WHEN I READ CAROL GILLIGAN’S IN A DIFFERENT VOICE

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Abstract
This article reviews some of Carol Gilligan’s ideas on the ethics of care and justice, and describes the development and validation of a care-based moral development instrument, the Ethic of Care Interview (ECI). Following Gilligan’s theory, the ECI measures five hierarchical levels of care reasoning that involve a progressively more sophisticated understanding of human interconnection. A series of studies suggests that the ability to care both for others and oneself is a valuable human quality and an important aspect of positive adaptation across the lifespan. The link between care-based moral thought and identity development is strong, especially for women, as Gilligan suggests. Potential decisive determinants of growth in the care ethic and moral maturity are discussed. Gilligan and Erikson agree that crisis reveals and creates character. Conflict, tension and trauma are potential sources of growth and strength. Crisis and life changing events can propel people into a deeper understanding of themselves and the truth of human interdependence. Questions of morality are bound with questions of right and wrong, good and evil, and ultimately of the meaning of life itself. Why be moral? Why care? Why live? Kohlberg and Erikson say that faith and the experience of unconditional love (agape) is required to find an adequate answer to such profound questions. Both contemplated a similar higher spiritual stage of human development – a transcendent perspective beyond the universal to oneness with the whole of life, nature, cosmos or God. A potential parallel higher metaphoric ECI level is considered. It is concluded that care and justice each is a part of agape. Moral maturity involves an integration that reconciles the truths of both. Future studies and implications for moral education are suggested.

Keywords: Carol Gilligan. Moral development. Ethic of Care Interview. Moral maturity. Religious faith and agape.

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QUANDO EU LI “UMA VOZ DIFERENTE” DE CAROL GILLIGAN

Resumo

Este artigo revisa algumas das ideias de Carol Gilligan sobre a ética do cuidado e da justiça e descreve o desenvolvimento e validação de um instrumento de desenvolvimento moral baseado no cuidado, a Ethic of Care Interview (ECI). Seguindo a teoria de Gilligan, o ECI mede cinco níveis hierárquicos de raciocínio de cuidado que envolvem uma compreensão progressivamente mais sofisticada da interconexão humana. Uma série de estudos sugere que a capacidade de cuidar dos outros e de si mesmo é uma qualidade humana valiosa e um aspecto importante da adaptação positiva ao longo da vida. A ligação entre o pensamento moral baseado no cuidado e o desenvolvimento da identidade é forte, especialmente para as mulheres, como sugere Gilligan. Os potenciais determinantes decisivos de crescimento na ética do cuidado e maturidade moral são discutidos. Gilligan e Erikson concordam que a crise revela e cria o caráter. Conflito, tensão e trauma são fontes potenciais de crescimento e força. Crises e eventos de mudança de vida podem levar as pessoas a uma compreensão mais profunda de si mesmas e da verdade da interdependência humana. Questões de moralidade estão ligadas a questões de certo e errado, bem e mal e, em última instância, do significado da própria vida. Por que ser moral? Por que cuidar? Por que viver? Kohlberg e Erikson dizem que a fé e a experiência do amor incondicional (ágape) são necessárias para encontrar uma resposta adequada para essas questões profundas. Ambos contemplaram um estágio espiritual superior semelhante de desenvolvimento humano – uma perspectiva transcendente além do universal para a unidade com toda a vida, natureza, cosmos ou Deus. Considera-se um nível mais alto metafórico da ECI metafórico. Conclui-se que o cuidado e a justiça fazem parte da ágape. A maturidade moral envolve uma integração que reconcilia as verdades de ambos. Estudos futuros e implicações para a educação moral são sugeridos.

Palavras-chave: Carol Gilligan. Desenvolvimento moral. Ethic of Care Interview. Maturidade moral. Fé religiosa e ágape.
Prologue

After working about ten years as a secretary, I decided to go back to school and was accepted as a mature student (with mediocre grades from high school in Norway) at Simon Fraser University, Vancouver, B.C., Canada. Around the late 1970’s, then a graduate student in Clinical Psychology at Simon Fraser University, I began to notice the frequent lack of female participants in psychological studies. One summer day in 1984, I was walking along the rather empty hallways in the Psychology Department, wondering what a worthwhile Ph.D. project would be, hoping and praying for a meaningful idea. Suddenly Professor James Marcia appeared, walking briskly towards me. As we passed, I heard my own voice saying “Hi Jim, for my Ph.D. I am thinking of doing some research on the relationship between ego identity and moral development in women – there seems to be little research on females”. Without stopping or slowing down, Marcia replied “Read Carol Gilligan - In a Different Voice”. I had never heard about this book, but went straight to the bookstore, bought it, returned home and began reading - a real Aha experience.

Regarding Women’s Development and Psychological Theory

In her seminal book Gilligan (1982; 1993) highlights the need for more expanded theories and measures that encompass women’s thoughts and values. She connects the persistent problems in interpreting women’s development to the frequent omission of women from the critical theory-building studies of psychological research (SKOE, 1986). Gilligan observes that psychological theories reflect a consistent sex-based observational and evaluative bias. She notes that measurements have largely been developed and standardized based on men’s observations and interpretations of research data drawn predominantly, if not exclusively, from studies of males (SKOE, 1986).
The disparity between women's experience and the representation of human development, noted through the psychological literature, has generally been seen to signify a problem in women's development. Instead, the failure of women to fit existing models of human growth may point to a problem in the representation, a limitation in the conception of human condition, an omission of certain truths about life (GILLIGAN, 1982; 1993, p. 2).

Gilligan (1982; 1993) argues that Erik Erikson's eight-stage theory of lifespan personality development (e.g., ERIKSON, 1968) represents essentially a male model. His descriptions of identity development are normative for males but not necessarily for females. The sequential ordering of Erikson's developmental tasks of adolescence and young adulthood – *Identity versus Confusion* and *Intimacy versus Isolation* (stages five and six respectively) - may co-develop or merge for women. Gilligan states that “intimacy goes along with identity, as the female comes to know herself as she is known, through her relationship with others” (p. 12). The concept of identity, she says, broadens for women to include their experience and sense of interconnection. Research supports Gilligan’s arguments. In a longitudinal study with 34 college-educated women, Josselson (1987) notes that the most salient aspects to women’s identity formation have been ignored or overlooked by psychological theory and research that emphasize “the growth of independence and autonomy as hallmarks of adulthood. Communion, connection, relational embeddedness, spirituality, affiliation – with these women construct an identity” (p. 191).

Ego identity has been studied most extensively by means of the semi-structured *Identity Status Interview* constructed by James Marcia (1966). It involves categorizing individuals into one of four identity statuses, based upon the two process criteria of exploration of alternatives and degree of subsequent commitment in different domains. Congruent with Gilligan’s criticism, this measure was initially developed on males only, and utilized the two domains of occupational choice and ideology (religious and political). Only later were the domains
revised to incorporate sexual-interpersonal values considered particularly relevant for women (MARCIA, 2004; MARCIA, WATERMAN; MATTESON; ARCHER; ORLOFSKY, 1993; 2011).

Over several decades, the domains have been further revised and expanded, while the process criteria of exploration and commitment have remained the same. Today Marcia’s identity interview appears in almost all textbooks on adolescent development, and it still is one of the most used identity measures. For many, Erikson’s lifespan chart of personality development, portraying realistic possibilities as well as potential pitfalls (MARCIA, 2004), continues to be the focal point of further systematic studies (FERRER-WREDER; KROGER, 2019; PRATT; MATSUBA, 2018). No other theory of personality provides such a deep and comprehensive survey of the human life cycle (MARCIA, 2004).

Moral Development: The Ethics of Justice and Care

We need a moral philosophy in which the concept of love, so rarely mentioned now by philosophers, can once again be made central.

(Iris Murdoch, The Sovereignty of Good, 1970, p. 46)

Lawrence Kohlberg is responsible for the most influential work on developmental stages in the understanding of justice (GIBBS, 2010). His studies are discussed in every major developmental psychology text-books, and his famous model of moral reasoning development still lays a frame of reference for contemporary research in moral psychology (JUUJÄRVI; HELKAMA, 2020). Carrying forward into adolescence and adulthood Piaget’s (1932, 1965) pioneering study of moral thinking in children, Kohlberg (e.g., 1984) derived six stages of justice-based moral development based on extensive case analyses of boys only, ages
about 10 to 16 years (SKOE, 1986). Gilligan (1982; 1993) notes that in the research from which Kohlberg derives his theory, females simply do not exist. Kohlberg's stages describing the development of moral reasoning from childhood to adulthood are based empirically on a study of 84 boys whose development Kohlberg followed for a period of over 20 years. Gilligan specifies that his six developmental stages of moral reasoning trace a three-level progression from an egocentric understanding of fairness based on individual need (Pre-conventional, stages one and two), to a notion of fairness anchored in the shared conventions of societal agreement (Conventional, stages three and four), and finally to a principled understanding of fairness based on the free-standing logic of equality and reciprocity (Post-conventional, stages five and six).

Although Kohlberg claimed universality for his stage sequence, those groups not included in his original sample seldom reach the higher stages (GILLIGAN, 1982; 1993; SNAREY, 1985). Prominent among those who therefore appear to be deficient in moral development when measured by Kohlberg's model are women, whose reasoning seem to "exemplify the third stage" (GILLIGAN, 1982; 1993, p. 27). At almost any age, the scores of females tend to gravitate toward stage 3, where what is right is defined in terms of interpersonal relationships with emphasis on sympathy, compassion, or love as a motivation for moral action. In contrast, the moral reasoning of males typically advance linearly toward stages 4 and 5, where right is defined by societal rules and universal justice principles (SKOE, 1986).

In her own research Gilligan (1982; 1993) noticed "two ways of speaking about moral problems, two modes of describing the relationship between other and self" (p. 1). Women seem to have different notions of what is of value in life, and different constructions of moral dilemmas. They are more concerned about relationships and responsibilities than about individual rights and justice.
Gilligan specifies that women’s “morality of responsibility” or “ethic of care” represents a different moral notion that provides an alternative vision of maturity (SKOE, 1986). Rooted in Kantian ethics, Piaget and Kohlberg defined morality in terms of a single orientation (i.e., justice), not considering that people may define the moral domain differently due to different life experiences. In terms of various factors such as reproductive biology, social status and power, for example, there are differences in how males and females experience their interactions with other people. Furthermore, Gilligan and others (e.g., GILLIGAN; WIGGINS, 1987; JOSSELSON, 1987) proposed that sex differences in moral orientation are due to differences in the socialization experiences of girls and boys, particularly regarding attachment to the mother (PRATT; SKOE; ARNOLD, 2004).

Whereas the ethic of care develops from the person’s early childhood experiences of attachment to others and reflects an ideal of love, connection and mutual responsiveness, the ethic of justice develops from the person’s early experiences of inequality and reflects an ideal of equality, fairness, and reciprocity (GILLIGAN, 1982; 1993). Because children cannot survive without an attachment figure and are born into a position of inequality, all children are exposed to the formative conditions of both moral orientations (JAFFEE; HYDE, 2000). Traditionally, however, women are urged toward a “morality of responsibility”, a concern for the needs and wellbeing of other people, and men are socialized toward a “morality of rights”, a concern for autonomy in judgment and action as well as for freedom and non-interference with the abstract rights of individuals. The morality of rights differs from the morality of responsibility in its emphasis on separation rather than connection, and in its consideration of the individual rather than the relationship as primary. Whereas the ethic of justice proceeds from the premise of equality, that everybody should be treated the same, the ethic of care rests on the premise that no one should be hurt. For Gilligan (1982; 1993), the two
moral orientations of rights or justice versus responsibility or care are two distinct and independent approaches to moral judgment. Only at developmental maturity is an integration of these orientations assumed to be possible (SKOE, 1986).

Gilligan’s critique of Kohlberg instigated a hot debate and a host of research regarding sex differences in moral thought. Her claim that Kohlberg’s model favors men has been quite consistently refuted. In extensive reviews and meta-analyses, Walker (e.g., 1984) found that sex differences in Kohlberg’s stage levels disappeared when education and occupation were controlled. In contrast to the equivocal findings for stages of justice-based reasoning, some sex differences emerged when moral orientation (preference for care reasoning versus justice reasoning, regardless of stage or level) was measured.

Generally, substantial research has shown that men as well as women appear to have both the justice orientation (concern with equality, fairness and individual rights) and the care orientation (concern with responsibility, harmony, and prevention of hurt in relationships) available and use them differentially, depending on various background and contextual factors (PRATT et al., 2004). For both men and women, dilemmas that involve close personal relationships are likely to elicit care-oriented considerations whereas dilemmas of a more impersonal, institutional nature are likely to elicit justice-oriented reasoning. Although this suggests that type of conflict can predict moral orientation better than sex, women seem to spontaneously discuss more personal real-life conflicts than men, which means that women actually show more care responses than men (e.g., PRATT; DIESSNER; HUNSBERGER; PANCER; SAVOY, 1991; SKOE; GOODEN, 1993; SKOE; PRATT; MATTHEWS; CURROR, 1996; TURIEL, 1998). In a large meta-analysis, Jaffe and Hyde (2000) found modest differences in support of the hypothesis that women are higher in an orientation toward care-related moral issues, whereas men are higher in an orientation to justice. Moreover, women
also have been observed to view a variety of dilemmas as more important and more difficult to resolve than do men (e.g., SKOE; CUMBERLAND; EISENBERG; HANSEN; PERRY, 2002; SKOE; EISENBERG; CUMBERLAND, 2002; WARK; KREBS, 1997). Hence, in line with Gilligan, there is empirical evidence that women and men differ in terms of how they experience, evaluate, and resolve moral situations (JUUJÄRVI; HELKAMA, 2020; SKOE, 2014a).

Research has challenged Gilligan’s claim of sex differences in moral judgment and her measurement methods (e.g., WALKER, 2006). Some have also argued that Gilligan’s theory provides few guidelines as to when one moral orientation is the most adequate basis for moral action (JAFFEE; HYDE, 2000), and that it is unclear how an integration of the two orientations occurs (WALKER, 2006). However, Gilligan has been clearly credited with extending the moral domain to include a care orientation as well as a justice orientation. It is today acknowledged that thinking about care, context, and connection in relationships is an important component within the complex sphere of morality (e.g., SKOE, 2014a; WALKER, 2006). Also, corroborating Gilligan’s idea that the ethics of justice and care represent, not one, but two distinct forms of cognition, neuropsychological research indicate that justice and care reasoning actually activate different regions in the brain (CÁCEDA; JAMES; ELY; SNAREY; KILTS, 2011).

The Ethic of Care Interview: Measuring Developmental Care Reasoning Levels

Remember that all our failures are ultimately failures in love.

(Iris Murdoch, The Bell, 1958, p. 237)

When I read “In a Different Voice”, it was especially Gilligan’s descriptions of developmental perspectives in care reasoning that captured my interest. Derived from her one-year follow up study of 21 women (ages 16 to 35), diverse in ethnic background, socioeconomic and marital status (the Abortion Decision
Gilligan (1982; 1993) outlined a sequence of moral perspectives based on an ethic of care, just as Kohlberg outlined a sequence of moral perspectives based upon an ethic of justice. The extensive focus on sex differences has generally masked this important implication of Gilligan’s theory – the idea that care reasoning, like justice reasoning follows specific developmental paths and varies individually (SKOE, 1998; 2014a). Although Gilligan has abandoned a stage model of human development, focusing instead on interpretive readings of narratives regarding justice, care and self-in-relation (e.g., GILLIGAN; BROWN; ROGERS, 1990), the issue of developmental progression in the care ethic continues to be of empirical and theoretical interest. In my Ph.D. project (SKOE, 1986), a care-based moral reasoning measure based on Gilligan’s original theory was constructed and partially validated with a sample of 86 female undergraduate students. Whereas Gilligan describes the developmental sequence in terms of different perspectives, they are called levels in this new instrument (SKOE, 1986; SKOE; MARCIA, 1991).

Following Gilligan (1982; 1993), the Ethic of Care Interview (ECI) measures five hierarchical care reasoning levels that portray a progressively more complex understanding of self and human interactions. The care ethic involves a cumulative understanding of interpersonal relationships based on the insight that self and other are interconnected, and that the activity of care benefits both others and oneself, just as the act of violence is ultimately destructive to one and all. On the basis of an initial pilot study with women and subsequent studies with both women and men (SKOE, 1986; SKOE; MARCIA, 1991; SKOE; DIESSNER, 1994), the ECI manual (SKOE, 1993) was constructed containing descriptions in line with Gilligan’s (1982; 1993) theory and sample responses for five ethic of care levels. These levels move from an initial position of self-concern, through a questioning of this as a sole criterion, to a position of mainly other-
concern, through a questioning of this as a central criterion, to a final position of balanced self and other concern.

The level of care reasoning is assessed by the use of interview protocols based on a real-life dilemma generated by the participant and three standard interpersonal dilemmas concerning conflicts surrounding (a) unplanned pregnancy, (b) marital fidelity, and (c) care for a parent (see Appendix I). These dilemmas were created because they represent frequently occurring interpersonal situations where helping others could be at the price of hurting oneself. The semi-structured interviews are audio-recorded and scored according to the ECI manual (SKOE, 1993; 1998; 2014a). The following are brief descriptions of each ECI level and examples of responses to a dilemma involving care for a parent. Women are presented with a female protagonist, and men are presented with a male protagonist:

Kristine/Chris, a 26-year old woman/man, has decided to live on her/his own after having shared an apartment with a friend for the last three years. She/he finds that she/he is much happier living alone as she/he now has more privacy and independence and gets more work and studying done. One day her/his mother/father, whom she/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 she/he is lonely and wants to live with Kristine/Chris. What do you think Kristine/Chris should do? Why?

Level 1. Care for Self (Survival-based). Reasoning is characterized by protecting oneself to ensure one’s own happiness and avoid being hurt. The central concern is pragmatic, and what one thinks one should do is undifferentiated from what one wants to do. The question of what is right emerges primarily if one’s own needs are in conflict. There is little, if any, evidence of caring for other people’s needs or well-being, and no consideration of ethical principles.

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. 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.

**Level 1.5 Transition from Survival to Responsibility.** Movement is toward a sense of responsibility for others. Concepts of selfishness and responsibility first appear. Although there now is some awareness and concern for the needs of other people, one’s own wishes and well-being are more important.

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. She is infringing upon her life and not making her any happier, so she has to go. (WHY WOULD YOU TAKE HER IN, IN THE FIRST PLACE?) Because if somebody landed on your doorstep you at least want to hear the story. You don’t talk to somebody through the keyhole, so you have to let them in and let them stay for breakfast and then they can go.

**Level 2. Care for Others.** Reasoning is characterized by a strong emphasis on responsibility, obligation and commitment to other people. The person adopts societal values, and goodness becomes the primary concern since survival is now seen to depend on the acceptance of others. There is a strong need for security. Being a good person is equated with self-sacrificing taking care of others, and the right thing to do or say is externally defined, often by family, church, or society. Conflicts arise especially over the issue of hurting, and often others are helped or protected at the expense of self-assertion.

Bring him in... 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. You owe it to your father to take care of him.
Level 2.5 Transition from Goodness to Truth. Reasoning is marked by a shift in concern from goodness to truth and honesty in relationships. There is a reconsideration of the relationship between self and other as the person questions the goodness of protecting others at one's own expense. Compared to the more “black-and-white” worldview of the previous level, nuances, uncertainties and complexities are expressed.

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. (WHY?) 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.

Level 3. Care for Others and Self (the Ethic of Care). The ethic of care is fully realized. Now the morality of action is judged, not on the basis of how it appears to others, but on the basis of its actual intention and effects. The tension between selfishness and responsibility is resolved through a new understanding of human interconnection. By caring for others, you care for yourself, and vice versa. Criteria for goodness have moved inward. No longer restricted by social convention or other people’s opinions, one is able to make choices, accept responsibility for decisions and take control of one’s own life. Concern is expressed for everyone impacted in the situation, and attempts are made to minimize hurt to all parties involved.

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.

Research

A series of studies, longitudinal as well as cross-sectional have provided considerable support for the ECI as a valid developmental measure of care-oriented moral reasoning (JUUJÄRVI; HELKAMA, 2020; SKOE, 2014a). Being a developmental measure of care reasoning, proposed as an alternative to a developmental measure of justice reasoning, a person’s scores on the ECI should be positively correlated with justice reasoning tests. The models of Kohlberg as well as Gilligan are based on Piagetian cognitive developmental theory. Concurrent validity was obtained by the findings of positive relations to Kohlberg’s measure of justice reasoning, both the original Moral Judgement Interview (MJI) (COLBY; KOHLBERG, 1987) and written forms such as Rest’s (1979) multiple-choice justice instrument, the Defining Issues Test (DIT), as well as the Sociomoral Reflection Measure (SRM) developed by Gibbs and Widaman (1982). Although the care and justice models of moral development focus on somewhat distinctive conceptions of morality and moral obligations, as argued by Gilligan (1982; 1993), they may share underlying general developmental mechanisms. Advances in both tracks of moral thought involve questioning of previous positions and the formulation of a new, more inclusive position. The similarity of these processes to the processes of disequilibration and accommodation, assumed to underlie Piagetian cognitive development, is clear (SKOE; MARCIA, 1991). They may also share the underlying mechanisms of impulse control and perspective-taking; both portray progress from initial concern with self-interest toward concern for other people (JUUJÄRVI; HELKAMA, 2020; SKOE, 2014a).
Identity always has been conceptually linked to ideology and ethical values (e.g., ERIKSON, 1968; KOHLBERG; GILLIGAN, 1972; MARCIA, 1980). Both are assumed to be related to cognitive development, involving similar processes such as conflict or disequilibration, exploration and commitment (MARCIA et al., 1993; 2011). Research has confirmed this suggestion. Construct validity of the ECI was evidenced by studies (SKOE; MARCIA, 1991; SKOE; DIESSNER, 1994) showing a strong positive relationship between the ECI and identity development as described by Erikson (e.g., 1968) and measured by the Identity Status Interview (MARCIA, 1980; MARCIA et al., 1993; 2011).

Further construct validity was obtained by the finding of a similar strong link between the ECI and Loevinger’s (1979) sentence completion test of ego development. Skoe and Lippe (2002) reported that ego and care reasoning development seem to have more in common with each other than they have with justice reasoning development, especially at the higher stages where both care and ego growth include increased ability to integrate respect for personal autonomy with responsibility, intimacy and compassion in interpersonal relationships. Hence, ego development and care development can be seen as reciprocally enhancing (SKOE, 2014a). Despite similarities between Loevinger’s ego model and Kohlberg’s justice model, Blasi (1998) notes, there is a different perspective through which the content of the stages is approached. Whereas Kohlberg’s justice reasoning stages refer to cognitive meaning or understanding, Loevinger’s ego stages refer to personal meaning or significance. In the cognitive developmental model, the mind is an impersonal ground, and the focus is on understanding objective reality and relationships. Emotions such as caring or compassion do not play a role. By contrast, in ego development as well as care reasoning development “objects, people, and also the person’s own characteristics are approached specifically for the relations they have with the subject, namely, with
the person’s needs, anxieties, interests, goals and so on” (BLASI, 1998, p. 16). Individuals’ emotional and social interactions are central in ego as well as care reasoning development.

The ECI also is linked to affective empathy and perspective-taking (JUUJÄRVI; MYRY; PESSO, 2010; SKOE, 2010), complex cognitive reflections and consultation with others (SKOE et al., 1996), and to attachment style. Sochting (1996) examined the relations between care reasoning and measures of attachment, object relations and social cognition. She reports that people reasoning at the lower levels of the ECI (primarily self-oriented) scored higher on the fearful attachment style, and they were less mature in affective as well as cognitive dimensions of object relations and social cognition than people reasoning at the higher ECI levels (SKOE, 1998). Regarding moral action, the ECI is related to some prosocial behavior, such as volunteering, donating for charity, and care for elderly and sick people (PRATT et al., 2004). As Skoe (1998) notes, however, Blasi (1980) argues that moral phenomena should not be limited to observable behavior because moral action is complex and involves a variety of questions, feelings, doubts, and decisions. A better and more valid test of moral behavior might be how individuals conduct their lives in the long run – a wider life perspective can provide a more precise picture of an individual’s quality of moral integration (BLASI, 1995).

Sparked by In a Different Voice (GILLIGAN; 1982; 1993), the question of sex differences in moral reasoning has been controversial (e.g., WALKER, 2006), and the empirical evidence for such differences in the ECI has been complex. The answer appears to be: “it depends”. Most studies have not found significant differences between males and females in average ECI levels during adolescence or young adulthood, at least not among well-educated individuals (e.g., JUUJÄRVI et al., 2010; PRATT et al., 2004; SKOE, 2010; SKOE; DIESSNER,
This lack of sex differences has been found in various countries such as the US, Canada, Norway, and Finland. In later adulthood, however, women scored higher than men in two independent Canadian samples (SKOE et al., 1996). Studies among children and early adolescents found a similar sex difference, favoring females, in the U.S. and Canada (MEYERS, 2001; SKOE; GOODEN, 1993), but there was no such difference in Norway (SKOE et al., 1999). Thus, sex differences may be bound with culture, location, and time.

In a study comparing care reasoning with a sample of 120 students in Brazil and 120 students in Norway (VIKAN; CAMINO; BIAGGIO, 2005), the Brazilians scored higher than the Norwegians on Collectivism, measured with Triandis’s Test of Cultural Orientations (e.g., TRIANDIS, 1996). Also, the mean score for the Brazilians was at ECI level 2 (self-sacrificing, care for others), whereas the mean score for the Norwegians was at ECI level 2.5 (transition from goodness to truth). The lower ECI scores of students in Brazil, compared to students in Norway, could be due to the Brazilians being more collectively oriented. People in a collectivistic culture tend to value highly the welfare of the whole collective group, and therefore often subordinate their own personal needs and goals for those of the larger group. In contrast, people in an individualistic culture tend to value highly personal autonomy and independence (KASHIMA et al., 1995; SKOE, 1998; TRIANDIS, 2001). Congruent with findings in other countries as noted above, there were no sex differences in ECI scores, neither in Brazil nor in Norway. There may be less such differences in university-educated samples, perhaps across most countries and cultures.

Nonetheless, the ECI was found to be more strongly related to identity development for women than for men (SKOE; DIESSNER, 1994) and to androgynous gender role orientation for women only (SKOE, 1995; SOCHTING et al.,
1994). These findings suggest that care reasoning development is more central to women’s than to men’s psychosocial development which may explain why women typically report more care-oriented conflicts in their everyday lives, compared to men. This in turn supports Gilligan’s claim that women’s conceptions of self and morality are closely interwoven. So, although research results with the ECI suggest that sex differences may not be as pronounced as Gilligan claimed, they also indicate that such differences may be more complex than simple main effects on standardized measures (SKOE, 1998, 2014a). Perhaps these findings reflect a distinction between what people can do (competence) when required, and what they will do (preference) on more open-ended assessment methods. Kohlberg’s measure is designed to draw forth justice reasoning, pitting social laws and rules against human needs, and the ECI draws forth care reasoning, pitting the needs and wishes of others against those of oneself (SKOE; DIESSNER, 1994).

Furthermore, several studies were restricted to university student populations, and sex differences might be minimized in such samples. Many additional variables must be considered in understanding moral development besides sex. Future research should pay closer attention, for example, to cohort variations, gender roles, circumstances, cultural background and religious or spiritual experience (SKOE, 1998, 2014a).

**Reflection and Future Direction**

> Love is the last and secret name of all the virtues.

*(Iris Murdoch, *A Fairly Honourable Defeat*, 1970, p. 81)*

> Over the years, the ECI research program has provided ample empirical support for the validity of Gilligan’s (1982; 1993) outline of a developmental sequence in the care ethic (JUUJÄRVI; HELKAMA, 2020; SKOE, 2014a). Findings suggest that sophistication in care reasoning, or balanced care for self and others,
is an aspect of positive adaptation across the lifecycle for men as well as women. Compared to individuals who score low on the ECI, those who score high appear to have a stronger sense of self and social responsibility, a heightened capability to see life from others’ viewpoint, as well as a higher tolerance for ambiguity and for needy people. The highest levels of the care ethic involve an integration of capacities for autonomy and intimacy (SKOE, 2014a; SKOE; LIPPE, 2002). More mature abilities in thinking about care for oneself and other people seems a vital psychological resource in adapting to the central challenges of adulthood, such as achieving intimacy, a sense of generativity and ego integrity (e.g., ERIKSON, 1998; SKOE et al., 1996). In this broader context of lifespan development, the two components of self and others integrate, although somewhat differently, across each of the psychosocial stages of adulthood. Balanced care for oneself and others appears an essential aspect of integrity and wisdom (MARCIA, 2004; SKOE, 2014a). In the words of Erikson (1998): “It is in actuality that we live and move and share the earth with one another. Without contact there is no growth, in fact, without contact life is not possible. Independence is a fallacy.” (p. 8).

Research shows that the ECI also appears to work well with men. This might seem surprising or even wrong for those who would argue that the ethic of care sequence is a model only for women since the impetus for it came from the study of specifically women's development of moral thought (SKOE; MARCIA, 1991). However, Gilligan (1982; 1993) states:

The discovery now being celebrated by men in mid-life of the importance of intimacy, relationships, and care is something that women have known from the beginning. However, because that knowledge in women has been considered “intuitive” or “instinctive”, a function of anatomy coupled with destiny, psychologists have neglected to describe its development. In my research, I have found that women’s moral development centers on the elaboration of that knowledge and thus delineates a critical line of psychological development in the lives of both the sexes (p. 17, emphasis added).
Men as well as women may struggle with the dilemma of multiple claimants to one’s love and caring. “What is the optimal balance of care among the legitimate claimants of family, nation, world?” (GIBBS, 2010, p. 214). This is a difficult question to answer for anyone, be it men or women, old or young. In an essay entitled Right and Wrong as a Clue to the Meaning of the Universe, C. S. Lewis (2002) writes that throughout history different civilizations and ages have had similar moralities, such as reciprocated kindness and unselfishness. They have differed about whom you should be unselfish to – your own family, or people in your same country or community, or people everywhere in the world. “But they have always agreed that you ought not to put yourself first. Selfishness has never been admired.” (LEWIS, 2002, p. 6).

If this is correct, across the world both men and women likely have experienced some social pressure to appear “selfless”, someone who speaks and acts primarily for the benefit of other people (GILLIGAN, 1982; 1993). In the ECI interviews, it seems evident that both sexes scoring at ECI level 2 (self-sacrificing, caring for others) struggle with the problem of selfishness. At this developmental care level people are unable to consider it moral to also care for themselves, not only for others. Therefore, they hurt and sacrifice themselves in the name of being a good son, a good mother, a good Catholic, or a good friend and so on. As Gilligan (1982; 1993) asks: If it is good and right to care for others, why is it selfish to respond to yourself? In some conflict situations, Gilligan says, there is no way not to hurt somebody. When confronted with such conflicts, however, one should not abdicate one’s personal responsibility for choice, but rather assert the right to include oneself among the people it is moral not to hurt.
Emphasizing the integrating capacity of understanding, Blasi (1995) sees moral understanding as the starting point and cornerstone of moral integration. He argues that moral understanding will more reliably initiate moral action if it is translated into a judgement or sense of personal responsibility. Personal responsibility as a personality quality – a motivation to be moral – is the result of integrating moral values into one’s identity or sense of self (BLASI, 1993). Along the same lines, Gilligan (1982; 1993) argues that “the essence of moral decision is the exercise of choice and the willingness to accept responsibility for that choice” (p. 67). In order to understand and explain moral phenomena more fully, Blasi (1980) recommends future studies focus on the processes and skills required to invest one’s life with meanings that are personally understood and to act in accordance with those insights and values. Similarly, Erikson thinks that insight is barren without responsible behavior (HOARE, 2002).

A relevant study regarding moral integration or moral identity is Colby and Damon’s (1992) case study of 23 people who by a panel of ethical experts were identified as leading lives of extraordinary moral commitment to humanitarian aid and promoting social justice. Notably, they found that about 80% of their moral exemplars attributed the sustained commitments underlying their moral actions to their religious faith. This finding was unexpected and surprising since the nomination criteria included nothing overtly religious or spiritual in nature. Although the religious affiliations and faith of these exemplars were quite varied, there was among them a common “intimation of transcendence: a faith in something above and beyond the self” (COLBY; DAMON, 1992, p. 311). Also of note, all the moral exemplars who spoke of the importance of love in their work were deeply religious. These findings affirm Blasi’s (1993) idea regarding moral integration or moral identity, and Erikson’s view that religious experience and faith play a vital role in sustaining a vibrant moral commitment, evidenced in
love and prosocial behaviour. Erikson believes that “the sense of self as a spiritual being is, necessarily, a concomitant of the ethical” (HOARE, 2002, p. 79).

Crisis

Studies with the ECI show that people rarely score at the highest care reasoning levels. Considering the relationship observed between maturity in care reasoning and positive personal and psychosocial adaptation, the ability to care both for oneself and others seems a vital and valuable human strength or quality. Then, what kind of mechanisms or factors can promote change and growth in care reasoning? According to Gilligan (1982; 1993), the essence of a developmental approach is that crisis not only reveals but also creates character. In identifying crisis and conflict as the harbinger of growth in the care ethic, Gilligan draws on the works of Piaget as well as Erikson who in charting personality development through crisis, demonstrates how heightened vulnerability creates a hazardous and risky opportunity for growth. Conflict, tension and trauma are potential sources of growth, strength and commitment, Erikson (1964) states. In the very first study with the ECI (SKOE, 1986; SKOE; MARCIA, 1991), there was an especially touching example of crisis-initiated growth. A 20-year-old woman who scored at the highest level on the ECI as well as on Marcia’s identity interview, disclosed that she was dying of cancer. In the face of her impending death she had engaged in much serious soul-searching, reviewing her own beliefs and values, sense of herself, and her interpersonal relationships.

In a similar vein, Gibbs (2010) states that life-threatening crisis, the so-called near-death experiences, defined as “psychological events with transcendent and mystical elements, typically occurring to individuals close to death or in situations of intense physical or emotional danger” (p. 187), can have profound life-changing effects that foster personal growth, including decreased concern with materialism and competition and increased concern with helping others and
spiritual matters. Some survivors of near-death experiences also appear to access a deeper reality of unconditional love where the whole of nature is interconnected and all people are interdependent parts. Such life changing events may propel some people into a deeper and more developed sense of themselves and their place in the universe.

But crisis also contains potentials for nihilism, despair and disillusionment. Gilligan depicts cases of moral nihilism in women who, crushed by a sense of defeat, loss and mourning, could find no answer to the question “Why care?”. Similarly, in a Finnish longitudinal study (JUUJARVI, 2006), the only person who regressed on the ECI was a man, full of frustration and anger, who had just lost custody of his children in a bitter divorce case. In this dismal situation he even quit his career as a care worker. The nihilistic position, Gilligan (1982; 1993) says, signals “a retreat from care to a concern with survival, the ultimate self-protective stance” (p. 126). Being abandoned by others, a prevalent response is to abandon oneself. Gilligan and Erikson agree, however, there is potential for growth even in the aftermath of moral nihilism or despair. Crisis itself, they believe, may signal a return to a missed opportunity for vital change and growth. Every crisis, the civil rights leader Martin Luther King, Jr. (1958) says, has both its danger and opportunity. Development can come through an encounter with strain, stress and struggle.

Faith and the Ethic of Care

Questions of morality are intricately bound with questions of right and wrong, personal responsibility to self and others, and ultimately to the purpose of life itself. Consistent with Blasi’s position that understanding is essential to the motivation to act morally, moral theorists have explored the larger existential questions of “why care?” and “why be just?”.
Kohlberg (1974) postulates a metaphoric Stage 7, which he called the faith orientation. Kohlberg admits that these are not moral questions and cannot be resolved on purely logical or rational grounds. He suggests they rely rather on faith and transcendental or mystical forms of experience – a sense of unity with nature, the cosmos or God (KOHLBERG; RYNCARZ, 1990). At this stage of human development, Kohlberg (1974) thinks, the essential is “the sense of being a part of the whole of life and the adoption of a cosmic as opposed to a universal humanistic (Stage 6) perspective” (p. 15). Discussing Spinoza’s theory of natural law and his ethical views, Kohlberg writes:

Spinoza is convinced that we cannot escape the dominion of our affections. We are the slaves of the love of something. The love that enslaves can be overcome only if there is and can be found an object that inspires a love that frees. If pleasure and power are not intrinsic ends, only some sort of love can be an intrinsic end. We only attain a stronger and more stable state of the self if we attain a strong and more stable love of something. This love, Spinoza says, involves the love of something eternal and infinite. (KOHLBERG; RYNCARZ, 1990, p. 200).

Kohlberg (1974) believes that Stage 7 – the faith orientation – does not change Stage 6’s definition of universal principles of justice but integrates them with a perspective on life’s ultimate meaning. Ultimate moral maturity requires a mature resolution to the question of the meaning of life (KOHLBERG; RYNCARZ, 1990). As noted by Gibbs (2010), however, not only adults or people at post-conventional moral reasoning but also young people (adolescents) can ponder meta-ethical existential and spiritual questions such as “Why be moral?”, “Is morality relative?”, “What is the meaning of life?” and “Why care?”. At any point in life these can become urgent and desperate questions, particularly perhaps in aftermath of moral nihilism and despair. Without an adequate answer we may be at risk of indifference, loneliness, sickness, fear, and, at its worst, violence, mass murder, or suicide.
One part of his conception of Stage 7, Kohlberg (1974) says, comes from Erikson’s discussion of an ultimate stage in the life-cycle where “integrity is found and despair ultimately confronted” (p. 14). Of note, like Kohlberg, Erikson also contemplated a stage beyond his original final stage 8 (Integrity versus Despair) in personality development. Despair, Erikson (1998) says, haunts Stage 9 as well as Stage 8, and the wisest course is perhaps to “face down despair with faith and appropriate humility” (p. 106). This proposed new ultimate life cycle stage involves “gerotranscendence” – a shift in meta perspective, from a rational and materialistic vision to a cosmic and transcendent one. At this stage the individual might experience “a feeling of cosmic communion with the spirit of the universe, a redefinition of time, space, life and death, and redefinition of the self... a decrease in interest in material things and a greater need for solitary ‘meditation’” (ERIKSON, 1998, p. 124). Now integrity becomes “integrality” (the state of being total and complete or wholeness), working merely to keep one’s body, mind, and psyche together. Furthermore, faith and hope replace wisdom as the strengths gained (HOARE, 2002).

The similarity of Erikson’s idea of a Stage 9 to Kohlberg’s notion of Stage 7 as well as to near-death experiences, and the spiritual or religious experiences reported by William James (2002), is evident. Also evident is the influence of spiritual values in Erikson’s model of lifespan personality development. Erikson himself became a professing Christian later in life (WULFF, 1997). Erikson acknowledged that individual religious faith can lead to pathological distortion, devotion can turn into fanaticism or dogmatism, and that religious groups or organizations have inspired violence, hate, oppression, prejudice, and persecution. Nonetheless, he held that in their positive forms, faith and religious tradition are vital for attaining human maturity and wellbeing (SKOE, 2008; WULFF, 1997).
Although personality development requires a variety of societal supports, Erikson argues, it is chiefly religion that deals with the first and last existential issues—basic trust and a sense of cosmic order (WULFF, 1997). In his view, ethical adults are those who have positive values, are actively involved in their worldly work, keep their commitments and avoid moralizing and blaming (HOARE, 2002). Just as important, they have faith without which “wholeness” is impossible. Human development is never complete, Erikson believes, it always moves toward other people and toward “the Ultimate Other” (HOARE, 2002, p. 85). He was “searching for ‘religious genius’ that exemplified a unified basis for adult ethics, an ethics that is open both to cross-cultural diversity and to era centrality” (HOARE, 2002, p. 78). Erikson held that biological endowment is important for personality development, but so are the person’s life history, inner personal meaning of experience, and the cultural as well as historical context (FERRER-WREDER; KROGER, 2019). And Gilligan agrees with him. In an interview she says: “I’m very much with Erikson, I mean, a statement of Erikson’s that I took with me was, you can’t take a life out of history. You can’t talk about development apart from culture and history” (JORGENSON, 2006, p. 186).

Erikson maintained that primal hope and faith are healthy outcomes of infancy (HOARE, 2002). The positive resolution of his first developmental stage of Trust versus Mistrust, is the very foundation of his lifespan model. Trust or faith and hope grows out of the love between the child and the parents or caretakers. These strengths are also prominent as best-case scenario of the last stage of life (HOARE, 2002). In fact, faith or fidelity is also a central concept in Erikson’s fifth stage of psychosocial development which involves the Identity versus Confusion crisis of adolescence. At this crossroad, one begins to seriously seek answers to questions about life’s meaning and one’s place in it. Fidelity, Erikson (1968) claims, is the very essence of identity. The central challenge is to become
faithful, loyal and committed to some ideological worldview – to find a cause worthy of all one’s powers, body and mind. Fidelity is the vital human strength which youth needs “to develop, to employ, to evoke – and to die for” (ERIKSON, 1968, p. 233). A lack of it may result in diffidence or delinquency. In Gandhi’s Truth, he writes: “there can be no identity without an ideology” (ERIKSON, 1969, p. 163). Religion, Erikson (1968) points out, seems the oldest and the most lasting institution to promote fidelity - “a sense of trust in the form of faith”. (p. 106).

Toward the end of his long life, Erikson declares:

If developmental considerations lead us to speak of hope, fidelity, and care as the human strengths or ego qualities emerging from such strategic stages as infancy, adolescence and adulthood, it should not surprise us (though it did when we became aware of it) that they correspond to such major credal values as hope, faith, and charity…. Such proven traditional values, while referring to the highest spiritual aspirations, must in fact have harbored from their dim beginnings some relation to the developmental rudiments of human strength, and it would be most instructive to pursue such parallels in different traditions and languages (ERIKSON, 1998, p. 58).

Both Kohlberg and Erikson believed that faith is required for finding an answer to the larger questions of “why be just?” and “who am I?”. Faith also seems necessary to answer the question of why care? (SKOE, 2008, 2014b). Existential questioning or crisis certainly could be related to care-based moral development toward higher levels. Future studies might consider the notion of a hypothetical ECI level 3.5 that takes an expanded, societal perspective, involving care also for something broader than the interpersonal relationship itself - balanced care for self and others in interaction with society (SKOE, 2014a). The societal level, in which the self and other relationship is embedded, involves care, commitment, and a sense of personal responsibility to society, earth’s environment, and future generations.
In the *rights and responsibility study*, Gilligan (1982; 1993, p. 21) presents the following response of a 25-year-old law student when asked to describe herself:

I have a very strong sense of being responsible to the world, that I cannot just live for my own enjoyment, but just the fact of being in the world gives me an obligation to do what I can to make the world a better place to live, no matter how small a scale that may be on.

This woman seems to reason at a higher level than ECI level 3 (Care for others and self). She goes beyond being personally responsible to others and herself - to a sense of being responsible to the whole world. She may well represent a hypothetical ECI level 3.5.

In turn, this level might be a transition to a metaphoric ECI level 4 – a spiritual stage or level that has an extended, more universal or cosmic view on the transactions between self, other, the wider world, the universe, and ultimately life itself (SKOE, 2014a). This broader framework, kind of parallel to Kohlberg’s Stage 7 and Erikson’s Stage 9, is founded on faith and eternal love. Martin Luther King Jr. may well represent a hypothetical ECI level 4. His thought and action demonstrate the highest care level – a strong faith and a deep love that inspired and sustained him in his non-violent labour for civil rights – a cause he died for. King (1960) says that his involvement in a severe struggle changed his concept of God from a metaphysical category to a living reality, validated in the experience of everyday life. He became convinced of the existence of a personal God. In the midst of outer danger and distress, he had felt an inner peace and known resources of strength that only God could give.

Perhaps a cross-cultural case study might be worthwhile, exploring the possibility of higher care reasoning levels among moral exemplars. Erikson linked both identity and moral development to agape love, arguing that actions
of such love define the highest level of human maturity. The ethics of care, Erikson says, finds its proof positive at the lasting, collective level “From generation to generation the test of what you produce is in the care it inspires” (HOARE, 2002, p. 75).

Agape

A central teaching of most religions is the Golden Rule – do as you would be done by (LEWIS, 2002). For Erikson, a more mature insight is contained in the Christian command – you shall love your neighbor as yourself. This injunction, Erikson (1964) says, even suggests “a true love and a true knowledge of ourselves” (p. 221). What, then, is love? What is care? What is compassion? King (1958) explains that the Greek word for love is agape which means understanding and redemptive good will toward all people. It makes no distinction between friend and foe. Agape is an overflowing love which seeks nothing in return. In the final analysis, King continues, agape involves the recognition that all life is interrelated and all humanity is involved in a single process. “To the degree that I harm my brother, no matter what he is doing to me, to that extent I am harming myself…If you harm me, you harm yourself” (p. 106).

According to Gilligan (1982; 1993), to acknowledge “the truth of the women’s perspective to the conception of moral development is to recognize for both sexes the importance throughout life of the connection between self and other, the universality of the need for compassion and care” (p. 98, emphasis added). By presuming the moral primacy of justice, Kohlberg has likely undervalued the force of emotion and love (SKOE, 2008). As King (1958) says, when we are commanded to love, we are commanded to fight injustice, restore community, and to meet the needs of all our fellow human beings. In this way, King places agape
love as the fountainhead of both the justice and the care aspects of moral functioning. In other words, to practice both justice and mercy or care are the visible “fruits” of love.

One question remains – is it possible to truly love others as yourself and act accordingly without first loving God? Spinoza says in his Ethics (2002) that experiences of happiness are essentially experiences of beauty. The beauty of nature is the beauty of one eternal system, being, or God, and he believes that if we understand God, we cannot help but love all things in nature. It may be worthwhile to test Spinoza’s theory that the only way to attain a stronger and more stable sense of self is to attain a stronger and more stable love of something eternal and infinite (SKOE, 2014b). One way to study this could be to examine cross-culturally the relationship of the personal experience of God’s love to ego identity, justice and care reasoning, care activities, and well-being. The experience and practice of agape love may foster a more mature moral understanding and moral integration as well as a stronger sense of self and one’s place in life itself.

Future Studies

Future studies should examine more closely what kind of experiences, crisis or major life events, at what stage or time in life, may determine change, for better or worse, in moral and psychosocial development. Longitudinal research is required to shed further light on the developmental progression of care-based moral reasoning levels. In Canada, Pratt et al. (2004) found that parents’ emphasis on caring and autonomy-encouraging practices, as well as a more authoritative parenting style (involving both high responsiveness to the adolescent and high maturity demands), enhanced growth in care reasoning development from ages 16 to 20. In Finland, findings showed that sympathy and a preference for values of self-direction predicted care reasoning development among nursing students.
as well as social care students (JUUJÄRVI; MYYRY; PESSO, 2012). Further longitudinal studies are necessary to discover more specifically the determinants of growth in ethic of care reasoning (JUUJÄRVI; HELKAMA, 2020).

Also, the nature of morality, identity, and sex in different cultures should be more closely studied (SKOE, 1998). Human development, as Erikson and Gilligan say, always occurs in a specific historical and cultural context. Kohlberg’s justice model of morality has been criticized for inadequately taking into account, not only the voice of females, but also social class and cross-cultural differences in moral reasoning. In a review of cross-cultural studies using Kohlberg’s measure of moral development, Snarey (1995) noted genuine forms of communitarian-like conventional and post conventional moral thought, emphasized in folk cultural groups and working-class communities, that were missing in Kohlberg’s scheme. The absent values included “understanding, reciprocity, role relationships, and the unity of life” (SNAREY, 1995, p. 120). Future studies should assess the generalizability of the ethic of care model across a variety of human populations.

Skoe (1998) suggests future studies examine the relationship between the care ethic and physical as well as mental health. In research on elderly Canadian people, ratings of better physical health were related to higher care levels, for men especially (SKOE; PRATT et al., 1996). In a sample with younger American women, ECI levels were linked to general well-being, self-esteem and marital satisfaction (REDD, 1992). Studies might investigate whether people at higher ECI levels take better care of themselves, for example, spending more time on enjoyable activities and exercise, eat healthier, or smoke and worry less (SKOE, 1998). Regarding mental health, Gilligan et al. (1990) observed that the “selfless” position was often accompanied by evidence of psychological distress, such as
symptoms of eating disorders and depression. Hence, it could be useful to investigate whether people at ECI level 2 (care for others, self-sacrificing) suffer more from depression and substance abuse than people at the other care levels. Empirical evidence would underscore the everyday life importance of caring for oneself as well as other people (SKOE; DIESSNER, 1996).

**Final Analysis**

In these worldwide turbulent times threatening our future with wars, rumors of war, nuclear weapons, civil discontent and uproars, earthquakes, fires, extreme temperatures, melting poles, earth sea and air pollution, loss of wild life, and extinction of species, increased violence and suicide, and the present persistent pandemic, an urgent question arises: What do we do right now to make this planet a better place for life?

Moral awareness and education require a much more prominent place in our societies. Teaching and training young people how to care both for self and others, and to actively practice justice and mercy, might be helpful for the present, but demanded for the future. As voiced by Maxwell (2021), in schools and universities, there is an urgent need for a change in the aims and methods of teaching. Education should encourage students to seek wisdom in addition to acquire knowledge. At present, universities are devoted to the pursuit of specialized knowledge and technology. They need to be transformed, Maxwell argues, so that a central task becomes to help humanity handle problems of living, including global problems, in cooperative ways. One part of wisdom is to realize what is of real and lasting value in life (MAXWELL, 2021), and then to act accordingly. Another part of wisdom is to love and care for planet earth and all inhabitants, just as you love and care for yourself.
In the development of a post-conventional ethical understanding, Gilligan states, women come to see the violence inherent in inequality, while men come to see the limitations of a conception of justice blinded to the differences in human lives. The complementarity of these two ethics is “the discovery of maturity” (GILLIGAN, 1982; 1993, p. 164). Both integrity and care must be included in a morality that can compass the many difficult dilemmas that arise throughout the human lifespan. For me, justice and care are two sides of the same coin – each is a part of agape love. If you truly love someone unconditionally, including yourself, your thoughts and actions will be just and fair, as well as caring and compassionate, toward others and toward yourself. In the final analysis, then, the ethics of justice and care each represents a partial truth. Moral maturity entails an integration or synthesis which reconciles the truths of both.

Hoare (2002) notes that apparently “all original thinkers, whether or not they know or acknowledge it, use their work and their lives to search toward the design and intent of God” (p. 82). Erikson’s writings about morality, faith, and the spiritual, she notes, show his quest for becoming the ethical-spiritual model depicted in his work. After all, he studied the lives of Martin Luther and Mahatma Gandhi (ERIKSON, 1958, 1969). And for Erikson, Jesus, the Galilean healer, was the ideal model who showed the way to a transcendent form of humanity, belief and behavior – an active, affirming way of life, health, faith, and caring works (HOARE, 2002).

If not all, many moral thinkers, often at a mature age, appear to eventually envision a similar higher stage of human development and consciousness, involving a transcendent vision beyond the universal to oneness with the whole of life, nature, cosmos, or God (KOHLBERG; RYNCARZ, 1990). They all also point to the force of faith, hope and love. Faith, Erikson (1998) claims, allows you
by transcendence to go beyond, not only the planet, but also “beyond the universe and time” (p. 124). In this way religion remains sovereign – religious faith offers the individual a relationship to something or someone greater and eternal and gives answers to profound questions about life and death, about the purpose and meaning of existence. Ultimately, King (1960) concludes, the only answer to the pain and problems of mankind is love – not any kind of love, but agape.

Epilogue

And now back to the beginning. After reading In a Different Voice twice, taking careful notes the second time, I handwrote a Ph.D. thesis proposal and boldly asked James Marcia if he would please look at it. This he did, and to my surprise, after reading the proposal he even said “yes” to be my senior supervisor. The accidental hallway meeting and its consequences turned out to be a major milestone in my life. To everybody’s surprise, Carol Gilligan generously said “yes” to be the external examiner. Her presence shed a special sense of solemnity over the dissertation defense on September 20, 1986. One professor in the Psychology Department (no name will be mentioned) congratulated me with the defense which he had heard went very well. Then he said that I must realize that I had no academic future because I was old and a woman. Receiving The Best Student Paper Award, from the Canadian Psychological Association, Ottawa, Ontario, made me feel much better about being an old woman. And an invitation from Carol Gilligan to come to Harvard University as a visiting scholar certainly made more than up for his depressing, but fortunately faulty forecast. It is hardly difficult for anyone to imagine what an eye-opening and mind-widening and wonderful experience Harvard was. The unexpected privilege of working with such supreme scholars has, of course, contributed greatly to my own growth and career. Their wisdom, knowledge, and faith in my work made all the difference.
For many years, mainstream psychology resisted the study of love, seeing it as outside the purview of science despite it being one of the essential aspects of human happiness and indeed survival. Though the study of romantic and parent-child love has increasingly become accepted as a legitimate area of research, the soul, spirituality, and faith largely remain “untouchable” by researchers interested in tenure and promotion, and professional recognition. When a younger researcher, I was personally advised to keep my religious faith separate from my research lest it be “professional suicide”. It may well take people like myself, at the end of their career, with their research program largely behind them, to point out this omission. The last or latest books of James (2002) and Erikson (1998) and Tolstoy (2001) were all about the importance of spirituality, religious faith and agape love. Erikson’s faith and fascination with Jesus and New Testament thought appear mostly in his unpublished papers (HOARE, 2002).

Despite compelling evidence of the importance of faith to people’s happiness and health, to interpersonal interaction, and to social justice, there is little or no recognition nor encouragement of the central role of faith in moral thinking –despite its obvious importance at a personal and societal level. It contributes to the best (agape love) and worst (wars) of human interaction. In the end, I believe, behind and beyond everything there is Love.
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APPENDIX I – The Ethic of Care Interview Dilemmas

The Participant-Generated, Real-Life Dilemma

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

The Researcher Generated Dilemmas

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 permanent 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 permanent 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 Derek 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 Chris should do? Why?