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THE RELATIONAL SELF IN WOMEN:

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by

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ABSTRACT

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Gilligan (1982) and others (Jordan, 1984; Surrey, 1985; Kaplan, 1986) emphasize the role of connection and interdependence in women's identity formation and moral development, proposing a relational self-concept based on connection with others and oriented to activities of care. The Revised Relationship Self Inventory (RRSI) was developed to measure Gilligan's distinction between separate/objective and relational/connected self orientations for women and men, as well as different manifestations of the relational/connected self corresponding to Gilligan's differentiations of the meaning of care for self and others. This research used the RRSI to identify women describing themselves as relational/connected selves, but differing in their understanding of the role of self and others in activities of care, as reflected in their differential endorsements of the Primacy of Other Care (POC) and Self and Other Care Chosen Freely (SOCCF) scales. The results of this study described the relationships between these relational identity styles and variables of traditional interest for the psychology of women: depression, self-esteem, anger and power.

Participants were 61 female undergraduates at a large midwestern university and 262 adult women attending an on-campus enrichment program at the same university, who voluntarily completed the following

instruments: RRSI, Center for Epidemiological Studies Depression Scale, Rosenberg Self-Esteem Inventory, the anger subscale of the EASI-III Temperament Survey and sentence completion items about anger and power. Correlational analyses explored relationships between POC and SOCCF and depression, self-esteem, and anger. Four groups were created using median scores on POC and SOCCF, with subgroups of high POC/low SOCCF and high SOCCF/low POC women of particular interest for comparisons on these variables.

Hypothesized relationships between relational style and depression were not supported. The relationships of self-esteem with POC and with SOCCF were significantly different and in the predicted directions, with POC significantly related to lower self-esteem; the relationship between SOCCF and self-esteem was positive but not significant. POC and SOCCF related differently to anger, with a significant negative relationship between SOCCF and anger. The two subgroups of interest did not differ significantly on depression, self-esteem, responses to anger and experiences of power. Measurement issues for the RRSI scales were discussed in relation to these results.

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INTRODUCTION

Recent exploration of the phenomenology, psychology, and development of women's lives across the life cycle has yielded new ways of describing and understanding the experiences of women. The central role and significance of attachment and interdependence for women's identity formation and moral development has emerged as an important theme. Recognition and articulation of a relational self-concept (where identity is developed through relationships) informs the psychology of women, validates women's individual experiences and personal integrity, and shapes clinical interventions with women. It also presents a challenge to more general theories of human development.

The failure of women to fit existing models of human growth, often interpreted as problems or inadequacies of female development, increasingly suggests limitations in the models themselves. These limitations are the result of a bias of perspective that occurs when male experience is assumed normative for all human experience. Traditional theories of identity development emphasize the role of separation from others, individuation, and autonomy. These theories may be enriched and balanced by continued exploration of central themes in women's lives, thereby moving towards a more encompassing vision of human health and development. This research is one such exploration of women's identity development, as it relates to experiences of depression, self-esteem, anger, and power.

As a result of listening to women describe their views of themselves, their relationships, and their experiences of moral dilemmas and choices, Gilligan (1982) has proposed two distinct modes of organizing the self in relation to others. The separate/objective self is based on an autonomous experience and perception of the self, and stresses individual achievement and objective reciprocity in relationships. This view of the self is associated primarily with men, and is accurately described by most traditional theories of identity development across the life span (e.g., Erikson, 1950; Kolhberg, 1981; Vaillant, 1977; Levinson, 1978, etc.)

The relational/connected self is based on a view of the self as interdependent and interconnected with others, and stresses activities of care as a means of creating and sustaining connection. This perspective is associated primarily with women, and has not been described or included in psychological theories of the life cycle, except as pathological. Among women for whom identity is developed through connection with others, Gilligan has traced a developmental sequence of three perspectives representing increasingly complex and differentiated understandings of care of self and others: 1) care of self is necessary because others will not care; 2) care of others has priority over care of self; and 3) care of self is chosen freely since care for all, including self, is important.

Gilligan has based much of her theory on small and highly educated samples of women facing various dilemmas and life transitions, using a methodology of lengthy semi-structured interviews. Other theorists using data drawn primarily from their clinical experience with women also note the prevalence of a relational self-concept in women's

accounts of their lives. Their work attests to the value of the self-in-relation construct as a cornerstone for a theory of women's development (Surrey, 1985). Self-in-relation theory also highlights the role of empathy in relational development (Jordan, 1984), and provides an analysis of depression as a distortion of relational development (Kaplan, 1986). However, with limited research evidence, time-consuming methodology, and few instruments available to measure new constructs, these models have not been validated with larger and more representative samples of women and men.

The development of an inventory to measure relationship orientation which can be easily administered and used with large samples of adolescents and adults has been the goal of an ongoing research program. The Revised Relationship Self Inventory (RRSI) is a paper-and-pencil, self-report instrument which is proposed to reliably measure Gilligan's distinction between separate/objective and relational/connected self orientations for both men and women (Strommen, Reinhart, Pearson, Barnes, Blank, Cebollero, Cornwell, Donelson, & Kamptner, 1987). It also includes measures of different manifestations of the relational/ connected self, corresponding to Gilligan's differentiations of the meaning of care for self and others (Primacy of Other Care, and Self and Other Care Chosen Freely.) Validation studies examining hypothesized relationships between style of relationship self and other processes are in progress.

With the RRSI it becomes possible to explore and expand these concepts of identity and relationship orientation using large samples of men and women. The focus of my research, however, is limited to exploration of the relational/connected self as it illuminates the

development of women, and to expanding current understandings of the differences among women in terms of their perspectives on the meanings of care of self and others. Looking at women who are similar in their descriptions of themselves as relationally oriented, but who differ in their understanding of the role of self and other in activities of care, may clarify the relationship of these differentiating perspectives and their psychological correlates for women. Hypotheses linking these differentiating perspectives to more traditional issues of women's psychology, particularly depression, self-esteem, anger, and power, test the value of these perspectives in accounting for differences among women in areas recognized as conflictual or generally problematic for women. By describing the relationships between relational identity style and depression, self-esteem, anger, and power, this research attempts to expand the model of the relational self for women, and to demonstrate the value of the self-in-relation theory for understanding and guiding women's development.

New Models of Development

A new model of development emerging from the work of several theorists describes the development of the self in the context of relationships, emphasizing the continuing role of attachment, connection, and interdependence across the life span. Historical antecedents of this view of the self as inseparable from interpersonal interaction, necessarily involving reference to others, include Cooley (1902), Mead (1934), and Sullivan (1953). As currently formulated, this model explains the development of a communal or relational identity consistent with the life experiences of many women. It also offers a

framework for considering developmental differences of men and women, and highlights a line of development for both sexes previously overshadowed in psychological literature and theory by other accounts of development.

Gilligan (1982) and others criticize many of the foremost theories of identity development for their emphasis on the role of separation and autonomy in development. Some theories do describe the role of attachment and the contribution of nurturing relationships to ego development and achievement of basic trust (Erikson, 1950) in early infancy. The tasks of subsequent psychosocial development through childhood, adolescence, and young adulthood, however, are described largely in terms of individuation, autonomy, initiative, and industry. These terms stress the independent, achievement-oriented focus of human activity. In Bakan's terminology, this describes the development of the agentic self (Bakan, 1966). The importance of separation from others for the development of an individualized identity is stressed: from mother in early childhood (Mahler, 1975), from the family at adolescence (Erikson, 1963), and from mentors in adulthood (Levinson, 1978).

Although adult capacities for intimacy and generativity (Erikson, 1950) are assumed to follow from the development of a secure sense of identity, there is little description of how these capacities are developed and nurtured before fruition in adulthood. Other theories of adult development articulate the role of work in continued development (Levinson, 1978; Vaillant, 1977), but are relatively silent about other important areas of development and functioning: friendships, marital, and parent-child relationships. The relational capacities of the nurturing parent deemed so critical in the creation of an optimal

environment for early development ("good enough" mothering responsible for the stable "holding environment" for the child-- Winnecott, 1971) are usually discussed only in terms of their outcomes for the child. They become a focus of attention themselves usually in the context of responsibility for production of psychopathology.

In these accounts, then, development itself becomes identified with separation, and maturity with the depiction of independent, autonomous, achievement-oriented striving. Against this standard, concerns with and skills related to connection with others appear regressive or are devalued. The importance of affiliation and the fusion of intimacy with identity for women may be acknowledged as sex differences (Erikson, 1968), but do not alter the basic models of identity development. Inability of these theories to account for women's development suggests that important truths about women, and about those aspects of human functioning women are said to "carry" for our society (Miller, 1976), may be missing from our accounts of development.

The Relational Self

Theorists studying the experiences of women, particularly mother-daughter relationships, describe a new developmental pathway that begins with attachment and proceeds through increasing differentiation within relationships. Here emphasis shifts from separation to relationship as the basis for self-experience and development, and other aspects of self-development (autonomy, assertion, creativity, competence, etc.) are assumed to emerge in the context of relationships. Relational needs and healthy relationships thus propel psychological growth (Surrey, 1985). Chodorow (1974, 1976) decribes the early

mother-daughter relationship as it shapes feminine personality through the fusion of the experience of attachment with the process of identity formation.

The double identification a woman makes with her own mother and with her child (as herself) is likely to be strengthened with a female child. It is thus easier for mothers to identify with and experience their daughters as themselves, and for daughters to identify with their major caretaker as a same-sex figure. Societal values also support the early mother-daughter attachment and allow greater self-other boundary flexibility in girls. In contrast, there is pressure in and on the mother-son relationship against primary identification and towards more rigid self-other differentiation in boys. Chodorow notes the possible pathological outcomes of developmental distortions for each sex: narcissistic projection of the mother onto the daughter, with resulting boundary confusion for the daughter, and seductive behavior towards sons viewed as objects for the mother.

Jordan, Surrey and Kaplan (1983) relate later sex differences in empathy (with girls more motivated than boys to attend to affect in others-- Hoffman, 1977) to the affectively-tuned mirroring, mutual identification, and empathic interplay between mother and daughter. This early experience may strengthen the girl's sense of relatedness and her feeling of being directly and emotionally understood, as well as encourage her development of empathic skills (Jordan, 1984).

Female gender identity is also facilitated through relationships. Chodorow (1974) describes the development of a girl's gender identity as continuous with her earliest identification and attachment to mother. Her gender role identification is learned within and mediated by her

affective relationship with someone who is consistently and familiarly available to her as a real person, allowing for a personal identification with mother's character traits and values. Feminine role activities are carried out in her daily world, directly and immediately apprehensible to her. Thus, feminine identification is based on "the gradual learning of a way of being familiar in everday life, and exemplified by the person... with whom she has been most involved... continuous with her early childhood identification and attachments" (Chodorow, 1974, p.51).

The need for girls to transfer primary sexual object choice from mother/females to father/males was originally considered by Freud and early psychoanalysts to create a major discontinuity in female development. This shift in object choice was said to make female development tortuous, difficult, and ultimately vulnerable to incomplete resolution of the "oedipal crisis." Chodorow (1974) reinterprets this view. She acknowledges that the "oedipal crisis" is not resolved for girls in the same absolute way hypothesized for boys, because a girl develops her relationship to her father within the context of her alliance with her mother, and the strength and quality of this new relationship is related to the quality of the earlier relationship. Chodorow challenges the view of the incomplete rejection of mother as inadequate resolution of an important conflict, with negative consequences for personality development. She suggests, instead, "that a girl's internalized and externalized real object relations become and remain more complex, and at the same time more defining of her, than those of a boy," (1974, p. 53), resulting in general genital

heterosexuality and the broad and rich variety of interpersonal relationships characteristic of adult women.

Stone Center theorists (Surrey, 1985; Jordan, Surrey & Kaplan, 1983; Miller, 1984) also describe early developmental precursors of women's relational self-structure in the mother-daughter relationship. The mother's empathic mirroring of the child as described by Winnecott (1971), Kohut (1971), and others supports the child's early development of a self. This also begins a reciprocal process of learning about the self through mutual sharing, of learning to orient and attune to others through feelings, of complex cognitive and affective operations which continue to be practiced and developed in later relationships with other significant people. The sharing process fosters experiences of mutual understanding and connection, which form the framework for increasing relational development for the daughter and support her expectation that self-growth is facilitated through psychological connection. Mothers also experience increased connection and enhancement of their own self-awareness through this process of mutual empathy, often reporting deepening self-understanding in their ongoing experience of relating to a growing child: learning in tandem about themselves and their daughters from infancy onward (Surrey, 1985).

Continued identification with her mother enables the girl to develop increasingly sophisticated empathic and relational skills which she practices in the mother-daughter relationship, as both she and mother are motivated to care for and take care of the relationship between them. Thus mothers help daughters to experience validation of their own developing empathic competence by allowing them to feel successful at understanding and giving support at whatever level is

appropriate for their development. The mother-daughter relationship is mutually empowering of both mother and daughter's abilities to perceive, respond, and relate to the needs and feelings of others; relational competence becomes an important source of self-esteem for women. Thus the process of relational development is one of mutual empathy, sensitivity, and responsibility, resulting in mutual empowerment and self-knowledge: a two-way interactional model where it is as important to understand the other as it is to be understood.

Surrey (1985) describes the pathway of relational development by two constructs: "relationship-differentiation" (as a contrast to separation-individuation) and "relationship-authenticity." Here "differentiation" is not a developmental goal of encouraging separateness through the assertion of difference, but is used to describe a process, similar to embryological development, of "increasing levels of complexity, choice, fluidity, and articulation within the context of human relationship" (Surrey, 1985; p. 8.). "Relationship-authenticity" refers to the ongoing challenge of remaining genuinely connected and emotionally "real" in changing relationships, and necessitates risk, conflict, expression of a full range of affect (including anger and other negative affects), and willingness to alter patterns of relating to adapt to growth in self and others. The characteristics of the persons in relationship are acknowledged in their impact on the development of the relationship, as is the power of the relationship to define the continued growth of its participants. The goal in development is "toward more relatedness, not less; toward better relatedness, not separation" (Surrey, 1985, p.9), with better relatedness insuring greater flexibility, range, and choice for the

individuals and the relationship itself. Thus relationships and identity develop in synchrony.

The Relational Self in Adolescence

For the adolescent girl, development continues through more articulated and expanded relational experiences. The goal is not necessarily separation from her parents/family, but changing and adapting those important relationships to reflect, acknowledge, and affirm her own developmental changes and expanded relational needs. Instead of viewing conflict between the adolescent daughter and her parents as the key dynamic of separation and individuation (Blos, 1980), conflict is seen as one mode of intense and continued engagement whereby differences are confronted within relationship. The ability to engage others in conflict without disrupting underlying relational ties is a valuable skill for later adult relationships, and serves the adolescent girl's desire to preserve an ongoing and evolving relationship with her parents, particularly with her mother (Kaplan, 1985; Gleason, 1985).

The expanding world of the adolescent girl opens up new possibilities for identifications, new self-images in relationships, and growth through relationships beyond the primary childhood bonds. The importance of relationships and relational competence remains central to her self-development, however, and a new concept and term "response/ability" is suggested (Surrey, 1985; p. 10) as more descriptive of this line of development and form of action and empowerment than "agency" or "autonomy".

Gender differences in adolescent identity development support these theoretical distinctions. For adolescent males, identity development is

focused on gaining autonomy, assertiveness, and independence (Dusek & Flaherty, 1981), with issues of occupation, activity, and achievement of major concern (Douvan & Adelson, 1966; Josselson, Greenberger & McConochie, 1977a). Young men tend to define themselves in terms of their competence (Hodgson & Fischer, 1979), and relationships with others are strongly influenced by issues of separateness and autonomy. Friendships are activity-oriented (Johnson and Aries, 1983), serve shared goals of achievement and heterosexual ego-building (Thorbecke & Grostevant, 1982), and are based on expectations of mutual aid (Kon & Losenkov, 1978).

For adolescent girls, affiliation is a primary concern (Douvan & Adelson, 1966), with females defining themselves in terms of who they are in relation to others (Hodgson & Fischer, 1979). Friendships are of more salience for young women than young men (Douvan & Adelson, 1966), and are built on expectations of understanding and emotional support (Kon & Losenkov, 1978). Girls use their friendships to provide self-differentiating experiences through exploring and clarifying their identitites in relation to each other, for more articulated representations of themselves (Josselson, Greenberger, & McConochie, 1977b). Interpersonal relationships and skills may often be more important sources of self-esteem and personal achievement than career goals. The fusion of identity with attachment noted in early development (Chodorow, 1974) continues here as a fusion of identity with intimacy, where a young woman's sense of self continues to be developed, defined, and sustained through making and maintaining relationships, and her personal competency judged by standards of responsibility and care for others.

Gilligan's Model

Gilligan's work (1980, 1982) on moral development in adolescence and adulthood links differences in the way men and women perceive, interpret, and respond to situations of moral conflict and choice, to underlying views of the self and its relation to others. Both images originate in the early parent-child relationship and express central truths about human experience. The image of the self as separate, in a hierarchy of relationships of power governed and controlled by systems of logic and law, is derived from the inequality of the parent-child relationship, and gives rise to an ethic of justice. This ethic insures that self and others will be treated fairly, on the basis of equal worth, despite differences in power. The image of the self as connected, in a web or network of relationships of interdependence activated and sustained by activities of care and communication, echoes the emotional connectedness of parent and child, giving rise to an ethic of care. This ethic insures that no one will be hurt or left out, that everyone will be responded to on their own terms.

Gilligan generally sees these two orientations as related to gender, with the separate/objective self and justice orientation describing the developmental paths of boys and men, and the connected self and care orientation more descriptive of women's concerns and development. Lyons (1983) tested Gilligan's hypotheses, and found that in constructing, resolving, and evaluating real-life moral conflict, individuals employ both justice and care considerations but use one mode predominantly. Choice of mode is related but not confined to gender, with men using justice/rights predominantly and women using care/response.

In terms of self-concept, Lyons also found that men and women define themselves in relation to others with equal frequency, but characterize this relationship differently. Men more frequently use characterizations of a separate/objective self in self-definitions, and women more frequently use characterizations of a connected self. Finally, in her sample, regardless of sex, individuals characterizing themselves predominantly in connected terms more frequently used considerations of care in moral conflicts. Individuals characterizing themselves in separate/objective terms more frequently used considerations of justice, indicating an important linkage between modes of self-definition/identity and modes of moral choice.

By articulating another moral orientation, Gilligan expands understandings of morality and moral development which have previously focused on the use of fairness, human rights, and moral principles to resolve moral problems of conflicting claims of individuals and groups. Moral choices in this earlier model have been evaluated in terms of how they were made and whether values or principles were maintained (Kolhberg, 1981). The often noted tendency of women to infuse their moral judgements with interpersonal and affective concerns has usually been seen as inadequate moral development or a failure of impartial or objective morality in this earlier model.

In Gilligan's model, the intermingling of moral judgements with interpersonal concerns characteristic of women becomes an equally moral and responsive perspective. Here conflicting claims denote fractures of relationship or failures of response, to be resolved through activities of care and communication. The goals of moral action are to maintain connection, promote human welfare, and prevent harm. Moral actions and

decisions made on this basis are evaluated in terms of their consequences for individuals and for relationships, whether connection was maintained, restored, enhanced. The values and visions of women's experience find a positive and powerful voice.

Gilligan and her associates (Gilligan, 1982; Langsdale and Gilligan, 1980; Lyons, 1983) have begun to outline developmental patterns of an orientation of care in women. Because identity and intimacy are interconnected for women, the development of this orientation also involves changes in women's understandings of themselves. Also, women's construction of moral problems as conflicting responsibilities, rather than competing rights, ties development of their moral thinking to changes in their understanding of responsibility and relationships, to the development of an increasingly complex psychological and contextual logic of relationships, rather than to the formal and abstract logic of the justice approach.

The sequence Gilligan describes emerged from an analysis of women's moral language, their thinking, and the ways they reflected on their thought in situations of crisis and life transitions. In this sequence, the initial focus is self-care for survival. The self is the object of concern because relationships are disappointing, and the women experience themselves as alone. A transitional phase follows in which this focus is judged "selfish", due to a developing understanding of the connection between self and other which is captured in the concept of responsibility. Growth is marked as a move from selfishness to responsibility, from isolation to social participation, from an external morality of imposed social sanctions to a morality of shared norms and expectations. This transition signals an enhancement in self-worth, and

depends upon a self-concept which can acknowledge one's potential for being good, and hence worthy of social inclusion.

The traditional conventions of femininity dictate the morality that characterizes the second perspective: a "maternal" morality equating goodness with caring for others, and care with self-sacrifice. The moral strength of this position is intimately related to the vulnerability created by the opposition of responsiveness to self and others. Assuming responsibility for care, attending to others' voices and taking into account other points of view, sensitivity to the needs of others, and a reluctance to judge are positive strengths, which can lead, paradoxically, to diffusion and confusion of judgement when one's own voice is lost. When no option exists to satisfy all interests at stake, the feminine identification of goodness with self-sacrifice clearly defines the primacy of other-care above self-care. The ideal of selflessness and the obligation to care for others are pitted against the "selfishness" of attending to oneself. And when care is defined as not hurting, assertion and initiative become potentially immoral in their power to hurt.

The next transition is prompted by a conflict between compassion and autonomy, between feminine virtue and adult power, as it leads to self-deceptive evasion of awareness of choice and responsibility for one's choices, and confusion about the extent of control and responsibility for others. The exclusion of the truth and reality of women's own agency and needs, of herself as a recipient of care, creates problems in relationships. Being for others presupposes a passive innocence of one's own power and needs that is constantly at risk for confrontation with the activity of care as it encounters choice, moral

decisions. A confused notion of responsibility protects feminine virtue and innocence: she is assigned responsibility for the actions of others, while others become responsible for the choices she makes. Her assertion becomes disguised as response. Because the morality of care is embedded in the psychology of dependence, control and responsibility for others are exaggerated, and control and responsibility for self are minimized, leaving women vulnerable to excessive guilt and powerless resentment. This resentment may be particularly strong when self-sacrifice is not returned or rewarded in ways that match expectations, conscious or otherwise. When relationships are secured by masking one's own desire and avoiding self-responsibility and conflict, the resulting confusion about locus of responsibility creates a problem of truth that leads to reconsideration of the meaning of care and the relationship between self and other.

This second transition is marked by a reappearance of the issue of "selfishness" as women question whether it is selfish or responsible, moral or immoral, to include their own needs as worthy of concern and care, being responsible to themselves as well as to others. The criterion for judgement shifts from external approval/goodness, to personal integrity/inner judgements of truth. Being responsible to and for oneself means acknowledging the intentions, reality, and consequences of one's actions, verifying a capacity for inner judgement and the legitimacy of one's own point of view. It may also mean that the needs of the self must be uncovered and explored.

The tension between selfishness and responsibility is resolved through the discovery that responsiveness to self and others are connected, rather than opposed, through the injunction of

nonviolence/not hurting. This is elevated to a principle governing all moral judgement and action, including the conventions of feminine self-abnegation and sacrifice. A new moral equality between self and other now seeks to balance claims of self and others, transform the definition of care, deepen the understanding of relationships, and integrate care with justice. Care becomes the self-chosen principle of a judgement that is increasingly aware of both the differentiation of self and other, and the interdependence of self and others in the psychology of human relationships.

Transition to the third perspective of self and other care chosen freely requires a self-concept that can support and defend the worth of the self in relation to others. Acknowledging self-worth, claiming the power to choose, and accepting the responsibility for choice is related to recognizing anger and frustration as the psychological costs of the indirect action prescribed by traditional femininity. When the acquisition of adult power through choice and responsibility no longer means the loss of feminine sensitivity and compassion, the restructuring of a morality of care assumes that power, and considers it in the context of interdependence and connection.

The Revised Relationship Self Inventory

Each of Gilligan's three perspectives represents a more complex understanding of the relationship between self and other, and each transition involves a critical reinterpretation of the conflict between responsibility and selfishness. Initial concern with survival gives way to a focus on goodness, and finally to a reflective understanding of care in the resolution of conflicts in relationships. Gilligan's theory

was developed from her study of college student women making career decisions and facing other life transitions during their college years and in the first five years following graduation. She also studied the role of conflict in development through interviews with women deciding whether or not to have an abortion. Her theory ties developmental changes in the understanding of care to crises and major life transitions. The development of a measure of her model of development indicates that this model is appropriate for the study of self development in different populations of women, and can be assessed in survey format, allowing issues such as the importance of life transitions and the nature of developmental changes to be researched more easily (Reinhart, Pearson, Kamptner, Cornwell, Barnes, Strommen, & Donelson, 1985; Pearson, Reinhart, Donelson, Strommen, & Barnes, 1985; Strommen, Reinhart, Pearson, Barnes, Blank, Cebollero, Cornwell, Donelson, & Kamptner, 1987).

The original Relationship Self Inventory (RSI) was developed and examined in a sample of 526 women aged 21 to 85, and consists of 27 items in four internally reliable (at all ages) scales measuring the Connected Self and the three perspectives of Self Care from Need (SCN), Primacy of Other Care (POC), and Self and Other Care Chosen Freely (SOCCF) (Reinhart et al, 1985). Items tapping the Separate/Objective Self did not measure consistently any psychological construct meaningful to this sample and were not included in the RSI.

Ninety percent of the sample found the Connected Self scale self-descriptive, with sixty percent indicating their care orientation as described by the Primacy of Other (POC) scale. The POC scale was self-descriptive of more women in the two older age groups (42-85) than

it was of the women in the youngest group (21-41). There were no differences between homemakers and other women's ratings on the POC scale, but homemakers (48% of the sample) were less likely to be described by the Self Care from Need (SCN) and the Self and Other Care Chosen Freely (SOCCF) scales than other respondents.

In another study (Pearson et al., 1985), the responses of married, separated, divorced, single, and widowed women on the RSI were examined, using marital status as an indicator of a past life transition (e.g., married to separated, separated to divorced), to explore the validity of Gilligan's proposed developmental sequence. As expected, the marital status groups did not differ in mean scores on the Connected Self scale. Divorced and separated women scored higher than married women on the SCN and SOCCF scales as predicted. However, no differences among married women, and divorced or separated women were found on the POC. Although many of the patterns of care support Gilligan's theory of the centrality of the "connected self" and the association of life transitions with differences in patterns of care of self and others, the data suggest that women perceive themselves to be in more than one focus area at the same time. This implies that the developmental sequence is not a stage sequence. It is also not clear whether a life transition causes a change in perception of care and/or such a change precipitates a life transition.

The RSI has since been revised on a sample of 930 women and 228 men (Strommen et al., 1987). A measure of the Separate/Objective Self was added, to form four internally reliable and consistent scales for both men and women: 1) Separate/Objective Self (S/O), 2) Relational/Connected Self (CS), 3) Primacy of Other Care (POC), and 4) Self and Other Care

Chosen Freely (SOCCF). The Self Care from Need (SCN), which formed a reliable scale originally, failed to do so in the revision and was dropped from the RRSI. In the revised version, subjects' responses to SCN items tended to fall into the Separate/Objective scale, which did not appear in the first version, and into SOCCF. Expected patterns of interrelationship support the distinctions between Separate/Objective and Relational/Connected selves and among meanings of care within Relational/Connected Self (see Table C2 in Appendix C). The data also support Gilligan's view that relational/connected and separate/objective selves are different but not opposite dimensions, with moderate interrelationships.

My research used the RRSI to identify women who described themselves as relational/connected selves, and then to further identify subgroups for comparison: those women who described themselves in terms of Primacy of Other Care (POC) were compared to women describing themselves in terms of Self and Other Care Chosen Freely (SOCCF) on dimensions of depression, self-esteem, anger, and power.

Depression

Depression has been well-documented as a substantial, pervasive, and serious problem for women: 20 to 30% of all women are estimated to suffer from depression, often moderately severe, at some point in their lives (Weissman & Klerman, 1979). Sex differences in depression are a consistent finding across institutional settings, where twice as many women as men undergo depressive episodes, and three times as many women as men in the age group 25-44 seek help for depression through outpatient services (Carmen, Russo, & Miller, 1984). Surveys of

nonpatient populations produce similar statistics. Other research indicates that these results are not artifacts reflecting gender differences in help-seeking behavior, willingness to acknowledge psychological symptoms, or diagnostic labeling bias. Reported differences thus represent real gender differences in depression, for which current understandings of biological, endocrinological, and genetic contributions provide insufficient explanation (Carmen, Russo, & Miller, 1984).

Recent interest in the impact of life stress for depression reveals no consistent sex differences in reports of stress on the life stress scales usually employed. However, a critical review of this research suggests methodological biases of the scales themselves which make them less relevant for women's lives, and in doing so, illuminates concerns and dynamics which are central in understanding women's vulnerability to depression (Makosky, 1980).

Most stress scales emphasize acute changes in life conditions rather than chronic conditions common to women (poverty, large family size, economic discrimination, health problems), exclude some areas of direct stress for women (abortion, sexual abuse, sex discrimination), and weigh life events according to the degree of distress experienced by the average person, obscuring felt differences in events with significant long-term consequences for women (marriage, childbirth, separation, divorce). Other research supports a strong relationship between female depression and other forms of mental illness, and the stress and powerlessness associated with the social, psychological, and economic realities of women's disadvantaged status. Finally, life stress scales focus on personal stressors, ignoring data that suggests

women view stresses in terms of significant others as well as themselves. Women report more recent stressful events than men do when asked to list events happening to them and to important others (Dohrenwend, 1976). Their psychological symptom scores are determined more by events they cannot control (i.e., things that happen to others), a pattern not true of men and indicative of women's greater sense of responsibility for the well-being of others (Dohrenwend, 1973).

These last findings suggest the relevancy of theories which acknowledge the role and significance of interpersonal concerns in women's development and identity for understanding gender differences in depression. Self-in-relation theory provides a meaningful connection between certain aspects of women's psychological development and key dynamics of depression described by several cognitive and affective accounts of the etiology of depression. Issues of self-esteem, anger, and power are involved in the interplay between central features of relational identity and depression, and will be briefly discussed here, with fuller elaboration to follow.

Kaplan (1986) argues that central dynamics of depression are essentially distorted aberrations of aspects of women's normative development in Western society. She uses self-in-relation theory to illustrate how women's felt responsibility for relationships can lead to vulnerability to loss, inhibition of action and assertion, inhibition of anger, and low self-esteem, when connection is thwarted, threatened, or devalued. Other related approaches to the study of depression explore predisposing personality factors (Salzman, 1975; Chodoff, 1974) in individual personality structures; Kaplan examines features of personality structure common to women as a group, linking them to

existing accounts and descriptions of depression, refining these accounts in the process.

The experience of emotional loss and separation through death, abandonment, or emotional disconnection is a common feature of psychoanalytic, object relations, and social accounts of depression. Relationship loss of mother before age 11 figures prominently in childhood experiences of women who become depressed as compared to women who do not (Brown & Harris, 1978), and relational loss appears to be a common precipitant for women seeking therapy for depression (Weissman & Klerman, 1979; Schwartz & Juroff, 1979). Conversely, a close relationship with a confidante provides women a buffer against becoming depressed under stressful life circumstances (Belle, 1982). Intimacy with a spouse serves a similar protective function (Brown & Harris, 1978), and depressed women seek help from others to counter depressive states more frequently than depressed men do (Padesky & Hammen, 1981).

In traditional theories, loss of the other as a source of gratification of oral needs results in lowered self-esteem (narcissistic injury), or is perceived as rejection/abandonment with disrupted attachment bonds. Self-in-relation as the core self-structure of women emphasizes the role of connection to others in the development of identity and self-esteem. According to this model, loss of mother and others is experienced not only as unidirectional object loss, but as disconfirmation of relational self-structure and as a lost opportunity for actively nurturing the relational process as a mutually empathic and empowering process.

Here, loss of intimacy is experienced as a failure of the self as well as loss of love. Fears of separation and abandonment are

heightened when responsibility for maintaining relationships is a central component of one's core identity. Grief, guilt, shame, and feelings of inadequacy and worthlessness are the intermingled results of experienced loss for the relational self. Even without actual loss, experiences of disappointment at lack of mutuality of understanding with others can be felt as loss and self-diminishment for a person whose self-concept includes being skilled at facilitating reciprocity and affective connection in relationships.

For persons with self-concepts organized around performance or personal achievement, experiences of loss other than relationship loss (e.g. loss of job, retirement, failing exams, losing a competition, etc.) may be equally devastating in their challenge to identity, role, values and existential purpose, ego ideal (Bibring, 1953). To the extent that women's experience of self is organized around being able to make and maintain affiliations, the threat of disruption of these ties is perceived not just as loss of a relationship, but as a total loss of self (Miller, 1976). Assuming responsibility for relational failure may stimulate further attempts at connection or repair, action which supports others, but the experience of self-doubt, of disconfirmation, is likely to result in the inhibition of other forms of action, specifically actions which further one's own goals. The deep fear of relational fracture and the concomitant threat to the integrity and authenticity of the relational self leads to constriction of a range of activities and modes of expression to preserve relational ties, particularly when self-assertion and personal strivings are seen as hurting or depriving others (Kaplan, 1986).

Inhibition of action or assertiveness is a characteristic sign of depression noted in psychodynamic (Bibring, 1953), cognitive (Beck, 1972), and behavioral (Seligman, 1975) accounts of depression. This inhibition is described as a powerless ego state, as the result of a triad of negative cognitions about one's self, the world, and one's future, and as a consequence of "learned helplessness", respectively. Kaplan (1986) suggests that helplessness for women is consistent with Seligman's view of behavioral inhibition as a result of loss of control of reinforcement modes for behavior, but the woman is additionally burdened by self-blame and responsibility, due to the impact of such loss of control on core self-structure. These attributions are also consonant with cognitive accounts linking such attributions to depression. She also differentiates degrees of helplessness, depending on whether action is viewed as selfish or destructive in a relational context, citing Miller's (1976) point that depressed women can be very active if their actions are perceived as occurring in the "proper context" of being facilitative of others.

The inhibition of anger and aggression is a central theme of early psychoanalytic accounts of depression, and has been hypothesized as the result of loss of an ambivalently-loved object. Angry feelings towards the other are turned on the self through introjection, to preserve loving feelings for the other. This intrapsychic process can be confirmed interpersonally for women, when others view their expressions of anger as powerfully destructive, as evidenced in strong social sex-role proscriptions against anger for women (Lerner, 1977; Bernardez-Bonesatti, 1978). The internalized view of anger as bad and destructive of relationships leads to its inhibition, which is in itself

disempowering. Powerlessness may generate more anger, which is viewed as further confirmation of badness. The struggle to contain anger can also contribute to inhibited action. Women's greater socialization for expressions of distress rather than anger allows the transformation of anger to distress, which protects others and relationships at the cost of women's clarity about their own affective states.

Low self-esteem is a major component of most major theories of depression, whether it is seen as a contributing factor or product of depression in exaggerated feelings of worthlessness and inadequacy. When women's self-worth is intimately tied to relational capacities, the felt responsibility for failures of relationship creates self-doubt about relational worth. This is intensified when self-worth is exclusively tied to one role and other sources of self-esteem are restricted. And when relational qualities are devalued or misinterpreted as dependency (Miller, 1976; Stiver, 1984) in the larger social world, women may not fully value these capacities as strengths, or receive much validation for them as learned skills, adaptive values, and a source of power and action in the world. The paradoxical dilemma of deriving self-worth from actions which demand self-sacrifice (when care of others is opposed to self-care) is inherent in women's normative role.

Self-in-relation theory demonstrates how extreme forms of curtailment of women's normative developmental patterns can create the intra-psychic conditions that characterize depression, rooting the question of gender differences in depression in the particular vulnerability of women's developmental patterns. What then accounts for those women who are not seriously troubled by depression? Can theories of the psychology of the connected self explain differences among women

related to their vulnerability to depression? Gilligan's (1982) elaboration of different perspectives of care among relational women may provide a way of answering these questions.

Gilligan's description of the second perspective or phase of development, where care means caring for and not hurting others, highlights the connection between women's relational strengths and vulnerabilities noted earlier. Others are clearly the beneficiaries of women's investment in relationships that empower and support human development, and women also grow through and enjoy their relational competence in these relationships. However, in a context where women and their caring/communion are devalued, where their needs are denied and unmet in nonmutual relationships, relational skills can become intertwined with dependency and anger in ways that are clearly problematic for women, and ultimately for relationships and an ethic of care.

Various theorists trace the roots of this confound to family relationships, viewed in an historical context. Female personality has been shaped by the historically-created nurturing imperative for women to meet not only the needs of dependent children and elderly family members, but the material and emotional needs of their partners as well, an assumption of unilateral and unconditional nurturance (Chodorow, 1974; Miller, 1976; Westkott, 1986). Women are encouraged to develop strengths that are valid only when used for others, and are idealized for denying their own compelling needs and desires.

This process produces undernurtured nurturers, subject to underlying fear and anger at having to deny self, in being devalued. Anger is turned against the self, and the appropriation of behaviors to

ingratiate oneself to important others forms a fundamental characterological split, recently described by Alice Miller (1981, 1983, 1984) and others. The undernurtured nurturer feels herself to be unworthy, but hopes for acceptance through meeting the needs of others. These tensions then corrupt the very goodness towards others that the nurturing imperative (or ethic of care in its second-phase conceptualization) demands. Outcomes of this process may include expressions of martyrdom when one's giving is not fully appreciated (Horney, 1950), experiences of vague depression accompanying self-sacrifice in close relationships (Horney, 1942), and underlying resentment towards those for whom responsibility is felt (Horney, 1937). Women may also nurture others in compensation for their own feelings of worthlessness, in an inauthentic and "powerless responsibility" (Rich, 1976), if they are not able to nurture themselves without fear or guilt.

This intertwining of dependency and care is noted by Gilligan as a problem for women in her second stage, causing confusion about responsibility and locus of control. When responsibility for relationships becomes too inclusive, when women feel responsible for the actions and feelings of others, which are beyond their control, their vulnerability to loss and rejection intensifies, and hence their vulnerability to depression. When relationships are preserved at the cost of self-development, feelings of personal helplessness and low self-esteem are heightened. The conflictual opposition of self-care with caring for others, and the equation of care with not hurting others, creates a potential vulnerability to depression. This research tested the hypotheses that depression would be positively associated with Primacy of Other Care (POC) and negatively associated with Self and

Other Care Chosen Freely (SOCCF). Also, women who characterized themselves by POC would be more likely to experience depression than women who endorsed SOCCF as descriptive of their relational orientation.

Self-Esteem

Self-esteem, variously defined and measured, occurs frequently as a variable in studies of development and adjustment for many groups, including women. As discussed and explored here, self-esteem is defined as a component of self-concept, as the privately experienced dimension of self-assessment. Self-esteem is a positive or negative attitude or evaluation of the self, with high self-esteem expressing the feeling that one is "good enough," a view of oneself as a person of worth, a self-respecting rather than self-aggrandizing position (Rosenberg, 1965). Neither deficiencies nor strengths are exaggerated or ignored, and self-acceptance anticipates future growth and self-improvement. Low self-esteem implies a negative view of the self as not worthy of esteem, an expression of self-dissatisfaction or more extreme self-rejection and self-contempt.

The view that females have lower self-esteem than males was one of the societal and professional beliefs about sex differences reported by Maccoby and Jacklin (1974) as unfounded. In reviewing literature dealing primarily with preadolescents (1400 studies compared to 16 on adolescent females), they report findings suggesting that the sexes are similar in overall self-satisfaction and self-confidence, with differences in the areas of functioning where greater self-confidence is felt. These areas seem to differ according to sex roles: girls in grades 6-12 have more positive views than boys about themselves with

respect to social confidence, while boys are higher than girls in self-views about achievement and leadership (Monge, 1973). The school environment seems to reward girls' performance skills, self-control, and social skills, so that girls aged 9-13 are likely to have more favorable views of themselves than do boys, and their self-esteem increases during this period while that of boys decreases (Soares & Soares, 1969).

In high school, adolescents experience increased pressure for adherence to sex roles, and the content of their self-concepts diverges towards increasing consistency with sex roles (Carlson, 1965). The interpersonal and communal focus of adolescent girls and the agentic achievement concerns of adolescent boys noted earlier define the realms and most important sources of self-esteem considered appropriate for each sex. Although content of self-concept is different, favorability of self-view is equal (Carlson, 1965).

After high school and beyond, there is no clear pattern of differences in self-esteem beyond the broad generalization that women as a group do not have higher self-esteem than men as a group. When sex differences occur, women in college or later years are more likely to score lower than men than the reverse pattern. Within each sex, psychological masculinity itself is more strongly related to self-esteem than is femininity (Spence, Helmreich & Stapp, 1975; Wetter, 1975). Environmental support for one's self-view matters greatly: self-esteem in one's role depends on the environment allowing behavioral expression relevant to one's self-view, and rewarding one's efforts in ways that are personally meaningful (Donelson & Gullahorn, 1977). Thus a woman whose self-esteem rests largely on her sense of personal competence in creating and nurturing her family life can have high self-esteem if she

is free to act in that role and if her family supports and acknowledges her efforts. Most variation in self-esteem is likely based on the content of one's self-concept and ideals, with low self-regard experienced when felt deficiencies concern central characteristics of one's self-concept, in relation to the attributes rewarded, censured or ignored in the environment (Donelson & Gullahorn, 1977).

Rosenberg (1965) found that, beginning in adolescence, the self-values of girls emphasize values of interpersonal harmony and success (being likeable, easy to get along with, friendly, etc.), and what he called "tender virtues" (1965, p. 254) of being kind and considerate, sympathetic and understanding. Boys were more likely to stress motoric values and physical courage, and value interpersonal control or dominance in relationships with others (being good at getting people to do what you want). Social class affected the self-values of boys but not of girls. These internalized standards and values about how she ought to be influence a woman's evaluation of the person she is, with interpersonal competence a central realm of achievement or competency. In Gilligan's language, women judge themselves on their ability to care, to respond in relationships, and on the quality of that care. Self-esteem would be related to relational women's general "response/ability," and to their specific understanding of what care entails.

Differences in the meanings of care, in the self-values of women described by Gilligan's developmental perspectives, may be related to variations in self-esteem among women. When the ideal or ethic of care extends to others but does not include the self, one's caring for others is the standard for personal evaluation and sense of accomplishment or

positive self-esteem. Cues from others become important indicators of the quality or efficacy of that care; if being for others becomes being good enough for others, then self-esteem becomes increasingly vulnerable to external rather than internal evaluation. The view of the self about the self may be lost if sensitivity to others' voices and views is not balanced by attention to one's own voice.

The ideal of self-sacrifice as it infuses a maternal morality can also lead a self-caring woman to judge herself as bad, inadequate, less moral, etc., for that very concern with self. If capacities for responding to others are developed at the expense of other areas of self-development and self-expression, other sources of self-esteem are diminished. When women are encouraged to develop self-definition through others for whom they care, the distinction between one's own and others' needs blurs. Needs and desires denied their own legitimate expression may find vicarious expression through overidentification with others. Self-esteem becomes tied to others' status, failures, and successes, which is ultimately unsatisfying and problematic for relationships with others. And finally, if the equation of care as not hurting others is not subject to inner judgements of integrity, caring for others can create self-alienation, when meeting others' expectations and pleasing others creates distance or conflict with other values, needs, and desires of the self.

The inclusion of self as a recipient of care is both a result of self-esteem (viewing the self as worthy of one's care) and reinforces it. Caring for others and oneself creates the standard against which care is evaluated, with self-care viewed as a responsibility to oneself. Gilligan describes the criterion for judgement shifting from external

approval/goodness to personal integrity/inner judgements of truth, in the process of being responsible to and for oneself. Others' expectations or requests for care are evaluated according to judgements of truth and nonexploitation which also prohibit self-exploitation.

When self-development is not contrasted with empowering others in their development, women are more free to develop interests and skills in other areas as well as relational competence, and to enjoy self-esteem from a broader variety of sources. When participation in other roles and goals is not seen as threatening one's important connections to others, self-development is less ambivalent and conflictual than when it is viewed as selfish or in moral opposition to caring for others. Since society does not fully recognize or value the competencies involved in the feminine role, and holds a narrow agentic view of achievement, relational strengths and skills do not receive the social support or reward that other skills receive. Until such views change, self-esteem which draws on multiple roles and sources will be enhanced.

This research tested the hypothesis that women who characterized themselves by Primacy of Other Care (POC) would have lower self-esteem than women who endorsed Self and Other Care Chosen Freely (SOCCF). Self-esteem was also expected to be negatively associated with POC and positively associated with SOCCF.

Anger

The psychology of women and anger has received particular attention as the feminist movement raised awareness of the personal, social, political, and economic oppression of women, and challenged role

expectations that denied women legitimate response to this oppression. Assertiveness training and the use of social support and validation in consciousness-raising groups were interventions with the goal of helping women have and use their anger more effectively to change their lives. Other accounts of the intrapyschic and interpersonal origins of problems with anger for women attempt to untangle internal ambivalence that undermines the usefulness of modeling, practice, and support, exploring the relationship of anger to women's core self-concepts or identity.

Many theorists have noted the strong cultural prohibitions against the expression of anger by women, and relate these taboos to the unconscious beliefs of men and women in the omnipotence and destructive power of female anger (Bernardez-Bonesatti, 1978; Lerner, 1974; Dinnerstein, 1976; Lederer, 1968). This belief has its roots in the early experience of the infant with his/her mother, and persists unconsciously in irrational fears of female aggression. The feminine sex-role stereotype of the all-caring, nonaggressive woman is an attempt to ensure the binding of this fantasied destructive power through its denial. Stereotypes of the angry woman are particularly vengeful in the negative characterization of feminine anger. The expression of anger in the defense of helpless or dependent others is permitted as a response of protective care and nurturance, but the expression of anger in the cause of women themselves is discouraged and shamed as selfish, unfeminine, demanding, irrational, or extreme.

When identity for women is defined solely by caregiving functions, and care is defined absolutely as not hurting, anger poses a threat to core identity, femininity, and self-esteem. The opposition of anger with caring remains unchallenged by the experience that anger may

reflect self-care and self-respect. It can also be a form of caring for and respecting others, an expression of intimacy, rather than dissolution or destruction of engagement.

Another way in which anger challenges relational identity and meanings of care is through the phenomenology of anger itself. The experience of anger has been described as involving feeling separate, different, and alone in the assertion of differences with another person (Bernardez-Bonesatti, 1978). The temporary loss of felt connection, and with it a sense of usefulness and self-value as a self-in-relation, can trigger separation anxiety and an unconscious fear of object loss, producing mixed expressions of anger accompanied by tears, guilt, and sadness. The mixed nature of this communication may contaminate or defuse the interpersonal impact of the anger.

The shift from anger to tears is a transformation of anger into expressions of distress, sadness, or depression, which are socially more acceptable than the direct expressions of anger by a woman. It is also intended to nullify the anger which distances and seems to threaten her sense of connection; the expression of hurt and distress also elicits concern and restores connection by emphasizing the value of the other to the self (Lerner, 1980).

If anger is experienced as incompatible with core identity, destructive of relationships, and in opposition to caring, it may be denied or repressed, inhibited through the use of withdrawal, and/or viewed negatively. It may be expressed indirectly through somatization/ symptom formation, and tranformed to sadness/distress/hurt/depression.

However, if anger is viewed as a legitimate expression of self-care, when self-care itself is legitimized, anger can become a

signal to the self that something is wrong. As physical pain protects the body, the pain of anger preserves the integrity of the self (Lerner, 1985). Anger is the "voice of self-respect," as it is used in the expression of protest over the violation of personal rights and needs (Bernardez-Bonesatti, 1978). The capacity to be aware of the intensity, source, and purpose of one's own anger has been linked to self-esteem, personal well-being, goal-directed activity, and creativity (Bernardez-Bonesatti, 1978). Anger may be viewed positively rather than negatively, approached rationally for understanding of its signal function and meaning, and acknowledged in communication with others. Resolution can be more genuinely attempted if anger has been fully acknowledged and not denied or ignored.

This research explored care orientation/views of self-and-other-care in relation to anger and ways of responding to one's own anger. Women who described their care orientation on the POC scale might be angry as often as women who described themselves using the SOCCF scale, or possibly experienced more anger due to lack of self-nurturance and unrewarded self-sacrifice, but were not expected to admit to such anger on a measure of frequency and intensity of anger experience. While it might be hypothesized that POC women would have higher scores on an anger scale than SOCCF women, the conflict of acknowledging anger for the self-image of POC women was likely to influence anger scale scores, such that no differences would occur between the two groups in terms of their responses on a measure of anger.

Differences in the ways anger was viewed and expressed should characterize the two groups of women, however. In responding to an

open-ended sentence completion stem ("When I get angry I_____"), POC women were expected to characterize themselves using categories of denial of anger, withdrawal from anger/and/or substitute activity, negative judgements about anger or the angry self, somatization and transformation of anger to distress. Both POC and SOCCF women were expected to be concerned with a focus on responsibility for hurting others, on the impact of anger on relationships. SOCCF women might characterize themselves as using rational means of problem-solving about anger, holding positive views of anger, and communicating their feelings to others, towards resolution or reconciliation.

Power

The ideas and model presented here are drawn largely from personal and professional experience as a woman working with other women, listening to common struggles and concern with power, and attempting to develop a model of power that addresses women's experiences. As a clinician involved with individuals and small interpersonal groups, my orientation is towards a concept and model of power framed in the language of individual personality and development, rather than defined in social-political context and terms as influence, status, etc.

Traditional discussions of personal power defined and experienced as adequacy, ambition, competition, power over others, and agentic achievement and success describe central concerns of the separate/objective self, of men's experiences of power. However, even as competent women in positions of institutional power and control struggle with similar issues of competency, competition, and success, they do so with different images and experiences of identity and

relationship. These images and experiences shape the particular form and meaning "power" then takes in their lives. For a model of power to be accurate and helpful, it must address felt experiences of power in relation to core images of identity. For women, this means a model of power which is consonant with the values and strengths of a relational orientation, which explores the experienced effect of one's power on, through, and in relationships, in terms of interdependence and connection. A model of power for the relational self is needed to clarify the particular definitions and perceptions of power, sources of power, conflicts with power, and possible interventions towards increased power, which reflect women's experiences. A basic framework for understanding power has emerged from listening to women talk and deal with issues of power in their lives.

When asked what power means to them, women often disclose fragmented images of power that echo dominant cultural images of power which are problematic for women. Power is associated with masculinity, with efficacy and influence, with manipulation of others, as power over others which can become abusive or hurtful of others: power is confounded with violence. Women are thus ambivalently attracted to power, wanting to feel powerful and not powerless, but uncertain about the relationship of self and others in power.

Although women can discuss power in relationship to role or status, as authority and responsibility, in hierarchical relationships, particularly when they are functioning in professional settings and positions, they often express quite different concerns when asked about their conflicts with power. When interviewed in a popular magazine for professional women, women in high-ranking positions in business,

government, education, etc., identified elements of power in similar terms as their male counterparts, but then revealed more personal concerns with power off-tape, at the end of the interview (Stautberg, 1985). They talked in terms of guilt, separation from others, aloneness, fear of becoming arrogant, invulnerable or distant, conflicting responsibilities, etc.

In a therapy group, competent graduate student women reported feeling powerless and guilty when saying "no" to others, setting limits on responsibility for others, disappointing others, coping with separation and differentiation, dealing with the stigma of selfishness in self-care and self-development, asking for and taking help from others, fearing confrontation with others and also exploitation by others, etc. Gilligan and Lyon's language of connection, of interdependence and network, of care and response surface in women's discussions of power. Here again women's relational identity and views of care contain potential experiences/sources of power and challenges to that power.

Those aspects of women's power most comfortable for women and men often involve capacities for empowering others, relational strengths used in the service, care, and development of others (Miller, 1976). To feel powerful through empowering others does not conflict with relational identity, although it is an experience of power devalued in the larger social world. This devaluation can lead to women not recognizing interpersonal skills as skills, and ignoring the power of their capacities for care. The challenge of power for women comes in reclaiming relational strengths and values as a source of power against dominant cultural views, and in using that power for themselves as well

as others. Women struggle with claiming power for themselves as selves and understanding that power in terms of changing self-images.

Women's fears in confronting and integrating power with their sense of self have been described in terms of troublesome equations of power and selfishness, power and destructiveness, and power and abandonment (Miller, 1982). When acting on one's own interests and motivation is viewed as selfish, as not enhancing others, to be powerful challenges a self-concept based in the opposition of self-and-other-care. If self-determined action is morally wrong or evil, feeling powerful can be experienced as the psychic equivalent of being destructively aggressive. If being powerful means loss of interdependence, not needing others, core identity is threatened, and women anticipate feeling alone, abandoned, and isolated in their experience of power.

Gilligan describes some of these conflicts for women who define themselves as caring for others and not self. She also describes the power of choice in the reorganization of caring as a self-chosen principle applied to self and others, in the discovery that responsiveness to self and others are connected rather than opposed.

This shift in the meanings of care has implications for women dealing with the challenge of power to their identity. It is difficult for women to own and use their own power UNLESS they resolve the conflict of self-other care, tolerate the reality and tension of multiple and possibly conflicting claims on their caring, and acknowledge responsibility for their own actions of choice, WITHIN the web of relationships that sustains their identity.

This view of power relates it to central issues of depression, self-esteem, anger, and guilt, as they are encountered in the process of

reclaiming self-care, and as they contribute to experiences of power/powerlessness for relational women. It also contains the seeds for interventions with women, to increase their sense of personal power. Recognizing the limits of responsibility to others and the extension of it to oneself deals directly with questions of guilt and assertion. Perceptions of choice and willingness to accept responsibility for choices contribute to a sense of efficacy and agency for one's own life, and to experiences of mutual care as genuine and freely given and received.

This model was developed through clinical experience with women and was examined empirically in an initial exploration of the ways a nonclinical population of women described their experiences of power "in their own voices," using an open-ended sentence format. The responses of women to the sentence stem "When I feel powerful, it is because___" were coded for sources of power which might be differentially descriptive of POC women and SOCCF women. POC women were expected to deny feeling powerful and view power as inauthentic, as a negative experience. POC and SOCCF women might both find power from relationships with others. SOCCF women were expected to experience power from self-esteem and power from perceiving choices about oneself, one's life. Their experiences of power would not be limited only to sources easily reconciled with traditional feminine self-concept and role.

Summary of Model and Research Hypotheses

This research was focused on the use of the Revised Relationship Self Inventory (RRSI) to identify women who were similar in their

descriptions of themselves as relational/connected selves, but who differed in their understanding of the role of self and other in activities of care, as reflected in their differential endorsements of the Primacy of Other Care (POC) and Self and Other Care Chosen Freely (SOCCF) scales. These two scales were constructed to measure different manifestations of the relational/connected self corresponding to Gilligan's (1982) final two developmental perspectives on the meaning of care for self and others. This research tested the value of these differentiating perspectives in accounting for differences among women in areas of interest for the psychology of women: depression, self-esteem, anger, and power.

Describing expected relationships between relational identity style and other variables would test and expand Gilligan's model of relational identity development for women. Predicted relationships between the two relational perspectives on self and other care measured by POC and SOCCF, and the variables of depression, self-esteem, anger, and power are summarized below:

1. Depression was expected to be positively associated with Primacy of Other Care (POC), and negatively associated with Self and Other Care Chosen Freely (SOCCF).
2. Self-esteem was expected to be negatively associated with POC, and positively associated with SOCCF.
3. Women whose relational identity was described by high POC/low SOCCF were expected to be more vulnerable to experiencing depression than women whose relational identity was described by high SOCCF/low POC.

4. High POC/low SOCCF women were also expected to have lower self-esteem than high SOCCF/low POC women.

5. The two groups of women were not expected to differ on a measure of the frequency and intensity of their experience of anger. It might be hypothesized that high POC/low SOCCF women would have higher scores on an anger scale than high SOCCF/low POC women due to lack of self-nurturance and unrewarded self-sacrifice. However, the conflict of high POC/low SOCCF women about acknowledging anger was expected to influence self-report data. Thus, no differences were expected to occur between the two groups on a measure of frequency and intensity of anger.

Information about differences in the ways anger was viewed and expressed by these groups of women was sought using the open-ended sentence completion "When I get angry I _____". Codes were developed to categorize responses elicited by the open-ended format, and hypotheses linked particular categories to the relational perspectives of POC and SOCCF.

6A. The following types of responses to anger were expected to be more characteristic of high POC/low SOCCF women than high SOCCF/low POC women: denying anger, emotional and/or physical withdrawal (including use of substitute activity to displace angry tension), negative judgements about anger or the angry self, physical reactions or somatization, and the transformation of anger to expressions of tearfulness, sadness, or depression.

6B. The following types of responses were expected to be more characteristic of high SOCCF/low POC women than high POC/low SOCCF women: rational means of problem-solving about anger (including

introspective means and talking to others not involved in the conflict), positive views of anger or the angry self, and attempts at communication of feelings towards resolution and reconciliation.

6C. Both groups of women were expected to produce responses to anger expressing concern about the impact of anger on relationships, indicating a shared sense of responsibility for others characteristic of relational women.

In a similar way, the responses of women to the sentence stem "When I feel powerful, it is because _____" were coded for sources of power.

7A. Denial of being powerful or viewing being powerful as a negative experience was expected to be more characteristic of high POC/low SOCCF women than high SOCCF/low POC women.

7B. Power from self-esteem or other positive feelings about the self, and power from perceiving choices about oneself/one's life were expected to be more characteristic of high SOCCF/low POC women than high POC/low SOCCF women.

7C. Both groups of women were expected to have similar experiences of power from relationships with others, as relationally-oriented women.

METHODOLOGY

The data used in this research were drawn from a large data base collected in the period of April, 1985 through June, 1985, by a research group to which this researcher belongs. The group began as an informal study group on adult development, composed of interested graduate students and faculty in developmental and clinical psychology. After studying Gilligan's work on moral development, the group began work on an instrument to measure her model, which became the original RSI. This researcher joined the group in fall, 1984, and participated in the revision work on the RSI, choosing instruments and designing validity research, preparing packets and collecting data, cleaning data and constructing codebooks, and in training and supervision of coders for sentence completion data.

Participants

In the RRSI research project, data were collected from three populations: high school students, college students, and adult women not in college. The high school students were seniors at an Eastern Los Angeles high school and were not included in the subsample used in the this research, which was drawn from the combined samples of undergraduate and adult women.

The undergraduate sample was drawn from the population of Michigan State University students enrolled in introductory psychology classes in spring term (April-June) 1985. Only the female undergraduate students

who had completed all relevant instruments were used as subjects in this research.

The adult women sample was drawn from the population of women who attended College Week, an on-campus adult enrichment program sponsored by the Home Extension Service of Michigan State University. These women typically are married with children, and have a high school education, some with college experience. Only women who completed all relevant instruments were used as participants in this research.

In order to identify women who were similar in their descriptions of themselves as connected and relationally oriented, female undergraduate and College Week subjects were selected if they had mean scale scores greater than or equal to 3.5 on the 5-point Relational Self Scale, indicating that this scale was self-descriptive of them. The resulting sample of 323 subjects included 61 female undergraduates and 262 College Week women.

To further identify women on their endorsement of the Primacy of Other (POC) scale and the Self and Other Care Chosen Freely (SOCCF) scale, groups were formed using the median split method. The initial plan for creating "types" of relationship styles based on POC and SOCCF scores used scale anchor points and meanings, with scores greater than or equal to 3.5 considered "high" and scores less than or equal to 2.5 considered "low" on the two scales. Because of the limited range of scores obtained, particularly on SOCCF where there were no "low" scores using this criterion, the median split procedure was chosen.

Women with POC scores greater than 3.2 and SOCCF scores less than 3.9 formed one group (high POC/low SOCCF, $\underline{n}$ = 74). Women with POC scores less than 3.2 and SOCCF scores greater than 3.9 formed another

group (high SOCCF/low POC, n = 86). These two groups represented the two "types" of relationship style which were of primary interest for explorations of similarities and differences in depression, self-esteem, anger, and power. The other groups (high POC/high SOCCF, n = 81, and low POC/low SOCCF, n = 82) represented the remaining classifications.

Procedure

Undergraduate participants were recruited with sign-up sheets posted in their introductory psychology courses. They were tested in small groups of 10-25 students by female research group members. Research packets were administered and checked for completion, with credit given only for completed packets. College Week women were recruited with the approval of the College Week administration. Research packets were included with introductory materials on College Week given to women upon arriving on campus. Completed packets were returned to collection boxes at several different sites convenient to the women's classes and dorms.

Ethical Review

This research was approved by the University Committee on Research Involving Human Subjects (UCRIHS). A cover letter explaining the research for informed consent appears in Appendix A.

Instruments

The instruments used for this study were part of a research packet which contained the RRSI and other instruments. The RRSI appeared first in all packets, with the remaining instruments counterbalanced across six orders. The following instruments were used in this study and appear

in Appendix B: Relational Self Inventory (RSI), Center for Epidemiological Studies Depression Scale (CES-D), Rosenberg Self-Esteem Inventory (SE), the anger subscale of the EASI-III Temperament Survey (items 6-9), and sentence completion items. As described below, the Relational Self Inventory was revised to become the Revised Relationship Self Inventory (RRSI), included in Appendix C.

Revised Relationship Self Inventory

The Revised Relationship Self Inventory (RRSI) is the product of a research group's efforts to measure constructs described by Gilligan (1982) and Lyons (1983), through the creation and use of easily-administered scales (Reinhart et al, 1985; Pearson et al, 1985; Strommen et al, 1987). In revising the original RSI, additional items were generated, reviewed, and modified. Ninety-seven items (original RSI items and new items) were randomly ordered to form an inventory.

The revised inventory was administered to a total of 930 women and 228 men. It was administered as part of a research packet, described above, completed by male and female undergraduate college students and adult College Week women (described under Participants). The inventory was also administered by itself, as a single instrument, to a small group of high school students, to additional undergraduates, and to a small group of separated and divorced people in another research project; none of these groups were included in the present study. Participants rated the self-descriptive value of items on a five-point scale: 1= "Not like me at all"; 5= "Very much like me".

Confirmatory cluster analyses yielded four internally consistent, reliable scales: Separate/Objective Self; Relational/Connected Self;

Primacy of Other Care; and Self and Other Care Chosen Freely. Patterns of response on all scales were similar for men and women, and scale intercorrelations formed expected patterns in both women's and men's data (Strommen et al., 1987). The Revised Relationship Self Inventory (RRSI) consists of the 60 items from these four scales randomized, with five-point self-descriptive response options. The RRSI, scale reliabilities, scale intercorrelations, and item-scale total correlations are included in Appendix C. Validation studies on the RRSI are currently underway.

Center for Epidemiological Studies Depression Scale

The Center for Epidemiological Studies Depression Scale (CES-D) was used to measure depression. The CES-D (Radloff, 1977) is a 20-item self-report scale designed to measure depressive symptomatology in the general population. Respondents are asked to indicate how often within the past week they have experienced the items as applicable to themselves, using a 4-point rating scale of frequency per week, where 1= Rarely or None of the Time (less than one day), 2= Some or a Little of the Time (1-2 days), 3= Occasionally or a Moderate Amount of Time (3-4 days), and 4= Most or All of the Time (5-7 days).

Radloff (1977) reports very high internal consistency (.85) and adequate test-retest repeatability (.54). Validity was established by patterns of correlations with other self-report measures, by correlations with clinical ratings of depression, and by relationships with other variables which support its construct validity (significant life events, perceived need for treatment, improvement after treatment). Reliability, validity, and factor structure were similar across a wide

variety of demographic characteristics in the general population samples tested.

Rosenberg Self-Esteem Inventory

The Rosenberg Self-Esteem Inventory (Rosenberg, 1965) was used to measure self-esteem. This is a 10-item self-report scale which asks respondents to strongly disagree, disagree, agree, or strongly agree with items reflecting positive or negative attitudes towards the self. Rosenberg (1965) reports test-retest reliability of .92 and internal consistency of .72. The scale has been shown to be empirically related to depressive affect, anxiety, and peer-group reputation (Rosenberg, 1979). Convergent validity has been shown with measures of the same concept based on different methods: Kelly Repertory Test (a self-ideal discrepancy test), a self-image questionnaire, and psychiatrist's ratings (Silber & Tippett, 1965).

Anger Scale

The EASI-III Temperament Survey (Buss and Plomin, 1975) is a 50-item self-report survey of aspects of temperament, using a 5-point Likert-type rating scale from 1= Not at all like me, to 5= Very much like me. Only the subscales measuring Sociability, Anger, and Fear were included in the research packet. The Anger subscale was edited by the research group: one item was deleted ("When displeased, I let people know it right away"), and two items were rewritten to remove specific behavioral descriptions of anger thought to be more typical of a pattern of expressing anger that might characterize a separate/objective perspective. "I yell and scream more than most people my age" became "I

get angry more often than most people my age," and "I am known as hot-blooded and quick-tempered" became "I frequently get angry." Only the revised Anger subscale was used in this research.

Sentence Completions

A sentence completion test was developed by the research group and included in the research packets because Gilligan and others have questioned whether similar terms and language, particularly moral language, are interpreted differently according to one's moral orientation or relationship style. For example, "responsibility" might have quite different meanings for someone using a justice orientation than for someone operating from considerations of care. An open-ended sentence completion format might elicit the variety of meanings such language could hold.

Using the stem "To me [term] means _____," participants were asked to define the following terms: responsibility, selfish, reciprocity and dependency. Also included were the following statements: I feel in control when _____; I feel out of control when _____; I hurt others when _____; When I get angry I _____; When I feel powerful it is because _____. Only the last two sentence completions regarding responses to anger and power were used in this research. The sentence completion item about power was written by this researcher, and included in the research packet to elicit and explore the varieties of experiences and sources of power, following an earlier interest in this issue developed through clinical work (described under Power).

A codebook for coding sentence completion responses was developed by the research group. Coding categories for responses to each sentence

completion stem were developed separately, using theoretical and empirical considerations. Group members worked with samples of responses from different subjects, shaping coding categories to address the variety of responses received. Attempts were made to describe the coding categories using language from our theoretical framework, linking coding categories to larger theoretical constructs wherever possible. Categories were refined and clarified through group discussion and consensus. Descriptive labels, coding criteria, and appropriate examples were collected for each code, and were compiled in a codebook.

The codes for sentence completions about anger and power were refined by a subgroup of the research group. This researcher devised the first version of codes for the sentence completion about power, basing them largely on theoretical conceptualizations about the sources of power derivative from a separate/objective orientation, and the experiences of power consonant with a relational/connected orientation. Further articulation, clarification, and development of these codes, including the addition of categories to address the range of responses received, was accomplished through group participation and discussion. Final codes for power were completed during the introduction and training of students serving as coders for the sentence completion data.

The codes for the sentence completion about anger were developed through a similar process of working with samples of responses and creating coding categories. Categories were created to reflect the phenomenology of responses to one's own anger, and incorporated in category descriptions theoretical and clinical perspectives on the dynamics of anger. Codes were developed by the research subgroup, and

completed during the training of student coders. The complete codebook for anger and powerful appears in Appendix D.

Sentence Completion Codes for Powerful

Responses to the stem, "When I feel POWERFUL it is because ____," were coded using nonexclusive categories: responses received multiple codes if appropriate. The codes were categorical variables, i.e., noted as present or absent. Coding categories included codes that were not specifically related to the research hypotheses of this study, as well as codes for which hypotheses were made. The codes that were directly relevant to research questions on the experiences of power for women included: DENIAL of being or feeling powerful, POWER from/in RELATIONSHIPS with others, POWER from SELF-ESTEEM and/or other positive feelings about the self, and POWER from awareness of CHOICE about one's self/own life.

Direct statements denying the personal experience of power ("I never feel powerful"), statements describing power as inauthentic, as derivative of a negative experience ("I'm overcompensating for a feeling of insecurity"), and statements describing power as a negative experience ("I feel I am, but don't really like to") were coded as DENIAL of being or feeling powerful. The first two types of statements were differentiated from statements of power as negative in another subcategory. Because of the small number of responses in either subcategory, the subcategories were collapsed for analysis. Responses receiving this code seemed to reflect mixed feelings about power, including helplessness, defeatist views about self-efficacy,

ambivalence, and fears about having power. Power was not seen as a positive, autonomous experience.

Responses coded as experiences of POWER from/in RELATIONSHIPS with others reflected feelings of power derived from connections with others, interpersonally grounded. Responses receiving this code were not necessarily reflective of a connected/relational self orientation, but related perceived power to aspects of relationships characterized by five subcodes. The first three subcodes included power from emotional acceptance by others, being liked or loved ("I know I am loved by important people in my life"), power from unidirectional dependency, with the self as source of support for others ("someone depends on me"), and power from others' respect for one's skills or competency ("Others respect my opinions and actions"). Power from self-and-other-care, including self as a recipient of care ("I have done something worthwhile for others and myself") and power from relationships, nonspecified ("I have a good relationship with those I am working with") were the last two subcodes. Because of the small number of responses in any subcategory, the five were collapsed for analysis.

POWER from SELF-ESTEEM and/or other positive feelings about the self included statements of self-confidence ("I feel good about myself and my potential"), self-liking ("I like myself"), and other positive feelings ("At peace with myself"; "My inner being is calm"). POWER from awareness of CHOICE about oneself/own life reflected the capacity to experience the self as able to choose, with freedom and responsibility for one's choices. Statements coded here emphasized seeing oneself as having options and the agency and freedom for self-definition ("I am in charge of myself," "I'm doing what I want," "I control my life"). While

this perception of the self might lead to increased efficacy, ownership, and control of one's life, choice was the central theme of this category, not "control" per se. Statements of "I am in control" with no further elaboration, and statements of situational control, not including control of self or others ("I have control of a situation"), were coded separately in a subcategory that was not used for analysis because the meaning of these responses was unclear.

The remaining categories were not specifically related to the hypotheses of this study. Positional power, or POWER from one's POSITION or role in a hierarchy relative to others' positions, emphasized power over others, and experiences where power for one person might be at the expense of another's power or status. This type of power might be role-conferred, and was often expressed in statements of comparison or in competitive imagery. Examples included "I am in charge of a situation and my decision is the final one," "I have something other people want," "I have knowledge or some other advantage on my side," and "I am with someone younger than me."

POWER from moral rightness or moral certainty captured those responses indicating that respondents derived power from feeling morally or conventionally in the "right." Examples included "I'm absolutely sure of my convictions" and "I have stood up for what's right." POWER from ACHIEVEMENT/ACCOMPLISHMENT included satisfaction at task completion, accomplishment, success, achievement, hard work, etc. Here power was experienced through the process of achieving and/or the product of one's achievement and work. Goals might not be self-chosen: the emphasis was on the activity of achieving as the source of power. Examples were "I have come up the hard way and have worked hard to get

what I have now," "I have succeeded in doing something well," and "I feel like I accomplished something."

POWER with BALANCE involved dealing with multiple dimensions and juggling them successfully ("I have been true to myself and still gotten others to understand without hurting them; I can cope with my many responsibilities and still smile and be happy"). POWER from PREDICTABILITY included responses where predictability, usually through knowledge or planning, contributed to a sense of comfort and limited control ("I am prepared for a situation," "I know what I'm doing"). PASSIVE or IMPERSONAL POWER reflected experiences of general contentment and passive well-being ("Everything is going great," "Things are going OK"), with a subcategory for religious references ("Because of my reliance on God," "I'm letting Divine Power express through me"). Responses that were not scorable by any of the codes described here received a separate code, NOT SCORABLE (e.g.,"I have energy to spare").

Sentence Completion Codes for Anger

Responses to the sentence completion stem, "When I GET ANGRY I ____," were coded using nonexclusive categories: responses received multiple codes if appropriate. Codes were categorical variables, i.e., noted as present or absent. Categories related to this research included DENIAL of anger, focus on RESPONSIBILITY for others HURT/concern for impact of anger on others, WITHDRAWAL, JUDGEMENTS about anger, SOMATIZATION, RATIONAL approaches, transformation of ANGER to SADNESS/DISTRESS, and COMMUNICATION/RESOLUTION attempts.

Direct statements denying the experience of being angry were coded as DENIAL of anger ("I rarely get angry," "I never get angry").

Responses reflecting concern for the impact of one's anger on others, with the view that anger might hurt others or damage relationships, were coded for their focus on RESPONSIBILITY for others HURT ("Wish to avoid hurting others," "Fear the results of the anger in my words and actions, upon others and myself").

Attempts at holding anger in, at withdrawal from feeling angry, expressing anger, or the conflictual situation itself, were coded as WITHDRAWAL. This category reflected respondents' attempts to retreat from their anger and/or the conflictual situation. WITHDRAWAL might be physical, as in going off alone, or emotional, as in becoming quiet and pulling back inside. There might be an active wish not to talk or communicate, and to hide feelings. Angry feelings and tension might be channeled into physical activity and discharged indirectly in a sublimated fashion, distinguished from cathartic physical acting-out. Subcategories differentiated withdrawal and/or substitute activity from attempts at regulating/impulse control against losing control. Examples of withdrawal and/or substitute activity included "Get quiet or do house-work fast-like," "Want to be alone," "Bottle the emotions as much as possible so as not to let others know I'm upset," and "Take a walk". Examples of attempts at regulating/impulse control included "Usually walk away, cool my temper" and "Try to keep a lid on it for fear of losing control." Subcategories were collapsed for analysis because they reflected aspects of one type of response to anger.

JUDGEMENTS about anger had subcategories for negative and positive judgements about anger or the angry self, which were analyzed separately. Negative judgements included "Don't like myself," "Get upset because I do not like the feeling," and "Lose control of myself

and feel degraded." Positive judgements included "Feel I have a right to vent anger when it is hurting me," and "I feel good after, because that has been a problem for me (keeping anger to myself)."

SOMATIZATION included physical reactions or symptoms experienced as a result of getting angry ("Get a headache, muscle spasm, or other physical symptom," "My stomach gets in a knot and I can't breathe easily"). RATIONAL approaches to anger included three subcategories. Introspective problem-solving/analysis through rational means reflected attempts, usually by oneself alone, to think through the problem or examine the angry feelings objectively ("Become very analytical," "Write in my journal," and "Think it out"). Other subcategories were discussion involving another person who was not the recipient of anger ("Go talk to someone who is not involved with the fight"), and religious solutions ("Pray, then act," "Use prayer").

The first subcategory of introspective problem-solving was analysed separately, then combined with the second subcategory of discussion with others for analysis.

Transformation of ANGER to SADNESS/DISTRESS described responses where anger had been tranformed into expressions of sadness, tearfulness, distress, or depression. This category was specifically for tranformations of the affect of anger to expressions of the affect of distress or sadness, not all possible tranformations of anger to other phenomena. All expressions of tearfulness or crying were included in one subcategory ("Cry," Usually get upset and end up in tears," "Start crying"). Expressions of depression and sad or hurt feelings were coded in a second subcategory ("Cry and feel sorry for myself," "Become depressed," "Feel hurt"). The two subcategories were combined

for analysis because they reflected similar dynamic processes of transformation.

COMMUNICATION/RESOLUTION attempts were divided into those attempts at communication of feelings and reconciliation with the partner to the conflict, and impersonal statements about correcting or resolving the problem which did not specify others. Examples of communication of feelings/reconciliation attempts with others were "Talk with the other person," and "Tell the person I'm angry with." Impersonal statements about correcting the problem included "Try to resolve the problem," and "Try to correct the situation which made me angry." The first subcategory was used separately in analysis, then in combination with the second subcategory.

Other codes were developed which were not specifically linked to hypotheses of this research. These included BEHAVIORAL expression of anger and REACTIVE AGGRESSION towards others, with a final category of NOT SCORABLE, for responses falling outside the categories. Most of the responses deemed NOT SCORABLE by these categories seemed to be misreadings of the stem: the most common misreading was "I get angry when... people try to hurt me or someone I love, I get a lower grade than I expect, I don't live up to my own expectations or I am tired," etc.

BEHAVIORAL expression of anger was intended to capture various forms of emotional or physical expressions of anger in an acting-out fashion, intended for venting affect rather than for communication. One subcategory included physical responses, with possible aggression towards objects but not others as targets ("Throw old, chipped coffee mugs against the garage wall," "Throw things, slam doors"). Verbal

expressions comprised another subcategory ("Scream and yell," "Sometimes shout but don't hold grudges"). Responses including both physical and verbal experiences ("Throw things or say things I don't mean") and expressions of anger not specified ("I blow up," "Tend to overreact and show a lot of emotion") were the third and fourth subcategories.

REACTIVE AGGRESSION towards others, including retaliation, was created to diffentiate responses of behavioral expression from responses of aggression towards others as a result of anger. Subcategories included physical aggression ("Hit the other person," "Throw something at the other person, lose control"), verbal aggression ("Deliberately say things I know will hurt or will make the other person angry or I overcritize," "Say mean things to get back at the other person"), and mode of aggression unspecified ("I fight back any way I can," "Take it out on my family and friends").

Data Coding

Sentence Completion Coding

Four undergraduates (two men and two women) and one female graduate student served as coders for the sentence completion data, receiving academic credit for their involvement in this research project. The coders were trained by this researcher and two other members of the research group.

Initial training involved detailed presentation and discussion of the codes for sentence completion responses about power. This was followed by trial coding of samples of sentence completions from student respondents from two undergraduate courses not included in the sample for this research. All student coders and research group members

independently coded sample sentence completions for power and then discussed the coding used, checking for consensus on the application of the codes, clarifying meaning and intent of coding categories, and highlighting problems. Trial coding was repeated until students were familar with the codes and able to use them in agreement with research group members' usuage.

Coders then coded sentence completion data for experiences of power. During coding, an additional training session was held to clarify the subcategories for Power from RELATIONSHIPS with others, because inspection of completed codes for this category showed reliability drift. Coders then reevaluated all previous uses of this code, either changing or confirming their initial coding. Training for coding sentence completion responses to anger was initiated after coding was completed for the data on power, and was conducted as described above.

All sentence completion responses were coded by two coders working separately. Coders recorded their individual coding, and resolved differences for a final code through discussion with each other. When they were unable to reach consensus, this researcher resolved the coding problem. Final codes for each item were entered into the computer by pairs of coders, with one coder reading and the other entering data. Random checks of codes revealed no errors.

Analyses

Descriptive statistics were calculated providing frequencies, means and standard deviations of sample demographics and scales. Using Cronbach's alpha, reliabilities for the CES-D, Rosenberg Self-Esteem

Inventory, and EASI-III Anger scale were computed for the subsample used in this research. Inter-rater reliability was calculated on random samples of the final codes from each pair of coders, since final codes were reached by consensus. For each of the 4 pairs of coders, ten powerful and ten anger responses (if both were coded) were selected and coded by a research group member other than this researcher. The research group member was an active participant in code construction and coder training, and served as the standard against which coder pair final ratings were evaluated. Inter-rater reliability was calculated using Cohen's kappa, comparing her coding of the selected responses with the final codes from each coding pair.

A correlational matrix was computed to explore hypotheses regarding expected patterns of correlations for the two relational perspectives of POC and SOCCF on the variables of depression, self-esteem, and anger. The total subsample of 323 women was used in the creation of the correlational matrix. Regression analyses were calculated to further explore the contributions of POC and SOCCF in predicting these external variables.

The analyses just described included all undergraduate and College Week women identifying themselves as connected and relationally oriented (with mean scores greater than or equal to 3.5 on the 5-point Relational Self Scale) regardless of the relative levels of their scores on POC and SOCCF. Because women could score high on both scales, it was necessary to identify groups of women scoring high on only one of these scales, thus forming "refined types" for further analysis. Four groups were created, using the median scores on POC and SOCCF to split the sample along dimensions of high/low POC and high/low SOCCF. Women in the high

POC/low SOCCF group and women in the high SOCCF/low POC group were considered "refined types" of primary interest for comparisons on the variables of depression, self-esteem, and anger. Analyses of variance with Scheffe post hoc comparisons were used to compare the groups for expected differences on depression and self-esteem, and expected similarity on the measurement of anger.

The responses of the two groups of high POC/low SOCCF and high SOCCF/low POC women on the sentence completions concerning anger and power were examined using all possible classification categories. Frequencies and percents were reported in a descriptive account of how women with different care orientations responded to their anger and how they experienced their power.

To compare the responses of high POC/low SOCCF and high SOCCF/low POC women on specific anger and power variables (see Sentence Completion Codes for Powerful and Anger), the Chi square statistic was selected because it is the appropriate statistical test for use with categorical variables. Because it required a mutually exclusive category system, and the classification scheme used for each variable had codes which were not mutually exclusive, separate Chi squares were calculated for each variable of interest. These compared the expected distribution with the observed distribution for significant differences.

Independent Chi squares were calculated for the following anger variables hypothesized to be more characteristic of high POC/low SOCCF than high SOCCF/low POC women: DENIAL of anger, WITHDRAWAL and/or substitute activity, SOMATIZATION, NEGATIVE judgements about anger or the angry self, and transformation of ANGER to SADNESS/DISTRESS. Separate Chi squares were calculated for the following variables

hypothesized to be more characteristic of high SOCCF/low POC than high POC/low SOCCF women: POSITIVE judgements about anger, RATIONAL approaches including introspective problem-solving and discussion with others not part of the conflict, and COMMUNICATION/RESOLUTION attempts. A Chi square was calculated to look at responses categorized as focusing on RESPONSIBILITY for others HURT, where no differences were expected between high POC/low SOCCF and high SOCCF/low POC women in their use of this category.

Independent Chi squares were also calculated to explore differences between high POC/low SOCCF and high SOCCF/low POC women in their experiences of power. A separate Chi square was calculated using the power variable hypothesized to be more characteristic of high POC/low SOCCF than high SOCCF/low POC women: DENIAL of power. Separate Chi squares were calculated using power variables hypothesized to be more characteristic of SOCCF than POC women: power from SELF-ESTEEM and other positive feelings about the self, and power from CHOICE about one's life. A Chi square was calculated using the variable of power from RELATIONSHIPS, which was expected to characterize high POC/low SOCCF and high SOCCF/low POC women similarly.

RESULTS

Results are presented following the order described in the previous section on Analyses. Results will be discussed as they relate to the research hypotheses, and summarized at the end of this chapter.

Descriptive Statistics

Two hundred seventy undergraduate men and women completed research packets for credit for their psychology classes. The students ranged in age from 16-55 and were primarily Caucasian. 516 adult women attending College Week voluntarily completed research packets during College Week. These women range in age from 18-78 years and were primarily Caucasian. The sample selected for this research consisted of those undergraduate and College Week women who completed all relevant instruments and who has mean scores greater than or equal to 3.5 on the 5-point Relational Self Scale. Table 1 presents the means and standard deviations for the resulting sample of 61 female undergraduates and 262 College Week women for the variables Relational/Connected Self (CS), Primacy of Other Care (POC), Self and Other Care Chosen Freely (SOCCF), depression, self-esteem and anger. This sample did not report being very depressed, similar to levels of depression measured in general population samples: when tranformed to correspond with the rating scale used in this research, the mean and standard deviation reported by Radloff (1977) for one such household sample were 1.46 and .43, respectively. This sample

did not report being very angry, and had generally high self-esteem, with little variability.

Multiple groups confirmatory cluster analysis (Hunter, 1975, 1977; Nunnally, 1978) used on male and female data separately and combined produced four internally reliable and consistent subscales for both men and women in the revision of the RRSI on a total sample of 930 women and 228 men. These subscales were examined across age groups, using confirmatory cluster analyses and scale intercorrelations. Internal consistencies of the scales were similar across age groups, indicating that the scales were reliable for both younger and older respondents. The general patterns of scale intercorrelations were also similar. Thus the subsample for this research was drawn from the two samples combined. To confirm the appropriateness of combining the 61 undergraduate women and the 262 College Week women for this subsample, t-tests were computed for the RRSI variables CS, POC, and SOCCF. There were no significant differences between the 61 undergraduates and the 262 College Week women, who composed the total subsample of 323 women, on the RRSI variables. Comparisons of the two groups on CS, POC, and SOCCF are presented in Table 2.

Using Cronbach's alpha, reliabilities for the CES-D, Rosenberg Self-Esteem Inventory, and the revised EASI-III Anger scale were computed for the subsample used in this research. Internal consistency for the CES-D was .91. Scale reliability for the Rosenberg Self-Esteem Inventory was .83, and scale reliability for the revised Anger scale was .69. Inter-rater reliability for the sentence completion coding was calculated using Cohen's kappa. Kappas for the four pairs doing the

Table 1

Means and Standard Deviations for Sample

Variable	Range of Scale	Mean	Range of Scores	SD
Relational/Connected Self Scale (CS)	5	4.23	(3.5-5.0)	.38
Primacy of Other Care Scale (POC)	5	3.27	(1.79-4.79)	.49
Self and Other Care Chosen Freely Scale (SOCCF)	5	3.91	(2.63-5.0)	.47
Center for Epidemiological Studies Depression Scale (CES-D)	4	1.54	(1.0-3.25)	.50
Rosenberg Self-Esteem Inventory (SE)	4	3.27	(1.0-4.0)	.49
EASI-III Anger Scale (EASI-III)	5	2.13	(1.0-5.0)	.80

Note. N = 323.

Table 2

Comparisons of Undergraduate[a] and College Week[b] Women in Research Sample

	Mean	SD	t-value	DF	Two-tail Probability
CS					
Undergraduates	4.22	.32	-.36	108.84	.72
College Week	4.24	.40			
POC					
Undergraduates	3.24	.46	-.51	95.65	.61
College Week	3.27	.50			
SOCCF					
Undergraduates	3.97	.46	1.16	92.46	.25
College Week	3.90	.47			

[a] $\underline{n}$ = 61. [b] $\underline{n}$ = 262.

coding of power responses were .57, .76, .89, and .89. Kappas for the pairs who coded anger responses were .75, .78, and .86.

Relationships among Relational Perspectives and Other Variables

Pearson correlations were computed to explore hypothesized relationships among the relational perspectives of POC and SOCCF, and depression, self-esteem, and anger. The total subsample of 323 women was used in the creation of the correlational matrix, presented in Table 3. Correlations corrected for attenuation are presented below the diagonal in Table 3.

As expected of different manifestations of the relational/connected self, both POC and SOCCF were significantly positively correlated with the Relational/Connected Self Scale. The absence of a significant correlation between POC and SOCCF indicated the relative independence of these two perspectives. These correlations among the RRSI variables were similar to the interscale correlations produced by the total sample in the revision of the RRSI, presented in Table 2C in Appendix C.

As described in hypothesis 1, depression was expected to be positively associated with POC, and negatively associated with SOCCF. The correlation between depression and POC indicated a positive relationship that did not reach significance; depression and SOCCF were basically independent. The level of depression acknowledged by this sample was generally quite low, with little variability, which may have masked relationships between depression and the two variables of interest. The lack of a stronger positive relationship between depression and POC was particularly noteworthy, because the correlation between depression and POC in the total female sample (N = 930) was .19.

Table 3

Intercorrelations among All Measures

	CS	POC	SOCCF	CES-D	SE	EASI-III
CS	(.76)	.33**	.24**	-.06	.11*	-.11*
POC	.45**	(.68)	.07	.08	-.19**	.02
SOCCF	.31**	.09	(.78)	.01	.08	-.11*
CES-D	-.07	.10	.01	(.90)	-.41**	.32**
SE	.13*	-.25**	.09	-.47**	(.84)	-.29**
EASI-III	.15*	.02	-.14*	.40**	-.38**	(.69)

Note. N = 323. Alphas are on the diagonal. Corrected for attenuation below the diagonal.

* $p < .001$, two-tailed test. ** $p < .05$, two-tailed test.

A regression analysis using POC and SOCCF with depression was not significant, indicating that neither relational perspective was important in predicting depression, $F(2, 320) = 1.07$, $p = .34$.

Because women in this subsample had scores of 3.5 or above on the Relational/Connected Self scale, perhaps this selection factor influenced the relationship between POC and depression. Perhaps being strongly relational protected against the vulnerability to depression associated with POC in our total sample. To test this, partial correlations were computed, with CS held constant. The relationship between POC and depression changed only slightly when the Relational/Connected Self scale scores were held constant (from .08 to .10). This was also true for the relationship between SOCCF and depression, when CS was held constant (from .01 to .02).

As predicted in hypothesis 2, self-esteem was expected to be negatively associated with POC, and positively associated with SOCCF. Self-esteem was significantly negatively correlated with POC, as expected. The correlation between self-esteem and SOCCF indicated a weak positive relationship. The relationship between self-esteem and SOCCF was in the predicted direction, but did not attain significance. However, using the r to z transformation to test differences in correlations, the correlations (corrected for attenuation) of self-esteem with POC ($r = -.25$) and self-esteem with SOCCF ($r = .09$) differed significantly and in the predicted direction, $z(320) = 4.692$, $p < .001$. The two relational variables produced the hypothesized pattern of relationships to self-esteem, and related to self-esteem in significantly different ways. A stepwise regression analysis was significant for POC as a predictor of self-esteem, with SOCCF not

contributing significantly to the regression equation, $F(1, 321) = 12.34$, $p = .001$.

No predictions were made regarding the relationships between POC, SOCCF, and anger as measured by the EASI-III Anger Scale. Hypothesis 5 predicted no differences between the two "pure types" on this measure, because it was assumed that possible real differences in intensity and frequency of anger would not be revealed on a direct, self-report measure. Concerns with social desirability factors particularly salient with respect to women's anger were expected to mask differences related to POC and SOCCF. Correlations indicated no relationship between anger and POC. However, SOCCF was significantly negatively related to anger. Thus, greater endorsement of balanced self and other care was associated with less frequent and intense reported experiences of anger. When the correlations (corrected for attenuation) of anger with POC ($r = .02$) and anger with SOCCF ($r = -.14$) were compared using the r to z transformation, they differed significantly, $z(320) = 2.14$, $p < .05$, indicating that POC and SOCCF related quite differently to anger.

A regression analysis was performed using POC and SOCCF to predict anger, which was not significant, $F(2, 320) = 1.97$, $p = .14$. Since self-esteem also correlated significantly with anger, regression was also performed using POC, SOCCF, and self-esteem to determine their relative strengths in predicting anger. Neither POC or SOCCF were important in predicting anger; self-esteem was significant, suggesting that the obtained correlations may reflect the mediating effect of self-esteem, $F(1, 322) = 30.69$, $p = .001$.

Other significant relationships were found among depression, self-esteem, and anger, which were not themselves the focus of this study.

Depression was negatively associated with self-esteem, and positively with anger. Self-esteem was significantly negatively related to anger. These three variables form a "depressive triad", such that high depression is associated with low self-esteem and high anger. The relationship between depression and self-esteem has been noted in clinical and theoretical accounts of depression (Kaplan, 1986). Unconscious or introjected anger has been described as a dynamic aspect of depression in early psychoanalytic accounts of depression. For this sample, acknowledged dissatisfaction and anger was related to depression.

Comparisons of High POC/Low SOCCF and High SOCCF/Low POC Women on Depression, Self-esteem, and Anger

The preceding analyses included all women regardless of the relative levels of their scores on POC and SOCCF. To the extent to which women score high on both these scales, results may be unclear. Therefore, groups of women who represented "refined types" by scoring high on only one of these scales were identified for further analysis. Four groups were created through a median split procedure using the median scores on POC and SOCCF scales. Women with POC scores greater than 3.2 and SOCCF scores less than 3.9 formed the high POC/low SOCCF group (n = 74). Women with POC scores less than 3.2 and SOCCF scores greater than 3.9 formed the high SOCCF/low POC group (n = 86). Women with scores above the medians for POC and SOCCF were considered high POC/high SOCCF (n = 81); women with scores below both medians were low POC/low SOCCF (n = 82). Means and standard deviations for the four

groups on the variables of depression, self-esteem, and anger appear in Table 4.

The high POC/low SOCCF and high SOCCF/low POC groups represented relational "types" of primary theoretical interest for group comparisons on depression, self-esteem, and anger. Analyses of variance with Scheffe post hoc comparisons were used to explore differences among the groups described in hypotheses 3, 4, and 5. The conservative Scheffe post hoc procedure was chosen instead of planned comparisons because of interest in all four groups, with interest in the high SOCCF/high POC and low SOCCF/low POC groups being exploratory in nature.

Hypothesis 3 stated that women whose relational identity was described by high POC/low SOCCF were expected to be more vulnerable to experiencing depression than women whose relational identity was described by high SOCCF/low POC. Table 4 shows CES-D score means for these two groups to be virtually identical (1.52 and 1.54), and indeed, none of the four groups differed significantly on depression, $\underline{F}(3, 319) = .28$, $\underline{p} = .84$. These findings corroborate the correlational results indicating lack of a strong relationship between depression and either relationship style.

As described in hypothesis 4, high POC/low SOCCF women were also expected to have significantly lower self-esteem than high SOCCF/low POC women. Looking at the overall patterns, high SOCCF/low POC women had higher self-esteem ($\underline{M} = 3.40$) than high POC/low SOCCF women ($\underline{M} = 3.19$). Both low POC groups, regardless of SOCCF status, had higher mean self-esteem (3.40 and 3.29) than the two high POC groups (3.19 and 3.19). Regression results showed that low POC scores were more important than high SOCCF scores for high self-esteem. An analysis of variance was

Table 4

Means and Standard Deviations for Groups

Groups	CES-D	SE	EASI-III
High POC/low SOCCF			
Mean	1.52	3.19	2.09
Standard Deviation	.48	.51	.77
n = 74			
High SOCCF/low POC			
Mean	1.54	3.40	1.98
Standard Deviation	.55	.45	.78
n = 86			
High SOCCF/high POC			
Mean	1.58	3.19	2.22
Standard Deviation	.53	.50	.88
n = 81			
Low SOCCF/low POC			
Mean	1.52	3.29	2.24
Standard Deviation	.44	.47	.77
n = 82			

significant, indicating that the four groups differed in terms of self-esteem, $F(3, 319) = 3.65$, $p = .01$. However, the only two groups that significantly differed at the .05 level were the high SOCCF/low POC women ($M = 3.4$) and the high SOCCF/high POC women ($M = 3.19$). While a similar difference existed between the two groups of primary interest, high SOCCF/low POC women ($M = 3.4$) and high POC/low SOCCF women ($M = 3.19$), this did not reach statistical significance, possibly because of differences in standard deviations.

For reasons discussed earlier, hypothesis 5 stated that the two groups were not expected to differ on a measure of the frequency and intensity of anger. Although these two groups had lower mean scores than high SOCCF/high POC and low SOCCF/low POC women, there was no significant difference among the groups on anger, $F (3, 322) = 1.85$, $p = .14$. Although correlational analysis showed a significant negative relationship between SOCCF and anger, regression analyses did not indicate that either SOCCF or POC was significantly important in predicting anger.

Comparisons of High POC/Low SOCCF and High SOCCF/Low POC Women on Anger and Power Sentence Completion Data

The responses of the two groups of women on the anger and power sentence completion items were examined using all possible coding categories. The 74 high POC/low SOCCF women produced 101 coded anger responses and 86 coded responses for power, indicating multiple coding for the sentence completions for anger and for power. The 86 high SOCCF/low POC women produced 117 coded anger responses and 99 coded power responses, indicating multiple coding for both sentence completions.

Anger

Women with different care orientations responded to "When I get ANGRY I _____" in similar ways. Frequencies and percents of responses to the sentence completion item regarding anger are reported in Table 5. Table 6 contains anger categories organized from most to least frequently used by groups. The three most frequent categories of response for both POC and SOCCF women were behavioral expressions of anger, withdrawal and/or substitute activity, and tranformation of anger to sadness/distress. For both groups, behavioral expression included physical, verbal, both physical and verbal together, and mode of expression unspecified, with verbal expression of anger, such as yelling or screaming, most commonly used. Withdrawal and/or substitute activity included attempts at using withdrawal for impulse control ("Get quiet," "Bottle the emotions," "Take a walk," and "Usually walk away, cool my temper"). Anger transformed into expressions of sadness or depression ("Cry," "Usually get upset and end up in tears," "Become depressed") was the third most common response for both groups.

Least frequent for both groups were responses of reactive aggression, most often verbal, denial of feeling or being angry, and somatization. Other categories were used with slightly different frequencies by the two groups of women, between the most and least commonly used categories just discussed. The only category in which POC and SOCCF women really differed was negative judgements about anger or the angry self, with POC women making more negative judgements (16) than SOCCF women (9).

According to hypothesis 6A, the following types of responses were expected to be more characteristic of high POC/low SOCCF than high

Table 5

Frequencies and Percents* for Anger Categories by Groups

Anger	high POC/low SOCCF	high SOCCF/low POC
Denial of Anger	1, .01	0, 0
Focus of impact of anger/others hurt	3, .03	4, .03
Withdrawl and/or	25, .24	29, .25
substitute activity	(23)	(25)
Attempts at impulse control	(2)	(4)
Judgments about anger		
Negative	16, .16	9, .08
Positive	0	0
Somatization	0, 0	1, .009
Behavioral expression	27, .27	32, .27
Physical	(1)	(1)
Verbal	(19)	(21)
Both physical and verbal	(1)	(1)
Mode unspecified	(6)	(9)
Rational approaches	5, .05	7, .06
Introspective problem-solving	(3)	(5)
Tell others not part of conflict	(2)	(1)
(Religious references-not used)	(0)	(1)

(table continues)

Anger	high POC/low SOCCF	high SOCCF/low POC
Transformation of anger to sadness	16, .16	16, .14
Cry	(13)	(13)
Other feelings of hurt, depression	(3)	(3)
Communication/resolution		
attempts with partner	3, .03	5, .04
(Impersonal statements of resolution - not used)	0	1
Reactive aggression	2, .02	4, .03
Physical	(0)	(0)
Verbal	(2)	(1)
Mode unspecified	(0)	(3)
Not scorable	3, .03	9, .08
TOTAL	101	117

* Percents based on numbers of responses, not number of subjects.

Table 6

Anger Categories Organized Most to Least Frequently Used by Groups

High POC/low SOCCF	High SOCCF/low POC
Behavioral expression mainly verbal (27)	Behavioral expression mainly verbal (32)
Withdrawal (25)	Withdrawal (29)
Transformation to sadness (16)/	Transformation to sadness (16)
Negative view (16)	Not scorable (9)/
Rational means (5)	Negative view (9)
Not scorable (3)/	Rational means (7)
Communication attempts (3)/	Communication attempts (5)
Focus on others hurt (3)	Focus on others hurt (4)/
Reactive aggression (2)	Reactive aggression (4)
Denial (1)/	Somatization (1)
Somatization (1)	Denial (0)

SOCCF/low POC women: denial of anger, withdrawal and/or substitute activity, negative judgements about anger or the angry self, somatization, and the transformation of anger to sadness/distress. Independent Chi squares were computed for withdrawal and/or substitute activity with subcategories combined, negative judgments, and tranformation of anger to sadness with subcategories combined. Two variables (denial of anger and somatization) had Ns of 1 or 0 and could not be used. The groups did not differ in terms of their use of responses of withdrawal, χ^2 (1, N = 160) = 0, p = .99, or responses of transformation of anger to sadness, χ^2 (1, N = 160) = 0, p = 1.0. The two groups of women had equal numbers of responses of transformation, with POC women having only slightly higher percentage of responses in this category. As expected, POC women were more represented in the category of negative judgements about anger than SOCCF women, χ^2 (1, N = 160) = 3.75, p = .05.

As described in hypothesis 6B, the following types of responses were expected to be more characteristic of high SOCCF/low POC women than high POC/low SOCCF women: rational means of problem-solving about anger, positive views of anger or the angry self, and attempts at communication of feelings towards resolution and reconciliation. Independent Chi squares were computed for rational means of problem-solving and attempts at communication: there were no responses of positive views of anger. The subcategory of introspective problem-solving through rational means (alone, usually) was analysed separately, χ^2 (1, N = 160) = .02, p = .88, and then combined with the subcategory involving discussion with others not part of the conflict, χ^2 (1, N = 160) = 0, p = 1.0. For communication/resolution attempts, only those

with the partner in conflict were used, excluding the subcategory of abstract or impersonal attempts, χ^2 (1, $\underline{N}$ =160) = .26, $\underline{p}$ = .61. Chi-squares were not significant for the hypothesized variables: POC and SOCCF women were not differentiated by these categories of responses to anger.

Both groups were expected to produce responses expressing concern about the impact of anger on relationships, as expressed in hypothesis 6C. The groups were represented equally in this category, χ^2 (1, $\underline{N}$ = 160) = 0, $\underline{p}$ = 1.0.

Power

High POC/low SOCCF and high SOCCF/low POC women responded similarly to "When I feel POWERFUL it is because _____". Frequencies and percents of responses to the sentence completion item regarding power are reported in Table 7. Table 8 contains the power categories organized from most to least frequently used by groups. For the groups, the two most frequently used categories were power from achievement and power from being "in control". Power from achievement indicated satisfaction with one's performance, accomplishments, efforts, hard work, etc. The other category was created as a subcategory under power from choice about oneself, to separate responses of "I am in control" with no further elaboration, and responses of situational control ("I have things under control") from statements of control over oneself or over choices, decisions, in one's life. Statements of explicit control over others were coded under power from position. Thus the subcategory had no theoretical definition and contained responses which were not coded under control of self or others. It was not clear what responses of "in

Table 7

Frequencies and Percents* for Power Categories by Groups

Power	High POC/Low SOCCF	High SOCCF/low POC
Denial of power	3, .03	7, .07
Denial	(2)	(6)
Power as negative	(1)	(1)
Power from relationships	12, .14	8, .08
Emotional acceptance	(3)	(0)
Dependency	(3)	(0)
Respect, competence	(1)	(5)
Caring for self and others	(0)	(0)
Mode nonspecified/other	(5)	(3)
Power from position	3, .03	6, .06
Power from right	2, .02	1, .01
Power from achievement	14, .16	21, .21
Power from self-esteem	11, .13	9, .09
Power from choice	3, .03	7, .07
Statements of "in control"	14, .16	19, .19
Power with balance	1, .01	1, .01
Power from predictability	8, .09	5, .05

(table continues)

Power	High POC/Low SOCCF	High SOCCF/low POC
Impersonal or passive power	10, .12	10, .10
Passive	(9)	(6)
Religious reference	(1)	(4)
Not scorable	5, .06	5, .05
TOTAL	86	99

* Percents based on number of responses, not number of subjects.

Table 8

Power Categories Organized from Most to Least Frequently Used by Groups

High POC/low SOCCF	High SOCCF/low POC
Achievement (14)	Achievement (21)
"In control" (14)	"In control" (19)
Relationships (12)	Impersonal power (10)
Self-esteem (11)	Self-esteem (9)
Impersonal power (10)	Relationships (8)
Predictability (8)	Choice (7)/
Not scorable (5)	Denial (7)
Position (3)/	Position (6)
Choice (3)/	Predictability (5)/
Denial (3)	Not scorable (5)
Right (2)	Right (1)/
Balance (1)	Balance (1)

control" meant to respondents, but the frequency of such responses seemed to neccessitate a separate category for them.

Power from moral certainty or right, and power with balance were the least frequently used categories for both groups of women. Other categories were used with slightly different frequencies by POC and SOCCF women, between the most and least commonly used categories.

Denial of being powerful or viewing being powerful as a negative experience was expected to be more characteristic of high POC/low SOCCF women than high SOCCF/low POC women, as described in hypothesis 7A. A Chi square was computed for this category, which was not significant, χ^2 (1, $\underline{N}$ = 160) = .54, $\underline{p}$ = 46. In contrast to what was expected, SOCCF women were more represented here than POC women, although the difference was not significant.

Hypothesis 7B described the categories expected to be more characteristic of high SOCCF/low POC women than high POC/low SOCCF women: power from self-esteem or other positive feelings about the self, and power from perceiving choices about oneself/one's life. Independent Chi squares computed for these variables were not significant: for power from self-esteem, χ^2 (1, $\underline{N}$ = 160) = .36, $\underline{p}$ = .55, for power from choice, χ^2 (1, $\underline{N}$ = 160) = .54, $\underline{p}$ = .46. As expected, SOCCF women were more represented than POC women in power from choice, but the difference was not significant. In contrast, POC women were more represented in power from self-esteem than were SOCCF women, although the difference was also not significant. Thus, these categories did not differentiate the two groups.

Both groups were expected to have similar experiences of power from relationships with others (subcategories combined), as relationally-

oriented women, according to hypothesis 7C. POC women were more represented in this category than SOCCF women, but a Chi square was not significant, χ^2 (1, $\underline{N}$ = 160) = 1.16, $\underline{p}$ = .28. Both groups did experience power from relationships about equally, though it is interesting to note that the majority of responses from SOCCF women mentioned power from respect or acknowledgement of competence in relationship, while emotional acceptance from others and dependency were mentioned only by members of the POC group.

Summary of Results Related to Hypotheses

The following hypotheses were formally stated at the onset of this study:

1. Depression was expected to be positively associated with Primacy of Other Care (POC), and negatively associated with Self and Other Care Chosen Freely (SOCCF).

Depression was positively related to POC, but that relationship was not significant. Depression and SOCCF were independent, nonrelated. Neither POC nor SOCCF were useful in predicting depression. The absence of a stronger relationship between POC and depression was unexpected, given that such a relationship had been found for POC and depression using the entire sample in validity studies. Because this sample was selected for moderate to high scores on the Relational/Connected Self, this variable was held constant to see whether it influenced the relationships between POC, SOCCF, and depression. The relationship between POC and depression was not basically altered; this was also true for the relationship between SOCCF and depression.

2. Self-esteem was expected to be negatively associated with POC, and positively associated with SOCCF.

Self-esteem was significantly negatively related to POC, as expected. The relationship between self-esteem and SOCCF was in the expected direction, but was not significant. However, the correlations between self-esteem and POC and SOCCF were significantly different and in the predicted direction, indicating that these two variables related quite differently to self-esteem. The strength of the relationship between self-esteem and POC made POC a predictor of self-esteem, with SOCCF not contributing significantly to its prediction.

3. Women whose relational identity was described by high POC/low SOCCF were expected to be more vulnerable to experiencing depression than women whose relational identity was described by high SOCCF/low POC.

Comparison of the subgroups on depression was not significant, indicating that the two groups did not differ in terms of experiencing depression. These results support the correlational findings showing no relationship between depression and either relationship style.

4. High POC/low SOCCF women were also expected to have lower self-esteem than high SOCCF/low POC women.

High POC/low SOCCF women did have lower self-esteem than high SOCCF/low POC women, but this difference did not reach significance at the .05 level. A similar difference between the higher self-esteem of high SOCCF/low POC women and the lower self-esteem of high SOCCF/ high POC women was significant, possibly because of differences in standard deviations. Examination of the means for all four groups indicated that both low POC groups, regardless of SOCCF status, had higher self-esteem scores than the two high POC groups. The negative relationship between POC and self-esteem noted in the correlational and regression analyses

may have been more important for self-esteem than the contribution of high SOCCF scores.

5. The two groups of women were not expected to differ on a measure of the frequency and intensity of their experience of anger.

As expected, the two groups were not significantly different on this measure of anger. However, correlational analysis showed a significant negative relationship between SOCCF and anger; POC and anger were basically independent. The correlations of anger with POC and SOCCF were significantly different, indicating that these two variables related differently to anger.

6A. The following types of responses to sentence completions eliciting women's responses to their anger were expected to be more characteristic of high POC/low SOCCF women than high SOCCF/low POC women: denial of anger, withdrawal and/or substitute activity, negative judgements about anger or the angry self, somatization, and the transformation of anger to sadness/distress.

For both groups, withdrawal and transformation of anger to sadness/distress were the second and third most frequently used categorizations of anger responses, after behavioral expression of anger. Overall, both groups of women characterized their anger in quite similar ways. Denial of anger and somatization were used so infrequently as to preclude statistical analysis. POC and SOCCF women were not significantly differentiated by their use of withdrawal or tranformation, although POC women had a slightly higher percentage of total responses in this category. POC women did make significantly more negative judgements about anger than did SOCCF women.

6B. The following types of responses to anger were expected to be more characteristic of high SOCCF/low POC women than high POC/low SOCCF women: rational means of problem-solving about anger, positive views of anger or the angry self, and attempts at communication of feelings towards resolution and reconciliation.

Neither group produced responses characterized as positive views of anger. Comparisons of the other two categories indicated that POC and SOCCF women were not significantly differentiated by their use of these categories of responses to anger, although there were some slight differences. In terms of rational approaches, POC women used introspective and interpersonal (tell others who are not part of the conflict) means of problem-solving almost equally, while SOCCF women had more responses for introspective means (5) than interpersonal (1). SOCCF women also had more communication/resolution attempts with partners (5) than did POC women (3).

6C. Both groups were expected to produce responses to anger expressing concern about the impact of anger on relationships, indicating a shared sense of responsibility for others characteristic of relational women.

Both groups were represented equally in this category, as expected. However, this was not a frequently used category of response for either group, indicating that other concerns and more behavioral characterizations of anger experience were predominant.

7A. Responses to a sentence completion about experiences of power that were coded as denial of being or feeling powerful or viewing being powerful as a negative experience were expected to be more characteristic of high POC/low SOCCF women than high SOCCF/low POC women.

Overall, both groups of women characterized their experiences of power in similar ways. In contrast to what was expected for the category of denial of power, SOCCF were more represented here (7) than POC women (3), although the difference was not significant.

7B. Power from self-esteem or other positive feelings about the self, and power from perceiving choices about oneself/one's life were expected to be more characteristic of high SOCCF/low POC women than high POC/low SOCCF women.

These categories did not significantly differentiate the groups as hoped. SOCCF women were more represented than POC women in power from choice, but POC women were more represented in power from self-esteem, although the differences were not significant.

7C. Both groups were expected to have similar experiences of power from relationships with others as relationally-oriented women.

The two groups were not significantly different in their experiencing power from relationships. POC women were slightly more represented in this category than SOCCF women, and this category was more frequently used for POC experiences of power than for SOCCF experiences of power. It was interesting to note that POC women experienced power in relationships primarily from emotional acceptance and unidirectional dependency, while SOCCF women experienced power primarily from respect and acknowledgement of competence by others.

DISCUSSION

This research attempted to explore the psychological correlates of different perspectives on the role of self and others in activities of care, among women who defined relational concerns as central to their identity. As different manifestations of the relational/connected self, these two perspectives on the meaning of care for self and others may be useful in accounting for differences among women in areas of interest for the psychology of women: depression, self-esteem, anger, and power. The results of this study described the relationships between relational identity style and depression, self-esteem, anger, and power, and raised interesting questions about how women perceive and respond to issues of self- and other-care.

Hypothesized relationships between Primacy of Other Care (POC) and Self and Other Care Chosen Freely (SOCCF) and the variables of depression, self-esteem, and anger were only partially supported by the results. These associations were reflected in later tests of the performance of special subgroups of relational women with respect to these same variables.

Depression

As measured here, neither relational perspective was significantly related to depression. A significant positive relationship had been posited for POC and depression: a nonsignificant positive relationship was found. A significant negative relationship between SOCCF and

depression was hypothesized: SOCCF and depression were basically independent. Neither were important as predictors of depression. These results were echoed in a comparison of women identified as special subgroups of high POC/low SOCCF and high SOCCF/low POC for differences on depression. No differences were found between the groups of women, and group means indicated that both groups acknowledged very infrequent experiences of depressive symptoms.

The discovery of a significant negative relationship for POC and depression in the total sample from which my study's subsample was drawn raised a concern that the subsample selection criterion of scores greater than or equal to 3.5 on the Relational/Connected Self scale might be influencing results. Perhaps being strongly relational served a protective function against the vulnerability to depression noted for POC in the total sample. This concern was explored and did not alter the results significantly. Thus, the lack of predicted relationships between relationship style and depression did not seem to be related to endorsement of relational/connected self. However, it is possible that ceiling effects due to the restricted range of scores on the CS scale obscure existing relationships.

The lack of support for hypothesized relationships between depression and relationship style suggests that these relational perspectives may not be helpful in accounting for depressive symptomatology in women, at least women such as those in this sample. It is possible that the very normalcy of this sample masked significant relationships between depression and relationship style because of reduced variance in depression scores. This was a normal, nonclinical population of female undergraduates and women functioning in the

community, similar to the general population samples on which the CES-D scale was validated and with which it is intended to be used for epidemiologic studies of depression. The mean, standard deviation and distribution of scores of my sample were very similar to those noted for the general population samples (Radloff, 1977). The distributions of CES-D scores in these samples are typically very skewed, with small standard deviations and large proportions of low scores. Psychiatric patient samples, in contrast, produce symmetrical distributions with large standard deviations, a pattern consistent with the interpretation of the scale as related to a pathological condition more typical of a patient population than a household sample (Radloff, 1977). Perhaps hypothesized relationships between relationship style and depression as measured by the CES-D scale would be better tested with a more depressed sample.

Both relationship perspectives are described as normative relational styles, different manifestations of the relational/connected self, itself a nonpathological form of identity. As such, perhaps the distinctions about the role of self and others that differentiate the two perspectives are not meaningful in accounting for depression as a clinical problem for women. When Kaplan (1986) describes how extreme forms of curtailment of women's normative developmental patterns may create the intrapsychic conditions characterizing depression, she does not suggest that these patterns themselves result in depression.

Perhaps there are pathological aspects of identity development relevant for depression that are not captured by the descriptions of relational style used here. There may be factors of developmental loss, genetic contributions, biochemical interactions, etc., that interact

with relational identity style to produce depression. Context or environment may interact with relationship style as well. Perhaps my sample were women for whom POC status worked reasonably well and/or was rewarded in their life context, leaving little basis for dissatisfaction with it. Perhaps in a nontraditional population such as professional women or single parents, where women struggle with multiple roles and extensive demands on time and energy, relationships between depression and relational style would be more evident.

Self-esteem

The results provided somewhat more support for hypothesized relationships between relational perspective and self-esteem. As expected, a significant negative relationship between POC and self-esteem was found. Putting others before self in activities of care was related to low self-esteem. Self-esteem was expected to be positively related to SOCCF; results indicated a nonsignificant relationship in the predicted direction. Correlations of self-esteem with POC and with SOCCF were significantly different and in the predicted direction, indicating that POC and SOCCF related quite differently to self-esteem.

POC was a significant predictor of self-esteem, and SOCCF was not. Comparing the groups of high POC/low SOCCF and high SOCCF/low POC women on self-esteem indicated that group differences on self-esteem were in the predicted direction but were not significant, with high POC/low SOCCF women having lower self-esteem. Results concerning the underlying relationships between self-esteem and relationship style suggested that high POC contributed more to the difference between groups than did high SOCCF.

Perhaps relationship style had more meaning for self-esteem than depression because both involved direct attitudes, views, and beliefs about the self, sometimes in relation to others. Two of the ten items on the self-esteem inventory involve contrasting the self with others for evaluation. Items on the POC contrast attending to others' desires, requests, reactions, and feelings with giving up one's own desires, neglecting personal values, and giving false impressions to preserve relationships. What is more difficult to explain is the lack of significant relationship between SOCCF and self-esteem. On the SOCCF scale, hurting others, deciding to say no, and exercising choice about activities of care is balanced with the need for self-care, and several items stress responsibility for oneself. Self-care may result from perceived and desired responsibility for self, rather than from self-respect or self-esteem per se.

Anger

No specific hypotheses were made for relationships between POC and SOCCF and anger measured by the EASI-III Anger scale, revised for this research. No differences were expected to occur between high POC/low SOCCF and high SOCCF/low POC women on this measure of the frequency and intensity of anger, because it was assumed that possible real differences would not be revealed on a direct self-report measure. Concerns with social desirability factors particularly salient with respect to women's anger were expected to mask differences related to POC and SOCCF. It was hoped that responses to the sentence completion about anger could be examined for differences in the ways POC and SOCCF women experienced and expressed their anger.

Results showed no significant differences between the groups on the self-report measure, with both group means below the midpoint of the scale, indicating that neither group endorsed frequent or intense anger experiences. However, correlational results indicated a significant negative relationship between SOCCF and anger; POC and anger were independent. Thus, greater endorsement of balanced self and other care experienced as choice was associated with less frequent and intense reported experiences of anger. Correlations of anger with POC and with SOCCF were significantly different, indicating that these variables related differently to anger.

The sentence completion "When I get ANGRY I _____" allowed respondents to describe their reactions to anger in their own words through the open-ended format. Their responses were then coded using categories created by the research group. These categories were created to reflect the phenomenology of responses to anger and incorporated theoretical and clinical perspectives on the dynamics of anger. Hypotheses identified the categories expected to be more characteristic of high POC/low SOCCF women, those expected to characterize the responses of high SOCCF/low POC women, and the category in which both groups might be equally represented. Categories were analyzed separately because responses could received multiple coding.

Most of the hypotheses positing differential anger responses according to relational perspective were not confirmed or supported by the data, except the hypothesis predicting that negative judgements of anger would be more characteristic of high POC/low SOCCF women than high SOCCF/low POC women. The hypothesis positing no differences in the use of the category focusing on the impact of anger on relationships was

also confirmed. Relational style did not differentiate types of anger responses. Women with different care orientations responded to anger quite similarly. The overall frequencies can be discussed as a descriptive account of the ways relational women express and experience anger.

The most frequently given responses for both groups fell in the category of behavioral expressions of anger, and included physical, verbal and nonspecified modes of expressions, with verbal expressions clearly most common. This category was conceptualized as a cathartic, nonrational venting of angry feelings, and was not hypothesized to relate to either relational perspective particularly. Next most common were responses categorized as withdrawal, which included attempts to hold anger in, attempts to displace angry tension into substitutive activity, and attempts at impulse control. The third most common means of expressing anger was through its transformation into expressions of sadness/distress, including crying and feeling hurt or depressed. (Negative views of anger shared third most commonly used category with transformation of anger for high POC/low SOCCF women.)

It is interesting to note that these findings are quite similar to the results of another study of the frequency of anger in women in a contemporary, "normal" population (Dickstein, Bell, & Lin, 1980). In this study of 2078 women, responses to an interview question ("What do you do or how do you show it when you are angry?") were grouped into categories similar to those used in this research. The most frequently given responses involved verbal-facial expressions, including nonrational verbal expressions and nonverbal acting out, such as scowling or pouting. The second most common response was withdrawal.

(The study by Dickstein et al. had a separate category for nondirected physical activity corresponding to the substitute activity included with other withdrawal attempts in my research.) Crying was the third most frequent response. Least frequent responses were physical symptoms and aggressive behavior towards persons, which also correspond to the least frequently given responses in my research. This research also suggested that the most frequent forms of anger expression were distinct modes of expression, such that women seemed to use one or the other of these modes rather than a combination.

Holding anger inside and crying have been considered stereotypically "appropriate" ways of dealing with angry feelings for women, and were hypothesized to be more characteristic of POC than SOCCF women. However, both groups produced similar responses of withdrawal and transformation.

The next most frequent response by both groups combined was negative views of anger or the angry self. Responses coded here rarely described how anger was expressed, but instead communicated the respondents' judgements of dislike and disapproval of being angry or of themselves when angry. This category was expected to be used more frequently by POC women, who did in fact produce significantly more negative views (16, 16%) than SOCCF women (9, 8%).

Rational means of problem-solving about anger, nonscorable responses, communication/resolution attempts, and focus on the impact of anger/others hurt were categories used with decreasing frequency by the women. Rational means of problem-solving, including talking with others not part of the conflict, and communication of feelings to the partner in conflict towards resolution were expected to characterize SOCCF women

more than POC, but did not significantly. SOCCF women did make slightly more communication attempts (5, 4%) compared to POC (3, 3%), and made more introspective problem-solving responses than interpersonal. POC women made almost equal use of both introspective and interpersonal means.

Both groups produced very few responses of denial of anger, reactive aggression, and somatization. These could be considered the most pathological categories: overt denial of ever being angry seemed to be a very defensive response, and reactive aggression specified intended aggression towards persons. Acknowledgement of symptoms as a response to anger required psychological sophistication and conscious awareness of a psychological defense that is usually unconscious. Denial of anger and somatization were expected to characterize POC women more than SOCCF, but both groups produced only a very few responses in these categories.

Power

The sentence completion "When I feel POWERFUL it is because _____" was included in this research as an initial exploration of the ways women describe their experiences of power in their own words. Hypotheses were made about how POC and SOCCF women might differentially characterize their sources and experiences of power. Again, these hypotheses were not supported by the sentence completion data. Only the hypothesis of no differences in experiencing power from relationships was supported. Women with different care orientation claimed similar sources of personal power. These sources can be described for a phenomenological account of power for relational women.

Power from achievement was the most common source for both groups. This category, along with power from right and power from position, had been conceptualized as experiences of power reflective of a separate/objective orientation, not a relational orientation. Thus, none of these three were expected to be important to relational women and were not included in the hypotheses. (The other two categories were in fact infrequently used by both groups of women.) Achievement as a source of power may reflect the dominant cultural emphasis on and valuing of agenetic achievement. It may also reflect a shifting emphasis by women towards experiences that have been denied them, made newly important as potential experiences of competency apart from relational strengths.

Also unexpected was the frequency of responses of power from being "in control". These responses indicate that "control" is somehow importantly related to power, but it is not clear what this meant to respondents. Responses dealing with control over oneself and one's decisions and choices were coded under choice, and responses dealing with control over others were coded under power from position, leaving unclear, nonelaborated statements of control in a separate category that was theoretically ambiguous.

Power from relationships, power from self-esteem, and impersonal or passive power were the next most common sources for both groups combined. Although the differences were not significant, POC women produced slightly more responses of deriving power from relationships (12, 14%) than SOCCF women (8, 8%), giving responses based primarily on emotional acceptance and dependency. SOCCF responses, in contrast, were based primarily on respect and acknowledgement of competence.

Impersonal or passive power, power from self-esteem, power from predictability, power from choice, nonscorable responses, and power from position were used in descending order for the groups combined, with slightly varying order by relational perspective. Power from self-esteem and power from choice were expected to characterize SOCCF women more than POC women. SOCCF women did use choice slightly more (7, 7%) than POC women (3, 3%), but POC women gave more responses involving self-esteem or other feelings about the self (11, .13%) than did SOCCF women (9, .09%).

Least frequently used categories were denial of power, power from moral certainty or right, and power from balancing multiple dimensions. Denial of power was expected to characterize POC women (3, 3%) but instead was more typical of SOCCF women (7, 7%), although not significantly so.

Relationships among Depression, Self-esteem, and Anger

Significant relationships were found among depression, self-esteem, and anger as measured by the EASI-III Anger scale. Depression was negatively related with self-esteem and positively related to anger. Self-esteem was also negatively related to anger. These findings are similar to clinical descriptions of some types of depressions where anger and frustration are acknowledged and experienced rather than internalized. These relationships were not the focus of this study, which explored the relationships of these variables to two relational perspectives on self and others, but do provide validation for these measures of depression, self-esteem and anger.

Measurement Considerations

The focus of this research was on the use of the Revised Relationship Self Inventory (RRSI) to identify women who were similar in their descriptions of themselves as relational/connected selves, but who differed in their understanding of the role of self and other in activities of care, as reflected in their differential endorsements of the Primacy of Other Care (POC) and Self and Other Care Chosen Freely (SOCCF) scales. These scales measured different manifestations of the relational/connected self corresponding to Gilligan's (1982) final two developmental perspectives on the meaning of care for self and others. The results of this study were somewhat disappointing in that these relational perspectives did not relate as strongly to other variables as predicted, although there were different patterns of relationship that distinguished the two perspectives from each other, particularly in terms of self-esteem and anger. This raises questions about the RRSI's validity. A discussion of the three RRSI scales used in this research may identify some important measurement concerns.

The RRSI scales use a five-point scale ranging from 1 = "Not like me at all" to 5 = "Very much like me", with an unlabeled midpoint of 3. In order to identify women who described themselves as relational, the selection criterion for my subsample was scale-defined, using the anchor points of the appropriate scale: mean scores greater than or equal to 3.5 on the Relational/Connected Self scale, excluding mean scores falling around the midpoint of the scales. However, the mean CS score for females in the total sample ($\underline{N}$ = 930) was 4.1, with standard deviation of .51. This indicates that most women were describing themselves as strongly relational. The mean score on the SOCCF scale

was also quite high: 3.9, with standard deviation of .50. For my subsample (n = 323), CS mean score was 4.23 and SOCCF 3.91. Such high mean scores indicated restricted ranges and low variability on these scales, which likely influenced the results due to ceiling effects.

The initial plan for creating "refined types" of relationship styles using scores on POC and SOCCF was to consider scores greater than or equal 3.5 as "high" and scores less than or equal to 2.5 as "low" on the two scales, using scale anchor points and meanings. Because of the limited range of scores, particularly on SOCCF, where the minimum SOCCF score was 2.6, this plan was revised. There were no "low" SOCCF scores using this criterion. The median split procedure was chosen, although the groups formed in this way become sample-dependent. Definitions of the groups as high POC/low SOCCF and high SOCCF/low POC become somewhat arbitrary, because individuals in the high POC/low SOCCF group included those endorsing the SOCCF scale as self-descriptive, using the anchor points of the scale itself. The high means and small standard deviations of these scales indicate that women were not differentiating themselves in their use of the scales.

Another significant problem concerns the ways respondents endorsed POC and SOCCF scales simultaneously, which challenges Gilligan's developmental sequencing of these two perspectives on self and others. Both scales were significantly positively correlated with CS, as is appropriate for scales measuring different manifestations of the Relational/Connected Self. The scales were weakly positively correlated with each other. The median split method used to create "pure types" for analyses in this study produced four groups: high POC/low SOCCF, high SOCCF/low POC, low POC/low SOCCF, and high POC/high SOCCF.

(Because of the limited range of scores on SOCCF, designations of "low SOCCF" remain somewhat arbitrary.)

The relative independence of the scales would be expected to produce the four-way distribution found. Theoretically, however, the manifestations of relational identity that POC and SOCCF were created to measure involve conflicting views about the self and others. Based on these differences, POC and SOCCF might be expected to be negatively correlated. Given our underlying conceptualizations of these two perspectives, it is difficult to know how to interpret the endorsements defining the last two groups of low POC/low SOCCF and high POC/high SOCCF women.

While it was not the goal of this research to explain or describe these last two groups theoretically, it is important to note the problems they posed for the theory of the relational self and these measures of it. For the low SOCCF/low POC group, if neither scale was particularly descriptive of their relational style, but they were describing themselves as relational/connected, perhaps POC and SOCCF are not the only manifestations of relational orientation. The group scoring high on both POC and SOCCF were particularly problematic because they endorsed two different positions on the role of self and other in activities of care.

Examining how these two groups compared with the subgroups of primary interest (high POC/low SOCCF and high SOCCF/low POC) on depression, self-esteem, and anger does not seem to offer greater theoretical clarity. The low POC/low SOCCF group was very similar to the two "refined types" on depression, had a mean score on self-esteem between the means for the POC and SOCCF groups (with higher self-esteem

than either of the two groups high on POC), and had a mean score for anger that was similar to that of the high POC/high SOCCF group, with both higher than the means for the POC and SOCCF groups. The high POC/high SOCCF group was the most depressed, shared lower self-esteem with the high POC/low SOCCF group, and had similar anger as the low POC/low SOCCF group, perhaps related to the conflict between both views of self and other care. However, differences among the means were not very large, with only differences in self-esteem being significant.

The group of women scoring high on both scales was surprising large and points to underlying assumptions about the relationship between POC and SOCCF. An examination of items from the scales reveals items that seem to clearly reflect conflicting perspectives that would be difficult to endorse simultaneously. For example, contrast "The best way to help someone is to do what they ask even if you don't really want to do it" (POC), with "If someone asks me for a favor I have a responsibility to think about whether or not I want to do the favor" (SOCCF). Other items contrast neglecting one's own values in decision-making to keep a relationship (POC), with the importance of using one's own values to make choices (SOCCF). Theoretically, these manifestations of relational identity are distinguished by a significant shift in the understanding of the role of self and others in relationships, from a position that self and other care are opposed, with caring for others taking precedence over self care (POC), to a position where self and other care are seen as complementary and freely chosen (SOCCF). Perhaps women endorsing both positions simultaneously are expressing conflict over making such a shift in understanding or are in developmental process of making that shift.

Because these perspectives represent conflicting views of the relationship between self and others, measures of these relational perspectives might be expected to be negatively correlated. Hypotheses linking these perspectives to other variables such as depression and self-esteem posited relationships in opposite directions and described expected differences according to differentiating perspectives. However, POC and SOCCF were not negatively correlated, and were both endorsed simultaneously by some women. What might explain how women perceived and responded to these scales?

One possibility is that respondents may have seen the central issue of the role of self and others in relationships along a continuum, with concerns for self care at one endpoint, balanced with concerns for caring for others at the other. POC items, with their stress on others, may have represented one pole, with SOCCF items representing the alternative focus on self. Individuals may have endorsed items from both scales, without making the self-other distinctions intended to differentiate the scales, as they moved back and forth between both concerns, attempting to respond to both. Another possibility is that scale items about how relationships are handled were considered and responded to from such varied relational contexts that distinctions were lost. It may be that women considered some items in the context of family relationships, others in terms of friendships, work settings, with peers, with nonpeers, etc., and that imagined context influenced responses. Women may also be in transition, endorsing conflicting positions as they sort out issues of self and others.

As a self-report instrument, the RRSI scales may also be unable to accurately tap consistent patterns of responses of care. For more

traditional women, the POC position may be viewed as socially desirable; women with feminist views may aspire to the SOCCF perspective. It may be difficult for women to accurately report how they handle the claims of the self and of others for care, not because it is a trivial concern or dimension, but because it is such a central concern. If these issues are central in women's identity, as I think they are, self-report items intended to measure them tap only the conscious dimension of self-awareness. If these views of self and other are fundamental aspects of identity on both conscious and unconscious levels, it may be difficult to isolate and identify the perspectives or "screens" through which experiences are filtered when responding to a short set of items. Women may not be readily able to accurately describe their behavior and articulate their basic beliefs about responses of care, particularly if they experience conscious or unconscious conflict about their beliefs or actions. They may respond by describing themselves in terms they consider socially desirable or that support idealized images of themselves acting in response to self and others.

These results suggest that more work is needed to understand how these scales worked and how they might be improved as measures of relational perspectives. Other analyses using the RRSI and other measures for convergent and divergent validity may offer helpful information.

Other Measurement Issues

Relational perspective did not differentiate types of anger and power responses on sentence completions. This may have been due to the measurement problems just discussed for the RRSI scales. Sentence

completions were also single items, and as such produced limited information.

For the sentence completion data with anger and power, it is also not clear how much coding error existed. Interrater reliabilities as calculated were lower than expected or desired. The reported reliabilities for coder pairs with a research group member as an external standard were calculated several months after coding was completed. Although the research group member's initial agreement with my coding was quite high during the training of the coders, the intervention of time spent on other projects and lack of continued practice with the codes may have influenced her coding of items for reliability calculations, lowering agreement.

Summary

Although this study did not confirm some of the relationships described as a test and expansion of the model of the relational self, it did illuminate problems of measurement that remain to be resolved. The relationships between perspectives on the meaning of care for self and others and basic issues of depression, self-esteem, anger and power remain intriguing and vital concerns for clinical work with women, and hopefully for continued empirical articulation and investigation as well.

APPENDICES

APPENDIX A

RESEARCH CONSENT FORM

June 1985

Dear College Week Participant:

During College Week 1984, a research project took place that asked many of the participants how relationships were a part of their identity. The results were very clear. Last year's College Week women were consistently a "caring" group, who highly valued being interconnected with others. We found these results so important that Jane Pearson is currently teaching a course for this year's College Week that describes, discusses and expands upon our research. It is titled, "Women's Development: The Importance of Empathy, Care and Relationships." We also presented the results of the research at a psychology conference, and have found a high level of interest in this topic from other social scientists.

We are continuing this line of study, and hope that you will decide to participate. This year, we are asking that all College Week participants take an hour or so to sit down and complete the enclosed questionnaire packet. Please note that your participation is purely voluntary. If you participated in last year's study and are interested in participating this year, we would greatly appreciate having your input again. You'll notice that your answers are confidential--do not put your name or other identifying information on the questionnaire itself. While we hope that you will complete the entire packet, you are free to stop at any point if you choose to do so.

After you have completed the packet, return it, and the pencil, in the envelope to your main dorm desk, where there will be a box labeled "Relationship Identity Project," and simply leave it in the box. If you choose to complete only part of the packet, or none at all, please return your packet in the envelope as well.

If you would like to receive a brief summary of this year's project outcomes, please fill out your name and address on the last page of the packet, and return it to the same box <u>separate</u> from your envelope containing your packet.

To be sure that you understand your rights as a research participant, read through the following statements:

I freely consent to take part in the study of relationship identity being conducted under the supervision of Dr. Ellen Strommen, Professor, Department of Psychology, Michigan State University. I understand that the study deals with relationships in people's lives; I have been given a clear explanation of my part in this work, which is to complete a questionnaire.

I understand that I am free to discontinue my participation in the study at any time without penalty.

I understand that the results of the study will be treated in strict confidentiality and that I will remain anonymous. Within these

restrictions, group results of the study will be made available to me at my request.

I understand that my participation in the study does not guarantee any beneficial results to me.

I understand that, at my request, I can receive additional explanation of the study after my participation is completed.

I understand that my compliance in completing the questionnaire constitutes my informed consent for participation in the study.

If you agree with the statements, then go ahead and begin work on the questionnaire. Thank you for your assistance in completing the questionnaire.

Sincerely,

Ellen A. Strommen
Professor

APPENDIX B

INSTRUMENTS

Relational Self Inventory (RSI)

Instructions: Reach each statement below and decide how much it describes you. Using the following rating scale, select the most appropriate response and blacken the corresponding circle on the blue answer sheet.

Not like me at all				Very much like me
1	2	3	4	5

1. I believe I must care for myself because others are not concerned with my needs.
2. When I help someone I feel good because I've done my duty.
3. What is right is right.
4. It's worse for me to be a failure in my chosen vocation than to have no one with whom to share my life.
5. Activities of care that I perform expand both me and others.
6. Caring about other people is important to me.
7. True responsibility involves making sure my needs are cared for as well as the needs of others.
8. I enjoy taking care of my own health.
9. Love is an activity, not something you have.
10. I believe that in order to survive I must concentrate more on taking care of myself than on taking care of others.
11. I try not to think about the feelings of others when there is a principle at stake.
12. It's hard for me to tell others how much I care about them.
13. Doing things for others makes me happy.
14. Sometimes I have to accept hurting someone else if I am to do the things that are important in my own life.
15. If other people are going to sacrifice something they want for my sake I want them to understand what they are doing.
16. I want to learn to stand on my own two feet.
17. All you really need to do to help someone is to love them.

Not like me at all				Very much like me
1	2	3	4	5

18. I can feel confident in myself even when I do not have the approval of those who are close to me.

19. If someone does something for me, I reciprocate by doing something for them.

20. I like to acquire many acquaintances and friends.

21. In choosing a vocation, helping others is more important to me than money, prestige, or personal challenge.

22. I cannot always do what my loved ones want, if it causes me to make a sacrifice.

23. When I am feeling "needy," I am comfortable asking others to help out rather than doing it all myself.

24. In a close relationship you nearly always give up more than you get.

25. When I make a decision it's important to use my own values to make the right choice.

26. I expect others to treat me as I treat them.

27. I like competing with others.

28. Relationships are a central part of my identity.

29. If someone offers to do something for me, I should accept the offer even if I really want something else.

30. Even though I am sensitive to others' feelings, I make decisions based upon what I feel is best for me.

31. I feel better when I choose to do a favor than when I think I am expected to.

32. The feelings of others are not relevant when deciding what is right.

33. I try to approach relationships with the same organization and efficiency as I approach my work.

34. Those about whom I care deeply are part of who I am.

35. I cannot choose to help someone else if it will hinder my self-development.

36. The worst thing that could happen in a friendship would be to have my friend reject me.

Not like me at all				Very much like me
1	2	3	4	5

37. I do not want others to be responsible for me.

38. I no longer think this way, but I used to believe that the greatest good is self-sacrifice.

39. It is necessary for me to take responsibility for the effect my actions have on others.

40. I cannot afford to give attention to the opinions of others when I am certain I am correct.

41. Loving is like a contract: If its provisions aren't met, you wouldn't love the person any more.

42. Being unselfish with others is a way I make myself happy.

43. I deserve the love of others as much as they deserve my love.

44. If someone asks me for a favor I have a responsibility to think about whether or not I want to do the favor.

45. Sometimes others do for me what I want to be able to do for myself.

46. I feel empty if I'm not closely involved with someone else.

47. When a friend traps me with demands and negotiation has not worked, I am likely to end the friendship.

48. I find it hard to sympathize with people whose misfortunes I believe are due mainly to their own shortcomings.

49. I like to see myself as interconnected with a network of friends.

50. I often try to act on the belief that self-interest is one of the worst problems facing society.

51. Sometimes I think I do too much for others and not enough for myself.

52. Those who are strong and happy deserve my care as much as those who are needy.

53. I believe that I must care for myself because others are not responsible for me.

54. The people whom I admire are those who seem to be in close personal relationships.

55. I make decisions based upon what I believe is best for me and mine.

Not like me at all				Very much like me
1	2	3	4	5

56. In my every day life I am guided by the notion of "an eye for an eye and a tooth for a tooth."

57. I believe that one of the most important things that parents can teach their children is how to cooperate and live in harmony with others.

58. Even though it's difficult, I have learned to say no to others when I need to take care of myself.

59. Sometimes a good way to support others is to tell them of your own faults and problems.

60. In order to continue a relationship it has to let both of us grow.

61. The best way to help someone is to do what they ask even if you don't really want to do it.

62. I often tell people what to do when they are having trouble making a decision.

63. Being unselfish with others is more important than making myself happy.

64. If I am to help another person it is important to me to understand my own motives.

65. I want to be responsible for myself.

66. I feel that my development has been shaped more by the persons I care about than by what I do and accomplish.

67. I accept my obligations and expect others to do the same.

68. I try to curb my anger for fear of hurting others.

69. I no longer think this way, but I used to believe that true responsibility is the same as caring for others, even if it means less care for myself.

70. If I knew I were to die within the year, I would be more concerned for my loved ones than for my unfinished occupational goals.

71. Sometimes a good way to give to others is to tell them what you need for yourself.

72. What it all boils down to is that the only person I can rely on is myself.

Not like me at all				Very much like me
1	2	3	4	5

73. I would never compromise something I truly believe in.

74. To sustain a relationship I play many roles.

75. I don't feel very pleased with myself if I help someone "automatically" without thinking of what I'm doing.

76. Once I've worked out my position on some issue I stick to it.

77. In making decisions, I can neglect my own values in order to keep a relationship.

78. When I am feeling "needy," I think I have the right to ask others to help out rather than doing it all myself.

79. You've got to look out for yourself or the demands of circumstances and other people will eat you up.

80. When dealing with a tough situation, my first concern is to be fair.

81. To keep relationships going, I often tell others I care more about them than I really do.

82. When important changes are going on in my life, I like to retreat into myself for awhile.

83. I believe that I have to look out for myself and mine, and let others shift for themselves.

84. If what I want to do upsets other people, I try to think again to see if I really want to do it.

85. Before I can be sure I really care for someone I have to know my true feelings and reasons.

86. Being your own person is doing whatever you want, as long as you do not step on other people's rights or wants.

87. I will not let others help me unless I can do the same thing for them.

88. My own personal achievements are rarely important enough to justify causing hurt and pain to others.

89. If I am really sure that what I want to do is right, I do it even if it upsets other people.

90. To really help someone, it is as important to know them and their desires as it is to love them.

Not like me at all				Very much like me
1	2	3	4	5

91. I am guided by the principle of treating others as I want to be treated.

92. I often keep quiet rather than hurt someone's feeling, even if it means giving a false impression.

93. A close friend is someone who will help you whenever you need help and knows you will help if they need it.

94. I don't often do much for others unless they can do some good for me later on.

95. People who don't work hard to accomplish respectable goals can't expect me to help when they're in trouble.

(CES-D) Center for Epidemiological Studies Depression Scale

Below is a list of some of the ways you may have felt or behaved. By using the same small red answer sheet, indicate how often you have felt this way during the past week by darkening the appropriately numbered circle. Use the following scale to make your responses.

Rarely or None of the Time (less than 1 day)	Some or a Little of the Time (1-2 days)	Occasionally or a Moderate Amount of time (3-4 days)	Most or All of the Time (5-7 days)
1	2	3	4

1. I was bothered by things that don't usually bother me.
2. I did not feel like eating; my appetite was poor.
3. I felt that I could not shake off the blues even with help from my family and friends.
4. I felt that I was just as good as other people.
5. I had trouble keeping my mind on what I was doing.
6. I felt depressed.
7. I felt that everything I did was an effort.
8. I felt hopeful about the future.
9. I thought my life had been a failure.
10. I felt fearful.
11. My sleep was restless.
12. I was happy.
13. I talked less than usual.
14. I felt lonely.
15. People were unfriendly.
16. I enjoyed life.
17. I had crying spells.
18. I felt sad.
19. I felt that people disliked me.
20. I could not get "going."

Rosenberg Self-Esteem Inventory

Instructions: Read each statement below and decide how much it describes you. Using the following rating scales, select the most appropriate response and blacken the corresponding circle on the same blue answer sheet.

Strongly Agree	Agree	Disagree	Strongly Disagree
1	2	3	4

1. I feel I'm a person of worth, at least on an equal plane with others.
2. I feel that I have a number of good qualities.
3. All in all, I am inclined to feel I am a failure.
4. I am able to do things as well as most other people.
5. I feel I do not have much to be proud of.
6. I take a positive attitude toward myself.
7. On the whole, I am satisfied with myself.
8. I wish I could have more respect for myself.
9. I certainly feel useless at times.
10. At times I think I am no good at all.

EASI-III Temperament Survey

Instructions: Rate each of the following statements by deciding whether it is not at all like you see yourself, very much like you see yourself, or somewhere in between. Using the same small answer sheet, blacken the circle corresponding to your response. Use the following scale to make your responses.

Not at All Like Me		Somewhat Like Me		Very Much Like Me
1	2	3	4	5

1. I make friends very quickly.
2. I am very sociable.
3. I tend to be shy.
4. I usually prefer to do things alone.
5. I have many friends.

6. There are many things that annoy me.
7. I frequently get angry.
8. It takes a lot to get me mad.
9. I get angry more often than most people my age.

10. I am easily frightened.
11. I often feel insecure.
12. I tend to be nervous in new situations.
13. I have fewer fears than most people my age.
14. When I get scared I panic.

Sentence Completion

The following are sentence completion items. Please complete each statement in the space provided.

1. To me RESPONSIBILITY means _____

_____

2. To me SELFISH means _____

_____

3. To me RECIPROCITY means _____

_____

4. I feel IN CONTROL when _____

_____

5. I feel OUT OF CONTROL when _____

_____

6. I HURT OTHERS when _____

_____

7. When I GET ANGRY I _____

_____

8. When I FEEL POWERFUL it is because _____

_____

9. To me DEPENDENCY means _____

_____

APPENDIX C

REVISED RELATIONSHIP SELF INVENTORY

RRSI RELIABILITIES AND SCALE INTERCORRELATIONS

RRSI ITEM-SCALE TOTAL CORRELATIONS

Revised Relationship Self Inventory (RSI)

Instructions: Read each statement below and decided how much it describes you. Using the following rating scale, select the most appropriate response and blacken the corresponding circle on your answer sheet.

Not Like Me at All				Very Much Like Me
1	2	3	4	5

1. I often try to act on the belief that self-interest is one of the worst problems facing society.

2. A close friend is someone who will help you whenever you need help and knows that you will help if they need it.

3. I cannot choose to help someone else if it will hinder my self-development.

4. I want to be responsible for myself.

5. In making decisions, I can neglect my own values in order to keep a relationship.

6. I find it hard to sympathize with people whose misfortunes I believe are due mainly to their shortcomings.

7. I try to curb my anger for fear of hurting others.

8. Being unselfish with others is more important than making myself happy.

9. Loving is like a contract: If its provisions aren't met, you wouldn't love the person anymore.

10. In my everyday life I am guided by the notion of "an eye for an eye and a tooth for a tooth."

11. I want to learn to stand on my own two feet.

12. I believe that one of the most important things that parents can teach their children is how to cooperate and live in harmony with others.

13. I try not to think about the feelings of others when there is a principle at stake.

14. I don't often do much for others unless they can do some good for me later on.

15. Activities of care that I perform expand both me and others.

Not Like Me at All				Very Much Like Me
1	2	3	4	5

16. If what I want to do upsets other people, I try to think again to see if I really want to do it.

17. I do not want others to be responsible for me.

18. I am guided by the principle of treating others as I want to be treated.

19. I believe that I have to look out for myself and mine, and let others shift for themselves.

20. Being unselfish with others is a way I make myself happy.

21. When a friend traps me with demands and negotiation has not worked, I am likely to end the friendship.

22. I feel empty if I'm not loosely involved with someone else.

23. Sometimes I have to accept hurting someone else if I am to do the things that are important in my own life.

24. In order to continue a relationship it has to let both of us grow.

25. I feel that my development has been shaped more by the persons I can about than by what I do and accomplish.

26. People who don't work hard to accomplish respectable goals can't expect me to help when they're in trouble.

27. Relationships are a central part of my identity.

28. I often keep quiet rather than hurt someone's feelings, even if it means giving a false impression.

29. If someone offers to do something for me, I should accept the offer even if I really want something else.

30. The worst thing that could happen in a friendship would be to have my friend reject me.

31. If I am really sure that what I want to do is right, I do it even if it upsets other people.

32. Before I can be sure I really care for someone I have to know my true feelings.

33. What it all boils down to is that the only person I can rely on is myself.

Not Like Me at All				Very Much Like Me
1	2	3	4	5

34. Even though I am sensitive to others' feelings, I make decisions based upon what I feel is best for me.

35. Even though it's difficult, I have learned to say no to others when I need to take care of myself.

36. I like to see myself as interconnected with a network of friends.

37. Those about whom I care deeply are part of who I am.

38. I accept my obligations and expect others to do the same.

39. I believe that I must care for myself because others are not responsible.

40. The people whom I admire are those who seem to be in close personal relationships.

41. It is necessary for me to take responsibility for the effect my actions have on others.

42. True responsibility involves making sure my needs are cared for as well as the needs of others.

43. The feelings of others are not relevant when deciding what is right.

44. If someone asks me for a favor I have a responsibility to think about whether or not I want to do the favor.

45. I make decisions based upon what I believe is best for me and mine.

46. Once I've worked out my position on some issue I stick to it.

47. I believe that in order to survive I must concentrate more on taking care of myself than on taking care of others.

48. The best way to help someone is to do what they ask even if you don't really want to do it.

49. Doing things for others makes me happy.

50. All you really need to do to help someone is to love them.

51. I deserve the love of others as much as they deserve my love.

52. You've got to look out for yourself or the demands of circumstances and of other people will eat you up.

Not Like Me at All				Very Much Like Me
1	2	3	4	5

53. I cannot afford to give attention to the opinions of others when I am certain I am correct.

54. If someone does something for me, I reciprocate by doing something for them.

55. Caring about other people is important to me.

56. If other people are going to sacrifice something they want for my sake I want them to understand what they are doing.

57. When I make a decision it's important to use my own values to make the right education.

58. I try to approach relationships with the same organization and efficiency as I approach my work.

59. If I am to help another person it is important to me to understand my own motives.

60. I like to acquire many acquaintances and friends.

Revised Relationship Self Inventory

Reliabilities and Scale Intercorrelations

Table C1. Reliabilities (alpha)

	Separate/ Objective Self	Connected/ Relational Self	Primacy of Other Care	Self and Other Care Chosen Freely
Women (N = 930)	.77	.76	.68	.78
Men (N = 228)	.85	.76	.67	.77

Table C2. Scale Intercorrelations*

	Separate/ Objective Self	Connected/ Relational Self	Primacy of Other Care	Self and Other Care Chosen Freely
Separate/ Objective Self	1.00[a]	-.23	.09	.40
Connected/ Relational Self	-.33	1.00	.56	.52
Primacy of Other Care	-.01	.73	1.00	.10
Self and Other Care Chosen Freely	.26	.58	.19	1.00

* Intercorrelations for women above the diagonal; intercorrelations for men below the diagonal.

[a] Corrected for attenuation.

Table C3. Item-Scale Total Correlations and Scale Reliabilities of the Revised Relationship Self Inventory

	Women		Men	
Separate/Objective Self				
Item	Item-total Correlation[a]	Scale Alpha	Item-total Correlation[a]	Scale Alpha
I believe that in order to survive I must concentrate more on taking care of myself than on taking care of others.	.50	.77	.49	.85
I try not to think about the feelings of others when there is a principle at stake.	.36		.37	
Even though I am sensitive to others' feelings, I make decisions based upon what I feel is best for me.	.31		.41	
The feelings of others are not relevant when deciding what is right.	.39		.47	
I try to approach relationships with the same organization and efficiency as I approach my work.	.21		.36	
I cannot chose to help someone else if it will hinder my self-development.	.50		.58	
I cannot afford to give attention to the opinions of others when I am certain I am correct.	.45		.59	
Loving is like a contract: If its provisions aren't met, you wouldn't love the person any more.	.41		.36	
When a friend traps me with demands and negotiation has not worked, I am likely to end the relationship.	.32		.36	

(table continues)

Item	Item-total Correlation[a]	Scale Alpha	Item-total Correlation[a]	Scale Alpha
I find it hard to sympathize with people whose misfortunes I believe are due mainly to their own shortcomings.	.43		.53	
I make decisions based upon what I believe is best for me and mine.	.32		.46	
In my everyday life I am guided by the notion of "an eye for an eye and a tooth for a tooth."	.43		.62	
What it all boils down to is that the only person I can rely on is myself.	.40		.48	
Once I've worked out my position on some issue I stick to it.	.23		.37	
You've got to look out for yourself or the demands of circumstances and other people will eat you up.	.46		.54	
I believe that I have to look out for myself and mine, and let others shift for themselves.	.57		.71	
I don't often do much for others unless they can do some good for me later on.	.41		.49	
People who don't work hard to accomplish respectable goals can't expect me to help when they're in trouble.	.47		.56	
Relational/Connected Self				
Activities of care that I perform expand both me and others.	.50	.76	.60	.76
Caring about other people is important to me.	.59		.67	
Doing things for others makes me happy.	.51		.60	

(table continues)

Item	Item-total Correlation[a]	Scale Alpha	Item-total Correlation[a]	Scale Alpha
If someone does something for me, I reciprocate by doing something for them.	.42		.52	
I like to acquire many acquaintances and friends.	.43		.30	
Relationships are a central part of my identity.	.48		.39	
Those about whom I care deeply are part of whom I am.	.51		.45	
It is necessary for me to take responsibility for the effect my actions have on others.	.40		.46	
Being unselfish with others is a way I make myself happy.	.38		.35	
I like to see myself as interconnected with a network of friends.	.42		.30	
I believe that one of the most important things that parents can teach their children is how to cooperate and live in harmony with others.	.41		.44	
I am guided by the principle of treating others as I want to be treated.	.39		.45	
Primacy of Other Care				
All you really need to do to help someone is to love them.	.29	.68	.35	.67
If someone offers to do something for me, I should accept the offer even if I really want something else.	.41		.44	
The worst thing that can happen in a friendship would be to have my friend reject me.	.35		.47	

(table continues)

Item	Item-total Correlation[a]	Scale Alpha	Item-total Correlation[a]	Scale Alpha
I feel empty if I'm not closely involved with someone else.	.32		.36	
I often try to act on the belief that self-interest is one of the worst problems facing society.	.30		.33	
The people whom I admire are those who seem to be in close personal relationships.	.33		.26	
The best way to help someone is to do what they ask even if you don't really want to do it.	.43		.30	
Being unselfish with others is more important than making myself happy.	.48		.52	
I feel that my development has been shaped more by the persons I care about than by what I do and accomplish.	.37		.19	
I try to curb my anger for fear of hurting others.	.41		.46	
In making decision, I can neglect my own values in order to keep a relationship.	.28		.23	
If what I want to do upsets other people, I try to think again to see if I really want to do it.	.36		.30	
I often keep quiet rather than hurt someone's feelings, even if it means giving a false impression.	.43		.45	
A close friend is someone who will help you whenever you need help and knows that you will help if they need it.	.34		.27	

(table continues)

Item	Item-total Correlation[a]	Scale Alpha	Item-total Correlation[a]	Scale Alpha
Self and Other Care Chosen Freely				
True responsibility involves making sure my needs are cared for as well as the needs of others.	.38	.78	.40	.77
Sometimes I have to accept hurting someone else if I am to do the things that are important in my own life.	.30		.17	
If other people are going to sacrifice something they want for my sake I want them to understand what they are doing.	.40		.44	
I want to learn to stand on my own two feet.	.53		.59	
I do not want others to be responsible for me.	.35		.46	
I deserve the love of others as much as they deserve my love.	.31		.32	
If someone asks me for a favor I have a responsibility to think about whether or not I want to do the favor.	.43		.40	
I believe that I must care for myself because others are not responsible for me.	.45		.46	
Even though it's difficult, I have learned to say no to others when I need to take care of myself.	.31		.42	
In order to continue a relationship it has to let both of us grow.	.52		.40	
If I am to help another person it is important to me to understand my own motives.	.47		.38	

(table continues)

Item	Item-total Correlation[a]	Scale Alpha	Item-total Correlation[a]	Scale Alpha
I want to be responsible for myself.	.63		.50	
I accept my obligations and expect others to do the same.	.47		.51	
Before I can be sure I really care for someone I have to know my true feelings.	.37		.32	
When I make a decision it's important to use my own values to make the right choice.	.43		.45	
If I am really sure that what I want to do is right, I do it even if it upsets others.	.42		.46	

[a] Corrected for item overlap.

APPENDIX D

CODEBOOKS FOR ANGER AND POWERFUL CODES

When I FEEL POWERFUL it is because _____

1. ITEM COMPLETION
   0 = not completed
   1 = completed

2. DENIAL of being or feeling powerful
   This code is for fairly direct statements of denial or statements of power as negative or bad. Do not use this code when you infer from the subject's response that s/he doesn't really feel very powerful with the type of power s/he describes.

   0 = absent
   1 = denial of, or experience of power as unauthentic, as derivative of another negative experience; power is not felt as an autonomous experience. Ex. I can't remember feeling powerful. I ate spinach (tee hee), I don't really feel powerful. I never feel powerful. I'm overcompensating for a feeling of insecurity.
   2 = power as negative experience. Ex. I forget temporarily who is in charge, a feeling I don't take pride in. I feel I am, but don't really like to.

3. Power from/in RELATIONSHIPS with others
   This is NOT necessarily reflective of a connected-self orientation.

   0 = absent
   1 = emotional acceptance by others, liking, being loved by others. Ex. Others are accepting of the way I act or feel. I have received a lot of strokes--I can then do anything. I know I am loved by important people in my life. I feel confident and loved (also 7.1).
   2 = dependency, others depending on self, for one-way experiences of dependency with the self as giver/source of support for others, being needed. Ex. Someone depends on me. I can take care of others, help them. I have helped someone. I can help others.
   3 = respect, competence. Ex. People listen when I'm imparting knowledge on subjects I'm well versed in. I have accomplished a goal and been recognized by someone whose opinion I value (also coded 6.1). Others respect my opinions and actions. I've done something that is considered good by others. People look up to me.
   4 = Self- and other-care, including self as recipient of care. Ex. I have done something worthwhile for others and myself.
   5 = from relationships, others, but can't distinguish. Ex. People will respond to me when I ask them to do a favor for me.

4. Positional power: power from one's POSITION or role in a hierarchy, power over others, not necessarily coercive or against others, may be role-conferred, via status, possessions, seen in statements of comparison, imbalance, "more than." Competitive imagery may be used, where power for one person is at the expense of another's power or status. **Imagine a hierarchy based on some measure of a standard, whether it is dominance, skill, age, possessions, parental authority, job ladder, etc., where power comes from one's position in that hierarchy relative to others' positions. Please be careful not to let negative stereotypes of power as abusive exploitation or

manipulation color your use of this code. There is nothing inherently abusive about this type of power, e.g., parents are legitimately powerful in their roles as parents of children younger, less competent, etc., without having to express it though violence or abuse. If you respond to a statement of power as hurtful or negative, look carefully at the source of the power: if it is from sadism or manipulation or a statement of ability to get one's own way, it may best be coded 12.1.

0 = absent
1 = present. Ex. Gained a position of authority and/or my technical and communicable (sic) skills. I have control (being a leader, controlling a number of people in any given situation). I am with someone younger than me. I feel superior to the people around me. I have something other people want. I am in charge of a situation and my decision is the final one. My reliance on others is not as much as their reliance on me. I have the upper hand. I set short term goals and can control other people. I have knowledge or some other advantage on my side. I can do something that others can't.

5. Power from moral sense of RIGHTness, moral certainty. This code is for the experience of power coming from being certain one is morally or conventionally in the "right."

0 = absent
1 = present. Ex. I think I'm doing the right thing whether others agree or not. I'm absolutely sure of my convictions. I'm doing the right thing and the other people know it. I have proved my point. I have stood up for what's right.

6. Power from ACHIEVEMENT/ACCOMPLISHMENT (task inferred), including satisfaction at completion of task, satisfaction at accomplishment, success, achievement, hard work, etc. Here power is experienced through the process of achieving and/or the product of one's achievement and work. It may/may not be a self-chosen goal; the emphasis is on the doing, the activity of achieving as the source of power.

0 = absent
1 = present. Ex. I have succeeded. I've learned something I have succeeded in doing something well. I've achieved a goal. I'm satisfied with a job well done. I have accomplished a goal. I have achieved something I've worked hard for. I feel like I accomplished something. I have come up the hard way and have worked hard to get what I have now. I have controlled a particular situation or accomplished some goal (also coded 8.2). I have accomplished or achieved what I want (also coded 8.1). I feel good about myself because of something that I've accomplished (also coded 7.1). I am doing well and achieving what I set out to do (also coded 7.1).

7. Power from SELF-ESTEEM and/or other positive feelings about the self

   0 = absent
   1 = present. Ex. I feel confident and loved (also 3.1). I like myself. I feel good about myself and my potential. I feel fulfilled. I feel good. Increased self-confidence. My inner being is calm. At peace with myself. I feel confident and trust in God (also coded 11.2). I am sure of my capabilities. I am not having feelings of depression and I feel in control over anything that might happen (also coded 8.2-note this as example of a negative expression of 7.1). I feel good about myself or what I'm doing (also coded 8.1). Note other multiply-coded example above in 6.1.

8. Power from awareness of CHOICE about self/own life, experiencing the self as able to choose, with freedom and responsibility for own choices, feeling identification with one's own choices. Here the emphasis is on seeing oneself as having options and the agency and freedom for self-definition. This leads to increased efficacy, ownership and sense of control of one's life, but "control" per se is not the central theme of this category (choice is).

   0 = absent
   1 = present
   Ex. I have control of myself in a situation. I control my life. I'm doing what I want; I have accomplished a goal I wanted to reach. (These examples would be coded both here and under 6, power from achievement.) I feel comfortable in what I'm doing. I am in charge of myself. I am in control of myself. I'm doing what I want. I feel that I can support myself and deal with my problem without somebody elses intervention. (Note other examples doubled-coded under 6.1 and 7.1 above.) I can change my life in ways that will bring me happiness.
   2 = for statements of "I am in control," with no further elaboration, or statements of "I am in control of the situation/situation at hand" (impersonal or abstract general statements of control, not over people--4.1 or over self--8.1). Ex. I feel in control over anything that might happen. I have taken control of a situation. I have controlled a particular situation. I have controlled a particular situation. I have control over the things around me.

9. Power with BALANCE: dealing with multiple dimensions, juggling them successfully.

   0 = absent
   1 = present
   Ex. I have been true to myself and still gotten others to understand without hurting them. I can cope with my many responsibilities and still smile and be happy.

10. Power from PREDICTABILITY, usually through knowledge or planning, where predictability contributes to a sense of comfort and limited control.

    0 = absent
    1 = present
    Ex. I know what's going on. I am prepared for a situation. I feel I have answers, I know where I'm headed. I am in control of a situation and know what to do. I understand the reason and direction of what I'm doing. I know what I'm doing. (Note—if you are confused between coding 8.1 or 10.1 for a response, use 10.1 if the response resembles examples here and if using 10.1 means <u>less inference</u> than 8.1.)

11. PASSIVE or IMPERSONAL power

    0 = absent
    1 = present
    EX. Things are going OK. All's going well in my life. Everything is going great.
    2 = God. Ex. I'm letting Divine Power express through me. Because of my reliance on God. I know it's God's will that I am following His teachings according to the Bible.

12. NOT SCORABLE by these categories. Always consider that a strange response might be a <u>mis</u>reading of the stem. Also, a response can be meaningful and interesting, but just not fit any of our codes and fall outside our areas of interest: in this sense, it is not "garbage" but simply not useful for the coding scheme.

    0 = absent
    1 = not scorable. Ex. I have energy to spare. I feel that nothing I do can go wrong.

    NOTE: 12.1 should <u>never</u> appear as part of a double code. Use any other appropriate code instead of 12.1 or 12.1 if no other codes are appropriate.

When I GET ANGRY I _____

1. Item completion

   0=completed
   1=not completed

2. DENIAL of anger

   0=absent
   1=present. Ex. I rarely get angry. I never get angry. I don't get angry except at myself.

3. Focus on RESPONSIBILITY for others HURT/concern for impact of anger on others, with view that anger hurts others, damages relationships.

   0=absent
   1=present. Ex. Wish to avoid hurting others. Hurt those I don't want to hurt. Fear the results of the anger in my words and action--upon others and myself. Don't believe in hurting anyone so I try to keep my cool (also 4.2). Try not to let it affect others.

4. Holding anger in; WITHDRAWAL from feeling angry, expressing anger or from conflictual situation; not communicating, and/or channeling feelings into physical activity (not acting-out). **This category reflects an Anger-In dimension where the subject retreats from his/her anger and/or the conflictual situation. The withdrawal may be physical, as in going off alone, or emotional, as in becoming quiet and pulling back inside. There may be an active wish not to talk or communicate, and to hide feelings. The feelings and tension may be channeled into physical activity and discharged indirectly in a sublimated fashion rather than through cathartic physical acting-out, as in doing house-work, yardwork or cleaning "furiously."

   0=absent
   1=<u>withdrawal</u> and/or substitute activity. Ex. Do nothing. Refuse to express it. Don't communicate. Get quiet or do housework fast-like. Become depressed and withdrawn (also 9.2). Want to be alone. Sit and stew over it. Brood. Fume about it inside of me but don't let it show. Clam up. Retreat into myself. Bottle the emotions as much as possible so as not to let others know I'm upset. Try to be alone. Try to hold it in. Become quiet and withdraw into my own thoughts. Take a walk.
   2=attempts at <u>regulating/impulse control</u> against losing control. Count to 10 to try to keep my temper under control. Try to control my anger. Take time to cool off. Have to find an outlet for the anger or I might do something rash. Usually walk away, cool my temper. Try to keep a lid on it for fear of losing control.

5. JUDGEMENTS about anger

0=absent
1=negative judgements about anger or the angry self, no mention of impact on others as in 3.1. Ex. Feel guilty. Say the wrong thing. Don't like myself. I get nasty. Say things I wish I hadn't said. Feel sorry. Lose control of myself and feel degraded. Do not like myself. Say things I regret/shouldn't. Get upset because I do not like the feeling. get mad at myself for being angry.
2=positive judgements about anger or the self as angry. Ex. I have a right to get angry. Feel I have a right to vent anger when it is hurting me. I feel good after, because that has been a problem for me (keeping anger to myself). I used to feel guilty... now I recognize anger...accept it as an emotion I have a right to experience... not just a right but...a duty when situations warrant it.

6. SOMATIZATION

0=absent
1=present, expressed as physical symptoms. Ex. Get a headache, muscle spasm, or other physical synptom. My stomach gets in a knot and I can't breathe easily. I get migraines.

7. BEHAVIORAL expression of anger (as cathartic acting-out)

0=absent
1=physical expression, possible aggression towards objects, (does not include people as targets). Ex. Throw things, slam doors. Throw old, chipped coffee mugs against the garage wall. Throw whatever is handy, especially pillows.
2=verbal expression, nonrational venting. Ex. Scream. Yell. Scream and yell at the closest (family) people to me. Talk loud, make rash statements. Explode and spout out things I regret later (also 5.1). Sometimes shout but don't hold grudges.
3=both physical and verbal acting-out. Ex. Bang drawers, shut doors and sometimes yell at the person who annoys me. Throw things or say things I don't mean (also 5.1).
4=expression of anger not specified (but NOT cry). Ex. I blow up! Tend to overreact and show a lot of emotion (also 5.1).

8. RATIONAL approach (not venting)

0=absent
1=introspective problem-solving/analysis through rational means (usually implicit: by oneself). Ex. Write in journal. Think it out. Need time out to assess where the anger is really coming from. Become very analytical. Am now learning to look for the reason why. Write. Come back to the source of anger and view it in a more objective perspective.
2=with another person (not the recipient of anger). Ex. Tell my problems to a friend. Go talk to someone who is not involved with the fight.
3=with God. Ex. Pray, then act. Use prayer.

9. Transformation of ANGER TO SADNESS/DISTRESS. This category of transformation of affect is ONLY for anger changed to sadness/tearfulness/distress/depression/hurt feelings, not anger to some other phenomena.

   0=absent
   1=cry. Ex. Cry. Start crying and then I can't voice my feelings. Usually get upset and end up in tears. Cry.
   2=depressed, sad or hurt feelings. Ex. Cry and feel sorry for myself. Am feeling hurt. Become depressed. Feel hurt.

10. COMMUNICATION/RESOLUTION attempts

    0=absent
    1=communication of feelings, reconciliation attempts including with partner with whom in conflict. Ex. Voice my feelings. Express it verbally. Verbalize it. Talk with the other person. Tell the person I'm angry with.
    2=impersonal statements about correcting , resolving the problem (others not specified). Ex. Try to resolve the problem. Try to correct the situation which made me angry.

11. REACTIVE AGGRESSION towards others, retaliation (aggression, not expression).

    0=absent
    1=physical aggression towards people. Ex. Hit the other person. Throw something at the other person, lose control.
    2=verbal aggression towards people. Ex. Deliberately say things I know will hurt or will make the other person angry or I overcriticize. Say mean things to provoke further argument. Say mean things to get back at the other person.
    3=mode unspecified. Ex. I fight back any way I can. I tend to take it out on others. Have a tendency to take my anger out on my family and friends. Tend to provoke others into more argument.

12. NOT SCORABLE by these categories. Please always consider that a response may be a misreading of the stem: the most common misreading here seems to be I GET ANGRY WHEN _____ I have to stay at home all the time, people try to hurt me or someone I love, I get a lower grade than I expect, I don't live up the my own expectations or I am tired, etc.

    0=absent
    1=not scorable
    ***NOTE: 12.1 should NEVER appear as part of a double code. If any other code fits, use that first. 12.1 is for responses that do not fit anywhere in our coding scheme.

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