

**ETHIC OF CARE AND ITS RELATIONSHIP TO ATTACHMENT, OBJECT  
RELATIONS AND SOCIAL COGNITION**

by

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**M.A., Simon Fraser University, 1991**

**DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF  
THE REQUIREMENTS FOR THE DEGREE OF  
DOCTOR OF PHILOSOPHY**

**in the Department  
of Psychology**

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**SIMON FRASER UNIVERSITY**

**June 1996**

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August 12, 1996

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## ABSTRACT

The purpose of this study was to expand the construct validation for a newly developed measure of care-oriented moral reasoning, the Ethic of Care Interview, based on Gilligan's theory of moral development. Previous construct validation research has found a relationship between the Ethic of Care Interview and measures of ego identity development. Hypotheses stated that individuals' level of care-oriented moral development would be related to their level of affective and cognitive maturity in interpersonal functioning. In addition to the Ethic of Care Interview, measures included The Relationship Questionnaire, a self-report measure of attachment, and four dimensions of object relations and social cognition coded from Thematic Apperception Test responses. Participants were 43 male and 45 female undergraduate university students. As predicted, individuals at lower levels of moral development (self-oriented) scored higher on the fearful attachment style and were less mature in both affective and cognitive dimensions of object relations and social cognition. Contrary to expectations, individuals at the highest levels (self-and-other-oriented) and the conventional level (other-oriented) of moral development could not be distinguished as predicted. Individuals at both the highest levels and the conventional level scored high on the secure attachment style and in terms of affective interpersonal functioning, individuals at the conventional level were more mature than individuals at the highest levels. With regard to cognitive sophistication, however, the highest levels were distinct from the conventional level. A further unexpected finding was that the conventional level of moral development also received high ratings on the dismissing attachment style. These findings suggest that while measures of interpersonal functioning are related to the Ethic of Care levels, they may not discriminate as well among these levels as measures of ego development. These results were discussed in

terms of their implications for the conceptualization of moral development as involving both affective and cognitive processes. In addition, limitations of the study and suggestions for future research were discussed.

## ACKNOWLEDGMENTS

I wish to thank Dr. Jim Marcia for his guidance during the dissertation process and throughout my graduate training. I have learned much not only from his teachings but also from his respectful and empathic manner. Thanks also to Dr. Kim Bartholomew for providing very constructive suggestions in particular during the design stages of this project. I am grateful to Dr. Ray Koopman for always taking the time to help with statistical analyses and problems. Thanks to Joan Foster for her computer aid, to Elisabeth Michno for making the micro lab a happier place to be, to Dr. David Ephraim for stimulating TAT discussions, to Dr. Dennis Krebs and Dr. Drew Westen for being willing to serve on the examining committee, and especially to Corina Brown and Christine Ahern for their research assistance.

My gratitude to Mark Jaccard for his companionship in love and work, to my parents, Karin Michelsen and Robert Söchting, for their continuous encouragement of combining the career of motherhood with other pursuits, to Ingram, Kjartan, Torsten, and Sigbrit for brightening my days with your affection and laughter.

Finally, I would like to thank the women and men at Simon Fraser University who volunteered to participate in this study.

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## INTRODUCTION

In the past two decades, a debate has flourished on gender differences and similarities in moral development. Gilligan has proposed that men and women differ in their moral thinking: men focus more on justice and individual rights; and women focus more on care and responsibility in relationships. While these two moral orientations are not gender-specific, they are strongly related to gender (Gilligan, 1988; Gilligan & Attanucci, 1988; Johnston, 1988; Pratt, Golding, Hunter & Sampson, 1988).

When speculating about the origin of these gender differences, Gilligan (1982) refers in particular to Chodorow's (1974, 1978) suggestion of differing developmental paths for each gender because it is predominantly women who mother. According to Chodorow, the girl, in order to attain her gender identity, can maintain a close connection to the mother. The boy, in order to attain his gender identity, must effect some separation. Gilligan's theory deals explicitly with the effects on moral reasoning of these differing female and male developmental paths. A consideration of the interdependence of self and other should therefore be more evident in women's moral reasoning than in men's (Gilligan & Wiggins, 1987).

In her initial research with only women, Gilligan (1977, 1982) found three types of moral perspectives and two transitional modes. These can be construed developmentally as progressing from caring only for oneself, to caring primarily for others to the exclusion of self, to a more mature understanding of the interdependence between self and others.

Recently, researchers have questioned Gilligan's position by demonstrating that gender alone does not predict level of care-oriented moral reasoning. In samples of young adults (age 18 - 35), men and women distribute themselves in roughly equal numbers across the five levels of care-oriented moral development (Skoe & Diessner, 1994; Skoe &

Nickerson, 1996; Söchting, Skoe & Marcia, 1994). In these studies, sex role orientation (masculine, feminine, and androgynous) was a better predictor of level of care-oriented moral reasoning than gender. It is noteworthy, however, that in samples of children and older adults, females tend to score higher than males (Skoe & Gooden, 1993; Skoe, Pratt, Matthews & Curror, in press).

If it is not necessarily gender-specific developmental differences, might there be other developmental factors contributing to differences among young adults in care-oriented moral development? That is, can developmentally significant relationship experiences promote or hinder cognitive development which would then be reflected in reasoning about interpersonal dilemmas?

Previous research has established a relationship between ego identity and secure attachment as well as between ego identity and both care-oriented and justice-oriented moral development (Marcia, 1994). The relationship between ego identity and attachment is assumed to be based upon the inner security furnished by a solid sense of self, which motivates late adolescents to explore ideological, occupational, and interpersonal alternatives on the way to achieving a psycho-social identity. Identity is also associated with maturity in cognitive style, reflected in moral reasoning and perspective taking. Is it possible then that care-oriented moral reasoning, involving abstract representations of oneself and others and the interactions between the two, are developmentally derived from individual emotional attachment experiences and motivational needs?

While attachment has not yet been related to care-oriented moral reasoning, care-oriented moral reasoning has been found to be related to emotional adjustment and stability (Skoe, Kristensen, Martinussen, Moe & Sunde, 1996) as well as to satisfaction in intimate relationships (Franzoi, Davis & Young, 1985; Skoe & Nickerson, 1996). Also researchers have suggested that the inability of sexual offenders and wife abusers to be

caring and considerate in adult relationships may be a result of their insecure attachment in childhood (Dutton, Saunders, Starzomski & Bartholomew, 1992; Marshall, 1989).

When speculating about the developmental origins of differences in adult moral reasoning, the theoretical approach of Chodorow (1978) and Gilligan (1982, 1988) may point in the right direction by focusing on the quality of attachment between child and caregiver. However, with their emphasis on gender-specific attachment differences, they fail to explain the apparent lack of gender differences in young adult care-oriented moral reasoning. Perhaps a more fruitful approach is to examine empirically individual differences in attachment relationships and interpersonal functioning. It is possible that emotionally coloured beliefs and images about oneself and others eventually form a structured blueprint for guiding interpersonal functioning, as first suggested by Bowlby (1973), which in turn may be related to maturity in cognitive development as reflected, for example, in moral reasoning.

This study will address these issues by testing the hypothesis that care-oriented moral reasoning is related to interpersonal functioning as reflected in self-reported attachment style and in projective Thematic Apperception Test responses using cards depicting interpersonal situations. Accordingly, the intent of this investigation is to expand the construct validation for care-oriented moral reasoning by relating it to these hypothesized developmental correlates. The study includes aspects of several major developmental theories: attachment theory, object relations theory, social cognitive theories and theories of moral development. Marcia (1988) has proposed that there are linkages among the major developmental theories and their constructs regardless of the differences in content domain. Common to the theories covered in this study is the theme of two fundamental psychological developmental processes: the development of a consolidated and increasingly differentiated and integrated self-definition; and the

development of the capacity to establish mature and satisfying interpersonal relationships (Blatt, 1990).

The remaining part of Chapter One includes a review of the theoretical rationale for the measures used in the study: (1) The Ethic of Care Interview based on Gilligan's theory of moral development (Skoe & Marcia, 1991); (2) The Relationship Questionnaire and the Relationship Scale Questionnaire based on attachment theory (Bartholomew & Horowitz, 1991), and (3) the Thematic Apperception Test, assessing projected interpersonal behaviour, using a scoring system based on object relations theory and social cognition research (Westen, Lohr, Silk, Gold & Kerber, 1990); Finally, an outline of the hypotheses of the study is presented.

### Moral Development: The Theories of Kohlberg and Gilligan

Morality can be defined as finding one's place in a social context whether one chooses self-protection, conformity, or integration of autonomy with responsibility for others. According to Kegan (1982) and Kroger (1992), moral reasoning is an intrapsychic organization of a self-other balance, which encompasses both cognition and affect and gives rise to meaningful coordinations of one's own impulses with the perspectives of others.

It is apparent that two prominent theories of moral development interpret this self and other balance in different ways: for Kohlberg the goal is to go beyond the immediate context of interpersonal relations; whereas, for Gilligan, the goal is a mature understanding of responsibility for immediate relationships. The theories of Kohlberg and Gilligan are rarely seen as mutually exclusive but rather as complementary in that they each emphasize aspects of one unified morality.

According to Gilligan and Wiggins (1988), the origins of morality can be located in the child's awareness of itself in relation to others. Two critical dimensions of childhood relationships can be identified as influencing this awareness: inequality and attachment. Since being human means vulnerability to both oppression and abandonment, ideal development prepares one for effecting equality as well as for actively creating and maintaining connections with others. The contentious issue is, however, Gilligan's claim that the attachment story is more salient for girls and the inequality story more salient for boys resulting in two gender-linked moral domains (Hare-Mustin, 1987; Nunner-Winkler, 1984).

### *Kohlberg's Theory of Moral Development*

Gilligan's theory of moral development has been formulated mainly as a critique of Kohlberg's earlier work in this area. A brief review of Kohlberg's theory is therefore useful. Based on Piaget's observations and probing of children's evaluations of moral concepts, Kohlberg formulated a general theory of moral development defined in terms of right and wrong (justice). Kohlberg (1969, 1976, 1984) 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, the Moral Judgment Interview, involves making decisions about hypothetical dilemmas regarding conflicting claims of individual rights. In Kohlberg's theory, each new stage emerges in an inevitable and invariant sequence and reflects increasingly higher levels of morality. Thus,

Kohlberg has proposed a maturational model characterized by an increasing differentiation of self from others and a progressive freeing of thought from social constraints (Langford, 1995; Vaillant & Milofsky, 1980).

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; 1988; Gilligan & Attanucci, 1988; Holstein, 1976; Kohlberg, 1984; Kohlberg, Levine & Hower, 1983; Walker, 1984; Wark & Krebs, 1996). Arguing in favour 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 conventional levels of morality, which represent primarily an interpersonal morality concerned with the feelings of others, whereas men tend to progress to higher stages representing a morality of individual principles of right and wrong (Holstein, 1976; Langdale, 1983).

In challenging Kohlberg's conclusion that moral development tends to be more advanced in men than in women, Gilligan (1977) substituted for Kohlberg's hypothetical moral dilemmas a real-life dilemma about whether or not to abort a pregnancy. Based on listening to women discuss their decisions, she concluded that the struggle of moral development is a struggle between caring for others and efforts at self-determination. According to Gilligan, care becomes a universal and self-chosen obligation in post-conventional (mature) moral development. A morality defined as the struggle between autonomy and responsibility to others is indeed different from Kohlberg's definition of the freeing of thought from social constraint.



## *Gilligan's Theory of Moral Development*

Gilligan's theory deals with the recognition that self and other are interdependent. In her studies on women facing a decision about abortion, Gilligan (1982) found essentially three 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 transitional phase, this judgment (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 integration with a morality that seeks to ensure care for the dependent and unequal. At this point, others are valued more than oneself and good is equated with care for others at the expense of self. The second transitional phase is initiated by the disequilibrium created by exclusion of self. Questioning the logic of this inequality between self and others leads to a reconsideration of relationships in an effort to sort out the confusion between self-sacrifice and care inherent in the conventions of traditional feminine goodness.

The third perspective focuses on the dynamics of relationships and mitigates the tension between selfishness and responsibility through a new understanding of the interconnection between self and others. Caring for both self and others becomes a self-chosen principle of a judgment that remains psychological in its concern with relationships.

Similar to Kohlberg, Gilligan's initial work suggested a progressive development from lower to higher levels of morality. Based on this model, a standardized measure, the Ethic of Care Interview, was constructed and validated allowing assessment of individuals as representing either one of the three main perspectives or one of the two transitional phases (Skoe & Marcia, 1991). Gilligan and her colleagues have, however, become

increasingly critical of conceptions of human development as a progression from lower to higher stages and question the stage approach to care-oriented moral reasoning.

According to Gilligan, the stage approach is not invalid but perhaps not a just portrayal of women's experiences. Women experience a continuous conflict between selfishness and selflessness, a conflict that should not be represented as steps in a developmental progression (Gilligan, Brown & Rogers, 1990). However, the stage approach, having an established validity, remains of empirical and theoretical interest to developmental researchers.

### Attachment

Psychoanalytic theory is the main source of the belief that the mother-infant relationship is crucial. Freud (1938) believed that the mother-infant relationship establishes unalterably for life the mother as the primary love-object that serves as the prototype for all later interpersonal emotional ties. His focus remained, however, on libidinal (sexual) drives and the individual's attempts to discharge these drives in order to decrease physical tension. The role of the object (mother) was to provide a means for discharge of pent-up libidinal drives. The aim of successful mothering was thus to gratify the libidinal needs of the infant. Failure to do so would result in vulnerability to various forms of psychopathology.

The mother-infant relationship has continued to receive attention from theorists and researchers influenced to varying degrees by Freud. Among those are Erikson and Bowlby. Erikson (1963) has extended Freud's theory beyond the one-way relationship to significant others to postulate a more dynamic interaction between the individual and others. Erikson proposed that human development is comprised of a series of psycho-

social stages and tasks. At each developmental stage an interplay between the needs of the individual and the demands of society determines how a particular developmental task is solved. The first task in infancy is to establish the balance of *basic trust versus mistrust*. Infants who experience their mother as reliable and able to meet their needs are more likely to develop a basic trust in people, institutions, and themselves. According to Erikson, this trust-mistrust dimension provides a guide for individuals' general emotional reactions to events in their environment. Moreover, it influences how individuals resolve further developmental tasks at their age-appropriate levels. Resolution of one later stage, *intimacy versus isolation*, in young adulthood may be influenced in particular by the outcome of the earlier trust-mistrust stage in that successful resolution involves the capacity to trust and to commit to intimate relationships (Patterson, Söchting & Marcia, 1992).

Bowlby began using the term attachment when referring to the mother-infant relationship (Bowlby, 1958). His attachment theory was originally developed to explain the emotional distress caused by unwilling separation from significant others (Bowlby, 1958, 1973). Bowlby proposed that an evolutionarily based attachment system had emerged causing the infant to instinctually seek closeness to its mother under conditions of distress. Attachment behaviours, such as crying and clinging when feeling afraid, hurt, or tired, serve to increase the probability of survival.

### *Attachment in Childhood*

Bowlby also saw the attachment system as serving a psychological function by providing a secure base from which children can engage in explorations of their environment without fearing abandonment (Bowlby, 1988). Ainsworth continued Bowlby's work by developing a laboratory method for assessing attachment behaviours in

12-18 month old infants, The Ainsworth Strange Situation (Ainsworth & Wittig, 1969). This procedure consists of artificially activating the attachment system by separating the infant from its mother in an unfamiliar setting for repeated brief periods of time. Based primarily on the infant's behaviour upon reunion with its mother, Ainsworth identified three patterns of infant-mother attachment, secure, anxious/ambivalent, and anxious/resistant. These patterns and prevalence rates have been described by Campos et al. (Campos, Barrett, Lamb, Goldsmith & Sternberg, 1983).

Children classified as securely attached, the largest group (approximately 60%), acknowledge the return of their mothers and seek comfort if distressed by the separation. They are typically easily comforted and quickly resume their independent exploratory behaviours. Children classified as anxious/ambivalent (15%) exhibit ambivalent behaviour by typically hitting and kicking their mother while also exhibiting positive reunion behaviours. They are more difficult to comfort and to engage in independent play. The anxious/avoidant group (25%) do not appear distressed by the separation and will avoid or ignore the mother upon reunion and typically continue what they were doing in her absence. The latter two categories are frequently combined in research and are referred to as insecure attachment.

Since the development of the Ainsworth Strange Situation, attachment researchers have focused in particular on the stability of attachment patterns. In a study by Waters (1978), over 90% of infants received the same attachment classification at age 12 and 18 months. Other studies have found a similar stability in attachment during the first two years of life, although changes have also been documented as a result of potential disruptions in the child-caregiver relationship (Egeland & Sroufe, 1981; Thompson, Lamb & Estes, 1982). The direct interaction between the caregiver and the child appears to be most important in early childhood. Thereafter, this interaction more frequently takes the

form of internal processing in the child: that is the child can, in the absence of its caregiver, retain a mental image of the caregiver.

According to Bowlby (1973), children gradually construct increasingly complex internal models of themselves and others. Bowlby refers to this process as the construction of internal working models, a process essentially involving confidence or lack of confidence in the caregiver's accessibility and responsiveness to the needs of the child, as well as the child's seeing itself as worthy or not worthy to be attended to. Once consolidated sometime during early adulthood, these internal models provide the individual with certain cognitive patterns or biases of information processing about interpersonal cues. According to Swann (1987), these biases cause individuals to exhibit fairly consistent interpersonal behaviour. If this is so, it follows that adults will interact with their children in ways consistent with their particular attachment style.

Main and her colleagues were the first to assess adult attachment patterns using the Adult Attachment Interview (Main, Kaplan & Cassidy, 1985). Based on interview responses to questions regarding memories of parental treatment, adults were assigned to attachment categories paralleling the three infant patterns: secure, anxious/ambivalent, and anxious/avoidant. Combining these categories with the Ainsworth methodology for assessing child-caregiver interactions, this line of research has established support for intergenerational transmission of attachment patterns across two generations. For example, secure caregivers tended to be consistently helpful and responsive to their children; anxious/ambivalent caregivers responded inconsistently to their children by being sometimes unavailable and sometimes intrusive; and anxious/avoidant caregivers tended to interact predominantly in a detached manner (Crowell & Feldman, 1988; Fonagy, Steele & Steele, 1991).

## *Attachment in Adulthood*

A basic assumption of attachment theory is that attachment relationships continue to be important throughout life. In the past decade, adult attachment relationships have received much attention and have been found to parallel childhood attachment relationships (Bartholomew, 1993; Hazan & Shaver, 1987). There are two dominant approaches in the adult attachment literature: the approach of Main and her colleagues using the Adult Attachment Interview focusing on adults' processing of childhood memories (reviewed above) and the approach of Hazan and Shaver (Bartholomew, 1993).

In contrast to Main, Hazan and Shaver (1987) have conceptualized adult romantic love as paralleling the infant attachment process. Similar to the infant-caregiver relationship, romantic love typically involves increased comfort when physically close to the loved one (the attachment figure) and feeling distressed at threats of separation. Corresponding to the Ainsworth infant categories, Hazan and Shaver found comparable adult categories based on self-report measures. The secure style is characterized by finding it easy to be close to others, depend upon others and not worry about abandonment; the ambivalent style is characterized by, on the one hand, wanting to merge with others and, on the other hand, worrying that others will not want to be with them; and the avoidant style is characterized by finding it difficult to trust others and feeling uncomfortable when others get too close. Interestingly, the prevalence rates of the three adult styles are similar to the infant styles, 55%, 20%, and 25%, respectively. There has, however, been some difficulty translating the avoidant style into adulthood in that avoidance in adulthood has been interpreted as either a fear of closeness (Hazan & Shaver, 1987) or a detached and overly self-reliant approach to relationships (Main et al., 1985).

Some of these translation problems have been addressed by Bartholomew and Horowitz (1991) in their proposal of a four-category model of attachment prototypes with

the former anxious/avoidant category split into two distinct patterns of avoidance, a dismissing style and a fearful style. Using a two-dimensional model, perception of self and perception of other, four attachment prototypes can be derived. According to Bartholomew, secure individuals have positive models of both self and others as a result of having perceived the earlier attachment figures as reliable and responsive. They have high self-esteem and are comfortable with intimacy and autonomy and consequently experience satisfying interpersonal relationships. Preoccupied individuals (referred to as ambivalent in previous research) have negative models of self and positive models of others as a result of inconsistent parenting. Individuals who experienced their caregivers as unpredictable in terms of emotional availability may feel undeserving of attention and love and become overly dependent with a strong need to gain the approval of others. Dismissing individuals have positive models of self and negative models of other. According to Bartholomew, a way of maintaining a positive self-image in the absence of felt love from the attachment figure is to distance oneself and develop a self-image that is self-reliant and invulnerable to negative feelings (which might activate the attachment system). Individuals with this style tend to place much value on independence and claim that relationships are unimportant. Fearful individuals have negative models of both self and others. Similarly to dismissing individuals, they have experienced unfulfilled attachment needs. Unlike the dismissing style, however, they have not developed a protective defensive strategy, and, although they crave intimacy, they actively avoid close relationships, fearing rejection (Bartholomew, 1990).

This four-category model has been validated using two semi-structured interviews as well as two self-report measures. The two self-report measures will be used in this study. These four measures all involve a prototypical approach rather than a categorical or pure continuous approach. The prototypical approach recognizes variation within a

category without losing the convenience of communication and representation. The attempt is to assess how well an individual fits each attachment style, while allowing for individuals to exhibit elements of more than one attachment style (Griffin & Bartholomew, 1994). Gender differences have been fairly minor but consistent with males obtaining higher dismissing ratings and females higher preoccupied ratings (Bartholomew & Horowitz, 1991; Scharfe & Bartholomew, 1994).

Although attachment researchers speculate that internal representations of oneself and others formed during childhood will persist relatively unchanged into adulthood, they also claim that internal working models ought to be considered dynamic, cognitive structures amenable to restructuring especially if challenged in the context of an emotionally significant relationship as for example with a spouse or therapist (Epstein, 1980). In summary, attachment research and theory has provided a useful framework for exploring how more cognitive representations of self and other, and reasoning about self and other dilemmas, may be linked to significant affective experiences in one's formative years, regardless of gender.

### Projected Interpersonal Functioning

The integrative framework in which this study is cast proposes that the development of cognitive appraisals of oneself and others are intimately intertwined with one's emotional appraisals of significant attachment experiences as well as one's motivation for maintaining attachment relationships. As reviewed above, attachment theory is based on the assumption that cognitive processing biases result from internal working models that filter interpersonal stimuli. Measures of attachment, in particular self-report measures, may especially assess the more cognitive organization of the personality. In contrast, the



more emotional and motivational layers of the personality tend to be less filtered and less organized and, therefore, not as accessible to the individual. Assessing these deeper layers may nevertheless provide potentially useful knowledge about developmental precursors influencing cognitive organization.

There is to date no research on the hypothesized relationship between moral reasoning about interpersonal dilemmas and modes of processing interpersonal stimuli. A projective measure will be used in this study to assess modes of interpersonal functioning less cognitively filtered than self-report measures of attachment. The assumption underlying projective measures is that people respond to unstructured stimuli (objects, people, situations) in ways that will provide insight into their personality. The two main projective measures are the Rorschach (Rorschach, 1942) and the Thematic Apperception Test (TAT, Murray, 1938). The Rorschach consists of a series of highly ambiguous inkblots whereas the TAT consists generally of a picture-series of fairly unambiguous single characters and interpersonal interactions. Unlike the Rorschach, the TAT was not designed to probe as deeply into the unconscious but rather to provide indications of desires, needs, and beliefs that are salient to a particular individual's psychological functioning.

There exist several scoring methods for the TAT. For this study, a particularly useful scoring system has been developed by Westen and colleagues, *Measuring Object Relations and Social Cognition Using the TAT: Scoring Manual* (Westen, Lohr, Silk, Kerber & Goodrich, 1985). This measure provides a tool for assessing individuals' ways of structuring interpersonal stimuli as well as the accompanying emotional responses to those stimuli. Four dimensions or scales are coded from TAT responses. *The Complexity of Representations of People* scale measures the extent to which one: (1) clearly differentiates the perspectives of self and others; (2) sees self and others as having stable,

enduring, and multidimensional dispositions; and (3) sees self and others as psychological beings with complex motives and subjective experience. *The Affect-tone of Relationship Paradigms* scale measures the affective quality of representations of people and relationships. It attempts to assess the extent to which one expects relationships with significant others to be predominantly malevolent and painful or benign and enriching. *The Capacity for Emotional Investment in Relationships and Moral Standards* scale measures the extent to which: (1) others are treated as ends rather than means for gratifying own needs; (2) moral standards are developed and considered; and (3) relationships are experienced as meaningful and committed. The *Understanding of Social Causality* scale measures the extent to which the causes of people's actions, thoughts, and feelings are seen as: (1) logical rather than based on emotional reasoning; and, (2) are attributed to internal psychological processes rather than to external environmental stimuli. These four scales are derived from an integration of two distinct schools of thought, object relations and social cognition. Both will be reviewed below.

### *Object Relations Theory*

The term object relations is a psychoanalytic term referring to mental representations, derived from cognitive as well as from emotional processes, of oneself in relation to significant others. These representations are assumed to be based on previous real interactions with others as well as on fantasized interactions. There are two distinct approaches to object relations: that of Freud and that of those Freudians inclined toward modification, among others Klein, Mahler, and Kernberg.<sup>1</sup>

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<sup>1</sup> It is important to note that the modification approach is still within the psychoanalytic framework. In contrast, the divergent movements during the 1930s and 1940s of Jung and Adler, and the neo-Freudians (Fromm, Horney, and Sullivan) are considered radical departures. Those who retained the designation "Freudians" split into three groups. One

In object relations theory, relationships with others constitute the fundamental building blocks of mental life, not drive discharge. A further difference is that object relations theorists emphasize earlier developmental stages in contrast to Freud's emphasis on the Oedipal phase (approximately four to six years). In particular, the child's emotional attachment to its mother (i.e. the pre-Oedipal phase) is seen as crucial in influencing later personality development (Greenberg & Mitchell, 1983).

The data base for object relations theory was originally clinical case studies of patients with varying degrees of personality disorders and psychotic features. For these patients, issues of attachment, abandonment, and separating internal events (such as fantasies) from external realities are salient (Westen, 1992). Although there is some variation in content, object relations theorists generally posit a similar pattern of development: from *attachment* to mother, to *separation* from mother, to *individuation*.

In what she considers the psychological birth of the infant, Mahler (Mahler, Pine & Bergman, 1975) has described the various stages involved in moving from symbiosis with mother to achievement of a stable identity and maturity in interpersonal relationships. In normal development, the purpose of the symbiotic attachment phase is to meet consistently the psychological and physiological needs of the infant in order to provide sufficient security for the separation-individuation process. Somewhat paradoxically, as pointed out by Marcia (1988), the more symbiotic and secure the early attachment is, the more successful the separation-individuation becomes. Around four months of age, the separation-individuation process starts and involves four subphases.

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group refused to alter Freud's original formulations. Among the rest (those inclined toward modification), a major ideological schism developed between the followers of Klein (object relations theory) and the followers of Anna Freud, which later included among others Erikson and Kohut (ego psychology) (Greenberg & Mitchell, 1983).

In the *differentiation* subphase (about four to ten months) the symbiotic relationship to mother becomes weaker and the infant gradually develops an awareness of its external environment. The *practicing* subphase follows and is marked by the child's growing ability to tolerate its mother's absence. The third subphase *rapprochement* (15 - 30 months) is especially important for later successful individuation. This phase denotes the child's realization that it is not omnipotent and that mother is not always there for protection and comfort. The child experiences conflict between a desire for separateness and a wish to recreate the symbiotic fusion with its mother. Ambivalent behaviour toward mother is typical (clinging yet kicking and screaming) as well as seeing her as either all good or all bad (splitting of representations of others).

A successful resolution of this phase involves two crucial developmental phenomena. First, the child begins to differentiate itself from others and to form representations of others as gradually more multidimensional and complex beings (that is, the child can integrate positive and negative attributes of others as well as understand that people can express varying personality characteristics depending on the situation). This development is presumed to be an ongoing maturation process with varying degrees of success among individuals. The *Complexity of Representations of People* scale in particular was, in part, designed to measure this aspect of development.

Second, the child begins to build an internal image (introject) of mother. According to Kernberg (1975), the psychological structures called introjects serve as an internal representation of what was once external. In other words, if mother consistently met the infant's needs for being held, comforted, and soothed, the child internalizes these qualities and can self-soothe and feel secure in the absence of mother and later other significant others. Furthermore, the child will tend to view intimate relationships as safe and enriching. Failure to internalize these mothering qualities may, in the extreme, leave

the individual vulnerable to feeling abandoned and empty inside, and with a tendency to view relationships as potentially painful and threatening. The *Affect-tone of Relationship Paradigms* scale in particular was designed, in part, to measure this affective quality of interpersonal functioning.

The fourth subphase, *consolidation of individuality and beginnings of emotional object constancy*, begins around age three. The goal is a consolidation of the child's internalization of the mother and consequent ability to appreciate her separateness. Mother is no longer viewed as existing only to gratify one's own needs, but as a person with unique attributes and needs. The ideal outcome of individuation is autonomous self-reliance and inner security sufficient to risk both individual explorations in life as well as intimate relationships in adolescence and adulthood.

Individuation is an ongoing maturational process involving the ability to integrate both needs for dependence and independence, making mature and mutually satisfying relationships possible. Kroger (1992) has drawn attention to some conceptual problems in that separation-individuation has been equated mistakenly with separation alone (a move away from relatedness). Failure to achieve individuation may result in two outcomes. Separation alone happens when there is a sense of self as separate but with no accompanying ability to invest emotionally in others. Inability to separate happens when there is an insufficient consolidation of self with excessive reliance upon others. The *Capacity for Emotional Investment in Relationships and Moral Standards* scale was developed to measure individuals' levels of development in this aspect of interpersonal interactions. As pointed out by Westen et al. (1985), this scale parallels to a degree Gilligan's developmental model of care. It differs, however, from the Ethic of Care Interview measure in that, in addition to assessing thoughts about interpersonal behaviour, it also measures the degree of projected actual emotional investment in others.

### *Social Cognition Perspectives and Research*

Social cognition as a discipline can be considered a hybrid of traditional social psychology, concerned with nomothetic principles of human behaviour in momentary social situations, and traditional developmental psychology, concerned with identifying patterns of information processing in cognitive development (Ruble & Higgins, 1986). Social cognition has thus provided a tool for further understanding both cognitive organizational principles as well as their implications for guiding social behaviour. Central to most social cognition research are the dual hypotheses of the continuity and stability of the self, and the importance of past appraisals of, and expectancies for, social interactions in influencing behaviour.

Social cognition researchers have examined several of the developmental phenomena proposed by object relations theorists, such as differentiation of self from other, complexity in self and other perceptions, and perspective taking. Their studies have, however, employed a methodology and data base different from that of object relations studies. Social cognition researchers prefer quantitative methods of analyses and time-series designs in the study of primarily normal children and adolescents. Although social cognition researchers vary in terms of the aspect of development that they emphasize, they generally agree that representations of self and other become increasingly differentiated, complex, and integrated, serving eventually as guiding principles for most behaviours (Damon & Hart, 1986; Strauman & Higgins, 1993). These guiding principles are referred to in the social cognition literature by various overlapping terms, such as self-guides, self-representations, and self-schemas. Self-schemas will be used in the following discussion.

A general developmental pattern endorsed by most social cognition researchers has been outlined by Strauman and Higgins (1993). By the end of the first year of life, children gradually become able to anticipate the occurrence of events, typically social, and

the association of these events with either pleasure or pain. The young child is assumed to possess a rough self-schema, allowing it to form some mental picture of social situations in order to decrease random behaviour.

Toward the end of the second year, children are able to form clear mental pictures of their interactions with others. For example, they can represent mentally the relationship between a self-feature (mood, behaviour) and the anticipated response from another person. Although able to represent self and other in terms of external attributes and simple thoughts and feelings, these self-schemas remain concrete, fragmented, and often contradictory (Stern, 1985). Moreover, while children at this stage can represent others, they lack the ability to take the perspective of others and egocentricity is pervasive, resulting in friendships being mostly situational and readily interchangeable (Damon, 1977; Selman, 1981). According to Strauman and Higgins, these budding self-schemas allow children to deal more effectively with their environment, resulting in positive emotions such as pride and happiness or negative emotions such as loneliness and worthlessness. It is assumed that this affective feedback, depending on degree of consistency, becomes assimilated into the self-schema and initiates a dynamic process of self-schema maintenance and revision occurring throughout childhood.

During the preschool years (ages four to six) a major shift in perspective taking abilities takes place. Children can now not only represent others as increasingly complex beings, and begin to infer the feelings and intentions of others, they can also use their self-schemas for regulating behaviour in terms of the consequences it may have for others. Again, feedback from the environment may give rise to positive emotions (worthy, effective) or negative emotions (embarrassed, guilty) and thus promote or stunt cognitive sophistication. Depending on existing self-schemas, children will begin to select cues from

the environment in predictable ways, allowing for further confirmation and consolidation of particular schemas.

In preadolescence and adolescence, researchers have documented a continuous consolidation process of self-schemas in regulating thought and behaviour (Damon & Hart, 1986; Harter, 1983; Strauman & Higgins, 1987). Inferences about the psychological states of others, as well as causal attribution of their behaviours, are now more complex and abstract (e.g., congruent as well as discrepant traits or dispositions are used when describing others). Furthermore, the ability to interconnect different perspectives on the same object, issue, or person, allows adolescents to commit to belief systems, moral codes, and other people. According to Strauman and Higgins (1987), this level of cognitive sophistication embodies its own set of emotional vulnerabilities, as a result of the interplay between the environment and the individual's propensity to commit cognitive errors due to their particular self-schemas. For example, overgeneralization occurs when an individual concludes that they should not be in university after one failed exam. These cognitive vulnerabilities are well documented in the depression literature (e.g., Beck, 1967; Fennell, 1989).

It is apparent that social cognition as reviewed above is especially pertinent to the *Complexity of Representations of People* scale and the *Understanding of Social Causality* scale. To a lesser degree, it also pertains to the *Capacity for Emotional Investment in Relationships and Moral Standards* scale. These three scales were designed, in part, to provide empirical support for the developmental phenomena outlined by object relations theory. The *Affect-tone of Relationship Paradigms* scale is perhaps the least influenced by social cognition in that affective processes have traditionally received less attention from that area of research.



In summary, it is apparent that the three approaches to interpersonal development under investigation here (attachment, object relations, and social cognition) are marked by similarities as well as by differences. They all emphasize how interactions with others, particularly in childhood, lead to progressive internalization, eventually taking the form of an internal mechanism for guiding interpersonal behaviour. This is true whether the internal structure is labeled introject, internal working model, or self-schema. All three approaches also emphasize the importance of positive feedback and interactions with others in early development in order to achieve maximal adult adjustment. They differ, however, on the importance of the role of the mother, timing of key developmental phenomena, and degree of reversibility of particular internal mechanisms.

Ranked on a continuum of role of mother, timing, and reversibility, object relations theory and the social cognition perspective can be placed at opposite extremes. Object relations theorists claim that affective interactions with mother right from birth influence the final structure of the infant's intrapsychic world via a process of resolving specific developmental phenomena. This takes place approximately during the first five years of age. By then, these structures are fairly hardwired into the psyche and relatively resistant to change later in life. Although attachment theorists consider the mother or equivalent caregiver of importance, this relationship does not give rise to actual personality structures but, rather, to more fluid processes of information selection. Although these processes tend to be fairly consolidated by late childhood and guide behaviour even outside of individual awareness, they can be revised at any time during life. Social cognition researchers de-emphasize the importance of emotional processes (including those pertaining to the mother-child relationship) in early childhood. They also date the occurrence of key developmental phenomena much later than object relations theorists do. Similar to attachment theorists, social cognition theorists believe that self-schemas are

flexible, not hardwired, and can be replaced by more adaptive self-schemas if a reasonable effort is exerted.

### Proposed study

The developmental approach of this study is that care-oriented moral reasoning as a construct may be best conceptualized by integrating theories in order to assess both affective and cognitive processes in interpersonal functioning. This raises some interesting questions. Are young adults' current levels of care-oriented moral reasoning derived from the interplay of their past emotional attachment experiences and their cognitive resources for organizing these experiences? Will securely attached individuals (positive model of both self and other) tend to score at the highest levels of care-oriented moral reasoning? Will insecurely attached individuals (negative model of either self, other, or both) tend to score at lower levels of care-oriented moral reasoning?

As reviewed in this chapter, although self-reported attachment style is assumed to be a valid representation of how one perceives oneself in interactions with others, it is limited in that more spontaneous reactions to interpersonal stimuli cannot be assessed. Accordingly, a projective measure was included in this study. This raises the following questions. Will individuals who are mature emotionally as well as cognitively in their understanding of interpersonal interactions score at the highest levels of care-oriented moral reasoning? Conversely, will individuals who are less mature emotionally and cognitively in their understanding of interpersonal interactions score at lower levels of care-oriented moral reasoning?

The primary objective of this study is to extend the construct validity of care-oriented moral reasoning by addressing empirically the above questions. Since the

development of the Ethic of Care Interview (Skoe, 1987), care-oriented moral reasoning has been found to be related to a number of hypothesized personality variables including identity, sex role orientation, empathy, intimacy, and perspective taking. Also, care-oriented moral reasoning has been found to be stable over time in a sample of older adults (Skoe et al., in press). No study has attempted, however, to link care-oriented moral reasoning to its hypothesized developmental roots of attachment relationships to significant others (Gilligan & Wiggins, 1988; Marcia, 1994). This kind of research is problematic in the absence of longitudinal data sets. However, recent developments in adult attachment and object relations measures have improved the potential for addressing developmental questions. The theoretical rationales underlying the various measures used in this study all assume a degree of stability in interpersonal behaviour in terms of its guidance by internal organizational principles. Nonetheless, the study is limited to a cross sectional investigation of individuals' current levels of psychological functioning and does not address strictly causal developmental relationships. Any relationships between the hypothesized variables will be discussed in terms of potential links to developmental theory.

The questions raised will be addressed using The Ethic of Care Interview, two self-report measures of attachment and the four object relations and social cognition scales coded from TAT responses. It is expected that the attachment style measures and the object relations and social cognition scales will each capture various aspects of the proposed interplay between affective and cognitive processes associated with care-oriented moral reasoning. No relationship among the attachment measures and the object relations and social cognition scales is hypothesized. However, further explorations of the interrelationship among the total set of variables are of interest. Consistent with these issues and questions, care-oriented moral reasoning will be treated as the independent

variable and attachment style and TAT responses the dependent variables in testing the following specific hypotheses.<sup>2</sup>

### Hypothesis 1

Individuals at lower levels of care-oriented moral reasoning will obtain higher ratings on the insecure attachment styles whereas individuals at higher levels of moral reasoning will obtain higher ratings on the secure attachment style.

Hypothesis 1a: individuals at the self-oriented levels of moral reasoning (1 and 1.5) will receive higher ratings on the dismissing and fearful attachment styles than will individuals at other levels of moral reasoning.

Hypothesis 1b: individuals at the other-oriented level of moral reasoning (level 2) will receive higher ratings on the preoccupied attachment style compared to individuals at other levels of moral reasoning.

Hypothesis 1c: individuals at the self-and-other oriented levels of moral reasoning (levels 2.5 and 3) will receive higher ratings on the secure attachment style compared to individuals at other levels of moral reasoning.

### Hypothesis 2

Individuals low in care-oriented moral reasoning will obtain lower level scores on all four dimensions of object relations and social cognition whereas individuals high in moral reasoning will obtain higher level scores.

Hypothesis 2a.1: on the *Complexity of Representations of People* scale individuals at levels 1 and 1.5 of moral reasoning will, compared to individuals at other levels of moral

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<sup>2</sup> This study is a comparison of qualitative differences among levels of care-oriented moral reasoning and, hence, correlational analyses are not included.

reasoning, be more likely to describe characters in fairly unidimensional ways, i.e. receive a higher proportion of level 1 and 2 scores.

Hypothesis 2a.2: individuals at level 2 of moral reasoning will, compared to individuals at other levels of moral reasoning, be more likely to describe characters in more complex ways but as experiencing minimal psychological conflict, i.e. receive a higher proportion of level 3 scores.

Hypothesis 2a.3: individuals at level 2.5 and 3 of moral reasoning will, compared to individuals at other levels of moral reasoning, be more likely to describe characters with appreciation of complexity of subjective states, i.e. receive a higher proportion of level 4 and 5 scores.

Hypothesis 2b.1: on the *Affect-tone of Relationship Paradigms* scale individuals at levels 1 and 1.5 of moral reasoning will, compared to individuals at other levels of moral reasoning, be more likely to describe relationships as predominantly empty and unpleasant, i.e. receive a higher proportion of level 1 and 2 scores.

Hypothesis 2b.2: individuals at level 2 of moral reasoning will, compared to individuals at other levels of moral reasoning, be more likely to describe people as capable of loving and caring but will tend to evaluate social interaction as mildly negative and not particularly enriching, i.e. receive a higher proportion of level 3 scores.

Hypothesis 2b.3: individuals at level 2.5 and 3 of moral reasoning will, compared to individuals at other levels of moral reasoning, be more likely to describe people as capable of loving and caring and to view relationships as predominantly positive and enriching, i.e. receive a higher proportion of level 4 and 5 scores.

Hypothesis 2c.1: on the *Capacity for Emotional Investment in Relationships and Moral Standards* scale individuals at levels 1 and 1.5 of moral reasoning will, compared to individuals at other levels of moral reasoning, be more likely to exhibit limited investment in relationships with own gratification being a primary motive, i.e. receive a higher proportion of level 1 and 2 scores.

Hypothesis 2c.2: individuals at level 2 of moral reasoning will, compared to individuals at other levels of moral reasoning, be more likely to describe characters as pleasing and caring and with a strong sense of duty, i.e. receive a higher proportion of level 3 scores.

Hypothesis 2c.3: individuals at level 2.5 and 3 of moral reasoning will, compared to individuals at other levels of moral reasoning, be more likely to describe characters as forming committed relationships with a concern for the gratification of both self and other, i.e. receive a higher proportion of level 4 and 5 scores.

Hypothesis 2d.1: on the *Understanding of Social Causality* scale individuals at level 1 and 1.5 of moral reasoning will, compared to individuals at other levels of moral reasoning, be more likely to explain actions as responses to environmental stimuli, i.e. receive a higher proportion of level 1 and 2 scores.

Hypothesis 2d.2: individuals at level 2 of moral reasoning will, compared to individuals at other levels of moral reasoning, be more likely to recognize complex thoughts and feelings as mediating action but will still see causality as mainly external to the person, i.e. receive a higher proportion of level 3 scores.

Hypothesis 2d.3: individuals at levels 2.5 and 3 of moral reasoning will, compared to individuals at other levels of moral reasoning, be more likely to understand that feelings and behaviour may be caused by internal psychological processes, i.e. receive a higher proportion of level 4 and 5 scores.

## METHOD

### Participants

Participants for the study were 88 (43 males and 45 females) students at Simon Fraser University. 86 were undergraduate and two were graduate students. The majority was recruited through a formal subject-pool coordinated by the Department of Psychology (to obtain full course credit, students in lower level psychology courses must participate in some research). Others were contacted either in psychology lecture halls or in the hallways of Simon Fraser University. They were informed that the study involved exploring their views on relationships and various social issues and that participation would consist of an audio taped interview, filling out questionnaires, and telling stories to presented pictures. They were further informed that their participation would involve approximately one and a half hours. It was easiest to obtain female volunteers and eventually only males were invited to participate in order to get roughly equal numbers. All participants came for their scheduled appointments or phoned to reschedule. The participants ranged in age from 19 to 42 years (for females and males combined,  $M=22.97$  ( $SD=4.54$ ); for females,  $M=21.26$  ( $SD=3.67$ ); for males,  $M=24.76$  ( $SD=4.72$ ). Eighty-eight percent were Caucasian, 8% Asian, 3% Indo-Canadian, and 1% Hispanic. The majority, 84%, were seeking a B.A. in Arts. Eleven percent were seeking or held a B.A. in Science. 5% were either undecided or did not indicate. The majority, 91%, was single, living either alone, with a roommate or with their parents. Seven percent were living with their spouse or common-law partner and of those, half had children. The remaining 2% were divorced and of those, half had children.

## 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 examples of responses of the various stages, and scoring criteria (Appendix A). The five stages are referred to both by number and by name as follows:<sup>3</sup>

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

The measure consists of four dilemmas administered in a semi-structured interview format (Appendix A). In addition to a real-life conflict generated by the participant, there are three interpersonal dilemmas involving unplanned pregnancy, conflicts surrounding marital fidelity, and care for a parent. Originally, there was only a female version of the

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<sup>3</sup> The transitional levels, 1.5 and 2.5, for which differential validity has not yet been established, will not be of major concern in this study and will be collapsed, respectively, into levels 1 and 3.



dilemmas; Skoe has since added a male version in which the content of the dilemmas is similar but the protagonists are males (Appendix A). The participants are presented with the dilemmas in both verbal and written format, and the responses are tape-recorded. For each dilemma, the participants 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 participants are given a stage score (1, 1.5, 2, 2.5, or 3) on each dilemma. Sometimes quarter scores (e.g., 1.75, 2.25) may be given if the participant seems to fall between stages. Inter-rater reliabilities across the four dilemmas range from .80 to .98 (Skoe, 1987; Skoe et al., in press; Söchting et al., 1994). Thus, the Ethic of Care levels can be determined with a high degree of inter-scorer agreement.

In this study each participant's dilemma received a stage score (1, 1.5, 2, 2.5, or 3) according to the manual. Quarter scores were also given. Their total score was based on the average of the stage scores across the four dilemmas. A participant's total score was then classified as belonging to level 1, 1.5, 2, 2.5, or 3. A score of less than or equal to 1.25 was a level 1 score, a score above 1.25 but less than or equal to 1.75 was a level 1.5 score, a score above 1.75 but less than or equal to 2.25 was a level 2 score, a score above 2.25 but less than or equal to 2.75 was a level 2.5 score, and a score above 2.75 was a level 3 score. These classifications are consistent with those of Skoe and Diessner (1994) and Söchting et al. (1994).

#### *The Relationship Questionnaire (RQ)*

This measure was developed by Bartholomew and Horowitz (1991; Appendix B), and is a modified version of the original self-report measure by Hazan and Shaver (1987). The questionnaire consists of four short paragraphs describing the four attachment

patterns. Each respondent is asked to choose the description that best fits their behaviour and feelings in close relationships. Next, the respondent rates the degree to which they resemble each of the four patterns on a 7-point Likert scale. This measure can be used to get continuous ratings as well as categorical classifications (the highest of the four ratings).

Convergent and discriminant validity has been demonstrated for the RQ (Griffin and Bartholomew, 1994) and predictive validity has been supported by relating the RQ to relationship satisfaction (Scharfe & Bartholomew, 1994). Reliability for the RQ has been demonstrated by the test-retest method over an eight month period (Scharfe & Bartholomew, 1994).

#### *The Relationship Scale Questionnaire (RSQ)*

This measure is a 38 item questionnaire consisting of phrases from the paragraph descriptions of Hazan and Shaver's (1987) and Bartholomew and Horowitz's (1991) categorical measures. In addition, it includes three items developed by Collins and Read (1990; Appendix C). Participants rate on a 5-point Likert scale how well each phrase fits their characteristic style in close relationships. The RSQ yields continuous scores. RSQ scores for the four attachment prototypes are derived by computing the mean of the items representing each prototype.

There is support for convergent and discriminant validity for the RSQ (Griffin & Bartholomew, 1994) as well as for predictive validity and test-retest reliability (Scharfe & Bartholomew, 1994). The internal reliability of the RSQ is fairly low, however, ranging from .31 for the secure style to .47 for the fearful style. One explanation for these low correlations among items on the four attachment style scales is that two contrasting dimensions (perceptions of self and of others) are combined in the scales making up the four attachment styles. As reviewed in Chapter One, it is possible to have discrepant

views of self and other resulting in what may look like contradictory items for any one attachment style (Griffin & Bartholomew, 1994).

For the purpose of this study, either of the two self-report attachment measures appears appropriate. There is some evidence, however, that the RQ correlates higher with the attachment interview than the RSQ does: Secure RQ=.22 vs. Secure RSQ=.16; Fearful RQ=.47 vs. Fearful RSQ=.29; Preoccupied RQ=.33 vs. Preoccupied RSQ=.31; Dismissing RQ=.43 vs. Dismissing RSQ=.47 (Griffin & Bartholomew, 1994). If the correlations between the RQ and RSQ are at least moderate, only the RQ will be used.

### *Social Cognition and Object Relations Scales*

This measure was developed by Westen and colleagues (Westen et al., 1985) in order to assess four dimensions of object relations and social cognition: *Complexity of Representations of People*; *Affect-tone of Relationship Paradigms*; *Capacity for Emotional Investment in Relationships and Moral Standards*; and *Understanding of Social Causality*. These dimensions are considered to be interrelated but to measure independently distinct aspects of object relations and social cognition. A minimum of six Thematic Apperception Cards (TAT) are administered to each participant and each card is coded on the four dimensions. Each of the four dimensions or scales has five levels referred to by number (level 1, level 2, level 3, level 4, and level 5). A level 1 score is considered to be relatively primitive and is the lowest one can get; a level 5 score is considered to be mature and is the highest one can get (see Appendix D for a synopsis of the five levels of each scale). Participants receive a score between 1 and 5 for each response to a card on the four scales. Half and quarter scores are not given except in cases of inter-rater disagreements where the average of the two scores may be used. The cards are administered in standard clinical fashion, asking the participant to describe what

is happening in the picture, what led up to it, and the outcome of the story. Participants are also asked what the characters might be thinking or feeling if they do not produce this spontaneously. All responses are recorded verbatim in handwriting by the investigators. Support for the validity of the four scales has been established (Westen et al., 1990). Internal reliability, Cronbach's alpha, has yielded estimates in the .80's (Westen et al., 1990). Inter-rater reliabilities, using weighted Kappas, suggest that the five levels can be determined with a high degree of inter-scorer agreement: *Complexity of Representations of People*, .94; *Affect-tone of Relationship Paradigms*, .97; *Capacity for Emotional Investment in Relationships and Moral Standards*, .94; and *Understanding of Social Causality*, .95 (Westen et al., 1990).

In this study, the following cards were used: 7GF (a woman sitting next to a female child who holds a doll or an infant); 7BM (the heads of an older and a younger man close together); 6GF (a woman looking up at a man smoking a pipe); 4 (a woman holding on to a man who is looking away from her); 6BM (an older woman standing by a window and a younger man standing next to her holding on to his hat); and 9GF (two women running next to each other). All participants provided enough material for scoring of all cards and all received a total of 24 scores (6 cards X 4 scales). Internal reliability ranged from .70 on the *Affect-tone of Relationship Paradigms* scale to .83 on the *Complexity of Representations of People* scale. The means and standard deviations for the four scales were as follows: *Complexity of Representations of People*,  $\underline{M}=3.25$  ( $\underline{SD}=.65$ ), *Affect-tone of Relationship Paradigms*,  $\underline{M}=3.00$  ( $\underline{SD}=.49$ ), *Capacity for Emotional Investment in Relationships and Moral Standards*,  $\underline{M}=2.84$  ( $\underline{SD}=.47$ ), and *Understanding of Social Causality*,  $\underline{M}=3.13$  ( $\underline{SD}=.58$ ). In comparison, Westen et al. 1990) obtained the following means among a sample of normal adults:  $\underline{M}=3.16$  ( $\underline{SD}=.57$ ),  $\underline{M}=2.97$  ( $\underline{SD}=.39$ ),  $\underline{M}=2.61$  ( $\underline{SD}=.48$ ), and  $\underline{M}=2.90$  ( $\underline{SD}=.54$ ), respectively.

Selected responses from this study illustrate some of the different levels on each scale. The following represent a level 2 and a level 5 response on the *Complexity of Representations of People* scale:

Card 7GF (18F). A mother and a daughter. The daughter is holding a baby. The mother is concerned or disapproving of the way she holds the baby. It is her sister. The mother is also reading a book. Don't know if she is reading out loud. Doesn't really matter. The girl is not interested. She is waiting for it to be over. She is sitting on the edge of the sofa. Looks uncomfortable. When the mother finishes, she hands the baby back and gets out of there as fast as she can. She is glad to be out of this cramped environment.

This was scored 2 for the absence of an elaboration of the subjective states or of the motives of the characters. The focus is on situational behaviours and there is little sense of the characters having any enduring traits.

Card 6BM (28F). This man has just told his mom that he is gay. He stands tall and felt he did the right thing. He is somewhat surprised to see mom in such shock. He is wondering if he did the right thing - is truth always necessary? A million things are on his mind. He is not ashamed. He has accepted who he is. But he is concerned about how much he has hurt her and about the implications for their relationship. She is not angry, just overwhelmed. She has turned her back as if it is difficult to accept. She is not turning him away. She is just disappointed in the son she loves so much and is so proud of. She will never really get over it, but she will eventually accept it.

This was scored 5. The characters are experiencing complex subjective states including mixed emotions (relieved but concerned and disappointed but accepting), and complex motivational states (although it feels good to tell mother, the character reflects upon his acting on this feeling). The characters are also seen as capable of expressing different aspects of their personalities in different situations, e.g., the mother has physically turned away from him in this situation, but will not turn him away later. There is also a suggestion of enduring personality traits: The mother sees herself as never getting over it, but knows she will accept; and the son has, despite the potential costs in terms of his relationship to his mother, accepted who he is.

On the *Affect-tone of Relationship Paradigms*, the following illustrate a level 1, a level 3, and a level 5 response:

Card 9GF (25F). The one who is running has been discovered. She has been sleeping around. The other one is spying on her because she thinks it is her husband, but she cannot afford an investigator, so she hides in a tree and is spying on them. They are having an intimate dinner for two. Then the woman, who is having the dinner, got a phone call from her brother that he needs her. She is a prostitute, no, she is not. She had to leave in a hurry. The other woman is staring down thinking: "I will get you" and she gets a gun out of her purse and kills her.

This was scored 1 for an overwhelmingly capricious and violent world, where no one is safe or cared for. The characters are vindictive and destructive for no apparent good reason.

Card 6BM (16F). Mother and son. They are in an office and someone is reading the will. She is still in shock. The son is upset, but also angry. Maybe he didn't get as much as he expected, but he is still sad for his father. The mother isn't really listening - too distraught. They were not really a close family. The father worked all the time. That is why the son is sad AND angry. He didn't get as much as he had hoped. The son will comfort the mother and they will get along better than he did with his father. He is the only child and will always be there for his mother, and help her financially, too.

This was scored 3 for the main character's range of affectively charged representations of others (feels angry, sad, bitter, responsible). Although the tone is mainly negative, the son cares for his mother and will provide emotional and financial support.

Card 6GF (10F). He sees the beauty of the woman and she is surprised by his appearance. She did not expect him to come. It is not her husband, probably a lover, an affair she has had. She wasn't expecting him to come. He is obviously very comfortable - smoking a pipe - relaxed appearance. He is glad to see her. She is shocked but not too tense. She looks a bit surprised. They start talking and she welcomes him next to her on the couch. They connect because they obviously have something in common. They talk and then it is time to say good-bye. They don't expect to see each other again. It is a bit sad, because they like to be together, it brings back old feelings and emotions.

This was scored 5. There is a range of affectively charged expectations to the interaction with, however, a predominant positive tone. The characters appear genuinely happy to see each other and expect mutual enjoyment of a brief time together.

On the *Capacity for Emotional Investment in Relationships and Moral Standards*, the following illustrate a level 1 and a level 4 response:

Card 4 (83M). He was away on a trip and came back to find out that she has been going out with other guys. She is trying to suck up to him. He still likes her, but doesn't trust her anymore. He goes to the bar. He wanted to get even with her, like trying to pick up someone, too, but he wasn't successful. She ends up going with the other guy and he's mad. In the long run it's better for him and he finds a nicer girl.

This was scored 1 for the exclusive concern for gratification of own needs. Both characters see others as existing only in relation to themselves and, hence, are unable to attempt to view the situation from the other's point of view.

Card 7BM (65M). A father and a son. The son is worried about his communion. It's important. The father is giving him advice. He knows his father is right and that he can do it. Afterwards he will tell his father that he was right. The father understands his son. He's been there. He's proud, too. He has many hopes for his son. He's able to be humoristic about it, too - not too serious. The son really values his father's presence and experience. However, he gets a bit tired of hearing the stories from his father's childhood, about walking 20 miles to get to school, etc. They both laugh at this.

This was scored 4. The relationship between the father and the son appears to be intimate and committed and there is sense of each valuing the other for their unique qualities. However, there appears to be some lack of symmetry in the relationship. The emphasis is on the needs and wishes of the father. The son's desire to please and to be like his father, appears to override his ability to express his own needs and concerns.

On the *Understanding of Social Causality*, the following illustrate a level 2, a level 4, and a level 5 response:

Card 6GF (2F). Two people were having a conversation in the room, one which was probably really important. It is important because there is strong eye-contact. It's possible

that the man became very involved in the conversation and to maybe think about what they were talking about he stood up and walked around the room. He came to the back of the sofa and maybe thought of something really important and leaned toward the couch to stress his point of view. Maybe he stressed too much because she seems taken aback. He asks her a question which she answers or makes a comment about. Then he stands back and hopefully it is resolved.

This was scored 2 due to the minimal elaboration of causality (the conversation is important because there is strong eye-contact). Although thoughts are seen to produce behaviour in the male character (he thought of something important and leaned toward the couch), the thoughts remain unexplained. The female character's actions are entirely in response to his behaviour and lack any mediation in the form of internal processes in her mind.

Card 7BM (19F). It is a story about a young man who is being drafted for the army. He doesn't want to go, because he has a sweetheart he was planning to marry. He is trying to think of a way to avoid being conscripted. He goes to his father for advise. His father tells him it is his duty to defend his country; and it will make him an honourable man. There will always be opportunities to be with his loved one. The son thinks about it and decides that the father is right and he joins the army.

This was scored 4. There is an understanding of the role of psychological events in motivating actions and a recognition of how other people's thoughts can influence one's behaviour. The main character's decision is influenced by his father's construal of the situation and he readily adopts his father's position. The processes mediating his behaviour are clearly internal but lack some complexity.

Card 9GF (88M). These two young women are sisters. The older one is hiding behind a tree. She doesn't want the younger one around. There is a bit of resentment. The younger sister gets more attention form her parents and from men. The older sister feels plain in comparison. She doesn't necessarily want her sister to go away forever. The younger sister does not feel the same. In fact, she doesn't realize the older sister doesn't want her around. They don't find each other. The younger one will start to feel that the older sister doesn't want her around. The older one feels guilty about that, but doesn't want to pretend that things are O.K. She just needs a bit of time to herself and a bit of distance to find herself, so to speak. As they grow up they'll be closer. This is a particular phase in their lives where they are more distant.



This was scored 5 for the presence of internal as well as complex thoughts and feelings. There is even the suggestion that more unconscious processes may motivate thoughts and behaviour (she doesn't necessarily want her sister to go away forever). Furthermore, the characters are able to respond to their perceptions of the other's thoughts and perceptions (one sister starts to feel the other doesn't want her around; the other sister feels guilty about the possibility that her sister may feel this).

### Procedure

The Ethic of Care Interview measure was administered and rated by either the principal investigator or by one of two research assistants. The research assistants were both undergraduate psychology Honours students in their last semester. Their training in administering and scoring the Ethic of Care Interview began in an upper-level research seminar, during the semester prior to data collection, taught by the senior supervisor of this study. Five Ph.D. students, including the principal investigator, were co-instructors. A portion of the assignments consisted of the students interviewing volunteers as well as scoring these interviews using the Ethic of Care Interview manual (Skoe, 1993). Students received feedback from the instructors by joint listening to their audio-tapes and discussion of their ratings. Their continued training was done by the principal investigator, under the supervision of the senior supervisor, and consisted of the assistants listening to a total of 16 tapes from a previous study and providing feedback on their ratings. The total training period including the seminar lasted for five months with biweekly meetings. To establish inter-rater reliability in the present study, 20 tapes rated by the principal investigator were randomly selected and rated independently by one of the assistants. Discrepancies were resolved through discussion using the manual after having re-listened to the tapes.

The TAT protocols were scored after all data had been collected. The principal investigator and one of the two research assistants (now a graduate student) were trained according to the instructions in the manual (Westen et al., 1985) under the supervision of the senior supervisor. They met biweekly during a period of six months to discuss scoring rationales and principles and resolve scoring discrepancies using the practice protocols in the manual and later protocols from the present study (a total of 15). All protocols were rated working with one scale at a time. Toward the end of the training period, percent agreement was above 90. The remaining protocols were scored by the principal investigator. To establish inter-rater reliability, the trained research assistant independently scored 20 unfamiliar and randomly selected protocols. Disagreements were resolved by taking the average of the two scores.

In each session, a consent form was first administered, then the six TAT cards in the following order, 7GF, 7BM, 6GF, 4, 6BM, and 9GF, followed by the Ethic of Care Interview (the female version for females and the male version for males). Finally, participants completed first the Relationship Questionnaire followed by the Relationship Scale Questionnaire, a demographic data sheet (Appendix E) and their address on an envelope in order to receive a summary of the results upon completion of the study.

## RESULTS

### Inter-rater Reliabilities

On the Ethic of Care Interview, intraclass correlations on the four dilemmas ranged from .76 on the Kristine/Chris dilemma to .89 on the Betty/Erik dilemma. On the four object relations and social cognition scales, intraclass correlations ranged from .83 on *Affect-tone of Relationship Paradigms* to .96 on *Complexity of Representations of People*.

### Care-oriented Moral Reasoning and Attachment

Frequencies of men and women in the five Ethic of Care levels are shown in Table 1. There were no significant differences between the distribution of men and women on the five levels;  $X^2(4, N=88)= 3.09, p<.542$ .

Table 1

### Frequencies of Males and Females at The Ethic of Care Levels

	1.00	1.50	2.00	2.50	3.00
<b>Gender</b>					
<b>Females</b>	<b>7 15.6%</b>	<b>14 31.1%</b>	<b>10 22.2%</b>	<b>11 24.4%</b>	<b>3 6.7%</b>
<b>Males</b>	<b>9 20.9%</b>	<b>7 16.3%</b>	<b>9 20.9%</b>	<b>14 32.6%</b>	<b>4 9.3%</b>
<b>Total</b>	<b>16</b>	<b>21</b>	<b>19</b>	<b>25</b>	<b>7</b>

$X^2(4, N=88)=3.09, p<.542$  ns.

The correlations between the two attachment measures, the Relationship Scale Questionnaire (RSQ) and the Relationship Questionnaire (RQ), is shown in Table 2.

Table 2

Correlations between the RSQ and the RQ

	RQ:Secure	Preoccupied	Fearful	Dismissing
RSQ:Secure	<b>.58</b>	-.26	-.50	-.13
Preoccupied	-.01	<b>.59</b>	.08	-.39
Fearful	-.52	.25	<b>.66</b>	.10
Dismissing	-.35	-.24	.10	<b>.54</b>

There was a moderate positive correlation ranging from .54 for dismissing to .66 for fearful. Given this overlap between the two measures, only the RQ was used for further analyses. There were no significant gender differences except on the dismissing attachment style, where males obtained higher scores than females ( $p < .05$ ). The mean scores and standard deviations for the attachment styles on the three collapsed Ethic of Care levels are shown in Table 3. One-way analysis of variance (ANOVA) between the Ethic of Care levels and the four attachment styles are shown in Table 4.<sup>4</sup> Although the means were generally in the expected direction with the exception of level 2, lending some support to Hypothesis One, significant differences between the Ethic of Care levels were found only for the secure attachment style;  $F(2,85)=9.7124, p < .0002$ ; and the fearful

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<sup>4</sup> For all tests involving multiple comparisons, the critical p-values are adjusted to maintain the familywise Type I error rate. P-values are determined by applying the stepwise Bonferroni rule (Howell, 1992, p.351). For tests involving three pairwise comparisons, the Newman-Keuls logic applies (Howell, 1992, p. 368).

attachment style;  $F(2,85)=5.0748, p<.0083$ . A discriminant function analysis largely supported the ANOVA results. Using Ethic of Care levels as the grouping factor and attachment styles as the predictors, one significant discriminant function was calculated suggesting that the three collapsed Ethic of Care levels can be distinguished to a degree along a secure/fearful dimension. The fearful attachment style correlated positively, .47, and the secure attachment style negatively, -.66, with this function. The correlation for the dismissing attachment style was lower, .23, and the preoccupied attachment style did not contribute much, .18.

Table 3

Means and Standard Deviations for Attachment Style by Ethic of Care Level

Attachment	Ethic of Care		
	1.00 + 1.50	2.00	2.50 + 3.00
Secure	<u>M</u> 3.75	<u>M</u> 4.94	<u>M</u> 5.37
	<u>SD</u> 1.58	<u>SD</u> 1.31	<u>SD</u> 1.68
Preoccupied	<u>M</u> 3.37	<u>M</u> 3.47	<u>M</u> 2.84
	<u>SD</u> 1.78	<u>SD</u> 1.61	<u>SD</u> 1.60
Fearful	<u>M</u> 4.21	<u>M</u> 3.21	<u>M</u> 2.96
	<u>SD</u> 1.71	<u>SD</u> 1.68	<u>SD</u> 1.69
Dismissing	<u>M</u> 4.13	<u>M</u> 3.73	<u>M</u> 3.46
	<u>SD</u> 1.58	<u>SD</u> 1.75	<u>SD</u> 1.79

Table 4

**One-way ANOVA between Ethic of Care Levels and Secure, Preoccupied, Fearful and Dismissing Attachment Styles**

Source	SS	df	MS	F	p-value
<b>Secure</b>					
ECI	47.8214	2	23.9107	9.7124	.0002
error	209.258	85	2.4619		
<b>Preoccupied</b>					
ECI	6.6599	2	3.3299	1.1713	.3149 ns
error	241.658	85	2.843		
<b>Fearful</b>					
ECI	29.4213	2	14.7106	5.0748	.0083
error	246.396	85	2.8988		
<b>Dismissing</b>					
ECI	7.7386	2	3.8693	1.3371	.2681 ns
error	245.977	85	2.8939		

Initial critical p-value set at 0.0125 (.05/4) correcting for multiple comparisons.

To test Hypothesis 1, planned pair-wise comparisons were conducted contrasting the three collapsed Ethic of Care levels on the four attachment styles (see Tables 5, 6, 7 and 8).

Table 5

Pair-wise t-tests of Dismissing Attachment Style by Ethic of Care Level

ECI	t	df	p-value
level 1.00+1.50 vs.			
level 2.00	.830	85	.409 ns
level 2.50+3.00	1.623	85	.108 ns
level 2.00 vs. level 2.50+3.00	-.544	85	.588 ns

Initial critical p-value set at 0.016 (.05/3) correcting for multiple comparisons.

Table 6

Pair-wise t-tests of Fearful Attachment Style by Ethic of Care Level

ECI	t	df	p-value
level 1.00 + 1.50 vs.			
level 2.00	-2.093	85	.039
level 2.5+3.00	-3.035	85	.003
level 2.00 vs. level 2.50+3.00	-.490	85	.625 ns

Initial critical p-value set at 0.016 (.05/3) correcting for multiple comparisons.

Table 7

Pair-wise t-tests of Preoccupied Attachment Style by Ethic of Care Level

ECI	t	df	p-value
level 2.00 vs.			
level 1.00+1.50	.200	85	.842 ns
level 2.50+3.00	-1.290	85	.201 ns
level 1.00+1.50 vs. level 2.50+3.00	-1.313	85	.193 ns

Initial critical p-value set at 0.016 (.05/3) correcting for multiple comparisons.

Table 8

Pair-wise t-tests of Secure Attachment Style by Ethic of Care Level

ECI	t	df	p-value
level 2.50+3.00 vs.			
level 2.00	.941	85	.349 ns
level 1.00+1.50	4.272	85	.0001
level 2.00 vs. level 1.00+1.50	2.689	85	.009

Initial critical p-value set at 0.016 (.05/3) correcting for multiple comparisons.



The data partially supported Hypothesis 1a that individuals at levels 1 and 1.5 of moral reasoning would tend to be dismissing and fearful in attachment style compared to the other Ethic of Care levels. Consistent with Hypothesis 1a, individuals at levels 1 and 1.5 of moral reasoning were significantly different from individuals at both levels 2.5 and 3 ( $p < .003$ ) and level 2 ( $p < .039$ ) in terms of their ratings on the fearful attachment style. Hypothesis 1a was not supported directly for the dismissing attachment style. Individuals at levels 1 and 1.5 of moral reasoning did not obtain significantly higher dismissing ratings whether compared to individuals at level 2 ( $p < .409$ ) or to individuals at levels 2.5 and 3 ( $p < .108$ ). Among individuals at levels 1 and 1.5, however, the dismissing style was the second highest.

The data did not support Hypothesis 1b that individuals at level 2 of moral reasoning would tend to be preoccupied in attachment style. Individuals at level 2 of moral reasoning could not be distinguished from either levels 1 and 1.5 in terms of their ratings on the preoccupied attachment style ( $p < .842$ ) or from levels 2.5 and 3 ( $p < .201$ ).

The data partially supported Hypothesis 1c that individuals at levels 2.5 and 3 of moral reasoning would tend to be secure in attachment style. Individuals at the highest levels of moral reasoning (2.5 and 3) did receive higher secure ratings compared to levels 1 and 1.5 ( $p < .0001$ ), but not compared to individuals at level 2 of moral reasoning ( $p < .349$ ).

In summary, these results suggest that the secure and the fearful attachment styles were the best at discriminating between the Ethic of Care levels. Levels 2.5 and 3 of moral reasoning were associated with the secure attachment style. However, these higher levels were not distinct from level 2 with regard to security. Level 2 (the more conventional level of moral reasoning) was also associated with the secure attachment style and not with the preoccupied attachment style. The lower levels of moral reasoning, 1 and 1.5, were

associated more with the fearful attachment style than with the dismissing attachment style. While these lower levels did obtain relatively high dismissing ratings, they were not different from the other levels. In particular, individuals at level 2 appeared also to have high dismissing ratings.

### Care-oriented Moral Reasoning and Projected Interpersonal Functioning

The means and standard deviations for the four object relations and social cognition scales on the three collapsed Ethic of Care levels are shown in Table 9. One-way analysis of variance (ANOVA) between the Ethic of Care levels and the four object relations and social cognition scales are shown in Table 10. It is apparent from Table 10 that there were significant mean differences among the Ethic of Care levels on all four scales: *Complexity of Representations of People*  $F(2,85)=15.8139, p<.00001$ ; *Affect-tone of Relationship Paradigms*  $F(2,85)=7.9135, p<.0007$ ; *Capacity for Emotional Investment in Relationships and Moral Standards*  $F(2,85)=4.1758, p<.0186$ ; *Understanding of Social Causality*  $F(2,85)=6.8746, p<.0017$ .

Table 9

Means and Standard Deviations for the Object Relations and Social Cognition Scales

	1.00 + 1.5	2.00	2.50 + 3.00
<i>Complexity of Representations</i>	<u>M</u> = 2.89 <u>SD</u> = .53	<u>M</u> = 3.25 <u>SD</u> = .55	<u>M</u> = 3.66 <u>SD</u> = .60
<i>Affect-tone of Relationship Paradigms</i>	<u>M</u> = 2.77 <u>SD</u> = .45	<u>M</u> = 3.20 <u>SD</u> = .56	<u>M</u> = 3.15 <u>SD</u> = .39
<i>Capacity for Emotional Investment</i>	<u>M</u> = 2.68 <u>SD</u> = .40	<u>M</u> = 3.01 <u>SD</u> = .48	<u>M</u> = 2.93 <u>SD</u> = .48
<i>Understanding of Social Causality</i>	<u>M</u> = 2.88 <u>SD</u> = .59	<u>M</u> = 3.22 <u>SD</u> = .50	<u>M</u> = 3.36 <u>SD</u> = .51

Table 10

One-way ANOVA between the Ethic of Care Levels and the Object Relations and Social Cognition Scales

Source	SS	df	MS	F	p-value
<i>Complexity of Representations</i>					
ECI	10.2499	2	5.1250	15.8139	.00001
error	27.5467	85	.3241		
<i>Affect-tone of Relationship Paradigms</i>					
ECI	3.3790	2	1.6895	7.9135	.0007
error	18.1475	85	.2135		
<i>Capacity for Emotional Investment</i>					
ECI	1.7208	2	.8604	4.1758	.0186
error	17.5134	85	.2060		
<i>Understanding of Social Causality</i>					
ECI	4.1583	2	2.0791	6.8746	.0017
error	25.7072	85	.3024		

Initial critical p-value set at 0.0125 (.05/4) correcting for multiple comparisons.

Consistent with Hypothesis 2, levels 1 and 1.5 of moral reasoning will be contrasted to the other levels on the proportion of TAT responses scored 1 and 2; level 2 of moral reasoning will be contrasted to the other levels on the proportion of TAT responses scored 3; and levels 2.5 and 3 of moral reasoning will be contrasted to the other levels on the proportion of TAT responses scored 4 and 5 (see Tables 11, 12, 13 and 14).

Table 11a

Frequencies of Level Scores on Complexity of Representations of People at the Ethic of Care Levels

Levels	1.00 + 1.50	2.00	2.50 + 3.00
1 + 2	78 (35.2%)	23 (20.2%)	14 (7.3%)
3	93 (41.9%)	46 (40.4%)	69 (35.9%)
4 + 5	51 (22.9%)	45 (39.4%)	109 (56.8%)
Total	222 (100%)	114 (100%)	192 (100%)

Note: half-scores (six in total) were randomly assigned to one of the adjacent levels.  
 $X^2(4, N=528)=68.08, p<.0001.$

Table 11b

Pair-wise Comparisons of Complexity of Representations of People by Ethic of Care Level

	$\chi^2$	df	p-value
ECI level 1.00+1.50 (35.2%) vs.			
level 2.00 (20.2%)	8.01	1	.004
level 2.50+3.00 (7.3%)	46.18	1	.00001
ECI level 2 (40.4%) vs.			
level 1.00+1.50 (41.9%)	.07	1	.78 ns
level 2.50+3.00 (35.9%)	5.93	1	.01
ECI level 2.50+3.00 (56.8%) vs.			
level 1.00+1.50 (22.9%)	49.59	1	.00001
level 2.00 (39.4%)	8.56	1	.003

Initial critical p-value set at .008 (.05/6) correcting for multiple comparisons.

Table 12a

Frequencies of Level Scores on *Affect-tone of Relationship Paradigms* at the Ethic of Care Levels

Levels	1.00 + 1.50	2.00	2.50 + 3.00
1 + 2	83 (37.4%)	23 (20.2%)	25 (13.0%)
3	103 (46.4%)	44 (38.6%)	125 (65.1%)
4 + 5	36 (16.2%)	47 (41.2%)	42 (21.9%)
Total	222 (100%)	114 (100%)	192 (100%)

Note: half-scores (15 in total) were randomly assigned to one of the adjacent levels.  
 $X^2(4, N=528)=57.91, p<.0001.$

Table 12b

Pair-wise Comparisons of *Affect-tone of Relationship Paradigms* by Ethic of Care Level

	$\chi^2$	df	p-value
ECI level 1.00+1.50 (37.4%) vs.			
level 2.00 (20.2%)	10.33	1	.001
level 2.50+3.00 (13.0)	31.70	1	.00001
ECI level 2 (38.6%) vs.			
level 1.00+1.50 (46.4%)	1.86	1	.17 ns
level 2.50+3.00 (65.1%)	20.32	1	.00001
ECI level 2.50+3.00 (21.9%) vs.			
level 1.00+1.50 (16.2%)	2.15	1	.14 ns
level 2.00 (41.2%)	12.98	1	.0003

Initial critical p-value set at .008 (.05/6) correcting for multiple comparisons.

Table 13a

Frequencies of Level Scores on *Capacity for Emotional Investment* at the Ethic of Care

Levels

Levels	1.00 + 1.50	2.00	2.50 + 3.00
1 + 2	78 (35.1%)	26 (22.8%)	46 (24.0%)
3	123 (55.4%)	58 (50.9%)	112 (58.3%)
4 + 5	21 ( 9.5%)	30 (26.3%)	34 (17.7%)
Total	222 (100%)	114 (100%)	192 (100%)

Note: half-scores (nine in total) were randomly assigned to one of the adjacent levels.  
 $X^2(4, N=528)=20.63, p<.0001.$

Table 13b

Pair-wise Comparisons of *Capacity for Emotional Investment* by Ethic of Care Level

	$\chi^2$	df	p-value
ECI level 1.00+1.50 (35.1%) vs.			
level 2.00 (22.8%)	5.35	1	.02 ns
level 2.50+3.00 (24.0%)	.01	1	.92 ns
ECI level 2 (50.9%) vs.			
level 1.00+1.50 (55.4%)	.62	1	.43 ns
level 2.50+3.00 (58.3%)	1.612	1	.20 ns
ECI level 2.50+3.00 (17.7%) vs.			
level 1.00+1.50 (9.5%)	6.08	1	.01 ns
level 2.00 (26.3%)	3.20	1	.07 ns

Initial critical p-value set at .008 (.05/6) correcting for multiple comparisons

Table 14a

Frequencies of Level Scores on *Understanding of Social Causality* at the Ethic of Care

Levels

Levels	1.00 + 1.50	2.00	2.50 + 3.00
1 + 2	78 (35.1%)	17 (14.9%)	17 ( 8.9%)
3	96 (43.2%)	58 (50.9%)	103 (53.6%)
4 + 5	48 (21.7%)	39 (34.2%)	72 (37.5%)
Total	222 (100%)	114 (100%)	192 (100%)

Note: half-scores (three in total) were randomly assigned to one of the adjacent levels.  
 $\chi^2(4, N=528)=48.10, p<.0001.$

Table 14b

Pair-wise Comparisons of *Understanding of Social Causality* by Ethic of Care Level

	$\chi^2$	df	p-value
ECI level 1.00+1.50 (35.1%) vs.			
level 2.00 (14.9%)	15.18	1	.0001
level 2.50+3.00 (8.9%)	40.21	1	.00001
ECI level 2 (50.9%) vs.			
level 1.00+1.50 (43.2%)	1.76	1	.18 ns
level 2.50+3.00 (53.6%)	.21	1	.64 ns
ECI level 2.50+3.00 (37.5%) vs.			
level 1.00+1.50 (21.7%)	12.61	1	.0004
level 2.00 (34.2%)	.57	1	.44 ns

Initial critical p-value set at .008 (.05/6) correcting for multiple comparisons.



On the *Complexity of Representations of People* scale (see Tables 11a and b), the data supported Hypothesis 2a.1 in that individuals at levels 1 and 1.5 of moral reasoning obtained a higher proportion of responses scored 1 or 2, that is a greater tendency to describe characters in fairly unidimensional ways with little elaboration of the subjective states, compared to both level 2 ( $p < .004$ ) and levels 2.5 and 3 ( $p < .00001$ ) of moral reasoning. Among individuals at levels 1 and 1.5, however, only a third of their Thematic Apperception Test (TAT) responses (35.2%) were scored 1 or 2. As for the intermediate level of moral reasoning (level 2) Hypothesis 2a.2, stating that level 2 individuals would tend to describe characters in complex ways but with little appreciation of psychological conflict, was partially supported. While individuals at this level could not be distinguished from levels 1 and 1.5 ( $p < .78$  ns), they were different from levels 2.5 and 3 in the expected direction ( $p < .01$ ). Consistent with Hypothesis 2a.3, that individuals at the highest levels of moral reasoning, 2.5 and 3, would tend to describe characters with appreciation of complexity of subjective states, these levels obtained a higher proportion of TAT responses scored 4 or 5 compared to both levels 1 and 1.5 ( $p < .00001$ ) and level 2 ( $p < .003$ ). Among individuals at these higher levels of moral reasoning, 56.8% of responses were scored 4 or 5.

On the *Affect-tone of Relationship Paradigms* scale (see Tables 12a and b) the data supported Hypothesis 2b.1. Individuals at levels 1 and 1.5 of moral reasoning obtained a much higher proportion of TAT responses scored 1 or 2, that is a tendency to describe human interactions as mostly unpleasant, compared to both level 2 ( $p < .001$ ) and levels 2.5 and 3 ( $p < .00001$ ). The data did not support Hypothesis 2b.2. Individuals at level 2 of moral reasoning did not obtain more scores of 3, that is described relationships as loving and caring but not particularly enriching or happy, whether compared to level 2 ( $p < .17$  ns) or levels 2.5 and 3 ( $p < .00001$ ). It is apparent that levels 2.5 and 3 received a

significantly higher proportion of TAT responses scored 3. Contributing to the lack of support for Hypothesis 2b.2 appears to be that for level 2, scores of 4 and 5 were the most frequent (47 or 41.2%). The data did not support Hypothesis 2b.3 that individuals at the highest levels of moral reasoning would describe relationships as predominantly positive and enriching. With only 42 (21.9%) responses scored 4 or 5, levels 2.5 and 3 were not different from levels 1 and 1.5 ( $p < .14$  ns), but significantly different from level 2 ( $p < .0003$ ) in a direction opposite to the predicted.

On the Capacity for *Emotional Investment in Relationships and Moral Standards* scale (see Tables 13a and b) Hypothesis 2c.1 was partially supported. While individuals at the lower levels of moral reasoning, 1 and 1.5, obtained a higher proportion of TAT responses scored 1 or 2, that is a tendency to describe characters as predominantly self-oriented and as investing little in relationships, compared to level 2, this difference was not significant at the .008 alpha level ( $p < .02$  ns). Compared to levels 2.5 and 3, these lower levels of moral reasoning were not distinct ( $p < .92$  ns). As for the other levels of moral reasoning, there was no support for either Hypothesis 2c.2 or Hypothesis 2c.3. With regard to Hypothesis 2c.2, individuals at level 2 did not obtain a higher proportion of TAT responses scored 3, that is described characters as caring with a strong sense of duty, whether compared to levels 1 and 1.5 ( $p < .43$  ns) or to levels 2.5 and 3 ( $p < .20$  ns). For individuals at the highest levels of moral reasoning (2.5 and 3), only 34 (17.7%) TAT responses were scored 4 or 5, that is a description of characters as forming committed and mutually gratifying relationships. While they were different compared to levels 1 and 1.5 this difference was not significant at the .008 alpha level ( $p < .01$  ns). Compared to level 2, there was no significant difference ( $p < .07$  ns) either and, hence, Hypothesis 2c.3 was not supported.

Finally, on the *Understanding of Social Causality* scale (see Tables 14a and b), a pattern somewhat similar to the one found on the *Complexity of Representations of People* scale appeared. Hypothesis 2d.1 was supported. Individuals at levels 1 and 1.5 received a higher proportion of responses scored 1 or 2, that is described actions as primarily stimulus-response relationships, compared to both level 2 ( $p < .0001$ ) and levels 2.5 and 3 ( $p < .00001$ ). Similar to the three previous scales, approximately one third of responses were scored 1 or 2. Hypothesis 2d.2 was not supported. This hypothesis stated that although individuals at level 2 would recognize thoughts and feelings as mediating factors, causality would still be seen as mainly external. Level 2 could not be distinguished from either levels 1 and 1.5 ( $p < .18$  ns) or from levels 2.5 and 3 ( $p < .64$  ns). Hypothesis 2d.3, that individuals at levels 2.5 and 3 would recognize internal psychological processes as mediating in behaviour, was partially supported. Levels 2.5 and 3 were distinct from levels 1 and 1.5 ( $p < .0004$ ) but not from level 2 ( $p < .44$  ns).

In summary, these results yielded the following observations. First, individuals low in moral reasoning produced a higher proportion of lower TAT responses on three of the four measured aspects of object relations and social cognition. The exception was on the *Capacity for Emotional Investment in Relationships and Moral Standards* scale. This, however, appears to be best accounted for by the highest levels of moral reasoning also scoring relatively low on this scale. Second, only on *Complexity of Representations of People* scale could levels 2.5 and 3 be distinguished from level 2 in the predicted direction. This scale measures cognitive processes more than affective processes. Third, on the more affective scales, *Affect-tone of Relationship Paradigms* and *Capacity for Emotional Investment in Relationships and Moral Standards*, levels 2.5 and 3 of moral reasoning scored lower than expected although still mostly within a relatively mature range.

### Care-oriented Moral reasoning, Attachment and Projected Interpersonal Functioning

No specific hypotheses were formulated regarding the relationship between the dependent variables or among the total set of data. Exploratory analyses revealed the following correlations between the four object relations and social cognition scales and the four attachment styles (see Table 15).

Table 15

Correlations between Object Relations and Social Cognition Scales and Attachment Styles

	Secure	Preoccupied	Fearful	Dismissing
<i>Complexity of Representations</i>	.32 (p=.002)	.01	-.11	-.21
<i>Affect-tone of Relationship Paradigms</i>	.25 (p=.01)	-.08	-.23 (p=.02)	-.10
<i>Capacity for Emotional Investment</i>	.25 (p=.01)	-.10	-.19	-.05
<i>Understanding of Social Causality</i>	.28 (p=.007)	-.002	-.03	-.24 (p=.02)

Critical p-value set at .003 (.05/16) correcting for multiple tests.

Note: only p-values less than or equal to .02 are reported.

It is apparent that there were positive correlations between the secure attachment style and all four object relations and social cognition scales. However, only for *Complexity of Representations* was the correlation significant (p=.002). The preoccupied attachment style did not correlate with any of the scales. The fearful attachment style correlated negatively although not significantly with the two more affect-based scales, *Affect-tone of Relationship Paradigms* (p=.02) and *Capacity for Emotional Investment* (p=.07). In contrast, the dismissing attachment style did not correlate with these two scales but correlated negatively although not significantly with the two more cognition-based scales, *Complexity of Representations of People* (p=.04) and *Understanding of Social Causality* (p=.02).

A principal component analysis was performed including the moral reasoning, attachment, and object relations and social cognition variables. Table 16 displays the factor loadings from an unrotated analysis. This analysis produced three factors with eigen

Table 16

Factor Loadings from Unrotated Principal Component Analysis

Measure	Factor 1	Factor 2	Factor 3
Secure	.61	-.11	-.55
Fearful	-.35	.51	.42
Preoccupied	-.11	.69	-.08
Dismissing	-.33	-.61	.45
Ethic of Care	.68	-.12	-.29
<i>Affect-tone of Relationship Paradigms</i>	.67	-.21	.27
<i>Complexity of Representations of People</i>	.77	.27	.13
<i>Capacity for Emotional Investment</i>	.69	-.13	.44
<i>Understanding of Social Causality</i>	.77	.30	.30
Percent variance accounted for	36.1%	15.4%	13.1%

values above one accounting for about 64% of the variance. A varimax rotation of the three factors did not produce a more interpretable picture and, hence, the unrotated solution was retained. Secure attachment, moral reasoning, and all four object relations and social cognition scales loaded primarily on factor one. This pattern can be interpreted as maturity in cognitive and affective aspects of interpersonal functioning. More specifically, this factor could involve the ability to evaluate interpersonal situations from

more than one perspective on a both cognitive and affective level. Fearful, preoccupied, and dismissing attachment loaded primarily on factor two. With the negative loading for the dismissing attachment, this pattern could be interpreted as a negative view of self. On the third factor, the highest loadings were secure (negative), fearful, and dismissing attachment as well as the *Capacity for Emotional Investment in Relationships and Moral Standards*. It is not clear how best to interpret this pattern other than, on the one hand, an ability to invest in others while, on the other hand, holding a negative view of them.

## DISCUSSION

### Care-oriented Moral Reasoning and Gender

The results of this study did not support Gilligan's notion that care-oriented moral reasoning is predominantly a female ability. This is consistent with previous research (Skoe & Diessner, 1994; Söchting et al., 1994). There was in this study no evidence of the Ethic of Care Interview being biased with respect to males in that males and females were distributed in roughly equal numbers across the five levels. Interestingly, more females (21) than males (16) were at levels 1 and 1.5 while more males (18) than females (14) were at levels 2.5 and 3.

### Care-oriented Moral Reasoning and Attachment

One question addressed in this study was the possibility that the Ethic of Care levels could be distinguished in terms of self-reported attachment style, that is feelings about and perceptions of oneself in interactions with others. Findings regarding this were mixed. Individuals at the higher levels of care-oriented moral reasoning (2.5 and 3) did obtain higher secure ratings, and individuals at the lower levels (1 and 1.5) obtained higher fearful and dismissing ratings. Contrary to expectations, however, individuals at the intermediate level, the other-oriented level, also obtained high ratings on the secure attachment style and could not be distinguished from levels 2.5 and 3 in terms of security. Also contrary to expectations, the second highest rating for individuals at level 2 was the dismissing. This latter contributed to the lack of distinction between levels 1 + 1.5 and level 2 on this attachment style. Levels 2.5 and 3 could, however, also not be



distinguished from the lower levels on the dismissing style. These two issues, related to level 2, are considered below in turn.

In a counter intuitive result, individuals at level 2 rated themselves as balancing needs for both intimacy and independence and yet suggested often extreme self-sacrificing solutions to the moral dilemmas. Perhaps the process of being there for others can be so gratifying, especially for level 2 persons, that they do not experience consciously their own exclusion in the self-other balance. Another possibility is that individuals at level 2 have an inflated sense of interpersonal maturity because of their typically successful and unchallenged commitments in relationships, and will rate themselves higher on attachment than they may, in fact, be.

The second issue, the issue of the relatively high dismissing ratings at level 2, may relate to what could be considered a level 2 scoring problem. Researchers using the Ethic of Care Interview have observed and informally discussed that there appear to be two kinds of level 2 people, those with the caring and self-sacrificing style it is supposed to capture, as well as those with a more dogmatic and not particularly caring style. These latter will more often defer to external rules or authorities as guidelines for behaviour rather than consider the actual people involved. While they are definitely not mature in their moral reasoning, they are not thinking primarily of themselves either. Their rigid and simplistic view of matters further suggests that they are not in a transitional stage, and hence, they tend to be scored 2. It is possible that these individuals account for a part of the higher dismissing ratings. This level 2 problem may be more characteristic of men. Perhaps for men, Gilligan's level 2 is more like Kohlberg's level 2, that is an adherence to social norms and playing by the rules irregardless of the personal relationships. It just so happens that from a care perspective, this conventional orientation is the more apparently

caring and prosocial. Future research is needed to explore the relationship between level 2 and gender.

The results of this study indicate that the Ethic of Care levels are related to attachment but perhaps in a more crude or extreme way than hypothesized. Moral development at or above level 2 was associated with secure attachment, that is rating oneself as being comfortable with both intimacy and autonomy. By contrast, levels 1 and 1.5 were primarily distinguished from all other levels by the least adaptive attachment style, the fearful, that is rating oneself as struggling with both intimacy and autonomy.

Previous research on the relationship between identity development and attachment, as well as between identity development and moral development, may help to shed some light on these results. In these studies, identity is defined in terms of two dimensions, the presence or absence of *exploration* of, and *commitment* to, values and ideals in several psychosocial domains.

In a study by MacKinnon (1993), a relationship between a strong sense of identity commitment, whether self-construed (Achieved) or conferred (Foreclosed), was related to secure attachment. Consistent with expectations, a conferred identity was also related to preoccupied attachment. A further finding was an association between an achieved identity and a dismissing attachment style. A lack of commitment to an identity, whether actively questioning and exploring alternatives on the way to making commitment (Moratorium) or not (Diffuse), was related to fearful attachment. However, in relating identity to moral development, the dimension of exploration becomes more important than the dimension of commitment. In Skoe's (1987) original study, replicated by Skoe and Diessner (1994), where all identity statuses could be distinguished in terms of levels of moral development, the two identity statuses involving exploration (the highest statuses of Moratorium and Achievement) were more frequent at the highest levels of care-oriented

moral development (2.5 and 3, respectively). In contrast, the Foreclosed and Diffuse statuses, the lowest, were at levels 1, 1.5 and 2. Recently, a different measure of ego development, Loevinger's sentence completion test, has been found to be related to the Ethic of Care levels (Skoe & van der Lippe, 1996).

Taken together, these studies and the present study suggest that care-oriented moral development in addition to being related to ego identity development may also be related to attachment. If human development is conceptualized as involving intertwined processes of separating (individuation) and connecting (attachment), as suggested by Marcia (1993), the results of the present study suggest that being rooted "somewhere," that is either in oneself (positive model of self) or in mature relationships (positive models of both self and others), is associated with moral progression beyond a selfish or self-protective orientation. As shown in MacKinnon's study and the present study, being fearful in attachment style is associated with being stuck at lower levels of both identity and moral development. Being dismissing, however, does not appear to be associated with lacking in either identity or moral development (even if defined in terms of care for others).

In summary, the results of the present study have some empirical and theoretical implications. Empirically, this study offers limited support for the possibility that moral development beyond stages 1 and 1.5 may be linked to having at least a positive image of oneself as capable of autonomous functioning. Theoretically, the Ethic of Care Interview appears to be related to both what could be considered the ego-individuation path of development and to what could be considered the ego-relational path of development. So far, however, more ego-individuation measures, such as identity, appear to better discriminate among the Ethic of Care levels compared to more ego-relational measures, such as attachment. An individual's cognitive sophistication, that is the ability to handle cognitive disequilibrium and to autonomously engage in complex thought processes when

confronted with a real or hypothetical conflict, may be more closely related to moral development than the relational qualities of actual caring and mutual enjoyment of interpersonal relations.

### Care-oriented Moral Reasoning and Projected Interpersonal Functioning

The other question addressed in this study was the possibility that the Ethic of Care levels could be distinguished in terms of projected interpersonal maturity. The results for hypotheses concerning this were mixed. Consistent with expectations, individuals at the lower levels of care-oriented moral reasoning (1 and 1.5) could generally be distinguished from the other levels in terms of prevalence of more primitive object relations and social cognition. The pattern of findings suggested that individuals at these lower levels more often expected relationships to be overwhelming and rarely expected mutual enjoyment. In addition, their cognitive style was more often impoverished. Their representations of others were fairly unidimensional, with little appreciation of mental processes mediating in interpersonal behaviour. It is, however, important to bear in mind that levels 1 and 1.5 did not function exclusively at these more primitive levels of development. Contrary to expectations, individuals at the intermediate level of moral reasoning (level 2) were found to be at a relatively mature level in terms of their cognitive sophistication and in particular in terms of their affective processes guiding projected interpersonal functioning (frequently scored 4 or 5). Not surprisingly, these results for level 2 impacted on the results pertaining to individuals highest in moral reasoning (2.5 and 3), especially because these individuals did not score as frequently at levels 4 and 5 as expected. Although they generally held positive expectations for relationships, they were different from level 2 in expecting relationships to be less enriching and mutually gratifying. In terms of some aspects of

cognitive sophistication, however, they were distinct from level 2, as expected. Individuals at levels 2.5 and 3 appeared to have a more complex understanding of personalities and of mental processes mediating in interpersonal functioning. Similar results have been obtained by Skoe et al. (in press) who found a relationship between cognitive complexity, rated from personal dilemmas, and care-oriented moral reasoning. Leigh, Westen, Barends and Mendel (1992) also found a relationship between complexity of TAT characters and complexity of descriptions of people in actual interpersonal situations.

It is apparent that there was consistency in projected interpersonal functioning for some levels of moral reasoning but not for other levels. In terms of exhibiting a correspondence between abstract reasoning about interpersonal behaviour and actual projected interpersonal functioning, the most consistent individuals were the self-oriented (levels 1 and 1.5). These results suggest an association between mode of processing interpersonal stimuli and moral reasoning. It is possible that if relationship cues activate negative feelings and an accompanying restricted cognitive style, one is less likely to risk engaging in abstract reasoning involving the ability to see things from more than one perspective. Or, a more self-oriented approach to interpersonal situations, whether real or hypothetical, may have proven more adaptive and, hence, one does not bother to engage in reactions to, or elaboration of, relationship cues.

An unexpected inconsistency was the finding that the highest levels of moral reasoning (2.5 and 3) scored lower than expected on the *Affect-tone of Relationship Paradigms* and *Capacity for Emotional Investment in Relationships and Moral Standards*. Especially the latter is surprising in that this scale was in part constructed based on Gilligan's theory. One interpretation is that there is a discrepancy between how people think they would behave in a certain interpersonal situation and how they may really behave. When reasoning about moral dilemmas, the level 2.5 and 3 individuals were

mature in their commitment to balancing the needs of both self and other in order to obtain mutually satisfying relationships. They also tended to rate themselves as secure on the attachment measure. In their projected functioning, however, their investment in others tended to be less mature. The majority of their responses reflected a more conventional interpersonal style often motivated by guilt or duty. Approximately a quarter of their responses reflected an essentially self-serving approach to relationships. In somewhat related areas of research, similar discrepancies have been obtained between care-oriented (Söchting et al., 1994) and justice-oriented measures of moral reasoning (Denton & Krebs, 1990), on the one hand, and actual behaviour, on the other. However, on the two more cognitive scales, *Complexity of Representations of People* and *Understanding of Social Causality*, levels 2.5 and 3 functioned at the expected high level of cognitive sophistication definitely compared to levels 1 and 1.5 and in part compared to level 2.

Similar to level 2.5 and 3, the results for level 2 also suggest some inconsistency. The projected interpersonal functioning of these individuals suggested a higher level of affective and cognitive maturity than their reasoning about interpersonal dilemmas did. They were not, as hypothesized, found to expect little enrichment from relationships, nor to be conventional and often motivated by guilt. Moreover, in comparison to the other levels, their cognitive style was not particularly simple. These findings parallel the attachment results in which level 2 individuals tended to rate themselves as secure. These results suggest, for level 2 individuals, that relationship cues may activate very positive feelings and an accompanying expansive cognitive style when describing interpersonal interactions. Or, an other-oriented and self-sacrificing style may be associated with perceived or felt interpersonal success reflected in reactions to interpersonal cues. However, when engaging in a task involving specific cognitive operations, such as

perspective taking and prescriptive solutions for behaviour, the performance of these individuals was less mature.

In summary, these results suggest that: (1) the self-oriented stages of moral development (1 and 1.5) are associated with certain affectively negative and cognitively restricted reactions to interpersonal cues; (2) moral development at or above level 2 is associated with a more mature affective and cognitive interpersonal style; and (3) moral development above level 2 can be distinguished primarily with respect to level of cognitive sophistication and less with respect to affective maturity. These results may be interpreted as providing some corroboration for the previous speculation that while care-oriented moral reasoning may be associated with both ego-individuational and ego-relational aspects of development this association may be stronger for the former.

### Limitations of the Study

There are several limitations to this study which should be kept in mind when interpreting the results. First, the sample was restricted primarily to lower levels university undergraduates, which limits the generalizability of the results. This limitation may account for the relatively high number of people, in particular women, scoring low in moral development. Considering that the first years of university can be fairly overwhelming, a more self-oriented and cognitively restricted approach by new students may be more adaptive. This limitation could, however, also be interpreted as providing some support for Gilligan's objection to organizing development into hierarchical stages. She and her colleagues would argue that all levels of moral reasoning can be considered situationally viable alternatives at particular times in one's life (especially women's), and to call some stages higher and more complex misses the point of human development

(Gilligan et al., 1990). It is possible that there would be less level 1 and 1.5 individuals in a sample of individuals in less competitive situations. Research in moral development needs to include a broader representation of educational, occupational and socioeconomic backgrounds.

Second, the existing scoring method for the Ethic of Care Interview presents some validity problems. Because scores for each dilemma are averaged, it is possible that a balance of more extreme scores of 1 and 3 may result in a final level score of 2, which would not represent the person correctly. In this study, this was the case for approximately 7% of the participants.

Third, any measure based upon subjective scoring presents a potential bias in the interpretation of scoring criteria. In this study both the interview and the Thematic Apperception Test (TAT) stories were scored. However, the relatively high inter-rater reliabilities as a result of extensive training suggest that the problem of a potential bias was minimal - unless two coders drift together. Meeting regularly with a larger coding team is preferred but perhaps not realistic.

Fourth, a cross-sectional investigation poses severe limitations when fashioning a causal or developmental interpretation. As evident in the discussion of the results, each level of moral reasoning obtained TAT scores distributed among different levels. It is therefore difficult to determine an individual's *true* level of functioning, and perhaps such a level does not exist just as one can exhibit elements of more than one attachment style. More likely, individuals have a range of functioning such that situational factors may play a role. This study especially emphasized interpersonal issues. A more subtle approach, such as one employing cards restricted to single characters, may have yielded different results.

Fifth, the validity of self-report measures and projective measures can be questioned. Self-report measures of attachment are unlikely to assess the person in as



complex a manner as an interview measure and may in particular be unduly influenced by situational factors and more momentary feelings and perceptions. Projective measures, on the other hand, may also misrepresent a person in that the scoring of these depends on inferences and subjective evaluations made by others, who do not know the person. It is difficult to determine who knows a person best: themselves or professionals with qualifications in personality assessment.

Finally, a possible order effect may have been present. In all sessions, the TAT was administered first, followed by the Ethic of Care Interview and the questionnaires last. The TAT may have provoked salient relationship issues which then primed participants and influenced their subsequent responses. Priming effects from procedural learning have been established in several studies (see summary by Higgins, 1989). This may, however, not necessarily be a liability in that the purpose of this study was to activate interpersonal issues or schemas. In fact, according to Bartholomew (personal communication, December, 1995) it is desirable that participants become relationship focused before being administered an attachment measure. It may be that priming participants, using for example TAT, may increase the validity of self-report measures of attachment. It is recommended that future research vary the order of the measures and perhaps administer them at separate times.

#### Care-oriented Moral Reasoning, Attachment and Projected Interpersonal Functioning: Conclusions and Suggestions for Future Directions.

The results obtained in this study suggest that while moral reasoning certainly involves cognitive abilities, a purely cognitive conceptualization of moral reasoning may fail to capture the richness of the construct. As suggested by Kroger (1992), moral

reasoning may be an intrapsychic organization of a self-other balance encompassing both cognition and affect. Based on the results of this study, a conceptualization of moral development as involving a path which splits into two is possible. This conceptualization depends upon an integration of the developmental theories discussed in the introduction.

The common part of the path necessary for moral development beyond level 1 appears to involve the achievement of inner security based on a separate sense of self. A positive sense of self appears to be an affective developmental prerequisite for moral progression beyond level 1. In this study, high ratings on the fearful attachment style distinguished the lower levels of moral development from the higher. The fearful attachment style also correlated negatively with the two more affect-based object relations and social cognition scales. From an attachment perspective, this suggests that relationship issues activate negative internal models of oneself and others, making it overwhelming to enter any relationship dynamic. From an object relations perspective, it could be argued that the lack of sufficient internalization of a positive caregiver relationship prevents one from successfully separating from the internalized attachment figure. Clearly, without the inner security to fall back on, one cannot risk, even temporarily, abandoning one's position and putting oneself in the place of someone else, as is required in higher levels of moral reasoning. In a recent study, Skoe and Nickerson (1996) found that lower Ethic of Care levels were associated with high personal distress and an inability to obtain a distance from emotionally evocative situations.

Having achieved a positive sense of self, the possibility of moral development beyond level 1 emerges. At this point the path splits into two: a more affective path leading to conventional moral development (level 2) and a more cognitive path leading to the highest levels of moral development (levels 2.5 and 3). The degree of affective interpersonal maturity of individuals at level 2 suggests that they have achieved sufficient

inner security to risk investing in others. It is possible that a subgroup, those with high dismissing ratings, have achieved separation but are not fully individuated.

The high degree of cognitive maturation compared to affective maturation exhibited by individuals at levels 2.5 and 3 suggests that affective interpersonal maturity is not necessary for moral development beyond level 2. Beyond level 2, cognitive autonomy becomes more important. From a social cognition perspective, it could be argued that the highest levels of moral reasoning are associated with the highest levels of self-schema consolidation. At this level of development, cognitive schemas guiding all functioning are not distorted or restricted. Hence, they become a valuable tool in integrating multiple perspectives on an issue. Not surprisingly, individuals at levels 2.5 and 3 appear to possess the ability to separate self emotionally from the immediate context and to suspend judgment until several aspects have been considered. As suggested by the first factor in the principal component analysis, an ability to engage in what could be considered mature perspective taking is a distinguishing factor in moral development at least when measured by the Ethic of Care Interview.

While it seems important to continue to relate the Ethic of Care Interview to measures assessing both individuation as well as relational aspects of human growth, several aspects of this study could be improved in future construct validation research. Most importantly, it would be of interest to assess the degree of flexibility of internal representations of self and other and the conditions under which young adults may change their level of moral development. Young adulthood may be a particularly unstable time to assess moral development in that the overriding concerns for most at this age involve separating from parents and establishing intimate connections with same-age partners (Santrock, 1996). Although the theories discussed in this study suggest that attachment

and affective valuations of oneself and others occur long before one is capable of reasoning about interpersonal dilemmas, significant life events are presumed to produce changes in one's construal of past and present relationships. Alternatively, development at a more cognitive level may occur with resultant changes in one's mode of processing interpersonal stimuli. For example, perspective taking can actually be taught to both children and adults (Chalmers & Townsend, 1990; Craig & Kuhnert, 1992; Marsh & Serafica, 1980).

While the Ethic of Care Interview is not biased against males, certain issues have arisen after its recent extension to include males. As discussed above, the possibility that level 2, measuring traditional feminine goodness, is not applicable to males, in the same way as to females, needs to be determined and the scoring criteria subsequently revised. Furthermore, the Lisa dilemma, where Lisa must decide what to do about an unplanned pregnancy, is definitely not the same as Derek having to decide what to do about his girlfriend's pregnancy. As suggested by Söchting et al., (1994), rather than casting men into the roles of women, it might be wiser to begin anew with dilemmas designed specifically for men.

Finally, although gender differences have been absent in samples of young adults, such differences may still exist in terms of preferred moral orientations. Research on real-life moral dilemmas has found significant gender differences with women generating more prosocial dilemmas and men more antisocial dilemmas (Skoe et al., in press; Wark & Krebs, 1996). It is possible that men and women are equally capable of both care-oriented and justice-oriented moral reasoning when presented with a task involving one or the other. In the absence of biased instructions, however, there may be gender differences in terms of preferred moral orientation with regard to both perception and solution of dilemmas. It may be fruitful in future research to include both orientations, using standard

as well as real-life dilemmas, and their relationship to attachment, object relations and social cognition.

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## APPENDIX A

### **THE ETHIC OF CARE INTERVIEW MANUAL**

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

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

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

## INSTRUCTIONS FOR ADMINISTRATION

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

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

## INTERVIEW FORMATS FOR THE ETHIC OF CARE INTERVIEW DILEMMAS

### The Participant-Generated, Real-Life Dilemma

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

### Researcher-Generated Dilemmas

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

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



### The Lisa Dilemma

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

### The Betty Dilemma

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

### The Kristine Dilemma

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

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

### The Derek Dilemma

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

### The Erik Dilemma

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

## The Chris Dilemma

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

### INSTRUCTIONS FOR RATINGS

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

#### Level 1 Survival (Caring for Self)

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

## Sketch

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### Level 1.5 Transition from Survival to Responsibility

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

## Sketch

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

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

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

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

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



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.

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

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

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

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

Kristine/Chris: The person may be willing to take the parent in for a short while and extend some help. However, s/he basically wants to get rid of the parent, and may use

the argument that they don't get along anyway. There is no real effort to take the parent's point of view.

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

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

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

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

## Level 2 Conventions of Goodness (Caring for Others)

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

### Sketch

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Sketch

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

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

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

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



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

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

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

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

That's hard. (long pause) She should tell her husband or she should try and go to marriage counselor or something. But 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.

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

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

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

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

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

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

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

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

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

#### Sketch

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



## APPENDIX B

### THE RELATIONSHIP QUESTIONNAIRE

1) Following are descriptions of four general relationship styles that people often report. Please read each description and CIRCLE the letter corresponding to the style that best describes you or is closest to the way you generally are in your close relationships.

- A. It is easy for me to become emotionally close to others. I am comfortable depending on them and having them depend on me. I don't worry about being alone or having others not accept me.
- B. I am uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I worry that I will be hurt if I allow myself to become too close to others.
- C. I want to be completely emotionally intimate with others, but I often find that others are reluctant to get as close as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don't value me as much as I value them.
- D. I am comfortable without close emotional relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me.

2) Please rate each of the above relationship styles according to the extent to which you think each description corresponds to your general relationship style.

	Not at all like me			Somewhat like me			Very much like me
Style A	1	2	3	4	5	6	7
Style B	1	2	3	4	5	6	7
Style C	1	2	3	4	5	6	7
Style D	1	2	3	4	5	6	7

## APPENDIX C

### THE RELATIONSHIP SCALE QUESTIONNAIRE

Please read the following statements and rate the extent to which it describes your feelings about romantic relationships. Think about all of your romantic relationships, past and present, and respond in terms of how you generally feel in these relationships.

	Not at all like me		Somewhat like me		Very much like me
1. I find it difficult to depend on other people	1	2	3	4	5
2. It is very important to me to feel independent	1	2	3	4	5
3. I find it easy to get emotionally close to others	1	2	3	4	5
4. I want to merge completely with another person	1	2	3	4	5
5. I worry that I will be hurt if I allow myself to become too close to others	1	2	3	4	5
6. I like to be with people	1	2	3	4	5
7. I am comfortable without close emotional relationships	1	2	3	4	5
8. I am not sure that I can always depend on others to be there when I need them	1	2	3	4	5
9. I want to be completely emotionally intimate with others	1	2	3	4	5
10. I worry about being alone	1	2	3	4	5
11. I am comfortable depending on other people	1	2	3	4	5
12. I welcome the opportunity to mix socially with people	1	2	3	4	5
13. I often worry that romantic partners don't really love me	1	2	3	4	5
14. I find it difficult to trust others completely	1	2	3	4	5

15. I worry about others getting too close to me	1	2	3	4	5
16. I want emotionally close relationships	1	2	3	4	5
17. I am comfortable having other people depend on me	1	2	3	4	5
18. I prefer working with others rather than alone	1	2	3	4	5
19. I worry that others don't value me as much as I value them	1	2	3	4	5
20. I find that people are never there when you need them	1	2	3	4	5
21. My desire to merge completely sometimes scares people away	1	2	3	4	5
22. It is very important to me to feel self-sufficient	1	2	3	4	5
23. I am nervous when anyone gets too close to me	1	2	3	4	5
24. I find people more stimulating than anything else	1	2	3	4	5
25. I often worry that romantic partners won't want to stay with me	1	2	3	4	5
26. I prefer not to have other people depend on me	1	2	3	4	5
27. I worry about being abandoned	1	2	3	4	5
28. I am somewhat uncomfortable being close to others	1	2	3	4	5
29. I find that others are reluctant to get as close as I would like	1	2	3	4	5
30. I'd be unhappy if I were prevented from making many social contacts	1	2	3	4	5
31. I prefer not to depend on others	1	2	3	4	5
32. I know that others will be there when I need them	1	2	3	4	5
33. I worry about having others not accept me	1	2	3	4	5
34. Romantic partners often want me to be closer					

than I feel comfortable being	1	2	3	4	5
35. In relationships, I often wonder whether my partner really cares about me	1	2	3	4	5
36. I want to get close to people but I worry about being hurt by them	1	2	3	4	5
37. I find it relatively easy to get close to others	1	2	3	4	5
38. When I show my feelings for others, I'm afraid they will not feel the same about me	1	2	3	4	5

## APPENDIX D

### SYNOPSIS OF OBJECT RELATIONS

### AND SOCIAL COGNITION SCALES

(Westen et al., 1985)

#### Complexity of Representations of People

Level 1: at Level 1 the person does not see others as clearly differentiated or bounded, and/or does not differentiate his or her own thoughts and feelings from those of others.

Level 2: at Level 2 the person sees people as clearly bounded, separate from self and from each other, but lacks an elaborate sense of people's subjective states, motives, or enduring characteristics. The focus is largely on behaviors and momentary actions. People are seen as primarily unidimensional, existing in situations rather than across situations. Where people are understood as having enduring qualities, these are generally global, evaluative traits like "nice" or "mean."

Level 3: at Level 3 the person makes inferences about subjective states in addition to focusing on behavior. Understanding of other people's psychological processes and subjective experience does not, however, delve far beneath the surface. The person has ideas or "theories" about others' enduring characteristics, but these intuitive theories are either unidimensional, overly general, or lacking in subtlety. There is little sense that people could do things "out of character" or experience psychological conflicts.

Level 4: at Level 4 the person has an appreciation for the complexity of the subjective states of others and has a multifaceted view of personality dispositions. Component parts of personality are not yet understood as aspects of an interacting system, in which enduring dispositions can come into conflict or be brought to bear in different ways in different situations. While the person recognizes the potential for disparities among actions, self-presentations, and internal states, he or she has minimal awareness of disparities between conscious and unconscious mental events.

Level 5: at Level 5 the person sees people in complex ways, making elaborate inferences about their mental states, motivations, points of view, and unconscious processes. People are seen as having conflicting feelings and dispositions, and as expressing different aspects of their personalities in different situations.

## Affect-tone of Relationship Paradigms

**Level 1:** at Level 1 the person views the social world as tremendously threatening and/or experiences life as over-whelmingly capricious and painful. People are seen as abandoning, abusing, or destroying others and oneself with no reason, other than perhaps maliciousness or unconcern. People are often classified as victims and victimizers.

**Level 2:** at Level 2 the person views the world, and particularly the world of people, as hostile, capricious, empty, or distant, but not overwhelming. The person may feel tremendously alone. People may be experienced as unpleasant or uncaring, but not primarily as threats to one's existence.

**Level 3:** at Level 3 the person has a range of affectively charged object representations/person schemas and interpersonal expectancies, though these are not primarily positive. People are seen as capable of loving and being loved, of caring and being cared for, but on balance social interaction is evaluated as mildly negative.

**Level 4:** at Level 4 the person has a range of affectively charged object representations/person schemas and interpersonal expectancies. People are seen as capable of loving and being loved, of caring and being cared for, but on balance social relations are evaluated as neutral or mixed.

**Level 5:** at Level 5 the person has a range of affectively charged object representations/person schemas and interpersonal expectancies, but on balance relations with others are seen as positive. The person generally expects to like or enjoy other people, to be liked by them, and to be able to count on them with some consistency.

## Capacity for Emotional Investment in Relationships and Moral Standards

Level 1: at Level 1 the person is primarily concerned with, and views good and evil in terms of, his or her own gratification (and expects that others do the same). People are seen as existing only in relation to oneself: they are treated as tools for the achievement of one's desires; as mirrors or audience for one's displays; or as impediments to one's gratification. People may be seen as useful or comforting at the moment but are not invested in emotionally for their unique characteristics. Rules and authorities are seen as obstacles unless momentarily useful.

Level 2: at Level 2 the person has a clear sense of potential conflicts between the needs or desires of self and others, though the primary aim remains the satisfaction of one's own wishes. There is a rudimentary sense of right and wrong, characterized by an equation of prudence and morality (i.e. bad actions are bad because they lead to punishment), and the person experiences some remorse following impulsive action. Moral injunctions that exist may be primitive and harsh. Although the person may clearly have attachments, investment in other people (i.e. concern for, and pursuit of the good of significant others) remains clearly secondary to self-interest. Friends are valued but in many respects remain interchangeable; the basis for friendship tends to be shared activity.

Level 3: at Level 3 the person considers the needs and wishes of significant others in making decisions. Pleasing other people, being liked, and behaving in accord with the standards of respected authorities are salient aims which often override self-interest. The person is concerned with being good and experiences guilt when his or her thoughts, feelings, or actions conflict with internalized standards. Rules are respected because they are rules; manners and conventions are seen as important and even natural. Moral rules are relatively rigid and concrete, and there may be a pronounced sense of duty, particularly to certain people. Relationships are valued but may not be very deep.

Level 4: at Level 4 the person is capable of forming deep, committed relationships in which the other is valued for his/her unique qualities. Commitment to others often overrides personal desires, but actions on behalf of another are undertaken without a rigid sense of duty or a predominant desire to be liked for one's good deeds. Moral judgments, values, and modes of conflict-resolution remain relatively conventional. The person is concerned with doing the right thing, as defined by society or respected authorities, which is frequently expressed in more abstract terms and is often self-abnegatory. Relationships are seen as lasting over time and involving considerable commitment and intimacy.

**Level 5:** at Level 5 the person treats self and others as ends rather than means. The person is interested in the development and happiness of both self and others, and attempts to achieve autonomous selfhood within the context of real involvement with, and investment in others. Conflicts between people with conflicting legitimate interests are understood as requiring compromise. Authorities and rules are not taken to be absolute; the person has a sense of the conventional nature of social rules and believes that at times these must be overridden or changed because they conflict with self-generated or carefully considered standards, or when they do significant harm to people in concrete circumstances.



## Understanding of Social Causality

Level 1: at Level 1 the person does not understand the concept of causality in the social realm. There is either no sense of necessity to understand why behaviors, feelings, or situations emerge, or explanations that are advanced are grossly illogical.

Level 2: at Level 2 the person has a rudimentary understanding of social causality. Actions are explained as responses to environmental stimuli or as resulting from simple feelings or intentions. Explanations of behaviours, feelings, or interactions frequently have mild logic errors or inconsistencies.

Level 3: at Level 3 the person can logically and accurately explain social phenomena. Although the person recognizes that psychological processes influence action, causality is seen as largely external to the person.

Level 4: at Level 4 the person has a basic understanding of the role of psychological events in motivating action. There is considerable recognition of the importance of people's thoughts and perceptions in mediating between stimulus and response, though understanding of psychological causality is incomplete or applied only irregularly.

Level 5: at Level 5 the person understands feelings and behaviors as caused by psychological processes, which may or may not be elicited by environmental stimuli. Complex thoughts, feelings, and conflicts are seen as mediating action. The person makes complex inferences about the psychological processes of others and attempts to influence others' perceptions.

## APPENDIX E

### 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 \_\_\_\_\_