker explained, "One of the reasons I don't want kids [is] 'cause I feel like I already had them. Who wants that responsibility?"

A third influence was an unhappy childhood and experiencing, as a child, the difficulties of raising a family.

> [My] own childhood and some fear of repeating that or subjecting some other being to that....a certain amount of pessimism of the world most definitely comes into it....You know, I guess if I felt that there had been people who come from a....functional family [or had] a lot of support [I would] maybe find it easier to do something as risky as having a child.

> You know, when I look back on the life my mother had, I knew I didn't want to have that kind of life. I guess I always thought that having kids [meant] being poor....Even though I could probably intellectually say, you don't have to have 5 kids, you can have only one[,]...emotionally...it's a burden.

> Although we have nothing that happened to us in our childhood, we didn't have abusive families, neither [of us] were particularly happy as children.

Another interesting aspect of this early experience is that of the 54 choice-no participants, 8 (15%) came from families in which none of the full-siblings wanted children. One woman comes from a family of 7 siblings and one also noted that none of her cousins have had children either. However, this comes to only 29 of 174 siblings (17%) wanting no children, well within the estimated incidence in the general population. On the other hand, no choice-yes participants noted any siblings who did not want children.

Other influences cited were chronic illness (3 [6%] of the choice-no participants have MS) and partner's reluctance to have children. It should be noted here that these influences are not necessarily the reasons given by participants for not having children, as will be discussed later. In some cases, in response to the question of "Why do you think you did not want children?" some of these influences were reasserted, but in some cases other reasons, considered more fundamental, were given.

For women choosing to have children, one third stated that "maternal instinct" or their "biological clock" was a major factor in their decision to start having children, as described below.

> I have thought about it and thought about it and I don't know because...there was a time when I was quite happy not to have any [children]....It was funny the way it happened the first time...all of a sudden "WANG", I just wanted to [have a child].

> And so I not only had this baby clock ticking, but I also had this concern that maybe I wouldn't be able to have children.

> These biological clocks, they started to feel important to me.

I was starting to feel my age a bit and it was definitely a biological clock that was ticking....I really think a lot of it's biological. I think we are programmed to want to have children, or a lot of us are.

A number of choice-yes women cited also the influence of peers and family.

My family's expectations...played a role. I certainly resisted but...I think another thing that influenced me is my peers.

It just seemed all of a sudden I wanted to be pregnant, but I think it was because everybody else my age was doing it, and all my friends were doing it, and I just didn't have anything in common with anyone.

My parents had three daughters and I know that we are an important part of my parents' lives....When they plan for the future, they plan with their children in mind, and their grandchildren and so forth. And I just see all the joy they get out of that and that's what I want for me, for the future.

It's not so much [having] the children that [is] the issue. It was the family....Family has been really important to me all along....building our own little dynasty.

I thought if we don't have children, his mother will never have any grandchildren. And that played a part.

The other two main influences cited by the choice-yes participants were marital relationship and financial security.

I was 28 and I thought, "This is perfect, this is exactly the right time for age and financial [considerations]." I felt settled; we were financially secure.

I had to have financial security and that was a big thing for myself, for my kids.

I think [financial security] played a big role.

The only one for me that does, definitely, come first is a relationship.

Relationship....that's critical for me.

No way I'd have kids no matter what. I want to be financially, not independent, but more stable.

Feelings about children

One of the stereotypes about procreative choice is that people who want children like them and people who don't want them don't like them. Certainly in the choice-no group there were women who voiced quite a strong dislike of children, but they were a minority (7%). About 25% of the choice-no women stated that they either loved or liked children a lot. Therefore, about 2/3 of the choice-no women did not express strong feelings either way.

What the numbers do not reflect is the process with respect to coming to terms with the issue and the continued self-discovery that occurs as a result of making the choice not to have children.

I've always known [that I didn't want children] but I don't think I ever truly admitted it to myself until probably in the last five or six years....Up until five or six years ago I despised kids with a passion. I couldn't stand being near them. I couldn't even stand it. Then all of a sudden I came to the realization one day, I think the reason why I hate kids so much and why I don't want to be around them is because I have a fear of breaking down [to feeling] "I need one." So this kept me at a distance, distancing from them. From that day I don't hate kids anymore. They're fine.

The underlying theme was that it was never something that I had to do to fulfill myself, because I'm an individual and a person first. I'm a woman second. And [having a child] is not that important to me. I don't need that symbol to prove my worth.

Yes, I would think [I'd want to be the perfect parent]....I would have to feel really complete with myself, really clear and sure. You know, I still have so much work to do on myself, I wouldn't want to bring in another being into this world with all my left over stuff.

So it's not a big issue, burning issue in my life, having a child. Plus, the older I get the more I think of things that I don't have to have to be fulfilled....It's because the situation has never seemed to be perfect for having a child....it was left to me to make the decision for myself.

What I'm saying is, this is a very big question...in a woman's life, and there are so many other parts of a woman's life that are, I consider, equally as important or equally valid. And seeing me as an individual just in this light is very different than seeing all the other things a person does, volunteering, family and friends.

Concerns

One of the clearest differences between the participant groups that presented itself was in the area of concerns or fears around parenting. Exactly one-half of the choice-no participants expressed fears and concerns about the kind of parents they or their partners would be. These were mostly fears of physically and/or emotionally abusing one's child either intentionally or accidentally.

I am just deathly afraid of [newborns]. They just scare the hell out of me. I think horrible thoughts. I think of SIDS and stuff like that.

On some level I fear that if I have my own kid, I would hurt them...and I'm afraid I wouldn't be able to control it....And another reason...is the guy I'm with....I get along with him and I guess I love him...but we have a lot of different ideas about child-rearing.

I would fear for the child a lot because of the world and I would fear for the child because I am not always a happy person...

I know I've got [my mother's] mean cruel streak in me too. And I'd never want to take that out on a child.

I just feel that I would probably take out my frustrations on the child as I saw my parents do to my brother and myself.

Oh definitely [concerns about parenting]. Oh, yeah. Well none of [my fantasies] are very good....Just the cycle of violence that was perpetrated on us. I felt that my patience is just not long enough.

I'd be a terrible parent. So would my husband. He'd be a terrible parent. [He] came from a...family with an abusive father and he has a fairly short temper...really short....And I would be concerned about his ability to be a good father. I have a pretty short fuse too.

I probably would have been a really controll[ing] parent. I would want kids to do everything my way or no way and that's just not good for a kid.

Yes, [I am] very afraid of parenting....I'm afraid I would be a child abuser, physically and probably emotionally.

Yes, definitely. I figured, honestly,...I'd be a child beater. I have a very low tolerance level....I guess I've also inherited my anger from my father....Even though I wasn't beaten as a child, I felt that I had the potential for beating.

Other choice-no responses indicated concerns not necessarily about abuse but about incompetence.

> I just don't think that I would make a good mother....I don't feel I have the makings for a good mother. I'm too impatient...and probably a little selfish...
>
> I don't feel sure enough as an individual...to be able to take care of a child.
>
> Because I don't know if I would be a good enough parent...I guess that's it. I really have that fear that I wouldn't be a good enough parent.
>
> It's not that I don't like them. They scare me and I don't know what to do if they cry....The crime today scares me too. See, I don't want to be responsible for another kid when I don't have the answers to make them grow up right....To me it's all fear and no desire to have one.
>
> Maybe not fears, but hoping that whatever I say or do is the right thing....I would probably try too hard.
>
> Oh yeah [I have concerns]. I barely felt capable of looking after a [pet] turtle, let alone a child.
>
> I [am] very much a product of my parents' upbringing. Not being flexible. Reading into things...not trusting...I wasn't just naturally a good parent.

One woman in this group acknowledged her potential shortcomings as a parent stating, "I'm not very patient. But it certainly wasn't a factor in the calculation about whether I was going to have a child or not. If I wanted a child, I would have had one, bad mother or not." Another said, "Not concerns. I think maybe one wonders offhand when the subject [of parenting] comes up but...let

me put it this way. Making the choice was not based on 'I know I'd be a terrible parent so I better not have kids.'" And for a few of the choice-no women the issue was needing to be better than good.

> I always knew that I would be a good mother. People have always told me that I'm good with kids and I've always thought things through enough that I think I would have been a good mother. If I was going to do it, I didn't want to be just a good mother. I wanted to be THE BEST.

Only three choice-no women expressed concerns about pregnancy and childbirth. Said one, "First, I don't want to look like a bus for 9 months. Then I don't want to go through all that horrendous pain [of labour]." Another had fears of the long-lasting physiological changes that would result from pregnancy and labour. One simply said, " I don't think actually bringing up the child bothers me as much as thinking of going through pregnancy."

In comparison, only one-third of the choice-yes women expressed concerns about having children mostly pertaining to fears of not being a good enough parent.

> I remember when I first found out I was pregnant with our son, my reaction took me of guard because I always wanted children and yet as soon as the doctor told me, I was terrified. Totally. I wanted to run out of there and say, "No, forget it. I don't want this. Forget it." And I just couldn't believe it because it was something I wanted so much [but] it hit me, the responsibility and it was a lifetime commitment and there was no backing out now. And it scared me. It was scary.

> Yeah, [I had concerns] and I have them still....I guess I was worried that I wasn't that maternal. I was worried that I never had younger siblings, and what would I do when the baby was placed in my hands....And I was worried about screwing up at the beginning,

biological needs that she has and would [I] do something wrong or...not poison [her] but...do something dumb.

Damn right [I have concerns]. I have this major, major fear that I'd be like my mother...because it was..."hit first, ask questions later", yell and scream. Our emotional needs were irrelevant.

Yeah, I think [fear] was part of it too, that I was afraid that I was going to be like [my mom] and I...realized that I wasn't like her. Or at least not so much like her that it would be bad for kids.

Every day [I have concerns]....If I yell too loud, if I should have pointed out that good thing that you just did instead of pointing out that nasty thing that you just did. I'm very fearful of becoming my father which is, "You're not performing the way you should. You're not living up to what I expect you to be."

Yes I felt concern a lot. Just to make sure that I gave them a safe environment, nurturing, build up their self-esteem, make sure they're well educated, provide them with things I think are necessary for them to have. It's an ongoing concern.

Uh, huh. Especially during my first pregnancy. I would have nightmares. I'd wake up crying, [dreaming] that I wouldn't be a good mother, that I would do something that would affect my children for the rest of their lives.

Also in the choice-yes group, there were two women who expressed having been fearful of the physical aspects of having children.

I'd always worked out and exercised...a lot and so I was a little fearful of my body being suddenly changed and going through all that hormone stuff and all that. I wasn't really looking forward to that....And I was thinking, "Oh, I don't want to [look like a cow]." And I didn't like losing control that way.

> The having, the actually physical having, is quite scary [to me]. The limitation on my lifestyle while I'm pregnant is also scary. The limitation once the kid is here I'm not as [worried about]....But the physical part, not pleasant.

The other two-thirds of the choice-yes women either expressed no concerns or volunteered a very positive attitude toward their ability to parent. But given that women who want to have children often also have fear about their parenting, what makes the difference? This question was in fact posed by one of the women in the choice-no group. In expressing fears about her own ability to parent she continued, "I guess that one thing I'm curious about is why is it that some people have the fear and do it anyway and some people have that fear and don't? ... I guess the fear may be largely overcome by the biological [imperative]....I think [you] just go in...grit your teeth, close your eyes and jump [into parenthood]."

Reasons

Many of the participants in this study believed that the biological imperative played a large role in their procreative choices. Of the 54 choice-no women, 19 (35%) said that the underlying reason for their choice was a lack of maternal instinct. It is interesting that of the 27 choice-yes women an almost exact same proportion (n=9 or 33%) cited a biological urge or "clock" in their decision to have children. Given the lack of quantitative research in this area, it is not known if this rate is reflected in the general population of women. Furthermore, even if a biological urge or maternal instinct could be defined and quantified somehow, it is not known if it exists in all women, or even in all people.

And, even if it does, is it just that some women are more aware of it than others? Maybe only one-third of women can sense whether they have a biological urge or not and the other two-thirds either do not sense it or sense it but do not identify it as such.

Perhaps more importantly, two-thirds of the choice-yes group proposed other reasons for their desire for children although there was no other reason given that comprised such a large proportion as the "biological" one. The other reasons given were a desire for a family which includes children, wanting to ensure one's existence in perpetuity or wanting to pass on genes or traditional values, a sense of duty to family or to society, a desire to see the marital relationship embodied somehow in a child, egotistical needs, positive early childhood role models, and a fascination with and love of children. For many of these women, the desire for children was multi-determined.

> Both [my husband and I] are people who like children....For me, it gave my life more meaning. It's something to work for....[and] 'when' was answered by age....Being in a relationship with someone was always a criterion....We both have good jobs so it wasn't a matter of not being able to afford having one....My family's expectations...played a role....I think another thing that influenced me is my peers.

> Relationship,...that's critical for me....Internal [factors], I don't know that I really want a child for a child's sake. I think in a way I have a duty to have a child....It'd be fun and very romantic too...[and my partner] would be a good dad.

> It's probably a mix of culture and biology that I HAD to have children, almost forced on me from outside. It wasn't a conscious logically thought through decision. It was an urge....I think that's probably almost a primal or instinctual thing. And maybe it's kind of written in culture too, because I come from an area, it's rural, even though I was kind of middle class...that the expected thing was that once you

finished high school, you were married and you were a mother and you had a number of kids.

I don't know why. I love kids. I think it might be an ego thing. Just that they're mine and I made them and look how nice they are...I really like this family thing with lots of us. It's really a lot of fun....The sense of carrying on,...my mom and dad's side of the family, that I'm carrying on the tradition for them...I look at it as that's where the obligation comes in for me, because I just want to keep the family going.

For the choice-no group, the reasons cited most often after lack of maternal instinct were lifestyle considerations, poor role models and childhood experience, fear of the responsibility of or commitment to childrearing and the potential for ending up a single parent. As noted earlier, a minority of choice-no women also cited a dislike of children, and some expressed global or societal concerns. As with the choice-yes women, many of the explanations given by choice-no participants included a combination of reasons.

I can't really specifically say [why I don't want children]. I've thought about that before....It's so hard to say. Probably the only thing I could put it down to is because I grew up with just a single mother and I think I didn't want to see myself in that situation...That's the only reason I can really put it down to...I didn't want to be stuck....[Now] I've created a lifestyle for myself. I'm pretty well ensconced in it and I can't fathom wanting to change it and I can't really see a child making it better.

I don't like the way the world is going....[Children] are a big responsibility and I know, as much as my husband says he would help me, I know whose job it would be to do all the nasty work. It would be mine and, sorry, I'm just not interested. Not at all.

I know that if I probably went and sat down and had [counselling] sessions about the reason why I don't want to have children, I'm sure it relates back to years ago. I'm sure it has a lot to do with me growing up and what I went through....I'm selfish. I don't want to give

my time out to a child. I've thought, "Okay, if I had a child, I don't want to be woken up in the middle of the night."

I don't particularly like kids....I can relate to animals, I can relate to older people, but kids are something completely different....I'm not suited to looking after a child....[and] this society, it's not a child-friendly [one] so the decision to have children in this society is a personal one and it's a personal responsibility....You don't really get any support for it so you have to be very resourceful or very stupid to have one.

A number of choice-no women also suggested that there was something more fundamental underlying the reasons they came up with for not wanting children.

I have to wonder if this is somehow a coping mechanism because my mind knows that...my womb is barren....[Also] I think my parents' circumstances....their lack of marriage....that's probably the biggest thing. And the expectations of myself. And I think also my feeling that I want to do something. And I feel that, if I were a mother, I would not be able to accomplish nearly as much as I could if I were [not]....I admire the women who do it for all the right reasons and give their everything to it 'cause I couldn't do it....it's a long time commitment. And the other thing is...also finances....[And yet] I still think that even if I had done the things I had wanted to do, even if I had done those things and I was on my way and felt that I could cope with [it] and Mr. Wonderful was there, I still think that I would feel that I would not be a good enough parent.

Occupational stuff. And yet the internal affected the external. You know, it's an interaction.

[It's] not feeling a physical need or desire....I like my creature comforts, I like to look after myself and I've never had that need [for a child]...It's only in the last couple of years that we've felt financially comfortable...Now I think it's more internally I don't want [a child], but externally I could justify [it].

For me it was only the basic internal lack, that I never had that drive. When I was about 34 or 35 I never felt like a lot of women, that my

> biological clock was ticking and "I've got to have a baby or bear children." I've never, ever had that and I never had any feelings of lacking, like there was something lacking in me because I haven't had a child or had a baby. So I suppose that's always been there...Maybe we create different reasons or there would be different reasons at various points in your life. There would be financial considerations...you'd always find reasons, but I think [if] you would have that incentive or that drive...you will overcome a lot of external reasons.

Regrets

Not surprisingly, few of the participants expressed regret about their ultimate procreative choice. Of the choice-yes women, five (19%) expressed some regret, two over the fact that they had waited so long to have children, because they had more energy for parenting when they were younger. One woman regretted the loss of intimacy with her husband, another expressed discomfort with the traditional role implicit in being a homemaker. There was some acknowledgement of the less than satisfying aspects of parenting.

> Oh yeah. I think lots of days, oh, not lots of days, I mean many days you think, "Wouldn't it be nice just to be working and going downtown in a suit" [but] we've got plans with our kids. And [we used to go] to Whistler every weekend or this and that, but I guess [my husband] and I, our personalities are that we like to actually stay at home [now].

> When...my life gets boring and not very satisfying...I can see the light at the end of the tunnel. And I know it's temporary and I have the skills and the abilities to get out of that. I think I would find it very difficult, and I would feel trapped otherwise. And certainly there's days when I can feel trapped, but I don't feel hopelessly trapped.

Similarly, only six choice-no women (11%) expressed any regrets at this point, mostly related to being old and without children.

> Ya, I do have regrets because I'm going to grow old and die without ever having kids. It would have been nice to have them but I don't lose any sleep because I didn't.

> One thing, I guess. I worried [that] when I got old that I wouldn't have any kids.

> I guess about the only time I sort of thought about it, perhaps you could call it with regret, is [when my husband's] mother died at the beginning of this month...So we were sort of advocates [for her in hospital] and I thought, "My God. Who's going to be OUR advocates when we're 84 and stroked out in a hospital somewhere? Who's going to do this for us? And that hit home a little bit, perhaps, but other than that there haven't been any...regrets.

For a couple of the choice-no women, feeling that they are "different" is a concern.

> If I didn't know anybody, if all the people around me had kids, everybody I knew, and were married, I would feel I don't like being the only person [without children]. I might be panicking. Or I might be finding other friends. But I think there's more and more of us. Now, if I was the only one with kids and they all didn't, I'd be panicky too. It's the same thing.

> Yes, I feel [the odd person out] now. Other people've got their kids and I don't.

This is not to say that getting to a place of equanimity has not been painful for more of the choice-no women. One woman decided with her husband in their late 20s that they would not have children and her husband had a vasectomy at 28.

> [Later] when I was 33, 34 that issue came up again and I was really, I really wanted a baby then. I was really upset. Went through the tears and oooooh....And [my husband]...said, "I think you better see your doctor. There's something going on here and we've got to find out what it is." So when I spoke to my doctor the first thing he says is, "Oh, you've got the nesting syndrome." I said, "The what?" And I can honestly say I wasn't influenced by a girlfriend that had a new baby or anything like that...I was really upset and I went to a psychologist....So it was a real bout and my husband was quite good about it. He said, "Well, I don't want to break our marriage up over it and I'll have a baby if it means...that much." At that point it probably would have been adoption for us....Then it was really up to me...So that's when I decided to get involved with Big Sisters and that was kind of the deciding factor....I definitely do not want a baby but this is enough....at the time she was filling a need I was looking for and it wasn't to be a mother....And it made me feel good that I had worked it out, and worked it out that I was happy with it....

Another choice-no woman married a man who had already had a vasectomy, but

> for the first few years we lived together, I had visions that he would change his mind, it would be reversed, that we would have a kid...but I realized, the longer I lived with him, that he was quite fulfilled....It was [okay with me] in the beginning....I kept thinking, I don't want a kid now so I won't let it bother me now. I'll deal with it then it's time....and I felt that, well, if worse comes to worse, if I really want a kid, I'll have a kid, whether it's his or not or whatever. I will, you know, no problem, if that's what I feel I need to do.

This woman recalled a clarifying moment, some years later, during a difficult time in her marriage.

> [I saw this woman in the street], she was struggling, she had all her groceries and she had a little toddler and she had a baby and she had all the latest trendy, yuppie stuff with it...top of the line carriage....and suddenly I just looked at her and thought, "That could be me next year if I want it. I mean, if I want to be that, I could go out and do it. I mean, I can find myself a guy...now that I'm educated enough...who's making decent money and what not....That could be me in a couple of years if that's what I want." And in some sense, it was like a shock. It was like, "WHAT? That could be me!" And I realized that...that's not me. That's not what I want....to be under all that, and to be with a man who wants a family.

The foregoing two examples were not typical of the process of bringing closure to the issue. However, even though only half a dozen choice-no participants expressed any kind of regret regarding their choice, 22 of them could foresee having made a different choice under different circumstances. Over half (n=12) of these women stated that if they had been with different relationship partners they either would or probably would have had children. Another 4 women said that if they had been born into a different generation, when there were fewer choices for women, they probably would have had children. A few other responses referred to a better financial situation or a better childhood or parenting role models, and one participant said that if her partner was dying she might want a child to keep his legacy alive.

When the choice-yes participants were asked how they would have coped with not being able to have children, 4 women said that they would have adjusted and lived without children. Only 3 women said that they would be devastated, that childlessness would not have been an option. The third, most common, response

was that attempts would have been made to adopt. Only a couple of women said that they would do anything to conceive, including using reproductive technology.

Perspectives

Some of the most compelling responses were made to a general wrap-up question asking if there was anything the interviewee wanted to add. Although the issue of selfishness was not broached by the interviewer, a number of women in both the choice-yes and choice-no groups wanted to address it, and the end of the interview seemed to be the place for that. Some of the choice-yes women's responses acknowledged a self-serving aspect of having children.

> In a way having a child is a very selfish act. You're not doing it for anybody else but yourself. There's nothing wrong with being selfish either....
>
> Are you being socially [ir]responsible bringing a child into it, when the world can't afford to feed us? Yeah, I feel that, but my emotions overruled that when it came down to it. It was a consideration. Are we doing this for purely selfish reasons, which we were, and could I live with it?
>
> Sometimes you think of it as people being selfish and not having children, like selfish in wanting their career goals, but I guess it could be the other way.
>
> One thing [my husband and I] talked about yesterday [was] is having children really a selfish decision in saying "I feel that I want to do this. I want to recreate myself. I feel that I can do this."? So you're sort of egotistical when you say, "I want to have children." I think it's really ironic that people who don't have children get told that they're selfish. Because I think you're selfish to say, "Yeah, I'm going to have these children. Oh, I can handle it. I can recreate myself and do a really good job."

> Maybe it's not fair to bring them into [the world] when their lives are going to be cut short because of the way the world is going. But I guess, perhaps, it's a bit of selfishness on my part that I simply cannot accept that the world is in that bad a shape [and have children anyway].

Many of the choice-yes women also expressed support for a woman's choice not to have children.

> I think that people have choices and I certainly appreciate people who say, "No, this is not for me. I don't want children." And make that choice. And I think it's a very wise choice because it is an awesome and earth-shattering and life-shattering experience. And certainly, even when you go with it, "Yeah, yeah, yeah, gimme a baby!", it's still mind-boggling and it still can screw up your life totally and your sleep pattern just goes to heck....[A]nd I think that it's good that people have the choice to not have kids and I would definitely never, ever tell someone that it was their responsibility to have children.

> I don't feel that people should be pressured to have children if they don't want to have children because they are probably right [not to]. They know themselves best and they should go with that gut feeling that it's not for them and they shouldn't be condemned. And also the same way for people who choose to have children.

On the other hand, some stereotypical ideas were also expressed by the choice-yes women.

> I've worked a lot lately in offices where people have no children and no children by choice. And sure, they have a lot more money and they do more interesting things and they have trips and they have more worldly goods. But I find them rather shallow because they're not as in tune with the basic experiences of life.

> I'm concerned about this increased trend, where the educated people are not having children, deciding not to and the only ones that are, are the ones that barely finish high school...[resulting in] fetal alcohol

syndrome, a drug abuse drain, children aren't loved, so they're beaten...These are very bad trends.

My husband and I are good people and we should raise children instead of people who might not be so good at it. There need to be some well-raised people around too.

A few choice-no women volunteered that there was an element of selfishness in their choice.

Maybe I'm selfish in a lot of ways but if I'm gonna be selfish, then at least I'm making a good choice. If I'm gonna be selfish, I'm gonna be selfish with myself and my partner who's an adult....From my point of view, it's better to make that decision [not to have children] and not hurt anybody than to do something because some other people want us to do it.

I think a lot of people think that if you don't have children that you're very selfish. And I think there's a certain amount of that especially the longer you're together without children....If you don't have children you can maybe have more things or take a vacation more often or something like that. So I think there's a certain amount of that, you become a little bit more selfish.

But for the most part, the choice-no women disagreed with this notion. Some, in fact, agreed with the choice-yes women that having children was a selfish thing to do.

I guess what bugs me the most is when people talk to me about not having kids. They try to imply that it is very superficial, selfish. You just don't want to [not] have kids because you want to travel and you want to go out to dinner tonight and I think the reasons for me, it's much deeper than that, than...the superficial lifestyle....If I wanted to have kids I would have had them whether I was making $50,000 a year or $18,000. People don't [not] have kids because of their lifestyle. It's because of what they want....I guess [people focus on that] because it is so obvious....Maybe they don't want to get into the deeper discussion.

I think society perceives people that don't have children as possibly being very selfish people, like we don't want to have children because you want to spend all your money on yourself. And I guess I can turn that around and think that having children itself can be a very selfish thing. Like who are you doing it for? Your child doesn't know if [it isn't born] so you must be doing it for you. It must be a lot of things that you are hoping to have out of that relationship with a child.

Some people say that you're very selfish when you don't want children and some people say the opposite, that you have to be selfish to want children....I think it's probably more selfish to have them. I don't consider myself selfish [without children] because...I am a generous person and I relate to kids well.

What kind of people think that...by not having children you're being self-centred? Most people...have children for self-centred reasons, someone to look after them in their old age, support them...So actually it's the other way round.

I deeply resent the idea that people are having children for what the children can give to them. And that's really unfair to do that to a child.

I think that's a pretty poor excuse to have children, [that is,] if you're looking for someone to support you in your old age. You could have a child, he could bugger off at 15 and you'd never see him again. Small comfort that's going to be in your old age.

You don't have a child to cement a bad marriage and you don't have a child so you can do all the things you never got to do [as a child]. It's a selfish choice either way you look at it. A lot of people think you're selfish, "How dare you not have children?" or "Why don't you grow up?" And that's not the issue. The issue is being grown up enough to know what's right.

There seems to be no doubt that women who choose not to have children experience being viewed as being "different" and, at times, in a negative light.

> If you're intelligent enough and mature enough and aware enough to know you don't want [to have children] you should be applauded for making that decision. You shouldn't be [looked down on]. It hurts....You can't understand it. I'd have had an easier time throughout my life if I said I hate kids....That's what I should have said.

> I don't like to be considered abnormal because of my decision. People look at me like I'm some kind of freak because I don't want to have a baby. Some of them just can't understand it.

> I think that there is, between women and society at large, real misconceptions about women who choose not to have children. This wouldn't be an issue, this wouldn't be a topic you are [researching] if that wasn't the case....That's certainly something I would love to see changed. I think one of the ways is women coming out and talking about it in a way that's not embarrassed or ashamed to be made to feel..."I've done something wrong." That women take a little more pride in their choice without being aggressive about it.

> I'm comfortable with [my choice] but I notice now, especially when meeting new people, they always treat you like you're an alien. It does bug me a bit...the way I am treated....when I'm meeting new people and [they ask] "Oh, have you got any family?" and I say, "No,"...that just stops the conversation dead. They really don't know what to say.

> I find it's almost a taboo subject for a lot of people. They don't know how to take you if you haven't got kids. Or they think you must be a very evil person, not evil, but there's got to be something wrong with you.

> My husband's employer, manager, was one of those born-again Christian types and...[he] would never miss an opportunity of taking digs at me in public, in PUBLIC, about not having children.

A lot of people...friends for the most part...have always said, "What a great mother you'd make!" And I merely laughed at them because I truly don't expect them to understand that feeling of not wanting to have children. It's almost, it is perceived as being unnatural, I think, out there.

I think society still looks askance at women who decide not to have children and I think there is still something a little bit wrong with [other] women. Like, women will say, "Yes. Oh, yes, you should have the choice. Just because you have a womb doesn't mean you have to have children." They'll agree with that and yet, when you make the choice, [they'll think] there's something a little bit wrong here....I think it needs to be discussed more so that people realize that it's a healthy choice.

When I went to have my tubal [ligation] the only thing the surgeon said to me was, "You're going to stop before you get started." And I didn't think quick enough, but afterwards I thought, "No, I'm going to start before I get stopped."

It really bothered me...when people asked me [about children], it was like, if you thought they were going to ask you, you wanted to come up with a good reason, say, "No, I'm afraid I can't have children." 'Cause if you said that, they kind of dropped it...They didn't persist.

Older women [think women without children are weird]. They are quite nonplussed that I don't have children.

Oh, I've had people that I met at a gathering, this girl....She was saying, "Oh, you must be a witch, you're part of a cult." She said, "If you're not going to have children, get your uterus ripped out...." "That's a little far-fetched," I thought.

I've had a lot of hurtful things said to me about this. I guess some men don't see women like me [who don't want children] as very attractive....

And yet, there were also responses from choice-no women indicating that such disapprobation is not experienced by them all.

> If somebody asks me a direct question, if I don't know them at all, I'll just sort of side-step the question and if I know them fairly well, I'll just say, "Kids aren't my thing." [I get] very little negative feedback....I don't get the feeling that I'm getting singled out as being weird.

> Well, interestingly enough, probably 90% of people [I meet], it doesn't faze them [that I don't want children] and I don't know whether it's because our times are changing or what.

> I know I have had some people say that they envy me because...of our choice [not to have children]....

> I think people who know me kind of accept it....I think they probably know me and probably realize that that's me and it's not abnormal or out of character. It would probably be out of character if I went and announced to them that I was pregnant. They'd all fall off their chairs.

DISCUSSION

Perhaps the most striking aspect of doing this study was the reaction by the women who had decided not to have children. A general response was along the lines of "I'm so glad that someone is asking questions about this." A number of these women disclosed that their part in the study was the first time that they talked fully about their choice not to have children and that even their families didn't know that this was a choice they had made. A few have kept the fact of their tubal ligations hidden from their parents, siblings, and friends. A number of women who are childless by choice have a sense of being perceived as selfish, weird child-haters who come from dysfunctional backgrounds. And yet, in some cases it was women **with** children who said that it is they, and not the women who are childless by choice, who are the selfish ones for "recreating" themselves in their children.

The other "surprise" is that for many women making a choice about having a child or not often is not an "either/or" process. Much of the earlier literature (e.g. Veevers, 1980, Callan, 1983) makes a distinction between two groups of women who have chosen not to have children, early articulators and postponers. Differences have been found with respect to variables such as background, sex-role attitudes, and size of family of origin. In the present study these two groups were not found to be different on any variables except types of birth control used, a finding that makes sense. It would be reasonable to conclude that the earlier one decides not to have children, the more likely it is that one would choose a highly effective form of birth control. First, it would have to do with commitment. That notion is supported by the fact that early articulators were more likely than postponers to have tubal ligations, while postponers were more likely than early

articulators to partner with men who had vasectomies. The former is a more personal commitment. Second, it has to do with the longer period of fecundity. The younger a woman is when she commits to remaining childless, the longer the risk period for an unplanned pregnancy. Therefore, the more effective her choice of birth control will be.

But in other ways, making a distinction on the basis of a time line between two groups of voluntarily childless women would appear not to be useful. It implies that the choice is a dichotomous one and the responses from the women in this study indicate that this is clearly not the case. Women do not decide whether or not to have children either before or after 20-something. Some of the women interviewed for this study reported knowing at age 6 or 12 that they would remain childless. Some of the women decided in their early twenties, some in their thirties, some before getting married, some within marriage, some after a marriage had terminated. Some women decided earlier in their lives not to have children, even having terminated earlier pregnancies but now, in their forties, they were not sure what they would do if they "found themselves" pregnant. As indicated earlier, only just over half of the women choosing to have children had known since childhood that they wanted them. Thus, for women choosing to have children, also, the process is varied and determined by a number of factors. It is interesting that no study on this topic to date has looked at differences between early articulating and postponing women who choose to have children.

One of the challenges in ascertaining which women fit the criteria for the study was to not impose *a priori* assumptions about what constitutes "choice" for some women. For example, consider a woman who met and married or lives with a man who either has never wanted children or has them from a previous relationship and wants no more. Say this woman was initially neutral with respect

to having children. However, she eventually decides that not having children is the right thing for her. She believes that she is "childless by choice". Was the choice hers or not? Does it make a difference if the man already had a vasectomy or not? What if at some point in the relationship she thought she might want children, but later reconciled to remaining childless and does not regret that? Is that still a choice? The concern for the present study was that if the criteria were defined too narrowly, the range of approaches to procreative choice would be too restricted and qualitative information would be lost. The danger in defining the criteria too broadly is a loss of anything meaningful to say with respect to the quantitative information.

In the end some participants' data were not included because it appeared that these data were outside the criteria. One woman was not included because her tubal ligation had failed and she became pregnant. She went through with the pregnancy because of her perspective on abortion and adopting out was not considered an option. Another was excluded because even though she said that she was childless by choice, she had tried to get pregnant at one point in her life and there were indications that she was in fact unable to have children. Another had a hysterectomy in early adulthood and therefore the choice would have been about adoption only. A couple of women who said that they were childless by choice had not actually ruled out having children in the future. However, one woman who had had a tubal ligation and then had it reversed and went on to have two children was included as having had children by choice, for obvious reasons.

Also included were two women whose husbands had children from previous marriages and did not want to father any more. In one case the woman came to a point of deciding whether or not to continue in the relationship because

of this issue and she decided to stay. In the other case, the husband offered to father a child if she "really wanted him to", and she chose not to pursue the issue. It was considered that in both of these cases, the women did make a choice about remaining childless, even though it could seem that the choice was not as "clean" as one might have wished.

And that is the point. The choice of whether or not to have children is often not simple and straightforward. It may be informed by a woman's personal history, her age at the time of decision, her marital status, her vocational situation, and her life circumstances. It should be noted that almost all of the participants were white and middle class and, certainly with respect to choosing to have children, very few of them acknowledged direct pressure from family and friends to do so. The effect of socialization on procreative choice in and by our culture at large is assumed, but it was not explicitly addressed in this study and is left open to speculation.

The two main empirical questions that were addressed by this study were: 1. Is there a relationship between the Ethic of Care and procreative choice? and 2. Is there a relationship between sex role orientation and procreative choice? The answers seem to be probably and maybe.

Procreative choice and the Ethic of Care

The results with respect to choice and Ethic of Care are the more provocative. In broad terms, the women who chose not to have children were more self-oriented and women who chose to have children were more other-oriented. These results support in part Arnett's (1990) findings with the Kohlbergian measure in which intentional mothers were more likely to be at

Stage 4 (Conventional level) of moral development and the voluntarily childless were more likely to be at Stage 5 (Post-conventional level).

In the present study voluntarily childless women were more likely to be self-oriented (Level 1) or self-and-other-oriented (Level 3). If one can talk about "higher" or "lower" levels of moral development in Gilligan's model, the voluntarily childless women tended to be at both higher and lower levels while the intentional mothers were in the middle. Taken together, the data in Tables 4a through c indicate that childless women are more likely to consider their own needs a priority and to consider the needs of others to varying degrees, from hardly at all to equally. The same data indicate that mothers are more likely to consider the needs of others first and then their own, also to varying degrees.

These data cannot tell us, of course, anything about cause and effect. It is just as likely that an other-oriented woman is compelled to want children as it is for a woman to become other-oriented by necessity when she has children. Perhaps an additional group of participants who wanted to have children but had not yet had them might have shed more light on this question. Interestingly, three choice-yes women in the present study had not yet had their first child; two of them were rated at Level 2.5, one of them was at Level 1.5.

In a larger sense, these results provide support for the underlying assumption of the ECI, that is, that it measures a care orientation. On a common sense level, it should be expected that women who choose to care for children have the capacity to be self-sacrificing. Common lore has it that such is the essence of mothering, if not parenting in general. Furthermore, observation suggests that people who choose to become parents do tend to become more conventional as they attempt to provide the "proper" or, at least, the expected environment in which to raise their children. Parents-to-be give up smoking,

alcohol and swearing. They trade in Miatas for mini-vans; they may start attending religious institutions eschewed since adolescence; they buy life insurance. They "turn into their parents", or the parents they believe they should have had. Sometimes their core values become more conservative.

Moral reasoning is understood to develop "through the reciprocal interactions which take place between an individual and his or her social environment....[and] should thus be promoted by social environments that (1) give the individual a broad range of role-taking experience...and (2) place the individual in real-life positions of moral responsibility" (Rybash, Roodin, & Santrock, 1991, p. 437). For (2), Rybash et al. give the example of "a physician who is forced to make important health-care decisions" (ibid.). One might also use the example of a parent who has to make an important health-care decision...about her child's health care. The point is that moral reasoning at some level has to be socioculturally adaptive.

Implied by Kohlberg's model and, to some extent, by Gilligan's model, a conventional or other-oriented level of moral reasoning is "lower" than a post-conventional or self-and-other oriented level of moral reasoning. But perhaps the focus should be more on what is adaptive at a particular time in one's life. Söchting (1996) alluded to this when she commented on one of the limitations of her study with young university undergraduates. In that study, a relatively high number of subjects, especially women, scored low on moral development as measured by the ECI. Söchting wrote "considering that the first years of university can be fairly overwhelming, a more self-oriented...approach by new students may be more adaptive" (p. 69). Similarly, given the demands of parenting, a more other-oriented approach may be more adaptive for intentional

mothers. It would be interesting to know if this orientation changes when the children are grown up and no longer having their needs met by their parents.

Suggestions are that perhaps not. A review of the literature as well as two studies by Skoe et al. (1996) indicate that for women in particular "the older adult is mainly concerned with maintaining harmonious relations among several generations within the family" (p. 281). This could be taken to mean that the emphasis on care of others does not "remit" in later life. Some support for this may be found in Skoe et al. (1996) and in the present study. As indicated previously, earlier research using the ECI with late adolescent - young adult university undergraduates shows a relationship between EC level and age (see Skoe, 1996). With older adults this relationship does not hold. The results of the present study found a similar result for middle-aged adult women. In addition, Skoe et al. found relative stability for EC levels over a 4 to 5 year period in mid- to late adulthood. All of this suggests that while the Ethic of Care is indeed a developmental concept, somewhere around one's late 20s or early 30s it forms the basis of a set of guiding moral principles that remains more or less stable throughout adulthood. However, rather than this being a function of age, it is a function of sociocultural adaptation.

The 20s and 30s are usually associated with life changes such as marriage (or partnering) and having children. In the present study women who were either married or in common-law relationships were distributed fairly equally among the EC levels while 80% of the single women were at Level 1. All of these results could suggest that getting married and choosing to have children, each as separate life-events, serve as "steps" to move some women away from a self-orientation and toward an other-orientation that remains stable into later

adulthood. Perhaps this is what is reflected when the elderly mother says to her adult child, "No matter how old you are, I'll always be your mother."

There may be other explanations for these results. One is suggested in light of Söchting's (1996) study which looked at the relationships between care-based moral development and standardized measures of attachment, object relations, and social cognition. Söchting found that people "lower" in moral development (i.e., more self-oriented) had high ratings on the fearful attachment style and had a less mature affective and cognitive interpersonal style. She concluded that

> from an attachment perspective, this suggests that relationship issues activate negative internal models of oneself and others, making it overwhelming to enter into any relationship dynamic. From an object relations perspective, it could be argued that the lack of sufficient internalization of a positive caregiver relationship prevents one from successfully separating from the internalized attachment figure. (p. 72)

This suggests that one's level of moral development does, indeed, precede one's choices around intimacy. Since 80% of the single women were at Level 1 of care orientation and 82% of the women at that level were voluntarily childless, the argument could be made that the women who were more self-oriented are single and childless due to attachment or object relational issues (depending upon which theory one prefers).

Some of the responses by the choice-no women given in the PII provides some support for this notion. As indicated earlier, the most commonly cited influence on the decision not to have children was negative childhood experience. This ranged from unspecified unhappiness as a child to having been

raised in an abusive family. The impact of early experience on attachment in later life or on one's object relations is already well documented. And clearly this is not a simple causal relationship. Some of the women in this study who described dysfunction in their families of origin did choose to have children, although it does appear that the dysfunction was either not as severe or at least not recalled as such.

From the results of the present study one can conclude that there is a difference in care reasoning between women who choose to have children and women who choose not to. One might also conclude that the reason or reasons for this difference is or are multiply determined, most likely having to do with an interplay between earlier life experience, including the formation of a capacity for attachment (or one's object relational capacities) and later life circumstances. These may impact on the development of moral reasoning which in turn impacts on, among other things, procreative choice. Or they may impact on intimacy and generativity, thereby affecting procreative choice. As argued above, it may be that, out of necessity, having children changes one's care reasoning. Or one's life experience may impact independently and simultaneously on the development of moral reasoning and procreative choice.

Another interesting finding of this study was the difference in mean scores of the individual ECI dilemmas. The EC interviews were scored only after all of them had been completed, for reasons stated earlier. But the subjective experience of hearing the responses in the EC interviews was that the responses to the "Real Life" dilemma generated by the participants were generally at a higher EC level than were the responses to the dilemmas provided to them. Subsequent analyses provided support for this impression. Yet Skoe (1996)

reports generally high internal consistency of the ECI with correlations of scores on the four dilemmas ranging from .73. to .84, even with elderly subjects.

However, the results with the elderly were for males and females together. There is consistent evidence that women generate significantly more interpersonal dilemmas than do men (Skoe et al., 1996). It may be that if those correlations were analysed by gender they would be lower for females than for males for real-life versus the other dilemmas. That is, the real-life dilemmas in the present study may have received the highest average score because they were more interpersonal than the standard dilemmas.

In fact, the average scores in Table 5b seem to reflect a continuum of the personal relevance of the dilemmas. The real-life dilemma was, of course, the most relevant as it was self-generated. Second highest average score was for the Betty dilemma, a woman in her 30s struggling with marital difficulties, presumably very relevant for a group of participants with an average age in the 30s. The next highest average score was for the Kristine dilemma, a young woman struggling with responsibility toward a parent. Although Kristine is clearly younger than the present group of participants, women in mid-adulthood are being referred to as the "sandwich" generation because so many of them are not only responsible for the care of their children but are also becoming responsible for aging parents. Of all of the dilemmas, this one appeared to elicit the most anxiety in the participants, demonstrated by laughter, derisive comments about mothers, and ambivalence about how to respond.

The lowest average score was for the Lisa dilemma. It seemed that many of the responses to this dilemma had a "been there, done that" quality to them. The feeling was that either the participant or a close friend had dealt with this type of situation ten or twenty years ago; she did what she had to do in order to

get on with her life and that was it. This perspective may well have been a way of coping with unacknowledged anxiety engendered by "unfinished business." In any case, it resulted in the impression that the dilemma was less personally relevant now, more "removed" from the participant.

Furthermore, many of the responses to this dilemma did in fact lack an interpersonal component. Little mention was made in the responses of the role of the foetus's co-creator. The attitude was along the lines of "The guy is married. He wouldn't be there for Lisa anyway. She couldn't depend on him. The pregnancy is her problem. I wouldn't even tell him about it." This issue was discussed mostly in terms of Lisa's career.

It may also be that the results obtained here are an artifact of some aspect of the study, for example, the topic being addressed, the population from which the participants were drawn, attributes of the researcher, or aspects of the measure used. One observation based on the responses to the standard dilemmas is that these dilemmas were not hypothetical for many of the women interviewed for this study. The vignettes described situations in which they had found themselves, mostly as young women. The participants were able to articulate not only what they thought Lisa or Betty or Kristine should do or what they themselves would do, but also what they had done in the same situation. As the point of the interview is to ascertain current level of care reasoning, participants are asked, after generating a real-life dilemma, if they think they did the right thing. Older participants who have experienced the type of situation in which the protagonist finds herself, are thereby being asked subsequently to "second-guess" themselves on the so-called hypothetical situations. This might well invoke cognitive dissonance and a defensiveness that results in an

intractability, along the line of, "That's what I did. It was the right thing for me at the time. It's still the right thing, given similar circumstances."

This also means that the basis upon which women of a certain age are rated is different from the basis upon which younger participants, upon whom the measure was validated, are rated. The younger women would have been less likely to have had abortions, to have dealt with adultery and divorce, or to have had a parent ask to move in with them. And, at the risk of stereotyping too much, Skoe's elderly subjects also may not have had to struggle with those issues because of the more "traditional" times in which they were young adults.

Procreative choice and Gender Role Self-Concept

In the present study there was no indication of a relationship between these two variables. On the basis of proportional numbers, more women scoring high on masculinity were found to be voluntarily childless. But, in fact, most of the voluntarily childless women had an undifferentiated sex role orientation; that is, they scored low on both masculinity and femininity.

As indicated earlier, the data regarding the ECI and GRSC were not compelling. Although androgyny was more likely to be associated with the self-and-other orientation on the EC, the masculinity and femininity scores did not differentiate between EC levels as in Söchting's (1991) study. Again, Söchting's sample was much younger (mean age for females = 23.4 years) and recruited from undergraduate university classes. If psychological research has demonstrated anything it is that results obtained with participants from certain populations may well not generalize to other populations. To elucidate these results more clearly, more studies would need to be done with the ECI with

participants from various age groups. It is difficult even to conjecture on the basis of results from only a handful of ECI studies with men and women age 40 and older.

Limitations and Implications

It has been acknowledged throughout this discussion that the conclusions that may be drawn from the results of the present study are limited by the nature of the study. First, there is the nonrandomness of the sample; all of the women volunteered for the study in response to items in daily and community newspapers. The data may say more about the types of women who read newspapers or volunteer for studies than they do about procreative issues. But assuming that this is not the case, there is the bigger issue of grouping participants on the basis of their retrospective accounts and, as mentioned earlier, what constitutes "choice".

An attempt was made to establish some clear criteria for choice and to ensure that these were met by the participants. However, there is always the danger that what seems in hindsight to have been a choice, may not have been. Some of the women may have rationalized an outcome, deciding that this was exactly how they had planned things all along. For the record, the participants were not exactly badgered about each step in their decision process, but they were questioned closely, for example, "And then how long was it before you had a (second) child? When did you start to think you wanted (another) one? When did you start trying to get pregnant (again)? Was it your decision alone or a joint one with your partner? Why at that time? Did you have any second thoughts? etc.." It was fairly clear when the information was at odds with the presentation.

A similar question arises with respect to differentiating between early articulators and postponers. One might suggest that many girls think at some point that they will never have children, but that that does not necessarily mean that they will not. One might also suggest that a postponer is merely an early articulator who is not consciously aware of her choice. Perhaps postponing is actually the "flip side" of unplanned pregnancies; that is, the woman never makes a commitment either way but waits to see what happens. A study including unintentional mothers might shed some light on this point.

In rebuttal to the foregoing, one can offer observations based on the PII. First, early articulators spoke differently from postponers about their choice. They could recall specific moments when their choice crystallized; they remembered not having been taken seriously when they were younger, receiving "assurances" such as, "Oh, you'll change your mind when you get older" or "When you meet someone you love, you'll change your mind." A number of early articulators also described having their earlier requests for tubal ligations refused or granted with exasperation by their physicians and surgeons. Postponers were more likely to indicate that a lot depended on circumstance such partner, job, finances, etc.

Second, the participants genuinely seemed to want to shed some light on their choices, either for or against children. For some, especially the childless women, it was a rare opportunity to talk about their choice. For the women choosing children it was another opportunity to share very important life-experiences with an interested person.

Another limitation might have been the subjective nature of two of the measures. With respect to the ECI, however, there was good inter-rater reliability with minimal discussion of the ratings. With respect to the PII, it was constructed

as a qualitative measure; the important thing was how the participant construed her experience, not necessarily the absolute truth of her experience.

Finally, there may have been an order effect. The order of presenting the measures was consistent throughout with the ECI administered first, the PII second, and the PAQ last. This was done, first, because one person did all of the interviews and she did not want the ECI scoring "contaminated" by knowing too much about the participant. However, because it was obvious from the beginning who had children and who did not, the ratings were done much later in any case. Second, the order was maintained because previous research experience indicated that it was easier to establish rapport with a less "personal" measure first and then to administer the more personal one. Therefore, it may be that "priming" participants with the ECI may have increased the validity of the responses on the PII.

As has been indicated by other research with the ECI, there is much potential for future research on care-based moral development. The measure clearly needs to be validated with additional populations, such as different age groups and different "communities". The issue of the relevance of dilemmas needs to be addressed. Given the finding of inconsistency of stages across dilemmas, it may be that dilemmas that are more "age-relevant" need to be presented to older participants. We see identity and moral reasoning as developmental concepts, but some of the measures we use are not developmental. That is, we seem to expect a measure particularly appropriate to one developmental stage to be applicable to other stages as well. This appears to be at odds with the reason for the development of a care-based theory of moral reasoning in the first place; that is, that a justice-based model was not necessarily a universally relevant approach to looking at moral development.

However, the ECI did appear to distinguish between women who need to be more other-oriented and those who do not. This may have some clinical relevance with respect to mothers who are abusive toward or neglectful of their children. Perhaps administering an ECI would provide some information regarding where these women are in terms of care orientation. If it were found that, indeed, there is a relationship between level of parenting ability and EC level, one area of intervention could be empathy training. Pre- and post-training measures would provide information about the utility of such an approach.

In conclusion, despite some lack of scientific rigour, the present study has both provided additional information about procreative choice and raised a number of provocative questions about its nature. Do women who choose not to have children come from more "dysfunctional" backgrounds or are they just more likely to remember them that way? Is the choice of whether or not to have children a function of a capacity for intimacy? Does choosing to have children, or having them, lead to an other-orientation of care, or does an other-orientation result in a greater likelihood that one will want children? On the other hand, the fact that it is possible to discuss procreative choice in terms of a care-orientation is a step ahead in the discussion. The next step would be to include unintentional mothers and involuntarily childless women in similar studies in an attempt bring more clarity to the discussion about such a fundamental female experience.

REFERENCES

Abma, Joyce C. & Petersen, Linda S. (1995). Paper presented at the Annual meetings of the Population Association of America, April 6-8, 1995.

Anderson, K.L. (1986). Androgyny, flexibility, and individualism. *Journal of Personality Assessment*, 50, 265-278.

Arnett, S.A. (1989). Moral judgement development: A comparison of voluntarily childless women and intentional mothers. (Doctoral dissertation, University of Colorado at Boulder, 1990) *Dissertation Abstracts International, 50*(7-A), 1980.

Bem, S. (1974). The measurement of psychological androgyny. *Journal of Consulting and Clinical Psychology, 42*, 152-162).

Boyd, R.L. (1989). Racial differences in childlessness: A centennial review. *Sociological Perspectives, 32*(2), 181-199.

Callan, V.J. (1983). Factors affecting early and late deciders of voluntary childlessness. *Journal of Social Psychology, 119*, 261-268.

Carter, D.B. (1985). Relationships between cognitive flexibility and sex-role orientation in young adults. *Psychological Reports, 57*, 763-766.

Chodorow, N. (1978). *The Reproduction of mothering: Reproduction and the sociology of gender.* Berkeley: University of California Press.

Cohen, J. (1992). A power primer. *Psychological Bulletin, 112*(1), 155-159.

Davis, N. (1982). Childless and single-childed women in early twentieth-century America. *Journal of Family Issues, 3*(4), 431-458.

Damon, W. (1980). Structural development theory and the study of moral development. In M. Windmiller, N. Lambert, & E. Turiel (Eds.), *Moral development and socialization.* Boston: Allyn & Bacon

Day, R.W., & Korabik, K.S. (Unpublished manuscript). A multidimensional scaling analysis of the Bem Sex Role Inventory and the Personal Attributes Questionnaire: What do they measure in common?

Frable, D.E.S. (1989). Sex typing and gender ideology: Two facets of the individual's gender psychology that go together. *Journal of Personality and Social Psychology, 56*, 95-108.

Gilligan, C. (1982). *In a different voice: Psychological theory and women's development.* Cambridge, Mass: Harvard University Press.

Gilligan, C. & Belenky, M.F. (1980). A naturalistic study of abortion decisions. In R.L. Selman & R. Yando (Eds.), *New Directions for child development: Clinical-developmental psychology* (no. 7, pp. 69-90). San Francisco: Jossey-Bass.

Glazer, C.A., & Dusek, J.B. (1985). The relationship between sex-role orientation and resolution of Eriksonian developmental crises. *Sex Roles, 13,* 653-661.

Golden-Scaduto, C.J. (1990). The effects of voluntary childlessness or voluntary parenthood on marital satisfaction and communication. (In *Dissertation Abstracts International, 1990,* Jun Vol 50(12-B, Pt. 1) 5925)

Harrington, D.M., & Andersen, S.M. (1981). Creativity, masculinity, femininity, and three models of psychological androgyny. *Journal of Personality and Social Psychology, 41,* 744-757.

Helmreich, R.L., Spence, J.T., & Wilhelm, J.A. (1981). A psychometric analysis of the Personal Attributes Questionnaire. *Sex Roles, 7,* 1097-1108.

Higgins, A., Power, C., & Kohlberg, L. (1984). The relationship of moral atmosphere to judgments of responsibility. In W.M Kurtines & J.L. Gewirtz (Eds.), *Morality, moral behaviour, and moral development.* (pp. 74-106). New York: Wiley

Houseknecht, S.K. (1982). Voluntary childlessness in the 1980s: A significant increase? *Marriage and Family Review, 5,* 51-69.

Jones, W.H., Chernovetz, M.F., & Hansson, R.O. (1978). The enigma of androgyny: Differential implications for males and females? *Journal of Consulting and Clinical Psychology, 6,* 298-313.

Kelly, J.A., & Worell, J. (1977). New formulations of sex roles and androgyny: A critical review. *Journal of Consulting and Clinical Psychology, 45,* 1101-1115.

Kohlberg, L., and Kramer, R.B. (1969). Continuities and discontinuities in childhood and adult moral development. *Human Development, 12,* 93-120.

Kohlberg, L., Scharf, P., & Hickey, J. (1971). The justice structure of the prison: A theory and an intervention. *Prison Journal, 51*(2), 3-14.

Leahey, R., & Eiter, M. (1980). Moral judgment and the development of real and ideal androgynous self-image during adolescence and young adulthood. *Developmental Psychology, 16,* 362-370.

Levine, C. (1976). Role taking stand point and adolescent usage of Kohlberg's conventional stages of moral reasoning. *Journal of Personality and Social Psychology, 34*, 41-46.

Lifton, P. (1985). Individual differences in moral development: The relation of sex, gender, and personality to morality. *Journal of Personality, 53*(2), 306-334.

Miller, J.B. (1976). *Toward a New Psychology* of Women. Boston: Beacon Press.

Offerle, J.M. (1985). Voluntarily childless women: An examination of some psychological differences between early articulators and postponers. Unpublished doctoral dissertation, Virginia Commonwealth University. (In *Dissertation Abstracts International,* 1986, *46*(08), 2854B)

Orlofsky, J.L. (1977). Sex-role orientation, identity formation, and self-esteem in college men and women. *Sex Roles, 3*, 561-575.

Parsons, T., & Bales, R.F. (1955). *Family, socialization and interaction process.* New York: The Free Press.

Pratt, M., Golding, G., & Hunter, W. (1984). Does morality have a gender? *Merrill Palmer Quarterly, 30*, 321-340.

Rankin, D.J. (1981) Marital adjustment of couples with zero, one or two children. (In *Dissertation Abstracts International 1981*, 42(01))

Rybash, J.M., Roodin, P.A., and Santrock, J.W. (1991). *Adult development and aging* (2nd ed.). New York: W.C. Brown.

Saracino, M. (1987). Marital adjustment: A comparison of voluntarily and involuntarily childless couples. (*Dissertation Abstracts International 1987*, 48(04))

Scheidel, D.G., & Marcia, J.E. (1985). Ego identity, intimacy, sex role orientation, and gender. *Developmental Psychology, 18*, 149-160.

Skoe, E.E. (1986). *The development and partial validation of a care-based measure of moral development.* Unpublished doctoral dissertation, Simon Fraser University, British Columbia.

Skoe, E.E. (1991). *Ethic of care, justice, identity and sex role orientation in men and women.* A working paper, Acadia University, Nova Scotia.

Skoe, E.E. (1993). *The Ethic of Care Interview manual.* Unpublished manuscript, University of Tromsø, Tromsø, Norway.

Skoe, E.E. (1996). *The ethic of care: Issues in moral development.* Paper in preparation. University of Tromsø, Tromsø, Norway.

Skoe, E.E. & Diessner, R. (1994). Ethic of care, justice, identity and gender - An extension and replication. *Merril-Palmer Quarterly, 40,* 102-109.

Skoe, E.E. & Marcia, J.E. (1991). A measure of care-based morality and its relation to ego identity. *Merrill-Palmer Quarterly, 37,* 289-304.

Skoe, E.E., Pratt, M.W., Matthews, M., and Curror, S.E. (1996). The ethic of care: Stability over time, gender differences, and correlates in mid- to late adulthood. *Psychology and Aging, 11*(2), 280-292.

Söchting, I. (1991). *Are moral reasoning, sex role orientation and prosocial behaviour linked?* Unpublished master's thesis, Simon Fraser University, British Columbia.

Söchting, I. (1996). *Ethic of care and its relationship to attachment, object relations and social cognition.* Unpublished doctoral dissertation, Simon Fraser University, British Columbia.

Söchting, I., Skoe, E.E. and Marcia, J. (1994). Care-oriented moral reasoning and prosocial behaviour: A question of gender or sex role orientation? *Sex Roles: A Journal of Research, 31*(3/4), 131-147.

Spence, J.T. (1984). Masculinity, femininity, and gender-related traits: A conceptual analysis and critique of current research. In B.A. Maher & W.B. Maher (Eds.), *Progress in experimental personality research,* (13). New York: Academic Press.

Spence, J.T. & Helmreich, R. (1980). Masculine instrumentality and feminine expressiveness: Their relationship with sex-role attitudes and behaviours. *Psychology of Women Quarterly, 5,* 147-163.

Spence, J.T., Helmreich, R. & Stapp, J. (1974). The Personal Attributes Questionnaire: A measure of sex role stereotypes and masculinity and femininity. *JSAS Catalog of Selected Documents in Psychology, 4,* 42, #617.

Spence, J.T., Helmreich, R. & Stapp, J. (1975). Ratings of self and peers on sex role attributres and their relation to self-esteem and conceptions of masculinity and femininity. *Journal of Personality and Social Psychology, 32,* 29-39.

Taylor, M.C. & Hall, J.A. (1982). Psychological androgyny: Theories, methods, and conclusions. *Psychological Bulletin, 92,* 347-366.

Veevers, J.E. (1980). *Childless by Choice.* Butterworth & Co. (Canada) Ltd.: Toronto.

Veevers, J.E. (1985). The social meaning of pets: Alternative roles for companion animals. In *Pets and the family*. New York: Haworth Press, Inc.

Wark, G.R. (1993). *The effects of sex, sex-role, and type of moral dilemma on moral maturity and moral orientation.* Unpublished master's thesis, Simon Fraser University, British Columbia.

Waterman, A., & Whitbourne, S.K. (1982). Androgyny and psychosocial development among college students and adults. *Journal of Personality, 50*, 121-133.

Watkinson, W.B. (1984). The role of psychological androgyny, locus of control, and marital satisfaction in individuals who are voluntarily childless. (In *Dissertation Abstracts International, 1984*, 45(06))

Westoff, C.F. (1978). Marriage and fertility in the developed countries. *Scientific American, 239*(Dec.), 51-57.

Wiggins, J.S., & Holzmuller, A. (1981). Further evidence on androgyny and interpersonal flexibility. *Journal of Research in Personality, 15*, 67-80.

Wilson, F.R., & Cook, E.P. (1984). Concurrent validity of four androgyny instruments. *Sex Roles, 11*, 813-837.

APPENDIX A

THE ETHIC OF CARE INTERVIEW MANUAL

by

Eva E. Skoe

University of Tromsö, Norway

The objective of rating each interview is to locate the individual in one of the Ethic of Care levels based on their responses to four moral dilemmas. Following Gilligan (1982), each level represents a different mode of resolving conflicts in human relationships and a different apprehension of the central insight that self and other are interdependent. The five levels involve a progressively more complex understanding of human relationships and an increasing differentiation of self and other. Thus the ethic of care reflects a cumulative understanding of relationships based upon the perception that self and other are interdependent and that activities of care benefit both others and self.

The levels of care involve moving from an initial position of self-concern, through a questioning of this as a sole criterion to a position of exclusively other-concern, through a similar questioning of this as a sole criterion, to a final position of balanced self and other concern. In line with Gilligan (1982), the three primary levels of care and the two transitional levels are:

1. Survival (Caring for Self).
1.5. Transition from Survival to Responsibility.
2. Conventions of Goodness (Caring for Others).
2.5 Transition from Conventional to Reflective Care Perspective (From Goodness to Truth about Relationships).
3. Ethic of Care (Caring for Both Self and Other)

INSTRUCTIONS FOR ADMINISTRATION

The Ethic of Care Interview (ECI) consists of four dilemmas administered in a structured interview format. In addition to a real-life moral conflict generated by the participant, there are three interpersonal dilemmas involving conflicts surrounding: 1) unplanned pregnancy, 2) marital fidelity, and 3) care for a parent (see below). The participant should be interviewed alone. The interview is audio tape recorded and takes about 30 minutes to administer.

In determining the stage of a subject's response, it is important to note whose needs and concerns the person considers in responding to the dilemma situations, and the reasons why s/he would or would not do or say something. "What" s/he would do is of much lesser importance. It is therefore essential for the interviewer to ask sufficient non-directive probing questions in order to bring out the subject's structures of thought around the various dilemmas. A subject may initially give a superficial response indicating care for others, e.g., stating that s/he would take the lonely parent in. However, further questioning may reveal that the reason for doing so was that the parent would not make a scene and thus give her/him a bad reputation. On the other hand, the interviewer should not give the subjects ideas by pushing too hard for responses or additional considerations. In summary, the subject should be given ample opportunity to express her or his views and values on each dilemma without the help of any suggestions from the interviewer. Conducting a good interview requires both practice and sensitivity.

INTERVIEW FORMATS FOR THE ETHIC OF CARE INTERVIEW DILEMMAS

The Participant-Generated, Real-Life Dilemma

The Real-Life dilemma is generated by the participant in response to a general question about their personal experience of moral conflict. The question is asked in several ways: Have you even been in a situation where you weren't sure what was the right thing to do? Have you ever had a moral conflict? Could you describe a moral conflict? These questions eliciting a dilemma are then followed by a more consistent set of questions: Could you describe the situation? What were the conflicts for you in that situation? What did you do? Did you think it was the right thing to do? How did you know it was the right thing to do?

Researcher-Generated Dilemmas

The general procedure with the researcher-generated dilemmas is as follows: the participant is presented with the dilemma in a written format, then the dilemma is read out aloud, and the participant is asked to respond to questions about that dilemma. Some people may have difficulties in generating responses, and it may then be useful to ask "What would you do if you were in this situation? Why?" If the participant says that there is not enough information in the dilemma to know what to do, the interviewer can ask what other information is needed, and then ask" What difference would that make? Why?"

The specific researcher-generated dilemmas for females are as follows:

The Lisa Dilemma

Lisa is a successful teacher in her late twenties who has always supported herself. Her life has been centered on her work and she has been offered a tenured position for next year. Recently she has been involved in an intense love affair with a married man and now finds that she is pregnant. What do you think Lisa should do? Why?

The Betty Dilemma

Betty, in her late thirties, has been married to Erik for several years. They have two children, 8 and 10 years old. Throughout the marriage Betty has been at home, looking after the house and the children. For the last few years Betty has felt increasingly unhappy in the marriage relationship. She finds her husband demanding, self-centered and insensitive as well as uninterested in her needs and feelings. Betty has several times tried to communicate her unhappiness and frustration to her husband, but he continually ignores and rejects her attempts. Betty has become very attracted to another man, Steven, a single teacher. Recently, Steven has asked Betty for a more intimate, committed relationship. What do you think Betty should do? Why?

The Kristine Dilemma

Kristine, a 26 year old woman, has decided to live on her own after having shared an apartment with a girlfriend for the last three years. She finds that she is much happier living alone as she now has more privacy and independence and gets more work and studying done. One day her mother, whom she has not seen for a long while as they do not get along too well, arrives at the doorstep with two large suitcases, saying that she is lonely and wants to live with Kristine. What do you think Kristine should do? Why?

The specific researcher-generated dilemmas for males are as follows:

The Derek Dilemma

Derek is a married, successful teacher in his late twenties. His life has been centered on his work and he has been offered a tenured position for next year. Recently he has been involved in an intense love affair with a single woman who has just told him that she is pregnant and that it is his child. What do you think he should do? Why?

The Erik Dilemma

Erik, in his late thirties, has been married to Betty for several years. They have two children, 8 and 10 years old. Throughout the marriage Betty has been at home, looking after the house and the children. For the last few years Erik has felt increasingly unhappy in the marriage relationship. He finds his wife demanding, self-centered and insensitive as well as uninterested in his needs and feelings. Erik has several times tried to communicate his unhappiness and frustration to his wife, but she continually ignores and rejects his attempts. Erik has become very attracted to another woman, Carol, a single teacher. Recently, Carol has asked Erik for a more intimate, committed relationship. What do you think Erik should do? Why?

The Chris Dilemma

Chris, a 26 year old man, has decided to live on his own after having shared an apartment with a friend for the last three years. He finds that he is much happier living alone as he now has more privacy and independence and gets more work and studying done. One day his father, whom he has not seen for a long while as they do not get along too well, arrives at the doorstep with two large suitcases, saying that he is lonely and wants to live with Chris. What do you think that Chris should do? Why?

INSTRUCTIONS FOR RATINGS

The following is a description of the various stages, embodying Gilligan's (1982) criteria, and a short sketch of how each level might respond to the different dilemmas, followed by examples incorporating responses from actual interviews.

Level 1 Survival (Caring for Self)

This perspective is characterized by caring for self in order to ensure survival. The person's concern is pragmatic and what the person "should" do is undifferentiated from what the person "wants" to do. The question of "rightness" emerges mainly if the person's own needs are in conflict, then s/he would have to decide which needs should take precedence. The aims are basically to protect the self, to ensure one's own happiness and to avoid being hurt or suffering. There is little, if any, evidence of caring for other people and their lives or feelings. Also, there is no consideration of abstract ethical principles or values.

Sketch

Real-Life: The person may or may not be able to generate a moral conflict. If s/he does, it is frequently some very personal, pragmatic dilemma, e.g., "what major to choose," "whether to drink or drive," "whether to sleep with my boyfriend or not." Reasons for deciding what to do are also pragmatic, e.g., "I might lose my license," "my parents may give me trouble," "I may lose my boy friend," "I may get a bad reputation." The concerns are basically to protect self, ensure own happiness and avoid difficulties.

Going into the liquor store. I was the oldest one of the bunch and it was up to me to get it. (WHY WAS THAT A MORAL CONFLICT FOR YOU?) Because it was a good chance of getting caught .... If you get caught, you are in trouble.

We were going away for the week-end skiing, there would be boys there. I knew my parents would not like it ... It was a difficult decision because if they found out, I would be grounded for ever and ever.

Drinking and driving ... I might lose my license.

Deciding whether or not to sleep with my boyfriend. I was considering whether I really wanted to or not, what the consequences would be, what would happen if my parents found out ... getting pregnant. I was glad I didn't because things did not work out.

Lisa/Derek: S/he may or may not think that abortion is the best solution. Again, the considerations are pragmatic and selfish. For example, if s/he is against having the baby, s/he may consider: will the job be lost, get a bad reputation, will people wonder who the father is, will s/he lose the relationship. If it is decided to keep the baby, the reason is likely that the person really wants a baby. Again, the concerns will be selfish. There are little, if any, considerations for the baby, e.g., will it be properly cared for, or for the other people involved, e.g., wife/family.

She could tell the father to see what he would say. If she could support herself, then she could keep it. But if she is going to starve, then she has to have an abortion. The kid would die anyway.

It depends upon what she wanted, if she was willing to give up her work or if she wasn't, if she wanted to have a baby or if she didn't. It sounds like she didn't want to have a baby (DO YOU THINK SHE SHOULD HAVE AN ABORTION?) It depends, if it was me, I would probably have an abortion. (WHY?) Because I think that my own life, going on with my own life and what I want to do would be first priority so that I could keep doing what was important to me.

I think he should tell his wife, because if he doesn't, it is going to catch up with him later. If he tells her in the first place, she is going to appreciate that and I don't think there is any way he can hide that from her. If he doesn't, he will always be worried that she might find out. I think, if it is indeed his child, that he should be supportive of his girlfriend and with the decision making, whether she should have the child, or an abortion, or give it up for adoption. He should make his position clear that if she decides to have it that he can't really well, whatever his position is, whether is going to help care for it, whether he is or not planning on getting a divorce, whether he will or not have anything to do with it (DO YOU THINK HE SHOULD SUPPORT HER?) No, I don't, but I think he has to tell her what his decision is let her know where he stands. There is also the issue of birth control, if she may have tricked him to get pregnant on purpose. (WHAT DO YOU THINK YOU WOULD DO IN THAT SITUATION?) I would tell my wife because I would be too scared she would find out in another way that I wouldn't want her to find out.

Betty/Erik: S/he is likely to think that Betty/Erik should leave the spouse as s/he is not happy in the marriage. The person may at first suggest talking to the spouse, or marriage counseling, but then very quickly be ready to leave if things do not work out. If the children are mentioned, they are likely to be dismissed with statements such as "the children are old enough, divorce is common these days, they can probably work things out." The spouse or the other person Betty/Erik is attracted to are not considered except for selfish reasons, e.g., Betty should commit herself to Steven because he makes her happy, the husband should "shape up or ship out."

If it was me, I would commit myself to Steven. The children are old enough to handle and understand a divorce. Before it is too late, I would leave my husband probably. She is not happy with her husband. I believe in happiness for everyone. She does not have much to lose by it, except the children, but they are a decent age, they can comprehend that mom and dad don't get along. Divorce is fairly common these days. It is not a stigma or anything.

Betty should get rid of the husband and find out if she really does care about this Steven guy and if that will go anywhere, if that will give her any kind of satisfaction, if she will supply her with what she didn't get from her previous husband, so to speak ... Because she has to be happy. She's got to do what is good for herself. She shouldn't suffer because of him. She shouldn't be forced into living like that. If he is not going to be a good guy, then she should leave. (WHY DO YOU THINK IT IS IMPORTANT FOR BETTY TO BE HAPPY?) It is not much point in going through 10 - 20 years or however long she has been married to this guy. I mean, that's part of living, being happy. That's what you are aiming for.

If he is very unhappy, and if he still thinks there is hope for the marriage and he loved his wife, then maybe they should seek marriage counseling before he breaks up with this other woman. If the wife is opposed and if he feels that it is going nowhere, then maybe he should get a divorce...I don't think he should keep having an affair on his wife because that is going to end up not going in a positive direction. (WHY SHOULDN'T HE HAVE AN AFFAIR?) Either his mistress is going to want him to leave his wife or his wife is going to find out. He is just going to get himself into more problems...I think life is too short to stay in an unhappy situation...There are too many other opportunities to be happy...(WHY IS IT IMPORTANT TO BE HAPPY?) We are only here for about 80 years or so, we may as well make the best of it.

Kristine/Chris: In all likelihood s/he will say that Kristine/Chris should not take the parent in because Kristine/Chris enjoys and needs independence, they do not get along anyway, the parent should stay with people her/his own age, etc. Some kind of help may briefly be suggested, e.g., help the parent find another place, spend more time with her/him, but the overriding attitude is that of wanting to get rid of the parent as quickly and easily as possible. If the person says to take the parent in, the reasons for doing so are mostly selfish, e.g., so they don't lose an inheritance. There is little, if any, attention paid to the needs of the parent and no real effort to talk to the mother/father and to work things out or come to an agreement benefiting both people.

Tell her mother to go home. If they don't get along, there wouldn't be any hard feelings. Her mother would not expect to be welcomed. It is only natural to say no. If she likes living on her own and likes her privacy, she sure doesn't want her mother there. I can't see how the daughter would invite her to stay. Help her mom find an apartment near by. It is kind of pointless if they don't get along to live together, because both of them will be unhappy, especially Kristine, if she is that much happier living on her own than with a friend whom she probably does get along with, why bother? Just say "well, mom, I'll visit

you." She could figure out another way. It is kind of hard when it is your mother but I would still try. (WHY?) Because she will be unhappy. They will be fighting all the time and arguing. She wouldn't even want to come home from work or whatever. It is the worst thing having to live with somebody you don't get along with. You hate going home.

Open the door, let his father in, put the suitcases down. Don't unpack, Dad. Let's talk about this. You don't just walk in, I'm 26. That's the basic argument...it's father, got to let him in...Chris is going to have to talk to his father and say, Dad, it's not going to work out, because we don't get along too well, and I work better and I study better alone. Chris would do himself in, basically, because he'd lose his privacy and his father isn't exactly doing a good thing for himself by becoming dependent on Chris...Dad should find his own place; unless his father's senile, crazy or something. Then maybe he should consider a nursing home.

General Comments: The person is basically seeing and evaluating things from the self's point of view and does not experience much conflict about what is "right" or "wrong." This question would only emerge if one's own needs are in conflict, in which case s/he would have to decide which needs should come first, e.g., she really wants a baby, but also wants her freedom to work, meet people, etc. Generally, self-interest serves as the basis for judgment.

Level 1.5 Transition from Survival to Responsibility

The transition issue is one of attachment or connection to others. Concepts of selfishness and responsibility first appear. The person can now criticize her/his own judgment and behaviour as, e.g., "selfish" and "unrealistic." This criticism signals a new understanding of the connection between self and others, leading to a shift from selfishness to responsibility. However, although there is some concern for other people, survival of the self is still the main aim.

Sketch

Real-Life: Similarly to Level 1, the person will have difficulty thinking of a dilemma and is more concerned with her/his own feelings than with principles of "right" and "wrong." However, s/he will be somewhat more concerned with other people and their opinion and s/he can criticize her/his own actions as "selfish." Although aware of what other people may want or need, the person will still decide to do what s/he wants, what "feels good" or what will best protect herself or himself.

Being with a group of people that will be drinking, and you don't want to be. Depends on how I felt, I guess. There had to be someone to drive home and I decided to be the one. Difficult to decide because everybody else was doing it and I didn't want to, peer pressure. You want your friends to accept you and be like everybody else. I decided to drive home. I'm glad I did. Nobody else remembers it, because it didn't mean anything to them, but it meant something to me.

Deciding whether or not I should have my boyfriend stay at my place for a week-end when he was down here or with someone else ...Just the way it would look to other people, what my parents would think. He ended up not staying with me. It would make things easier in the long run if he didn't, just to keep things safe and easy. My parents or anybody else could never use that against me, because they wouldn't agree with it.

Lisa/Derek: Initially, s/he may or may not think that the pregnant woman should keep the baby but upon further questioning is likely to think that an abortion or adoption is the best. Although the person will give some considerations to the welfare of the baby, the reasons for deciding will basically be selfish, e.g., can she still keep the job, does she really want a baby. There will be little, if any, consideration for the other people involved.

Does she feel she can support a child on her own and work at the same time, or does she feel the child could be in the way or it is not what she wants right now, then I feel she should have it and give it up for adoption. I would give it up for adoption. I'm certainly not prepared to have a child, emotionally. I still live with my parents and go to school. I think she should tell him, ask him if he wants a baby. I wouldn't ask him to divorce his wife and marry me. It depends on the man's reaction too. If he is not being very responsible about the whole thing, I would probably get an abortion. If he wants the baby,

probably get an abortion. It is the only way of getting rid of a baby, if I didn't want a baby myself.

Derek might be lucky and be able to cover up what he had done, but I'd say it's to his advantage to tell his wife what he did because legally and socially he has broken rules with his wife and he has to mend that. I don't see how that's going to affect his permanent position for next year, if he is cool about it. There is the problem with the single women...either way he goes he's going to hurt someone...I'd go for his wife first, myself, just because she's the one that probably would come through more often than the single woman. The other problem is the child...It's a matter of hearsay here because she says it's his child. How does he know that she's been faithful to him? Probably never know, so he could either take the gamble and just stay with his wife, and just say get out of my life, or if he does believe it's his child, Derek's in some serious trouble.

Betty/Erik: Like level 1 the person is likely to think that Betty/Erik should leave the spouse, but s/he will give more considerations to trying to save the marriage and show more concern for the children and spouse.

Get a separation from the husband. But first of all, she has to get a job. It would take time, this way she would find out if this guy was willing to wait for her. Lots of people have a really good marriage for many years and then just grow apart. There's nothing wrong with that. It is probably better for the kids. They may both be better apart. Maybe she is not going where his life is going, maybe he's an executive, successful and she's not his idea of a wife right now. If they decide they are happier apart then they can get a divorce. Lots of people who get separated get back together again.

There are actually three angles you can take it from. The first one would be Erik's happiness. If he's unsatisfied, he should do it. But from a legal/financial standpoint he shouldn't do it because he'd get screwed in the end, just like Derek would, and he'd get into that dilemma where he would lose his kids and Betty would divorce him, he'd lose a lot of money, Carol might leave...Religiously, I don't know, slash morally, I guess, he shouldn't do it, just because he's married...It would be very selfish. If you're unhappy try to fix the situation. If not, get a divorce quickly.

Kristine/Chris: The person may be willing to take the parent in for a short while and extend some help. However, s/he basically wants to get rid of the parent, and may use the argument that they don't get along anyway. There is no real effort to take the parent's point of view.

I suppose she has to let her stay for a little while, anyway. You can't very well turn your own mother away. But after a while you have to have a heart to heart discussion about why it is not fair for the mother to dump on her daughter. Hopefully, they could figure out something, she could rent an apartment near her daughter and they could visit. Because after a while they are going to realize how little they get along anyway, so the mom is probably wanting to leave anyway, hopefully. If not, the daughter has no choice but to ask her to leave. They don't get along anyway. She is infringing upon her life and not making her any happier, so she has to go. (WHY WOULD YOU TAKE HER IN THE FIRST PLACE?) Because if somebody landed on your doorstep you at least want to hear the story. You don't talk to somebody through the key hole, so you have to let them in and let them stay for breakfast and then they can go.

I think Chris should offer to let his Dad stay for a while, but at the same time he should tell his dad that he should maybe get back on his feet and start becoming more independent. When the father becomes more secure he should move out, either find a roommate or by himself. If that doesn't happen within a certain amount of time, I think Chris would have to say "I'm sorry. It's all right to help you but I would rather be done with you."

General Comments: Due to a move toward connection with others, the person struggles more with the conflicts presented than at Level 1. S/he will not be quite as sure of what to do, and will be considering the needs of others to a greater extent. However, while being able to list the needs of others in addition to one's own, s/he will still basically attempt to take care of self.

Note: A score of 1.5 should also be given when the subject appears to be between levels 1 and 2 or when the response does not clearly fit the description of level 1.5, but seems to have characteristics of both levels 1 and 2.

Level 2 Conventions of Goodness (Caring for Others)

This perspective is characterized by a strong emphasis on responsibility and a maternal/paternal morality that seeks to provide care for the dependent and unequal. "Good" is equated with self-sacrificing care for others. The person adopts societal values, and conventionally-defined goodness becomes the primary concern because survival is now seen to depend on the acceptance of others. "Right" is defined by others and responsibility for defining it rests with them. The person has a strong need for security and avoids taking responsibility for choices made. S/he feels responsible for the actions of others whereas others are responsible for the choices she or he makes. The strength in this position lies in its capacity for caring; the limitation lies in the prohibition of self-assertion. Conflict arises specifically over the issue of hurting and others are helped or protected often at the expense of self-assertion.

Sketch

Real-Life: The dilemma generated probably involves a situation in which s/he is afraid of hurting or disappointing somebody close, such as family or friends. Generally, the person attempts to please, help or protect others as much as possible at the expense of self-assertion and one's own views and feelings.

I come from a very strong Catholic family and it is difficult for me sometimes to do what I feel like doing. I still live at home, so I know that my parents don't approve of some things I do, so I find I have to cover up part of my life. I still have to go to church on Sundays with them, so I sit in church feeling really guilty sometimes, not so much because of what I have done, but how my parents would feel about it and what the church teaches about it. It is kind of a parental fear. Here are these two people I care so much about and I have always been under their care and supervision. I have great respect for them. My major fear is to disappoint them.

It usually involves friends and their boyfriends who ask my opinion whether they should stick with their boyfriend. It is difficult for me to say because it may be misleading. If I am wrong she may end up disillusioned and I wouldn't trust myself.

I have recently become friends with a girl who is very personable and very nice, but she is the kind of person who is very much into...her view of sexual morality does not at all mesh with mine...I feel very attracted to her as a person and I wouldn't mind dating her, but I don't know that I would feel comfortable doing that because of her view on sexual morality, because I don't know what she would want. I mean, what people would say...I'm very much opposed to premarital sex and that sort of thing...I like her very much but I don't know that I would feel comfortable being in a situation where I might be faced with a decision...I base my morality on what makes sense to me which is my Catholic faith. There are times where I don't follow my faith, but, I know that I have done wrong and then I would say to myself, "I should not have done this."

Lisa/Derek: Due to upbringing or religious convictions, s/he is likely to be against abortion and will probably advocate keeping the child no matter what the circumstances might be. Although the job and the father might be considered (mainly in terms of whether he will be willing to help), the main focus is on the parent's responsibility to the child. If the person is in favour of abortion, the reasons are likely because keeping the child may hurt other people, e.g., disgrace the family, the child would suffer, etc.

Have the child and just bring up the child. I guess it depends on him too. She has been working, she has enough money for day care. She may have to take a year off ... I don't believe in abortion, unless you want to give it up for adoption ... I would keep the child, because I would want it. If I am pregnant I already have a child, I wouldn't destroy that because it is a life. It would not be right for me to destroy another life. It would be easier if the father wants to live with her because you would not be alone. But I would still have the child.

I would tell the man and then it would have to go from there what he would want to do. If I was financially stable enough to raise a child on my own, and he chose not to marry me or see me more, I would raise the child on my own. An abortion is not for me. If he suggested an abortion, I would terminate the relationship and raise the child by myself. (WHAT IF SHE WAS NOT FINANCIALLY STABLE?) I would not give it up for adoption either. There is always welfare programs. I would raise the child. (WHY?) It's basically my upbringing and certain religious convictions that would prevent me from having the abortion.

Betty/Erik: Stressing responsibility and commitment to the spouse and especially the children, the person will probably see it as wrong for Betty/Erik to leave the spouse to

have an affair. Also, s/he will typically suggest that Betty/Erik tries harder to communicate with her husband or to improve the situation by other means, such as getting a part-time job, new friends and activities, etc. Betty's/Erik's own needs or the spouse's mutual responsibilities are secondary, if considered at all. For scoring purposes, it is important not only to note the emphasis placed on responsibility and commitment but also the reasons why a marriage should not be broken, e.g., not to let people down, they might not like you, everybody wants to be liked and loved, or it might hurt the children or it would not be right according to the Bible, church or parents, etc. If the person favors a divorce, the reasons are likely other-oriented, e.g., it is best for the children.

As a Christian, I wouldn't get involved with the other man. It is considered adultery. I would flee from temptation. First thing to do is to talk to my husband and try to talk things out. It is the only rational thing to do. The husband probably doesn't know how she feels about the whole thing. I would pray about it and keep on trying to talk to him. Perhaps try to get him to see a counselor. (WHAT IF HE IS NOT WILLING TO SEE A COUNSELOR?).. If he won't go, I would say that his attitude has disappointed me. I might go away for a few days. I would not leave him, because the bible says they should stick together through thick and thin.

I don't believe in divorces or extramarital flings. She could try other ways to make her husband realize that she wants a bit more out of the marriage, possibly volunteer work or take a part-time job. The kids are old enough to be left alone some of the time ... She has been married a long time. She should try a bit harder to get through to her husband. She has children, divorce is hard on children. I believe in marriage and staying together. Marriage is a commitment, you should stay married.

I would not think about divorce as readily as some people. (WHY NOT?) Primarily because of the children...Divorce is a very drastic thing, I wouldn't approach that just yet. I don't think I would discuss it with my wife. I think I would ask a friend's advice...He can't communicate his unhappiness and his frustrations to his wife anyway. I would be hesitant in pursuing this Carol relationship, for my children's sake. If children were not present everything goes back to that vow. Vows are very important to me. Actually, I would think about this as a test of my character in a religious and a social sense. If your vow to the marriage meant anything to you, which it obviously did seeing that you have two children, you're morally bound to weather the storm in your marriage, for the sake of the vow.

Kristine/Chris: Even if the person initially suggests that the parent find another place, s/he easily switches to thinking that Kristine/Chris should take the mother/father in "at least for a while." The reason for this is probably that it is a parent and that you owe it to your parents to take care of them. It is likely seen as a responsibility between parent-children to help each other. The main focus is the parent's needs and how s/he can best be helped.

She should say yes to her mother, just because she is her mother. Because her mother is lonely too. Perhaps it is a good opportunity to work things out with her mother.

Try to find some other place for her mother like with an other older person. I would not want my mother there. Talk it over with her mother and tell her that she doesn't want her there. But, until they get it worked out, she should stay with her mother and try to work things out as best she can (WHAT WOULD YOU DO IF YOU WERE IN THAT SITUATION?). If the mother is lonely, I could never say no to my mother. You can't just turn her away and leave her there. Because your parents have brought you up and the least you can do is help them out in a time of need. I'm sure if you were lonely and you went to their doorstep they would take you in. It is only the right thing to do to accept her.

Bring him in. I've been living without a father for a long time. I wouldn't think twice...Not only because too many people in this world don't have the second chance that Chris is having, family should be upper most in his mind...In a family if you can't take in your own father, you can't take in anyone else, then you are shutting off life, and what a way to live...If the father had put up with this guy for as long as he had, I think it is just common courtesy for Chris to do the same thing. You owe it to your father to take care of him.

General Comments: There is an emphasis on responsibility, commitment and response to other people and on doing the "right thing." "Right" is basically defined by others, e.g., the church, the Bible, parents or society. Due to their reliance on laws, rules, and well-defined guidelines, these people are often characterized by a certain rigidity. Their moral judgments tend to be absolute or "black-and-white." Because social convention often dictates self-sacrifice, they will place emphasis on caring for others,

avoiding harm, and avoiding interpersonal conflict ahead of their own needs and well-being.

Level 2.5 Transition from Conventional to Reflective Care Perspective (From "Goodness" to Truth about Relationships)

The transition phase that follows Level 2 is marked by a shift in concern from goodness to truth and honesty. The transition begins with a reevaluation of the relationship between self and other, as the person starts to question the logic of protecting others at her/his own expense. This exclusion of self gives rise to problems in relationships, creating a disequilibrium that initiates the second transition. This leads to a reconsideration of relationships in an effort to sort out the confusion between self-sacrifice and care inherent in the conventions of goodness. Self-concern reappears as the person begins to ask whether it is selfish or responsible, moral or immoral, to include one's own needs in the concept of being a caring person. This question leads her or him to reexamine what it means to be responsible, balancing concern over what other people think against a new inner concern with the self. In separating the needs of the self from the needs of others, the person asks if it is possible to be responsible to her/himself as well as to others and thus to show care for others without harming the self. This new sense of responsibility places an emphasis on personal honesty. The person is unwilling any longer to protect others at what is now seen to be one's own expense. Psychological survival, however "selfish" or "immoral," in conventional terms, again becomes a central concern.

Sketch

Real-Life: The dilemmas generated will likely involve a conflict between selfishness and responsibility, between morality and survival. The person feels partly responsible for other people but is also concerned about her/himself and wants to assert her/his own views and needs.

Telling a white lie to a friend. A friend of mine was getting married and had only known him for a few months. She asked me if I thought she was doing the right thing. I wasn't too sure what to say, because inside I felt I couldn't do that. So I thought it would be wrong for me but I didn't know whether it would be right or wrong for her, so I said yes. (WHY WAS THAT A DIFFICULT SITUATION FOR YOU?) I would feel responsible if it didn't work out. I wish I had talked more to her about what I thought. In a small part I feel responsible for her activities. If I didn't give her my honest opinion, I would feel responsible.

A friend of mine was being very aggressive and throughout the weekend he was just pissin' everybody off, and he was kind of unaware that he was doing that and when I told him about it he wasn't very happy, but I think he became more sensitive to it...how other people felt. (WHAT WAS THE CONFLICT FOR YOU IN THIS SITUATION?) Whether I should tell him or not. If I told him, it's obviously going to hurt him...but I think, on the other hand, the pros were he grew a little bit and I think our friendship grew a little stronger, it's a little more deep...(WHY DID YOU CHOOSE TO TELL?) It's just that I feel I should be honest with people. (WHY IS IT IMPORTANT TO BE HONEST WITH OTHER PEOPLE? I am not sure...(LONG PAUSE) So you build trust within your relationship...It is very difficult, but I think it built a certain trust between us. I mean, we talk to each other and tell each other things we don't like to hear without it having an effect on your relationship as a whole.

Lisa/Derek: Although likely to think that the pregnant woman should keep the baby, in comparison to level 2 s/he is more flexible with regard to other options such as adoption or abortion. The decision is now seen as resting with the pregnant woman, what she wants and is able to handle. The child is a major concern, but the emphasis has shifted back to the pregnant woman.

I don't think she should have an abortion. If she really finds that she could not support the child, I would prefer is she gave the child up for adoption. It is hard because if she is single and trying to support herself, she wouldn't want to hurt the child by not being able to support it, especially if her lover is married. I'm sure he doesn't want to leave his wife. It depends on the tenured job, if it would be totally lost if she had to take a maternity leave. Provided she could have a maternity leave, to have the child and be with it for the first 6 months, I feel that she should have the child, especially if she loves the child and the man. The only reason I think she should not keep the child, is if she can see any time when she would not want to bring the child up.

It depends on what she can deal with. The man has some input into the decision also. If she is against abortion, then I don't think the circumstances should change her ideas on this issue. If I felt that I wanted a baby, then I wouldn't want the job situation or the relationship situation to change my decision. On the other hand, if I never wanted to have a child ever, and it didn't matter whether I would lose my job over it or not or I would lose him or not, then I would probably have an abortion. I wouldn't want my job to be the factor that decided whether I have it or not.

If the woman should have the child, then I think he should help support the child. If she were going to have an abortion he should share in the expense of that...I think he should support the child. (WHY?) Because it's his child also, he has responsibilities for it. (WHAT DO YOU THINK YOU WOULD DO IN THAT SITUATION?) I don't think I would be I that situation if I were married...because it's a terrible thing to do to someone that you're married to..(WHY IS IT A TERRIBLE THING?) Because when you enter a marriage contract then you're basically devoting your life, at least a part of it to your spouse...I would probably tell my wife...because it's a pretty bad secret to hold from her...if you're having an affair then there's probably something wrong with the marriage that you have to talk about.

Betty/Erik: The marriage relationship is seen as an important commitment but now also as a two-way street where both parties should be willing to work on changing the situation. If this is not happening, s/he will likely think that Betty/Erik should leave in order to make herself/himself happy. There will be some consideration of the children but the main focus is personal fulfillment.

That's hard. (long pause) She should tell her husband or she should try and go to marriage counselor or something. But is seems her husband won't even listen. So she should tell him that she is seeing another man. Well, not sexually or anything, but that she has been seeing this guy and he is kind of coming on to her. And kind of warn him that if he doesn't smarten up, she might leave him. (WHY SHOULD SHE DO THAT?) Because she shouldn't have to stay. The kids I feel sorry for, but... she shouldn't have to stay with a man like that. She has even tried telling him about it and he won't listen. So there's not much else she can do. She can't just stay at home and keep being married and be unhappy

for the rest of her life ...She should do something about it ... make him know that she is serious. I think she would have to leave him or tell him to leave (long pause). It would depend. I am assuming that if he is this insensitive to his wife, he is also not that nice to his kids. Grumpy people are grumpy to everyone, usually. So I think it would be better for her to stay at home and make him leave. And if he didn't do it, I am sure she could get it done legally somehow, wouldn't she? I don't know ... She can't be unhappy the rest of her life. She has tried. Communication doesn't seem to be too good between her and her husband. But if she finds herself in that situation, ... (long pause) her happiness is important because it affects the way you raise your children. If you're not happy in a situation I think you should resolve it. Maybe she should tell her husband that she likes someone else now or, I guess, divorce or something like that. Whichever way she feels she is more confident about herself...I think it has a big influence on the kids. Divorce would as well. But if you weigh out the two, an unhappy marriage could be worse for the kids....If he is not going to listen, obviously she does not have a good relationship. You can't have a family if you can't communicate to each other. I think it is best that she get out of it then. Put herself into a family where she is more settled and relaxed and the communication is better. Communication is one thing that holds the family together. So, if she doesn't find this happiness she should get out of it. (WHY DO YOU THINK IT IS IMPORTANT FOR HER TO BE HAPPY?) Happiness has an effect on the children. The environment you're in. If it is a tense environment where there is no communication, it is not a good environment for the kids to grow in. It should be open and good communication.

Before he has a relationship with Carol he ought to try to straighten things out with Betty...maybe needs to see a marriage counselor or something like that or try something different. I don't think he should have an affair with someone else while he's still married...because he should be committed to his spouse...If he is really completely frustrated, they should divorce or something, if they can't deal with each other...if they can't maintain the level of commitment, then maybe they should not be married.

Kristine/Chris: The person probably will see it as important and "nice" for Kristine/Chris to take in the parent in order to help. However, s/he is also taking into consideration Kristine's/Chris' need for an independent life and will therefore probably suggest that mother/father only be taken in for a while.

It would be nice if the mother could stay and she could help her mother find her own place and friends. I would hope she would take her mother in, for a bit. I can also see the mother taking advantage of the situation and outstay and that would probably wreck the relationship between both of them. Some people can't live together. It would have to be a short-time thing. I would do that for anybody, a friend, a mother, or sister, if they need help or need company. I have been in the same situation myself and I would hope somebody would do the same for me.

If her mother is very old and needs attention, I feel she should be taken in. Because the mother has supported the child when she was growing up. This is depending on the idea that the mother does need help. But if mother is completely self-sufficient and just suddenly feels a whim to go live with the daughter, the daughter should say "you can stay for a week or two, but I don't feel we should be living together because I want my independence." But if the mother needs help, I feel she should give it to her. It's got to do with parental devotion. My parents have always been good to me. I would look after them if they had problems. I could not just put them into a home and just visit them. But if mother is only lonely, she could live somewhere on her own and Kristine could visit her or she should try to get involved with people her own age. She will probably cause a rift between herself and her daughter because of different values and views. It would be very hard on the two of them.

Maybe they should live together for a little while or Chris should help his father find an apartment...(LONG PAUSE) live together for a while because they'll be close, close enough so that probably the father won't have to be lonely...And Chris would also have his independence and privacy, those are the things that he values. (WHY SHOULD CHRIS HELP HIS FATHER?) Well, his father is in need, his father is lonely and he is family member. Commitment is to your family, but Chris has needs too...

General Comments: The person is concerned with responsibility and commitment to other people, but is more flexible and thoughtful than the previous stages. More options are considered and compared to the "black-and-white" world of level 2, the "gray" is discovered. S/he is similar in many ways to level 1.5 in terms of being more uncertain and in conflict than the other levels. Also, both levels 1.5 and 2.5 consider needs other than their own while choosing to take care of self primarily. However, level 2.5 will typically see a need for more "selfishness" while level 1.5 see a need for less "selfishness." In addition, level 2.5 is more concerned with principles and commitments than 1.5 and is able to see the situation from various people's perspectives, not only from their own or the protagonist.

Note: The score of 2.5 should also be given when the person appears to be between levels 2 and 3 or when the person does not clearly fit the description of level 2.5, but seems to have characteristics of both levels 2 and 3.

Level 3 Ethic of Care (Caring for Both Self and Other)

The criterion for judgment has shifted from goodness to truth and honesty. The morality of action is assessed not on the basis of how it appears to others, but on the basis of its actual intention and effects. This perspective emphasizes the dynamics of relationships and achieves a balance between selfishness and responsibility through a new understanding of the complexity of connections between other and self. No longer restricted by social convention, the person is able to make her/his own choices, accepts responsibility for decisions and takes control of her/his life. Criteria for goodness become internal. There is now a balance of moral considerations between self and other and both are included in the compass of care.

Sketch

Real-Life: There will be little difficulty in generating a dilemma. The conflict may or may not involve interpersonal relationships. In solving the conflict, the person will follow her/his own inner, self-chosen principles rather than the opinions of others.

I'd been going out with a guy and running into someone else who I found interesting and wondering what to do about it and how to treat it and where I was going to go. I had a boyfriend, been going out for a couple of years. I had been very sick for an extended period of time and it led me to get a new outlook on life. I had this new idea which did not coincide with his way of thinking. His actions were getting me upset. There were more personality conflict between him and myself. I found someone who had the same way of thinking as I did. But as I was going out with somebody it was difficult for me to decide where I wanted to go. Since I was sick with my present boyfriend, he had been very good and I owe him a great deal. He had been so thoughtful and understanding. So I was trying to deal with the conflict of gratitude for my present boyfriend and a feeling of making myself feel better with this person who appealed to me. I eventually came to decide that the present was more important than the past and although I owed him a great deal, it was no basis for a relationship. So I went with the second fellow.

During the solidarity strike and deciding whether to cross the picketline and go to my classes or to stay at home and not cross the picketline. One conflict was personal. I might end up losing the semester if I did not go. The other conflict was that I agreed with a lot of what was being said. I was against the cutbacks proposed. Because I believed in what these people was striking for, I didn't want to cross the picketlines. But I also did not

want to lose a semester of school. Were my principles important enough to me to lose a semester which I decided that they were. I felt it was one way of making it known what my ideas were on the situation. By deciding to go to school, it was more of a personal gain. I wouldn't lose the semester, but to me that gain was small in comparison with the long-term effect of the cutbacks. And by not making a stand of it, I was saying I only care about my short-term goals of getting my school finished, but I don't really care about the long-term things that affect everybody, including me.

Lisa/Derek: S/he may or may not think that the pregnant woman should keep the child. In making the decision the person will consider the welfare and effects on several people, i.e. the child, mother, father and his family, rather than either feeling that the woman should have an abortion to get rid of the problem (level 1) or pay the consequences of her actions and be responsible at whatever cost to self (level 2). The reasons for either abortion or keeping the child are more thoughtful and well-developed. Although the pregnant woman and the baby are the main focus, the effects on other lives, e.g., the father and his family, will also be considered.

It depends on how she feels about the married man. If she was more interested in her career and its advancement and wasn't really interested in marriage right away, an abortion would be the best answer. Otherwise, she would be tied down with something that was depriving her not only of a good career but something that wasn't intentional in the first place. To me that would be more regretful than to terminate the beginning of the new life which would probably be more difficult because he is married. I would abort and stick with the position. Not only are you messing up your own life, you are messing up at least two other lives too and there are more resentment. (WHICH OTHER LIVES ARE YOU REFERRING TO?) The other man and his wife and children possibly. Although it is both his and her problem, it is not just affecting the two of them. It is affecting more people. To me that would be enough to say, I think we have just let this mistake go by and continue life as it was going. Or else she could assess the situation whether she could give enough attention to the child as well as develop a career and try to do both. The fact that she is involved with a married man affects the situation. If she loves the man ...it is difficult because he is married and it would be a break-up in the other family if she made him be a parent in raising the child. I would probably have it and try to combine both. If it was unsuccessful, I would leave the career for a while, take care of the child and then go back. Because in the late 20's women have a strong desire and need to have children, and I think at that time it is good to fulfill it. You would be more emotional and financially stable to support a child at that age. I think pregnancy should be planned, but if it so happens that you get pregnant at that stage in life, I think it is wise to have it. (WHY IS THAT?) Because the later consequences of having a child are more rewarding than a job would be. But if you can combine both, it is the best of two worlds. The emotion and joy

a child can give you, is more than a job can give you. And you can always go back to your job anyway after the child passes an important stage.

If I were in this position, I would speak to this woman to see how she felt about the issue of abortion because obviously that is a way out. Also, I would find out how she felt about giving the child up for adoption or raising it on her own. I would assume that it rests on his relationship with his wife. Obviously there is something missing in his relationship which is causing him to have extramarital affairs. If that relationship just wasn't working he would have to consider divorce, and possible making a life with the other woman. If I knew for sure that he was in a rocky marriage, well then I would definitely say that if the other woman wanted to make a life with him, and if she was really in love with him, and wanted a family; and wanted this child that she was bearing right now, then I think that the only solution would be for him to get a divorce from his present wife and to get married to the new one...Because I think each of us as individuals are entitled to pursue happiness and I feel that there comes points in our lives when we have to hurt other people and it is unavoidable and obviously he would have to hurt his wife at that point. But who knows, maybe she feels that the marriage isn't working either, and she would also feel it was the best thing...I am not really advocating divorce, but I think that sometimes there is just no other alternative. For our own sake, we only have one life to live and sometimes we have to cause pain for other people in order to pursue happiness in our own life...If we are uncomfortable with the position that we are living in at the time, we should consider taking things into our own hands and try to resolve the pain.

Betty/Erik: The person will think that Betty/Erik should leave the spouse after having really worked on the relationship. Again, s/he will consider how all the people in the situation are affected, i.e. children and husband and wife, and make a choice that is seen as being the best in the long run. S/he will condemn hurt but realize that hurt is at times unavoidable, and take responsibility for the choice and its consequences. Treating others as equals, the marriage partner and her/his role in the situation will be considered.

She should approach her husband and explain in no uncertain terms what is going on, and ask if he has any intention of helping her change the situation. If not, I think she should get a divorce ...Also, she should make sure that the children understand what is happening and that although it is not very fun to have a divorce, it is sometimes better than the consequences of avoiding it. If she would go ahead and advice her children in that manner and be careful how things progress, she could probably divorce him without too much problem. I believe in having a happy life, but I don't believe in hurting people to do so... It is going to be a decision between hurting your husband and getting a divorce and maybe the children and the fellow who you are intimate with. If her husband really cares for her, he'll change and the divorce can be avoided and the hurt of other people can be reduced to a minimum. But if he refuses to change, then her own personal hurt would lead to something worse.

I think he should seek counseling personally and possibly try and get his wife in some type of counseling as well...I think in this relationship there is more at stake, as they have two children which is a big concern. I don't have children, but I assume that I will have a very strong bond with my children and I would not want to do anything to hurt that. So my advice would be to seek professional help from people who are experienced in dealing with situations like these on a daily basis...If that didn't work, I would seriously consider divorce, if the situation was bad enough. I couldn't live in a miserable situation like that for an extended length of time because I feel that it would just deteriorate to arguing all the time or just a cold indifference and I don't think either situation is good or beneficial for either the wife or the husband or the children.

Kristine/Chris: The person may or may not take the parent in. In either case, s/he will consider the needs of both people involved and recommend an honest communication between them. If the parent is taken in, the person will put down some ground rules so that the two people can live together with respect and independence. If s/he does not take the parent in, s/he will offer help and companionship for the mother/father in other ways as well as explain why it is better that they do not live together.

It depends on how her mother is, if they have been getting along in the past and they respect each other's space. If the mother is sensitive or coherent enough to say "look, I really need some time by myself and we have to be a little independent" then she could probably work out some sort of a system of sharing and respecting each other. But if her mother was one who was constantly needing someone to talk to and someone to listen even if it had been repeated a hundred times a day, then I would definitely advise against it. (WHY WOULD YOU DO THAT?) Because she would be more unhappy putting up with that situation than if she turned her mother away. Although she would have to think about her mother as well, she has to think mostly about herself because she has to live with herself. It is a delicate balance, it has to depend a lot on how the two people are. If they didn't get along very well, I would advise against it. Because there would be fights, and the poor relationship they had before they moved in together would get increasingly worse. Then you would have two parties very unhappy.

If I were Chris I would make it plain that certainly my father would be welcome on a temporary basis...and I would say to my father if you're lonely maybe we can find you something nearby or maybe in the same building but I still need my space...At this point Chris has a life of his own and seems to be expressing a real need for some solitude and just to have his own domain for a time. His father's dilemma is that he is lonely and he wants to live with Chris. I think that could be resolved quite well if his father lived nearby. That would afford them to be able to get together occasionally or often. Chris could be

there for him and in emergency he could be right there...So I think that's a good compromise.

General Comments: Generally, the person appears to be in control of her/his life and able to make difficult choices and decisions with responsibility and care for both self and other. Her/his views and values are well integrated and expressed. Because of self-assertiveness and unwillingness to sacrifice self, the person may at times appear similar to levels 1 or 1.5. However, the statements and considerations of the various situations are much more comprehensive and the person is able to consider other people's point of view and to assess the situation from various angels. Compared to level 2.5, s/he is no longer confused or in conflict about selfishness and responsibility. Hence, the person is able to cake care of herself or himself as well as others, attempting to minimize hurt to all parties.

APPENDIX B:

PERSONAL ATTRIBUTES QUESTIONNAIRE

The items below inquire about what kind of person you think you are. Each item consists of a pair of characteristics, with the letters A - E in between. For example:

Not at all artistic A.....B.....C.....D.....E Very Artistic

Each pair describes contradictory characteristics, that is, you cannot be both at the same time, such as very artistic and not at all artistic.

The letters form a scale between the two extremes. You are to choose a letter which describes where you fall on the scale. For example if you think you have no artistic ability, you would circle A. If you think you are pretty good, you might circle D. If you are only medium, you might circle C, and so forth. Be sure to answer every question, even if you're not sure.

REMEMBER TO ANSWER QUICKLY. YOUR FIRST IMPRESSION IS THE BEST.

1. Not at all aggressive Very aggressive
   A.....B.....C.....D.....E

2. Not at all independent Very independent
   A.....B.....C.....D.....E

3. Not at all emotional Very emotional
   A.....B.....C.....D.....E

4. Very submissive Very dominant
   A.....B.....C.....D.....E

5. Not at all excitable in a major crisis Very excitable in a major crisis
   A.....B.....C.....D.....E

6. Very passive Very active
   A.....B.....C.....D.....E

7. Not at all able to devote self completely to others — Able to devote self completely to others

A.....B.....C.....D.....E

8. Very rough — Very gentle

A.....B.....C.....D.....E

9. Not at all helpful to others — Very helpful to others

A.....B.....C.....D.....E

10. Not at all competitive — Very competitive

A.....B.....C.....D.....E

11. Very home oriented — Very worldly

A.....B.....C.....D.....E

12. Not at all kind — Very kind

A.....B.....C.....D.....E

13. Indifferent to other's approval — Highly needful of other's approval

A.....B.....C.....D.....E

14. Feelings not easily hurt — Feelings easily hurt

A.....B.....C.....D.....E

15. Not at all aware of feelings of others — Very aware of feelings ofothers

A.....B.....C.....D.....E

16. Can make decisions easily — Has difficulty making decisions

A.....B.....C.....D.....E

17. Gives up very easily — Never gives up easily

A.....B.....C.....D.....E

18. Never cries — Cries very easily
A.....B.....C.....D.....E

19. Not at all self-confident — Very self-confident
A.....B.....C.....D.....E

20. Feels very inferior — Feels very superior
A.....B.....C.....D.....E

21. Not at all understanding of others — Very understanding of others
A.....B.....C.....D.....E

22. Very cold in relations with others — Very warm in relations with others
A.....B.....C.....D.....E

23. Very little need for security — Very strong need for security
A.....B.....C.....D.....E

24. Goes to pieces under pressure — Stands up well under pressure
A.....B.....C.....D.....E

APPENDIX C:

PERSONAL INFORMATION INTERVIEW

I'd like to start this interview by asking you some questions about yourself, a little bit about your history, the family you grew up in, the kinds of things you've done in your life. Maybe you could start by telling me about your current circumstances.

How old are you?

Where do you live?
With whom do you live?
(As appropriate) How long have you lived with .....?
(If children) What are your children's ages?

(As appropriate) What kind of work do/did you do? or
What are you studying at university? or
How long have/had you been in that line of work? or
How far along in your studies are you?
Is it satisfying work/study?
How long do you plan to be doing.....?
And then what?

Where did you grow up?

Who was in your family?
Where in the sibline are you?
What do you know about your birth, the birth of your siblings (e.g., kind of pregnancies your mother had, labour, what were family circumstances)?

Most people have played some special role in their family, i.e., the "cute" one, the "smart" one, the responsible one, etc. Does that fit for you? What kind of role did you play?

What kinds of games did you play when you were a child? Did you ever play house? What role(s) did you play there? Father? Mother? Baby?

Most girls have ideas about the kind of woman they will grow up to be, wife, mother, professional, and so on. What kinds of ideas or hopes did you have about the kind of woman you would be?

Did you go about trying to achieve those goals? If so, how did you do this? What choices did you make along the way? Were they all hard choices or were some of them easy? How do you feel now about the choices you made or are making now - which ones are you happy with, which ones do you regret, which are you still unsure about?

I'd like to ask you about your procreative choices. By this I mean the choices and decisions you have made or not yet made about having children. You said previously that you have ...../no children. Were there times that you were pregnant but did not bring the foetus to term? (If yes) When was that? Would you be able to tell me a bit about what happened?
Have you borne a child and had to give it up? (If yes) When was that? Can you tell me how that came about?

If you had it to do over again, would you do it differently? (If no) If circumstances had been different, would you have made the same choice?

Specifically in relation to having children, are you comfortable with the choices you made/are making? (If not) What other choices could you have made/could you make? What factors went /go into making the choices you made/are making, e.g., your partner at the time, financial situation, family dynamics, occupational situation, etc.?

Did you ever consider the question of whether or not to have a child a moral question?

Are there questions that I haven't asked you that I should have?
(If queried)While you were answering my questions, were there maybe things that you thought I should have asked but didn't?

Is there anything that you would like to add to what you have already told me?

APPENDIX D:

SIMON FRASER UNIVERSITY

INFORMED CONSENT TO PARTICIPATE IN A STUDY

NOTE: The University and those conducting this study subscribe to the ethical conduct of research and to the protection at all times of the interests, comfort, and safety of participants. This form and the information it contains are given to you for your own protection and full understanding of the procedures, risks, and benefits involved. Your signature on this form will signify that you have received the document described below regarding this study, that you have received adequate opportunity to consider the information in this document, and that you voluntarily agree to participate in the study.

Having been asked by Joyce Nicholls of the Department of Psychology of Simon Fraser University to participate in a research study, I have read the procedures specified in the document.

I understand the procedures to be used in this study and I understand that there are no personal risks to me in taking part.

I understand that I may withdraw my participation in this study at any time.

I also understand that I may register any complaint I might have about the study with Joyce Nicholls, or with her research supervisor, Dr. James E. Marcia, or with Dr. Chris Webster, Chair of the Department of Psychology at Simon Fraser University.

Copies of the results of this study, upon its completion, may be obtained by contacting Joyce Nicholls.

I agree to participate in this study by being interviewed and completing a brief questionnaire pertaining to attitudes on a number of issues as described in the document referred to above, during the period _____ at _____.

NAME (please print) _____

ADDRESS

_____

SIGNATURE _____WITNESS _____

DATE_____

Once signed, a copy of this consent form and a participant feedback form will be provided to you.

SIMON FRASER UNIVERSITY

PROCREATIVE CHOICE STUDY
INFORMATION SHEET

Thank you for your interest in this study.

The purpose of this study is to discuss with women how they go about making their choices about whether or not to have children. The study is based upon the work of Carol Gilligan who has commented that "the dilemma of choice enters a central arena in women's lives". I am interested in knowing if and how this choice was made by you.

In discussing this with you I will be asking you to participate in an interview and to answer a brief attitudes questionnaire. The interview is in two parts; the first part requires you to offer some observations on some issues of general interest. The second part will focus on demographic information about yourself and on your procreative choice.

The interview portion of your participation will be audiotaped but will not contain your name or other identifying information. Each tape will be assigned a code number, the master list for which will be kept in a safe place separate from the audiotapes and questionnaires. The questionnaires also will not contain your name or identifying information. At the end of the study all of the tapes will be erased and the questionnaires shredded. No individual's information will be used by anyone else either now or in the future. A number of the tapes will be randomly chosen and submitted to a colleague for a second opinion regarding how I have gathered the information but, again, the tapes will be identified by code number only and this colleague will not have access to the code master list.

If you have any concerns about your participation in the study, either before or after you participate, I will be available to discuss those with you as they arise. If you have any other questions about the study itself I will be happy to answer them when the study in completed and all the interviews are finished, in a few months time. As you know, you may withdraw from the study at any time.

I have done a number of studies of this type in the past and from the feedback I have received, it would appear that most people who have participated have enjoyed the opportunity to reflect upon certain aspects of their lives. I think that you will have a similar experience in participating in the present study.

Joyce Nicholls, M.A.
Dept. of Psychology, S.F.U.
Contact # : 251-6777

APPENDIX E:

SFU RESEARCH ETHICS REVIEW COMMITTEE
PARTICIPATION FEEDBACK FORM

Completion of this form is optional and is not a requirement of participation in the study. However, if you have participated in a study and would care to comment on the procedures involved, you may complete the following form and send it to the Chairman, University Research Ethics Review Committee. All information received will be treated in a strictly confidential manner.

Name of Principal Investigator: Joyce Nicholls

Title of Study: Procreative Choice Study

Department: Psychology

Did you sign an Informed Consent Form before participating in the study?_____

Were you given a copy of the consent form?_____

Were there significant deviations from the originally stated procedures?_____

I wish to comment on my involvement in the above study which took place

_____
(Date) (Place) (Time)

Comments:_____
_____
_____
_____
_____

COMPLETION OF THIS SECTION IS OPTIONAL
Your
name_____

Address_____
Telephone_____

This form should be sent to the Chairman, University Ethics Review Committee, c/o Vice-President, Research and Information Systems, Simon Fraser University, Burnaby, B.C., V5A 1S6