

ARE MORAL REASONING, SEX ROLE ORIENTATION AND PROSOCIAL
BEHAVIOUR LINKED?

by

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Are moral reasoning, sex role orientation and

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ABSTRACT

The issue of a gender bias in Kohlberg's measure of moral reasoning has been a persistent controversy in the area of moral development. Carol Gilligan has suggested that gender differences in moral development might disappear if moral development were defined differently for men and women; i.e. a male morality based upon justice and a female morality based upon care. This study investigated the possibility that for both men and women sex role orientation is a better predictor of Gilligan's care-oriented moral reasoning than is gender. Furthermore, the study examined the relationship between care-oriented moral reasoning in hypothetical and real-life dilemmas and prosocial behaviour. Subjects were 90 undergraduate students from Simon Fraser University. The measures were the Ethic of Care Interview (Skoe & Marcia, 1991), The Personal Attributes Questionnaire (Spence, Helmreich & Stapp, 1975) and a measure of prosocial behaviour constructed by the investigator.

The results provided mixed support for Gilligan's theory. The results confirmed that for both men and women a masculine sex role orientation was associated with caring primarily for oneself when reasoning about hypothetical moral dilemmas, whereas a feminine sex role orientation was associated with caring primarily for others. Also, androgynous men and women were the most mature in terms of

care-oriented moral reasoning, i.e. the ability to take the perspective of others and balance this with one's own needs. However, sex role orientation was not related to prosocial behaviour but gender was. Furthermore, for both men and women there was no relationship between care-oriented moral reasoning and prosocial behaviour.

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CHAPTER I
INTRODUCTION

The advent of feminism has provoked a consideration of women's perspective in most academic disciplines. Prior to the feminist revolution women were generally seen as inferior to men in terms of rational thinking but superior in terms of intuition, empathy and ability to care for others. However, women's apparently superior characteristics were seldom valued outside the domestic sphere (Broughton, 1983).

In the last couple of decades this devaluation of women's intellectual abilities has been seriously questioned (Lloyd, 1983; Nichol森, 1983). Among feminist philosophers and researchers there appears to be a division between, on the one hand, those who claim that there are essentially no differences between men and women and that women are capable of achieving like men if encouraged to do so, and on the other hand, those who claim that this assumption of no differences between men and women devalues female specific characteristics and perpetuates the myth that the behaviour and reasoning of men is the desired model of maturity (Kimball, 1989).

The recent debate on gender differences and similarities is also reflected in the area of moral development. Carol Gilligan (1977, 1982) is a key figure in this debate. Based primarily upon interview data from women discussing their own abortion decisions, Gilligan has questioned whether Lawrence Kohlberg's conceptualization of moral reasoning is as sensitive to traditionally female concerns of responsibility and care as it is to more abstract concepts of justice and individual rights. Kohlberg's interview measure is generally considered to be the most elaborate and popular test of moral reasoning; however, according to Gilligan, this approach devalues qualities associated with women, and the norm for moral development is maleness rather than femaleness. Gilligan's research has led her to claim that there exist two distinct gender-related moral systems, a female morality of care and a male morality of justice.

There appear to be two main types of critiques of Gilligan's view of moral development. On the one hand, researchers have shown that women are just as capable as men of justice-oriented moral reasoning and thus there is no need to reject Kohlberg's theory as a universal theory of moral development. On the other hand, researchers argue that even if women are capable of justice-oriented moral reasoning, issues of care and responsibility should be

integrated into one universal theory of moral reasoning. In other words, these researchers consider Gilligan's theory a contribution to what *ought* to be an adequate conception of moral development free of gender differences.

Gilligan has been critiqued for claiming that the essential nature of men and women is fundamentally different. Ultimately, such claims can be used to justify the traditional division of labour between men and women. Although empirical studies have provided no definite answers to how different men and woman are, there are in our society several unsubstantiated assumptions about men and women which continue to encourage stereotypical behaviour. It is, therefore, essential that our assumptions about men and women are continuously subject to scientific scrutiny.

In this study, the possibility was investigated that for both men and women sex role orientation is a better predictor of Gilligan's care-oriented moral reasoning than is gender. Furthermore, while several studies have related Kohlberg's measure of moral reasoning to actual behaviour, no studies have yet related a measure of Gilligan's theory of moral reasoning to behaviour. This limitation was addressed in the present study by relating care-oriented moral reasoning to prosocial behaviour. In the remaining part of the introduction are the following: a summary of the debate on gender differences in moral development; a

description of Gilligan's theory of moral development; a summary of the research on sex roles and prosocial behaviour; and an outline of the hypotheses of the study.

Contrasting Views on Gender Differences in Moral Development

The most popular test of moral reasoning is Kohlberg's Moral Judgement Interview (1969, 1971, 1976). Kohlberg has outlined three levels of moral reasoning: preconventional morality (level 1), conventional morality (level 2) and postconventional morality (level 3). Each level has two stages. In preconventional morality, rules and social expectations are external to the self. In conventional morality the self has identified with or internalized the rules and expectations of others. In postconventional morality the self is differentiated from the rules and expectations of others and values are defined in terms of self-chosen principles. Kohlberg's test involves making decisions about hypothetical dilemmas regarding conflicting claims of individual rights.

The issue of a gender bias in Kohlberg's measure of moral reasoning has been a persistent controversy in the area of moral development (Brabeck, 1983; Gilligan, 1977, 1982; Holstein, 1976; Kohlberg, Levine & Hewer, 1983; Rest, 1979; Walker, 1984). Arguing in favor of a gender bias, Gilligan has pointed out that Kohlberg's test was

standardized on a sample comprised exclusively of men and, hence, is biased against women. This is especially evident in some studies showing that women tend to get stuck at Kohlberg's stage three (conventional level of morality) which represents an interpersonal morality concerned with the feelings of others, whereas men tend to progress to stage four and five which represent a morality of individual principles of right and wrong. It appears that a care orientation might be confounded with the conventional justice orientation in stage three (Haan, Smith & Block, 1968; Holstein, 1976; Langdale, 1983).

Several researchers have responded to this critique by considering the question of a gender bias in moral reasoning defined by justice concepts (Brabeck, 1983; Broughton, 1983; Garwood, Levine & Ewing, 1980; Kohlberg et al., 1983; Rest, 1979; Walker, 1984). For example, Rest (1979) did 20 independent comparisons of males and females on his Defining Issues Test, a test of preference of moral issues based on Kohlberg's system. He found two significant gender differences, both favouring females. Similarly, Garwood et al. (1980) found more males than females at Kohlberg's stage three and more females than males at higher stages. Also in defense of Kohlberg's test as non-male-biased, Walker (1984) and Brabeck (1983) concluded in their review articles that no significant gender differences favoring males were found. However, there appear to be some methodological problems

with Walker's meta-analysis in that he pooled together studies involving children as well as adolescents and adults. Walker noted that girls tend to score higher than boys whereas this pattern is reversed for adults. Turiel, (1976) and Haan, Langer and Kohlberg (1976) have obtained similar results. Including multiple populations in a meta-analysis could therefore have made Walker's overall estimate of gender differences artificially low (Baumrind, 1986; Thoma, 1986).

Despite the support for women's abilities at employing justice-oriented moral reasoning and the possibility that Kohlbergian measures may not consistently be biased against females, it remains to be considered if care-oriented measures of moral reasoning are biased against males and if an integration of both a care perspective and a justice perspective is possible. Among several researchers the issue does not seem to be whether or not to recognize Gilligan's emphasis on the female perspective but rather whether the gender differences are as pronounced as Gilligan claims. Although Gilligan's most recent study allows for some flexibility (Gilligan & Attanucci, 1988) in that a few men and women were capable of taking both perspectives, Gilligan still maintains that there are two gender-related moralities. Gilligan and Attanucci state that: "If women were eliminated from the present study, the focus on care would virtually disappear" (p.233). Below, the main

theoretical critiques of Gilligan's dichotomized view are presented. Common to these critiques is the suggestion that a justice perspective and a caring perspective ought to be considered two aspects of one morality.

Nunne-Winkler (1984) claims that the difference between the male and the female approach to moral reasoning lies not in a difference in ethical position but rather in an emphasis on one type of moral duty (a perfect duty) vs another type of moral duty (an imperfect duty); (Gert, 1973). Perfect duties are negative duties: i.e. do not kill, do not cheat, etc. Imperfect duties are positive duties in that they do not prescribe specific acts but only serve as guidelines for action; e.g., practice charity. It is obvious that in contrast to perfect duties, imperfect duties cannot be practiced all the time and with regard to everybody. Nunne-Winkler claims that both kinds of duties are considered part of one morality, and she interprets Gilligan's contrasting moral approaches to mean that females feel more obliged to fulfill imperfect duties. This should not be interpreted as differences in the essential nature of men and women but rather as a difference due to gender arrangements in society. According to Nunne-Winkler, Gilligan's theory is essentially a theory of imperfect duties in that subjects are faced with a hypothetical decision of how far they are willing to go in fulfilling the needs of others.

Sayers (1987) argues from a psychoanalytic perspective against Gilligan's theory of two separate gender related moralities. Sayers agrees with Gilligan that women are indeed more concerned with caring for others, but maintains that the *caring and good* woman usually resents this and more or less unconsciously has contrary intentions. Due to women's socialization, however, these intentions are not dealt with realistically; hence, women cannot exercise their individual rights. According to Sayers it is somewhat ironic that a tendency to be concerned with individual rights scores low in Gilligan's system but high in Kohlberg's. Sayers argues that both sexes repress traits of the opposite sex, and she agrees with Bem (1975) that a conscious achievement of both masculine and feminine traits, i.e., androgyny, is associated with greater adaptiveness and freedom from psychosomatic symptoms.

Like Nunne-Winkler and Sayers, Hare-Mustin (1987) questions Gilligan's two gender-linked moralities and argues that men and women are probably both principled and relational, but that the expression of one or the other is best understood in terms of who has the power in a social interaction. For example, men in social interactions with women are more concerned with rules and individual rights and women are more concerned with caring and maintaining relations. However, when mothers interact with children,

it is the mothers who are concerned with rules and the children who appeal for caring (Hare-Mustin & Marecek, 1988). Neither gender, nor unconscious motives are given primary importance from this perspective. Hare-Mustin points to the danger in too readily accepting unsubstantiated ideas of the essential nature of male-female differences, because such thinking preserves the status quo and does not demand that either society or individuals change.

It is important to note that those who criticize Gilligan do not intend to reject an ethic of care as a valuable component of morality; a morality which integrates a justice perspective and a care perspective. Rather, they criticize her equating the ethic of care with a primarily female (gender) moral orientation. However, their critique remains theoretical and describes what ought to be rather than what is. One of the purposes of this study was to empirically examine the possibility that Gilligan's theory of moral development is not biased against males, but instead that it includes what could be considered a masculine perspective, a feminine perspective and the integration of both a masculine and a feminine perspective, i.e. androgyny.

Gilligan's Theory of Moral Development

Gilligan's theory is more based upon what is lacking in Kohlberg's theory than it is upon empirical evidence supporting her theory. Also, until recently, there was no published standardized method by which to assess moral development. In her research conducted mainly with women over the past several years, Gilligan has noticed "two ways of speaking about moral problems, two modes of describing the relationship between other and self" (1982, p.1). Women are primarily concerned with interpersonal relations, and men are primarily concerned with rights and justice.

Gilligan (1982) refers to the analyses of Chodorow and Miller in order to account for these gender differences. For Chodorow (1974, 1978), explanations for developmental gender differences are found in the fact that females mother. According to Chodorow, the early mother-daughter relationship can be characterized as *connectedness* and the mother-son relationship as *differentiation*. Because mother and daughter are of the same sex, mothers tend to experience a deeper sense of oneness with their daughters than with their sons. This strong attachment, on the one hand, makes it difficult for the girl to establish ego-boundaries and a clear sense of self, and on the other, lays the foundation for certain female-specific characteristics, such as the

ability to empathize and identify with others' feelings. Similarly, Miller (1976) emphasizes how women develop in a context of relationships with significant others. She states that "...women's sense of self becomes very much organized around being able to make, and then to maintain affiliations and relationships" (p.83).

Based on the theories of Chodorow and Miller, Gilligan's theory deals with the recognition that self-and-other are interdependent. In her studies, dealing primarily with women facing a decision about abortion, Gilligan has found essentially three female moral perspectives and two transitional phases between them which she considers a sequence in the development of the ethic of care:

In the first perspective the focus is on the self in order to ensure survival. In the first transitional phase this judgement (i.e. caring for self) begins to be seen as selfish. This awareness signals a new understanding of the connection between self and others which is articulated by the concept of responsibility.

The second perspective is characterized by an elaboration of responsibility and its fusion with a maternal morality that seeks to ensure care for the dependent and unequal. At this point, good is equated with caring for others. The second transitional phase is initiated by the

disequilibrium created in relationships by the woman's exclusion of herself. The equation of conformity with care, in its conventional definition, and the illogic of the inequality between other and self, lead to a reconsideration of relationships in an effort to sort out the confusion between self-sacrifice and care inherent in the conventions of feminine goodness.

The third perspective focuses on the dynamics of relationships and dissipates the tension between selfishness and responsibility through a new understanding of the interconnection between self and other. Care becomes the self-chosen principle of a judgement that remains psychological in its concern with relationships.

Several researchers have supported Gilligan's theory based on various experiments showing that women are more concerned with not hurting others, whereas men are more concerned with individual rights (Bussey & Maughan, 1982; Ford & Lowery, 1986; Hoffman, 1980; Kilham & Mann, 1974; Langdale, 1986) However, it is important to note that some studies have found that sex role orientation was at times more important than gender. Pratt and Royer (1982) found that for women only a more feminine self-concept was associated with the care-orientation. Berzins, Welling and Wetter (1977) and Ford and Lowery (1986) found that only men with a feminine self-concept were more likely to report the

use of a care orientation. Pratt, Golding and Hunter (1984) found for men an inverse relationship between traditional masculine characteristics and concern with balancing one's own needs with those of others. However, for women a higher degree of masculine characteristics was associated with balancing one's own needs with those of others. It should be noted, though, that in this latter study the researchers attempted to test Gilligan's theory within Kohlberg's system. They claimed that Kohlberg's *perfectionist* and *utilitarian* elements correspond to Gilligan's care and responsibility orientation. This approach has been criticized by Smetana (1984).

Despite the varying degrees of support for Gilligan's theory, she has not operationalized it by constructing an actual standardized measure of an ethic of care. Recently, Skoe (1987) has constructed such a measure, the Ethic of Care Interview (ECI), and has successfully tested Gilligan's theory by relating the Ethic of Care Interview to identity development in women (Skoe & Marcia, 1991). This study was, however, limited to females. Considering some of the previous findings on the relationship between sex role orientation and care-oriented moral reasoning, it is important to investigate whether or not sex role orientation is related to level of care-oriented moral reasoning as measured by the Ethic of Care Interview. It also seems important to relate the Ethic of Care Interview to actual

behaviour. These two research objectives are considered below.

Sex Roles: Research and Measures

Until recently, masculinity and femininity were perceived as polar opposites. Numerous studies have identified characteristics that can be considered stereotypes of men and women (Bem, 1974; Broverman, Vogel, Broverman, Clarkson & Rosenkrantz, 1972; Spence, Helmreich & Stapp, 1975). The construct of gender role stereotypy stems from the work of Parson and Bales (1955). They theorized that in traditional families mothers are expressive and fathers are instrumental. Expressiveness pertains to caring for and maintaining intra-familial relationships. Instrumentality involves maintaining relations between the family and the outer world in an active and self-assertive way.

More recently, this bipolar assumption has been criticized on the grounds that individuals can possess characteristics that are both masculine and feminine (Bem, Martyna & Watson, 1976; Heilbrun, 1976; Helmreich, Spence & Holahan, 1979). To these researchers the importance of gender roles lies in the possibility of androgyny.

The concept of androgyny assumes that an individual can possess qualities associated with masculinity (e.g., assertiveness, independence) as well as qualities associated with femininity (e.g., sensitivity to the needs of others). Much research has been done to investigate the possibility that androgynous individuals may be more behaviourally adaptive and psychologically healthier than sex typed individuals. Studies have especially focused on self-esteem, finding that androgynous individuals score highest on such measures (Bem, 1975, 1977; Bem & Lenny, 1976; Orlofsky & Windle, 1978, Spence et al., 1975). It is noteworthy, however, that some studies have found only small differences between androgynous and masculine typed individuals. Jones, Chernovetz and Hansson (1978) have suggested that flexibility and adjustment in our society is strongly associated with masculinity. A review by Taylor and Hall (1982) suggests that it might primarily be the masculine aspects of androgyny that are socially reinforced.

The measurement of sex roles is usually done with self report inventories. The two most common measures of sex role orientation are the Bem Sex Role Inventory (BSRI, Bem, 1974, 1977) and the Personal Attributes Questionnaire (Spence, Helmreich & Stapp, 1974, 1975). These are generally considered to be comparable measures. An examination of the normative data for the BSRI and the PAQ reveals that they are fairly comparable measures with the

most noticeable exception being that feminine males are more frequently found on the PAQ (16%) than on the BSRI (8%). This seems to reflect a difference in the construction of the two measures.

In developing the PAQ, the authors (Spence et al., 1974) considered only traits that were judged to be desirable for both sexes. An item was labeled masculine only if males were perceived to possess it more often than females and likewise for items on the feminine scale. In contrast, all traits on the BSRI are not considered equally desirable by both males and females. For example, Broverman, Broverman, Clarkson, Rosenkrantz and Vogel (1970) found that several items on the feminine scale were considered undesirable for *mature adults*. This difference between the BSRI and the PAQ may explain why more men score as feminine on the PAQ than on the BSRI. The PAQ thus appears as a superior measure of sex role orientation.

Prosocial Behaviour: Research and Measures

While several studies have examined the relationship between Kohlberg's test of moral reasoning and actual moral behaviour (see Kohlberg & Candee, 1984 and a review article by Blasi, 1980) no studies have yet attempted to relate care-oriented moral reasoning to actual behaviour. The present study employs a measure of prosocial behaviour

rather than moral behaviour because it has been shown by several researchers that prosocial behaviour differs from moral behaviour in that external prohibitions are irrelevant or de-emphasized. Instead, prosocial behaviour involves balancing one's own needs with those of others. It is apparent that this is the same issue which is central to Gilligan's theory of care-oriented moral reasoning. Specifically, a prosocial behaviour is a voluntary behaviour that apparently is intended to benefit another regardless of the individual's motive for desiring to benefit the other (Eisenberg, 1982).

Only recently have researchers begun to differentiate the moral realm from the realm of social conventions (Damon, 1977; Turiel, 1975). This differentiation is mainly the result of observations of children. For example, Turiel (1978) found that even young children quickly learn to distinguish between the domains of moral conventions and social conventions. Children see moral conventions as pertaining to the rights and welfare of others and they usually know when a moral convention has been violated. In contrast, they see social conventions as arbitrary and the violations of such conventions as less obvious. Thus, it is easier to follow moral conventions than social conventions. However, there is evidence that reasoning about social conventions, such as for example sharing and behaviour resulting in positive consequences for others, are more

advanced in children than reasoning about moral prohibitions (Damon, 1977, 1980)

Eisenberg (1979a, 1982) has extended the research on children's reasoning about social conventions into what she considers prosocial moral reasoning. Prosocial moral reasoning is reasoning about conflicts in which the individual must choose between satisfying their own needs and wants and those of others in contexts in which external prohibitions are absent.

Eisenberg, like Damon, has found that prosocial moral reasoning for children and adolescents is more advanced than Kohlberg's prohibition-oriented moral reasoning. That is, even young children were able to make empathic judgments considering the consequences of one's behaviour toward others.

The measurement of prosocial behaviour has received considerably less attention than the measurement of prosocial reasoning. Eisenberg has conducted only a few studies relating prosocial reasoning to actual behaviour. She found that for adolescent boys, but not girls, mature prosocial reasoning was related to willingness to help an experimenter with a dull task. The task consisted of filling out a questionnaire on altruism two weeks after the actual experiment (Eisenberg, 1979b). Among preschoolers,

spontaneous sharing was related to mature prosocial moral reasoning but spontaneous helping was not (Eisenberg & Hand, 1979). Despite the above study in which a gender difference favoring males was found, gender differences have been found in only a few studies on prosocial behaviour. In these studies it is usually girls who tend to be slightly more helpful and nurturant than boys (Mussen & Eisenberg, 1977).

Present Study

The primary purpose of the present study was to investigate whether Gilligan's theory has been too quickly accepted among several feminist scholars as a female-specific theory of moral development. Perhaps this is so because many women scholars, based on their own personal experiences, *feel* that Gilligan is right despite a lack of sufficient empirical support (Kimball, 1989). The purpose of this study was not to prove Gilligan right or wrong but to examine the possibility that her theory may be integrated into a broader view of moral development which does not consider the differences between men and women as mutually exclusive. A secondary interest in the study involved the relationship between care-oriented moral reasoning and prosocial behaviour.

This study examined the following questions:

- (1) Can the self-oriented choice in the Ethic of Care Interview be considered a masculine orientation in that the traditional male value of separation of the self from other is rigid and static?
- (2) Can the other-oriented choice in the Ethic of Care Interview be considered a feminine orientation in the sense that the self is not experienced as separate from others, i.e. connection involves to a large extent a loss of self?
- (3) Can the self-and-other-oriented choice in the Ethic of Care Interview be considered an androgynous choice which assumes a well-defined self such that a temporary loss of the boundaries which separate the self from others is desirable and does not involve a loss of self?
- (4) Is there a correspondence between levels of prosocial behaviour, care-oriented moral reasoning and sex role orientation?

The following hypotheses were tested:

Hypothesis One:

For both men and women there will be a positive relationship between sex role orientation and care-oriented moral reasoning: specifically, individuals scoring high in both masculine and feminine attributes will tend to be at the highest level of moral reasoning (level 3); individuals scoring high in only feminine attributes will tend to be at

level 2 of moral reasoning, and individuals scoring high in only masculine attributes will tend to be at the lowest level of moral reasoning (level 1).

Hypothesis Two:

For both men and women there will be a positive relationship between levels of care-oriented moral reasoning and levels of prosocial behaviour, specifically, individuals at level 3 of moral reasoning will tend to score highest on a measure of prosocial behaviour (level 3), individuals at level 2 of moral reasoning will tend to score at the intermediate level of prosocial behaviour (level 2), and individuals at level 1 of moral reasoning will tend to score lowest in prosocial behaviour (level 1).

Hypothesis Three:

For both men and women there will be a positive relationship between sex role orientation and prosocial behaviour, specifically, individuals high in both masculine and feminine attributes will score at the highest level of prosocial behaviour, individuals high in only feminine attributes will score at the intermediate level of prosocial behaviour, and individuals high in only masculine attributes will score at the lowest level of prosocial behaviour.

CHAPTER II

METHOD

Subjects

45 male and 45 female undergraduate students from Simon Fraser University were subjects in the study. They were between 19 and 53 years old (the mean for the females was 23.4 and the standard deviation was 5.39; the mean for the males was 26.2 and the standard deviation was 8.07). The 90 subjects were preselected based on their scores on the Personal Attributes Questionnaire. Students were contacted in six undergraduate classes in the department of psychology and education. They were informed that the study was divided into two parts and that the first part involved filling out a questionnaire now on what kind of personality characteristics they believed they possessed (The Personal Attributes Questionnaire). They were further told that by filling out the questionnaire they also agreed to participate in an interview, the second part of the study, if they were contacted within the next two weeks. They were told that the interview involved exploring their views on various social issues. It was emphasized that not everybody who filled out a questionnaire would be interviewed.

Measures

The Ethic of Care Interview

This measure was constructed by Skoe (1987) in order to assess women's level of moral development as outlined by Gilligan (1982). Concurrent validity was investigated by relating the Ethic of Care Interview to a Kohlbergian measure of moral development, and construct validity was assessed by relating the Ethic of Care Interview to ego identity status (Skoe & Marcia, 1991). Skoe constructed a manual containing descriptions of the five stages of the Ethic of Care using Gilligan's criteria, followed by sample responses and scoring criteria (Appendix A). The five stages are referred to both by number and by name as follows:

1. Egocentric, self-oriented.
- 1.5. Transition from self-oriented to other-oriented.
2. Self-sacrificing, other-oriented.
- 2.5. Transition from other-oriented to self-and-other-oriented.
3. Self-and-other-oriented (Ethic of Care)

The measure consists of four dilemmas administered in a semi-structured interview format (Appendix B). In addition to a real-life conflict generated by the subject, there are three interpersonal dilemmas involving conflicts

surrounding: marital fidelity, unplanned pregnancy, and care for a parent. Originally, there was only a female version of the dilemmas; Skoe has since added a male version in which the content of the dilemmas is the same but the protagonists are males (Appendix C). The subjects are presented with the dilemmas both in verbal and written format and the responses are tape-recorded. For each dilemma the subjects are asked what they think the person should do and why. It is assumed that people at different stages construe the dilemmas and their solutions differently depending upon their level of understanding of human relationships and the interdependence of self and other. The subjects are given a stage score (1, 1.5, 2, 2.5 or 3) on each dilemma. Examples of responses of the various stages are presented in the manual.

In this study each subject received a total score based on the average of the stage scores across the four dilemmas. A subject's total score was then classified as belonging to level 1, 2 or 3. These three levels were obtained by collapsing the original five levels in the Ethic of Care Interview. Thus, a score of less than 1.75 was a level 1 score, a score of equal to or above 1.75 but less than 2.25 was a level 2 score and a score equal to or above 2.25 was a level 3 score. The development of this scoring approach was to obtain a parallel correspondence between the three sex role orientations, masculinity, femininity, and androgyny,

and the three main levels of the Ethic of Care Interview. Thus, the two transitional levels (level 1.5 and 2.5) were incorporated into the main levels. The cut-offs were determined based on preserving the unambiguous quality of level 2 responses. Individuals at level two are characterized by the total absence of questioning of their position. Hence, individuals obtaining a score of, for example, 2.35 appear to be closer to level 3 than to level 2 in their, although limited, questioning of excluding their own needs. Likewise, individuals obtaining a score of, for example, 1.65 appear to be closer to level 1 than to level 2 in that their concerns for others are still, albeit slightly, secondary to concerns for oneself.

Personal Attributes Questionnaire

The Personal Attributes Questionnaire (PAQ) was used to assess sex role orientation (Appendix D). It is a self-report questionnaire comprised of 24 items rated on a five point Likert scale. The items are assigned to three scales. The masculinity (M) scale contains socially desirable traits more characteristic of men than women, while the femininity (F) scale contains socially desirable traits more characteristic of women than men. The masculinity-femininity (M-F) scale contains characteristics for which the social desirability differs for the two sexes. The M-F scale is not used when the purpose is to classify

individuals as masculine, feminine, androgynous or undifferentiated and did therefore not have any practical use in this study.

The labels masculine, feminine, androgynous and undifferentiated are produced by the median split method. For example, the scores of masculine individuals are above the median on the M scale and below the median on the F scale. The reverse is true for feminine subjects. Androgynous subjects are above the medians on both the M and the F scale and undifferentiated subjects are below the medians on both the M and F scales. Spence et al. (1974) recommend using the sample medians for large samples and the median norms for small samples. Internal reliability of the PAQ has been assessed using Cronbach's Alpha coefficient revealing coefficients of .85, .82 and .78 for the M, F, and M-F scales, respectively. Construct validity and predictive validity have also been established (Spence & Helmreich, 1980). Finally, factor analyses from several samples have confirmed the assignment of items to the M and F scales (Helmreich, Spence & Wilhelm, 1981).

Measure of Prosocial Behaviour

This measure was based upon Eisenberg's research and involved the investigator giving the subject a form (Appendix E) and explaining that the form was received this

morning. The form asks for volunteers to assist another person in phoning 15 subjects to confirm their participation in a study. The subject is asked to please choose one of the following options: (1) I cannot assist, (2) I can most likely phone all subjects on my own, or (3) I would like to help but want the work to be shared. Furthermore, the subjects were informed that if they were not contacted within two days this would be due to an excess number of people willing to help. To minimize the possibility of subjects feeling obligated to please the investigator, the subjects were given an envelope in which to place the complete form. Moreover, as soon as subjects had received the form, the investigator pretended to do some important paperwork and it was thus impossible for the investigator to see which option a subject chose. If a subject asked for more detailed information, the investigator claimed not to know anything about the study. Subjects were scored as either 1. self-oriented (option 1), 2. self-sacrificing (option 2) or 3. self-and-other-oriented (option 3).

Procedure

143 females and 93 males filled out the Personal Attributes Questionnaire. The questionnaire was computer scored using the median split method. The sample medians were used as opposed to the norms. The median for the M scale was 20.5 and the median for the F scale was 23.5. The

norms for college students are 21 and 23 for the M scale and the F scale, respectively (Spence et al., 1974). It is apparent that the medians obtained in this study are close to the medians in the standardization sample of the PAQ.

A research assistant randomly selected 15 masculine females and 15 masculine males, 15 feminine females and 15 feminine males and 15 androgynous females and 15 androgynous males. This way, the investigator remained blind to subjects' sex role orientation until all interviews were scored.

The 90 subjects were contacted and interview appointments were scheduled. All interviews were conducted during a three week period early in the semester. It was important that the data collection take place early in the semester in order to minimize the influence of mid-term and final exams on subjects' willingness to choose the options of helping on the Measure of Prosocial Behaviour. The investigator interviewed 60 subjects and two research assistants interviewed 15 subjects each. The investigator rated all 90 interviews. For each subject every dilemma received a stage score (1, 1.5, 2, 2.5 or 3) according to the manual. Sometimes quarterscores were given (e.g., 1.75, 2.25) if the subject seemed to fall between stages. To establish interrater reliability, a second rater, who was blind to the hypotheses of the study, rated ten male tapes

and ten female tapes. These twenty tapes were randomly selected. This rater was trained by using the manual, listening to sample tapes and receiving feedback from the investigator and the senior supervisor of the study.

In each session, a consent form was first administered, then the Measure of Prosocial Behaviour followed by the Ethic of Care Interview (the female version for females and the male version for males) and finally subjects completed a demographic data sheet (Appendix F). Upon completion of the data analysis, all subjects received a letter including a summary of the purpose of the study, the results and the reasons for deception on the Measure of Prosocial Behaviour where subjects were led to believe that a study was taking place when this was not true.

CHAPTER III

RESULTS

Inter-rater Reliabilities

The two raters achieved perfect agreement (100%) in determining the allocation of subjects among the Ethic of Care levels (1, 2, or 3). The correlations between the two raters' scores for the four dilemmas ranged for females from .93 to .96 and the correlation for the total score was .98. For males, the correlations ranged from .80 to .98 and the correlation for the total score was .98. For females and males combined, the correlations ranged from .84 to .97 and the correlation for the total score was .97. All the correlations were significant at $p < .0001$. These high correlations are consistent with those obtained by Skoe (1987, 1991) and provide further support for Skoe's finding that the ethic of care levels can be determined with a high degree of inter-scorer agreement.

Care-oriented Moral Reasoning and Sex Role Orientation

Means and standard deviations for the Ethic of Care Interview (ECI) are given in Table 1. Differences among the mean ECI total scores were investigated by one way analysis of variance (ANOVA). Although means were in the expected direction, no significant differences across the sex role

orientation categories were found; Females: $F(2, 42) = 2.44$ $p < .09$; Males: $F(2, 42) = 1.52$ $p < .22$; Combined: $F(2, 87) = 2.56$ $p < .08$.

However, consistent with Hypothesis One that there is a positive relationship between sex role orientation and care-oriented moral reasoning, the results indicated that sex role orientation was a better predictor of ECI level than gender (see Table 2a and 2d). Chi-square analyses revealed that for both women and men, masculinity was associated with the self-oriented stage of care-based moral reasoning, femininity was associated with the self-sacrificing stage, and androgyny was associated with the self-and-other-oriented stage; $X^2 = 17.78$, ($df=4$); $p < .001$ (Table 2a). In contrast, there were no significant differences between gender and ECI level; $X^2 = .74$, ($df=2$); $p < .69$ (Table 2d).

Although the results for women and men combined were statistically significant, it is noteworthy that separate analyses of women and men showed statistically significant results for women only (Table 2b and 2c), indicating that the relationship between sex role orientation and ECI was stronger for women than for men.

Care-oriented Moral Reasoning and Prosocial Behaviour

Contrary to Hypothesis Two, there was no relationship between care-oriented moral reasoning and prosocial behaviour (see Table 3a, 3b, and 3c). The high number of self-and-other-oriented females and males who, contrary to the hypothesis, scored as self-oriented on the Measure of Prosocial Behaviour appears to be a major contributor to the non-significant results.

Sex Role Orientation and Prosocial Behaviour

The data did not support Hypothesis Three that there is a relationship between sex role orientation and prosocial behaviour (see Table 4a, 4b, and 4c). Interestingly, and contrary to the hypothesis, there were significant findings suggesting a gender difference in prosocial behaviour. Table 5a reveals a significant gender difference in prosocial behaviour; $\chi^2 = 7.134$, (df=2); $p < .02$. Table 5a suggests that there were differences in the kind of help women and men tended to offer. Women were more willing than men to do a task all by themselves (level 2: the self-sacrificing choice). When the three options on the Measure of Prosocial Behaviour were collapsed into various combinations (see Table 5b, 5c, and 5d) there was further support for the finding that it was the self-sacrificing

option which caused the gender difference in prosocial behaviour. Significant results were only obtained when the self-sacrificing option was contrasted to the self-oriented and self-and-other-oriented options combined (see Table 5c); $\chi^2 = 7.06$ (df=1); $p < .007$. As expected, although not statistically significant, the majority of the self-sacrificing females were feminine whereas the majority of the self-oriented males were masculine (see Table 6a and 6b).

Table 1

ECI Total Scores for the Sex Role Orientation Categories

<u>Females and Males</u>	Mean	SD	N
Masculine	1.77	.58	30
Feminine	1.91	.43	30
Androgynous	2.08	.54	30

ANOVA $F(2,87) = 2.56$ $p < .08$ n.s.

<u>Females</u>	Mean	SD	N
Masculine	1.62	.45	15
Feminine	1.97	.46	15
Androgynous	1.99	.61	15

ANOVA $F(2,42) = 2.44$ $p < .09$ n.s.

<u>Males</u>	Mean	SD	N
Masculine	1.93	.66	15
Feminine	1.85	.41	15
Androgynous	2.17	.46	15

ANOVA $F(2,42) = 1.52$ $p < .22$ n.s.

Table 2a

Frequencies of Females and Males in the ECI and Sex Role Orientation Categories

ECI	Masculine	Feminine	Androgynous	Total
1	19	11	10	40
2	4	12	3	19
3	7	7	17	31
Total	30	30	30	90

Chi-square (4, N=90)= 17.78 p<.001

Table 2b

Frequencies of Females in the ECI and Sex Role Orientation Categories

ECI	Masculine	Feminine	Androgynous	Total
1	11	4	7	22
2	2	7	0	9
3	2	4	8	14
Total	15	15	15	45

Chi-square (4, N=45)= 16.03 p<.003

Table 2c

Frequencies of Males in the ECI and Sex Role Orientation Categories

ECI	Masculine	Feminine	Androgynous	Total
1	8	7	3	18
2	2	5	3	10
3	5	3	9	17
Total	15	15	15	45

Chi-square (4, N=45)= 7.02 p<.13 n.s.

Table 2d

Frequencies of Females and Males in the ECI Categories

ECI	Females		Males	
	%	N	%	N
1	48.9	22	40.0	18
2	20.0	9	22.2	10
3	31.1	14	37.8	17
Total	100.0	45	100.0	45

Chi-square (2, N=90)= .74 p<.69 n.s.

Table 3a

Frequencies of Females and Males in the ECI and Prosocial Categories

ECI	Prosocial			Total
	1	2	3	
1	21	9	10	40
2	8	9	2	19
3	20	5	6	31
Total	49	23	18	90

Chi-square (4, N=90)= 7.25 p<.12 n.s.

Table 3b

Frequencies of Females in the ECI and Prosocial Categories

ECI	Prosocial			Total
	1	2	3	
1	9	8	5	22
2	3	6	0	9
3	8	3	3	14
Total	20	17	8	45

Chi-square (4, N=45)= 5.81 p<.21 n.s.

Table 3c

Frequencies of Males in the ECI and Prosocial Categories

ECI	Prosocial			Total
	1	2	3	
1	12	1	5	18
2	5	3	2	10
3	12	2	3	17
Total	29	6	10	45

Chi-square (4, N=45) = 3.80 p<.43 n.s.

Table 4a

Frequencies of Females and Males in the Sex Role Orientation and Prosocial Categories

	Prosocial			Total
	1	2	3	
Masculine	20	7	3	30
Feminine	16	8	6	30
Androgynous	13	8	9	30
Total	49	23	18	90

Chi-square (4, N=90) = 4.59 p<.33 n.s.

Table 4b

Frequencies of Females in the Sex Role Orientation and Prosocial Categories

	Prosocial			Total
	1	2	3	
Masculine	8	6	1	15
Feminine	6	7	2	15
Androgynous	6	4	5	15
Total	20	17	8	45
Chi-square	(4, N=45) = 4.47 p<.34 n.s.			

Table 4c

Frequencies of Males in the Sex Role Orientation and Prosocial Categories

	Prosocial			Total
	1	2	3	
Masculine	12	1	2	15
Feminine	10	1	4	15
Androgynous	7	4	4	15
Total	29	6	10	45
Chi-square	(4, N=45) = 5.11 p<.27 n.s.			

Table 5a

Frequencies of Females and Males in the Prosocial Categories

Prosocial	Females		Males	
	%	N	%	N
1	44.4	20	64.5	29
2	37.8	17	13.3	6
3	17.8	8	22.2	10
Total	100.0	45	100.0	45
Chi-square	(2, N=90)= 7.13		p<.028	

Table 5b

Frequencies of Females and Males in Prosocial Categories 1 vs. 2 and 3 Combined

Prosocial	Females		Males	
	%	N	%	N
Help not offered (1)	44.4	20	64.4	29
Help offered (2 and 3)	55.6	25	35.6	16
Total	100.0	45	100.0	45
Chi-square	(1, N=90)= 3.62		p<.057 n.s.	

Table 5c

Frequencies of Females and Males in Prosocial Categories 2 vs. 1 and 3 Combined

Prosocial	Females		Males	
	%	N	%	N
Self-sacrificing (2)	37.8	17	13.3	6
Self-oriented and Self-and-other-oriented (1 and 3)	62.2	28	86.7	39
Total	100.0	45	100.0	45

Chi-square (1, N=90)= 7.06 p<.007

Table 5d

Frequencies of Females and Males in Prosocial Categories 3 vs. 1 and 2 Combined

Prosocial	Females		Males	
	%	N	%	N
Self-and-other-oriented (3)	17.8	8	22.2	10
Self-oriented and self-sacrificing (1 and 2)	82.2	37	77.8	35
Total	100.0	45	100.0	45

Chi=quare (1, N=90)= .27 p<.60 n.s.

Table 6a

Frequencies of Feminine Females vs. all Others in the
Prosocial Categories

Prosocial	Fem. Females	Others	Total
1	6	43	49
2	7	16	23
3	2	16	18
Total	15	75	90

Chi-square (2, N=90)= 3.55 p<.17 n.s.

Table 6b

Frequencies of Masculine Males vs. all Others in the
Prosocial Categories

Prosocial	Mas. Males	Others	Total
1	12	37	49
2	1	22	23
3	2	16	18
Total	15	75	90

Chi-square (2, N=90)= 5.05 p<.08 n.s.

CHAPTER IV
DISCUSSION

Care-oriented Moral Reasoning and Sex Role Orientation

The results did not support Gilligan's notion that care-oriented moral reasoning is predominantly a female ability. There was in this study no evidence that a care-oriented measure of moral reasoning, such as the Ethic of Care Interview (ECI), was biased against males. Interestingly, although not statistically significant, more males (17) than females (14) were at level 3 (self-and-other-oriented) and more females (22) than males (18) were at level 1 (self-oriented) while approximately the same number of males (10) and females (9) were at level 2 (other-oriented).

The ability for care-oriented moral reasoning appears to be related more to sex role orientation than to gender. Consistent with Hypothesis One, the results confirmed that for both men and women a masculine sex role orientation was associated with caring primarily for oneself when reasoning about hypothetical moral dilemmas, whereas a feminine sex role orientation was associated with caring primarily for others. Also, consistent with Hypothesis One, the most mature individuals in terms of care-oriented moral reasoning, i.e. the ability to take the perspective of

others and balance this with one's own needs, were individuals with an androgynous sex role orientation. These results are in contrast to those obtained by Skoe (1991) who using the Bem's Sex Role Inventory did not find a significant relationship between sex role orientation and care-oriented moral reasoning.

It is noteworthy, however, that in this study the relationship between care-oriented moral reasoning and sex role orientation was weaker for males than for females (see Table 2b and 2c). The most important contributor to this weaker relationship appears to be the high number of feminine males who were self-oriented in their moral reasoning. This might be explained by the possibility that even men who perceive themselves as deviant from the traditional male role on several personality characteristics will, however, when confronted with a moral dilemma be more concerned about their own needs than those of others. This may be a function of our socialization in which there still is greater encouragement of females than males to be concerned about others.

The results of the present study confirm findings from previous studies on the relationship between a feminine sex role orientation and care-oriented moral reasoning. Furthermore, the results confirm the hypothesis that

androgynous individuals are at the highest level of care-oriented moral reasoning.

The first issue of the relationship between femininity and care-oriented moral reasoning has been addressed by researchers in the past. Some researchers have found that for women, but not men, femininity is related to a primarily other-oriented perspective in moral reasoning (Pratt & Royer, 1982; Skoe, 1991). Others have found that only men, and not women, with a feminine self-concept were more likely to report the use of a care orientation as opposed to a justice orientation (Berzins et al., 1977; Ford & Lowery, 1986; Pratt et al., 1984). In this study, for both men and women a feminine sex role orientation was associated with the other-oriented level (level 2) on the ECI.

The second issue, the issue of the relationship between androgyny and the highest ethic of care level (level 3), has only been addressed in one recent study. Skoe (1991) reported that 18 women who scored high on the ECI were androgynous, as measured by the Bem's Sex Role Inventory, while only 4 women who scored low on the ECI were androgynous. The corresponding numbers for men were 6 and 1. Although Skoe did not find a significant relationship between sex role orientation and care-oriented moral reasoning, these results were in the predicted direction and consistent with the hypothesis in this study that

significantly more androgynous individuals will be at level 3 on the ECI.

However, the number of androgynous individuals in Skoe's (1991) study might be misleading. According to Bem's Sex Role Inventory, androgyny is determined as the subject's femininity score minus their masculinity score. The closer the score is to zero the more androgynous a subject is. It is important to note that this procedure does not discriminate androgynous subjects (i.e. those whose masculinity and femininity scores are both high but nearly equivalent) from undifferentiated subjects (i.e. those whose masculinity and femininity scores are both low but nearly equivalent). The Personal Attributes Questionnaire thus appears to be a superior measure of sex role orientation in that it distinguishes androgynous individuals from undifferentiated.

Consistent with Hypothesis One, androgynous individuals were at the highest level of care-oriented moral reasoning as opposed to sex typed individuals who were at the lower levels of care-oriented moral reasoning. Earlier studies on sex role orientation have also found that androgynous individuals were more behaviourally adaptive and psychologically healthier than sex typed individuals (Bem, 1975, 1977; Bem & Lenny, 1976; Orlofsky & Windle, 1978; Schiedel & Marcia, 1985); Spence, et al., 1975).

These results suggest that higher level care-oriented moral reasoning is not predominantly a female propensity. Rather than gender, personality characteristics, such as one's sex role orientation, appear to be more closely related to level of care-oriented moral development. Although the study found no significant gender differences in moral reasoning, such differences may still exist in terms of the moral orientation preferred by different genders in different situations, i.e. care-oriented or justice-oriented.

Care-oriented Moral Reasoning and Prosocial Behaviour

Contrary to Hypothesis Two, there was no significant relationship between care-oriented moral reasoning and prosocial behaviour. An unexpectedly high number of both men and women who were at the highest level on the ECI (level 3) scored as self-oriented on the Measure of Prosocial Behaviour.

One interpretation is that there is a discrepancy between how people think one should behave in a certain inter-personal situation and how they act when they are themselves in such a situation. A similar discrepancy has been obtained by researchers relating justice-oriented

measures of moral reasoning, i.e. Kohlberg's Moral Judgement Interview, to actual behaviour (Denton & Krebs, 1990).

In this study, the most consistent individuals in terms of exhibiting a correspondence between abstract reasoning and actual behaviour were those who scored as self-oriented on the ECI (level 1) in that 53% of them also scored as self-oriented in their prosocial behaviour (see Table 3a). In contrast, only 19% of individuals who on the ECI scored as self-and-other-oriented scored as self-and-other-oriented in their prosocial behaviour (see Table 3c). When reasoning about moral dilemmas these individuals were sophisticated and mature in their ability to consider the perspectives and feelings of others. In actual behaviour, however, they were not as sensitive to the needs of others.

It is important to consider that the unexpectedly high number of people not willing to help may in part be due to a limitation in the Measure of Prosocial Behaviour. The measure could be interpreted as biased against participation, because it suggests that there may be more volunteers than needed. This potentially discouraging tone may especially have influenced the individuals high in ECI (level 3) in that they may have thought more than individuals at the lower levels about how best to allocate their time and resources to maximize their own as well as significant others' well-being.

Sex Role Orientation and Prosocial Behaviour

The data did not support Hypothesis Three that there would be a relationship between sex role orientation and prosocial behaviour. As discussed previously, the possibility that the Measure of Prosocial Behaviour discouraged participation may in part have contributed to the high number of individuals not willing to help. However, the non-significant results are interesting considering the significant relationship between sex role orientation and care-oriented moral reasoning. These results show that men and women who had the same sex role orientation tended to reason similarly about inter-personal moral dilemmas. However, when faced with an actual interpersonal dilemma, sex role differences were non-existent, but significant gender differences emerged.

The data show that women were significantly more willing than men to help another unknown person by doing a task all by themselves even though they had the option of sharing the task. As expected, although not statistically significant, the majority of these women were feminine in their sex role orientation. Women apparently felt more obliged to help others at the expense of sacrificing their own time. Mussen and Eisenberg (1977) obtained similar

results with children. They found that girls tended to be slightly more helpful and nurturant than boys.

These results support Nunne-Winkler's (1984) claim that women feel more obliged to fulfill *imperfect duties* such as helping a person who desperately needs it. However, the data in the present study only supported this gender difference when men and women were faced with an actual situation involving an imperfect duty, and not when men and women were reasoning about how far they were willing to go in fulfilling the needs of others. It is possible that many women still experience difficulties saying no when demands are made upon them even though they know that there is no social condemnation involved with saying no.

Limitations of the Study

There are several limitations to the study which should be kept in mind when interpreting the results. First, the sample was restricted to volunteer university students. It was particularly difficult to get male volunteers to fill out the Personal Attributes Questionnaire and thus commit themselves to being contacted for an interview. In contrast, more females than needed volunteered. Thus, the self-selected males in this sample may not be representative of the university male population and self-oriented subjects are likely to be underrepresented. This self-selection

problem may contribute to the unexpected high number of males scoring high on the ECI.

Furthermore, one would expect male university students to be different from men with no secondary education in that they are more likely to be exposed to non-traditional, high achieving women. Female university students might be different from women who live more traditional lives as mothers and home-makers. Most of the research in the area of moral development has been done using university students which clearly limits the generalizability of the results. Future research involving non-university samples is needed.

Second, the scoring of a semi-structured interview can be biased, especially when one rater (the investigator) also conducted the majority of the interviews. However, the high inter-rater reliabilities suggest that the problem of a potential bias was minimal.

Third, the possibility that subjects were inclined to give socially desirable responses and to please the investigator was a potential problem. Also, male and female subjects may respond differently depending on the sex of the investigator. This could not be controlled for in this study in that all three investigators were female. However, the Measure of Prosocial Behaviour was deliberately designed to minimize any response bias. Subjects were asked in

writing to help another person, not the investigator. Furthermore, subjects were led to believe that the investigator was not aware of which helping option was selected. Hopefully, this minimized tendencies to please the investigator.

Finally, this study was limited in that only prosocial behaviour was examined and not prosocial reasoning. It could be argued that a subject's *rationale* behind the kind of prosocial behaviour they choose to engage in is as important as the actual behaviour. For example, a subject who scored as self-oriented, i.e. not willing to help, on the Measure of Prosocial Behaviour may if probed give reasons which involve a strong consideration of the needs of both self and other. Likewise, a subject who scored as self-sacrificing, i.e. willing to do the task all by themselves, may upon further probing be self-oriented in that the subject anticipates being paid.

Conclusion

The results obtained in this study suggest that Gilligan's theory of moral development needs to be integrated into a broader view. The results suggest that her theory overemphasizes the stereotypical images of men and women and could be improved by also investigating intra-gender differences. However, although this study did not

find support for Gilligan's view that care-oriented moral reasoning is predominantly a female ability, some aspects of the results provide support and a potentially new interpretation for her work.

Some aspects of this study supported a stereotypical view of men and women. There was a pronounced asymmetry in the initial stage of data collection for this study; males were much less willing to volunteer to fill out the Personal Attributes Questionnaire (PAQ) and thus commit themselves to also do the Ethic of Care Interview if contacted. Furthermore, it was extremely difficult to find among the large sample set 15 males who scored as feminine in their sex role orientation on the PAQ. Out of an initial number of 82 males, only 12 were feminine. Thus, it was necessary to eventually ask only males and not females to volunteer. In contrast, 143 female volunteers were relatively quickly obtained. Also, several women even begged the investigator to pick them for the interview. This preselection procedure may be interpreted as being in itself a measure of prosocial behaviour, and it suggests that there are indeed gender differences in this respect. This was further confirmed by this study's Measure of Prosocial Behaviour, which was administered before the Ethic of Care Interview. Using this test, significant gender differences emerged in that women were more willing than men to help an unknown researcher with doing a task all by themselves.

However, when men and women reason about interpersonal moral dilemmas, the results of this limited study suggest that men and women may not be that different, especially when they are preselected on the basis of sex role orientation. The results show that using a care-oriented measure of moral reasoning, such as the Ethic of Care Interview, intra-gender differences were more important than gender differences. A high percentage of feminine and androgynous males scored at the intermediate and highest levels of care-oriented moral reasoning, as measured by the Ethic of Care Interview. This suggests that a concern for the needs of others in human relations can be as important for certain types of men as it is for certain types of women.

Although the study suggests that intra-gender differences may be more important than inter-gender differences in moral reasoning, stereotypical male and female behaviour still seems to be fairly pronounced. Gilligan's theory may be more applicable to actual behaviour in interpersonal situations than to abstract reasoning. Future research including different measures of prosocial behaviour as well as the rationale behind such behaviour is needed to confirm the results obtained in this study. Furthermore, future research on sex role orientation and moral reasoning should compare subjects who were preselected

on the basis of sex role orientation to subjects who were randomly selected and then administered a measure of sex role orientation.

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APPENDIX A
THE ETHIC OF CARE INTERVIEW MANUAL

by
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The objective of rating each interview is to locate the individual in one of the Ethic of Care stages for each dilemma. Each stage 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 stages represent a progressively more adequate understanding of the psychology of human relationships, an increasing differentiation of self and other and a growing comprehension of the dynamics of social interaction. Thus the Ethic of Care reflects a cumulative knowledge of relationships and evolves around the central insight that self and other are interdependent and that the activity of care enhances both others and self (Gilligan, 1982).

The five stages are:

1. Self-Oriented (Egocentric).
- 1.5. Transition From Self-Oriented to Other-Oriented.
2. Other-Oriented (Self-Sacrificing).
- 2.5. Transition From Other-Oriented to Self-and-Other Oriented.
3. Self-and-Other Oriented (Ethic of Care).

In determining the stage of a subject's response, it is important to note whose needs and concerns she considers and the reasons why she would or would not do or say something. "What" she 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 she would take her lonely mother in. However, further questioning may reveal that her reason for doing so was that mother would not make a scene and thus give her 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 views and values on each dilemma without the help of any suggestions from the interviewer.

Instructions for Rating

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

1. Self-Oriented (Egocentric)

This stage is characterized by caring for self in order to ensure survival. Her concern is pragmatic and the issue is survival. "Should" is undifferentiated from "want" and other people influence the decision only through their power to affect its consequences. The question of "rightness" emerges mainly if her own needs are in conflict, then she would have to decide which needs should take precedence. Morality is a matter of sanctions imposed by a society in which one is more subject than citizen.

The woman focuses on taking care of herself because she feels that she is all alone. She feels disconnected, independent, a loner. The self, which is the sole object of concern, is constrained by a lack of power that stems from feeling disconnected. Relationships are for the most part disappointing. As a result, women in some instances deliberately choose isolation to protect themselves against hurt.

Sketch

Real-Life: She may or may not be able to generate a moral conflict. If she 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." Her reasons for deciding what to do are also pragmatic, e.g., "I might lose my licence," "my parents may give me trouble," "I may lose my boy friend," "I may get a bad reputation." Her concerns are basically to protect herself, ensure her own happiness and avoid difficulties. There is little, if any, concern for other people and their lives and feelings. Also, there is no consideration of any higher principles or values.

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 licence.

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: She may or may not think that abortion is the best solution. Again, her considerations are pragmatic and selfish. For example, if she is against having the baby, she may consider: will she lose the job, get a bad reputation, will people wonder who the father is, will she lose the relationship. If she decides to keep the baby, the reason is likely that she really wants a baby. Again her concerns will be selfish. There are little, if any,

considerations for the baby, e.g., will she be able to properly take care of it, or for the father and his 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 so she should have an abortion. (WHY 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 than having a child I didn't want, wasn't ready for ... so that I could keep doing what was important to me.

Betty: She is likely to think that Betty should leave her husband as she is not happy in the marriage. She may at first suggest talking to the husband, or marriage counselling, 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 husband or the other man Betty 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.

Kristine: In all likelihood she will say that

Kristine should not take mother in because Kristine enjoys and needs her independence, they do not get along anyway, mother should stay with people her own age, etc. She may briefly suggest some kind of help to mother, e.g., help her find another place, spend more time with her, but the overriding attitude is that of wanting to get rid of the mother as quickly and easily as possible. There is little, if any, attention paid to the needs of the mother and no real effort to talk to the mother 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 Kris, 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 ...

General Comments: She 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 emerge if her own needs are in conflict, in which case she 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.

1.5 Transition From Self-Oriented to Other-Oriented

The transition issue is one of attachment or connection to others. Concepts of selfishness and responsibility first appear. Caring for the self to ensure survival is criticized as selfish. The woman can now criticize her own judgment, e.g., as "selfish" and "unrealistic." This criticism signals a new understanding of the connection between self and others. There is a shift from selfishness to responsibility, a move toward social participation.

Sketch

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

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: Initially, she may or may not think that Lisa should keep the baby but upon further questioning is likely to think that an abortion or adoption is the best. Although she will give some considerations to the welfare of the

baby, her 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 father or his wife/family.

Just depending on her background and stuff, she should either take the job and have the baby and forget about the married guy or put the baby up for adoption. Take the job and move on to something else ... It depends on whether she can support the baby, it depends on whether she wants it or not. It depends on how much money you have and where you are living. I don't know whether I would keep the baby or not. I would try to think about the future, the baby would only have a mother, never know his dad. I actually don't think I would keep it, have an abortion or something. It would not be fair to the child, it would be an only child unless maybe I would marry somebody else.

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, then perhaps we could work out some other ways to take care of the baby. If he doesn't want the baby, I would have an abortion and nothing more to do with him. It depends on the lady too, whether she wants a baby for herself. If I really loved the man, I would keep the baby. If he didn't want a baby then I would become really bitter about it, and I would probably get an abortion. It is the only way of getting rid of a baby, if I didn't want a baby myself.

Betty: Like stage 1 she is likely to think that Betty should leave her husband, but she will give more

considerations to trying to save the marriage and show more concern for the children and husband.

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.

Kristine: She may be willing to take mother in for a short while and extend some help. However, she basically wants to get rid of the mother, and may use the argument that they don't get along anyway. There is no real effort to take mother'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 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.

She should talk to her mother and explain that she really values her own independence and having the apartment to herself. Maybe offer to have her mother stay for a couple of weeks, and explain that she does not feel they get along

well enough to share the same apartment, that apartments usually don't have that much room. Maybe offer to have her stay for a little while until her mother does not feel so lonely. Try to help mother for a couple of weeks but explain that it can only be temporary and that mother has to work things out for herself.

General Comments: Due to a move toward social participation and responsibility, she may appear to struggle more with the issues and answers than stage 1. She 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 her own, she will basically attempt to take care of herself.

Note: A score of 1.5 should also be given when the subject appears to be between stages 1 and 2.

2. Other-Oriented (Self-Sacrificing)

The elaboration of the concept of responsibility and its fusion with a maternal morality that seeks to ensure care for the dependent and unequal characterizes this stage. At this point, the good is equated with self-sacrifice and caring for others.

The woman adopts societal values and moral judgment relies on shared norms and expectations. Consensual judgment about goodness becomes the overriding concern as survival is now seen to depend on acceptance by others. "Right" is defined by others and responsibility rests with

them. The woman avoids taking responsibility for choices made. She feels responsible for the actions of others while others are responsible for the choices she makes.

This is the conventional feminine voice, defining the self and proclaiming its worth on the basis of the ability to care for and protect others. Assumptions about feminine goodness where all the attributes considered desirable for women presume an other - the recipient of the "tact, gentleness and easy expression of feeling" which allow the woman to respond sensitively while evoking in return the care that meets her very strong need for security. The strength in this position lies in its capacity for caring; the limitation lies in the restriction it imposes on direct expression. Assertion becomes potentially immoral in its power to hurt. Conflict arises specifically over the issue of hurting.

Sketch

Real-Life: The dilemma generated probably involves a situation where she is afraid of hurting or disappointing somebody close, such as family or friends. Generally, she attempts to please, help or protect others as much as possible at the expense of asserting herself and her 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.

Lisa: Due to upbringing or religious convictions, she 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 Lisa's responsibility to the child.

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: Stressing responsibility and commitment to the husband and especially the children, she will probably see it as wrong for Betty to leave her husband or to have an affair. Also, she will typically suggest that Betty 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 own needs or the husband's 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.

She should take her husband to marriage counselling. I would work at my marriage and stick to that. Because they have been married for so long and they have a family. It only makes sense to work on it. (WHAT IF HE REFUSES TO GO FOR COUNSELLING?) Hopefully, I would stay with him. Because it would be right. You have a responsibility to your husband and your family. I would try to, it would be hard.

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 counsellor... 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.

Kristine: Even if she may initially suggest that mother find another place, she easily switches to thinking that Kristine should take mother in "at least for a while." The reason for this is probably that she is her mother and that you owe it to your parents to take care of them. It is likely seen as a mutual responsibility between parent-children to help each other. The main focus is mother's needs and how she 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. 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. At least give it a try.

She should let her stay on a trial basis. If it doesn't work, she should ask her to leave. If they are getting along, they could live together. She should take her mother in because she is her mother. Her mother brought her up, if she asked to live there, it must be pretty important.

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. Because of their reliance on "law and order" and well-defined guidelines, these subjects are often characterized by a certain rigidity. Their moral judgments tend to be absolute or "black-and-white."

2.5 From Other-Oriented to Self-and-Other-Oriented

The transition phase that follows stage 2 is marked by a shift in concern from goodness to truth and honesty. The transition begins with a reconsideration of the relationship between self and other, as the woman starts to scrutinize the logic of self-sacrifice in the service of a morality of care. When only others are legitimized as the recipients of the woman's care, the exclusion of herself gives rise to problems in relationships, creating a disequilibrium that initiates the second transition. The equation of conformity with care, in its conventional definition, and the illogic of the inequality between other and self, lead to a reconsideration of relationships in an effort to sort out

the confusion between self-sacrifice and care inherent in the conventions of feminine goodness.

The word "selfish" reappears. Retrieving the judgmental initiative, the woman begins to ask whether it is selfish or responsible, moral or immoral, to include her own needs within the compass of her care and concern. This question leads her to reexamine the concept of responsibility, juxtaposing the concern with what other people think with a new inner judgment. In separating the voice of the self from the voices of others, the woman asks if it is possible to be responsible to herself as well as to others and thus to reconcile the disparity between hurt and care. The exercise of such responsibility requires a new kind of judgment, whose first demand is for honesty.

The woman is unwilling any longer to protect others at what is now seen to her own expense. Survival, however "selfish" or "immoral," returns as the paramount concern.

Sketch

Real-Life: The dilemmas generated will likely involve a conflict between selfishness and responsibility, between morality and survival. She feels partly responsible for other people but is also concerned about herself and wants to assert her 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. 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.

Whether to have an abortion. Being pregnant at 21, having a lot of financial and emotional problems, I decided to have an abortion. Once I made that decision, I could live with it. I don't feel any regrets because I know I could never have raised the child. I was considering what my family would say, whether I was emotionally and financially able to support the child, whether I wanted to give my life up just when I was starting to get it going. I decided I had to wait till I was married in order to be able to emotionally support somebody else too.

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

I don't think she should have an abortion. If she really finds that she could not support the child, I would prefer if 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.

I would keep the baby. I don't agree with abortion, and I would keep up with the career. It depends if she could take care of the baby at the same time, then she should keep it. If the circumstances couldn't allow her to do both, then she should put it up for adoption. Abortion is murder, the child is alive. If she doesn't have time to help the child grow then it is best she does not have it, but put it up for adoption. It depends on how much time she is willing to put forth for the child.

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.

Betty: 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, she will likely think that Betty should leave in order to make herself happy. There will be some consideration of the children but the main focus is Betty's fulfillment.

That's hard. (long pause) She should tell her husband or she should try and go to marriage counsellor or something. But it 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...If she finds she would get more of that with Steven, she should go with him. I think she would be wasting her time with a guy who doesn't even want to listen to her.

Kristine: She probably will see it as important and "nice" for Kristine to take her mother in in order to help her. However, she is also taking into consideration Kristine's need for an independent life and will therefore probably suggest that mother 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 selfsufficient 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.

General Comments: She 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 stage 2, the "grey" are discovered. She is similar in many ways to stage 1.5 in terms of being more uncertain and in conflict than the other stages. Also, both stages 1.5 and 2.5 consider needs other than their own while choosing to take care of self primarily. However, stage 2.5 will typically see a need for more "selfishness" while stage 1.5 see a need for less "selfishness." In addition, stage

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 subject appears to be between stages 2 and 3.

3. Self-and-Other-Oriented (Ethic of Care)

The criterion for judgment has shifted from goodness to truth and honesty. The morality of action is assessed not on the basis of its appearance in the eyes of others, but in terms of the realities of its intention and consequence.

This stage focuses on the dynamics of relationships and dissipates the tension between selfishness and responsibility through a new understanding of the interconnection between other and self. Care becomes the self-chosen principle of a judgment that remains psychological in its concern with relationships and responsibility but becomes universal in its condemnation of exploitation and hurt.

The woman claims the power to choose, accepts responsibility for choice and takes control of her life. Criteria for goodness move inward. Obligation to care extends to include the self as well as others. There is now a moral equality between self and other and both are

included in the compass of care. Responsibility for care includes both self and other and the injunction not to hurt, freed from conventional constraints, sustains the ideal of care while focusing on the reality of choice.

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, she will follow her 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.

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

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.

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.

Betty: She will think that Betty should leave her husband after really worked on the relationship. Again, she 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. She 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 husband and 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.

One side is her opinion of the situation. I don't know his opinion of it. He may say the same thing as she, that she may not really be communicating with him. If I take it that it is the truth what she says...Marriage is a big deal and people should really try to make marriages work. But if it is not working you should not waste your life away sitting in a relationship that isn't going to work. If there is no possible way that it is going to work or if she is tired of trying to make it work, then I think she should get out of it. But I don't believe in having the relationship with Steven while she is still married to the other man. I don't think it is fair to him or herself or the kids. You are spreading yourself out in too many different places. I think she should get on with her own life. It is better for the kids. If it is not a good relationship, it's not good for them to be in that situation, or for her or the husband. If there is no way for it to work, she should get out of it. It is not just selfish, it is probably better for everybody in the situation.

Kristine: She may or may not take the mother in. In either case, she will consider the needs of both people involved and recommend an honest communication between them. If the mother is taken in, she will put down some ground rules so that the two people can live together with respect and independence. If she does not take the mother in, she will offer help and companionship for the mother 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. 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.

I would probably take the mother in and definitely go over some ground rules for what is going to happen with the restriction that if it didn't work out, the mother would have to leave. She is 26 and may be thinking about getting married and jobs, etc. You have a certain obligation to your parents. Let her know certain needs I have, how to divide up household chores, etc.

She got to choose between commitment to her mother and commitment to herself. She cannot live her mom's life. She could help her mother but not by living with her. The mother could perhaps move into the area where Kristine is living and have more communication. But living with her daughter would impose herself too much. The daughter values her independence. I think she should say no and have the mother live around her, but not with her.

General Comments: Generally, she appears to be in control of her life and able to make difficult choices and decisions with responsibility and care for both self and other. Her views and values are well integrated and expressed. Because of her self-assertiveness and unwillingness to sacrifice self, she may at times appear similar to stages 1 or 1.5. However, her statements and

considerations of the various situations are much more comprehensive than stages 1 or 1.5 and she is able to consider other people's point of view and to assess the situation from various angles. Compared to stage 2.5 she is no longer confused or in conflict about selfishness and responsibility, and can therefore take care of herself as well as others, attempting to minimize hurt and exploitation.

APPENDIX B

THE ETHIC OF CARE INTERVIEW (FEMALE VERSION)

The Real-Life Dilemma

The Real-Life dilemma is generated by the participant in response to a general question about her 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?

The Standard Dilemmas

The general procedure used with the standard dilemmas is as follows: The participant is presented with the dilemma in a written format, then the dilemma is read to the participant and the participant is asked to respond to specific questions about the dilemma. The different standard dilemmas are presented below.

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?

APPENDIX C

THE ETHIC OF CARE INTERVIEW (MALE VERSION)

The Real-Life Dilemma

The Real-Life dilemma is generated by the participant in response to a general question about his personal experience of moral conflict. The question is asked in several ways: Have you ever 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?

The Standard Dilemmas

The general procedure used with the standard dilemmas is as follows: The participant is presented with the dilemma in a written format, then the dilemma is read to the participant and the participant is asked to respond to specific questions about the dilemma. The different standard dilemmas are presented below.

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 3 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?

APPENDIX E

MEASURE OF PROSOCIAL BEHAVIOUR

HELP WANTED!!!!!!

A PSYCHOLOGY RESEARCHER AT SIMON FRASER UNIVERSITY NEEDS ASSISTANCE WITH PHONING 15 SUBJECTS TO CONFIRM THEIR PARTICIPATION IN A STUDY. YOUR HELP WOULD BE APPRECIATED. PLEASE INDICATE BELOW WHETHER OR NOT YOU ARE WILLING TO HELP.

1. I CANNOT ASSIST _____
2. I CAN MOST LIKELY PHONE ALL SUBJECTS ON MY OWN _____
3. I WOULD LIKE TO HELP BUT I WANT THE WORK TO BE SHARED_____

FIRST NAME ONLY _____

PHONE NUMBER _____

IF YOU CAN HELP AND ARE NOT CONTACTED WITHIN TWO DAYS IT IS BECAUSE WE ALREADY HAVE ENOUGH VOLUNTEERS.

APPENDIX F

DEMOGRAPHIC DATA

SEX _____

AGE _____

MARITAL STATUS _____

NUMBER OF CHILDREN _____ THEIR AGES _____

DO YOU LIVE ALONE _____ WITH A PARTNER/SPOUSE _____
WITH A ROOM MATE _____ OR WITH YOUR PARENTS _____

ETHNIC BACKGROUND _____

RELIGIOUS ORIENTATION _____

FATHER'S HIGHEST LEVEL OF EDUCATION _____

MOTHER'S HIGHEST LEVEL OF EDUCATION _____

WHAT YEAR OF UNIVERSITY ARE YOU IN _____

WHAT DO YOU PLAN TO MAJOR IN _____