

## Idealism, Relativism, and the Ethic of Caring

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**ABSTRACT.** In this study, we investigated Gilligan's (1982) theory of moral thought. Two hundred sixteen American college students (73% women and 20.5% black) completed two questionnaires designed to measure individual differences in personal moral philosophies. Analyses indicated that individuals who endorsed an ethic of caring also tended to have higher scores on the idealism scale of the Ethics Position Questionnaire,  $r = .53$ . Caring was also slightly correlated with the rejection of moral relativism,  $r = -.13$ . Individuals who espoused highly idealistic but nonrelativistic personal moral philosophies most strongly endorsed an ethic of caring. Sex differences among these students were conspicuously absent.

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INDIVIDUALS DIFFER SIGNIFICANTLY in moral outlook. Psychologists have offered many different theoretical models in their attempts to explain these differences (e.g., Hogan, 1973; Kohlberg, 1982). Gilligan (1982) proposed one model in which she suggested that people vary in the extent to which they base their moral decisions on an "ethic of caring," the principle that "inflicting hurt is considered selfish and immoral in its reflection of unconcern, while the expression of care is seen as the fulfillment of moral re-

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sponsibility" (Gilligan, 1982, p. 73). An ethic of caring requires "promoting the welfare of others or preventing their harm; relieving the burdens, hurt, or suffering (physical or psychological) of others" (Lyons, 1983, p. 136). Gilligan believed that previous studies of moral thought have been so heavily influenced by Kohlberg's (1982) conception of social justice that the impact of an ethic of caring has been overlooked.

In this study, we examined the relationship between Gilligan's (1982) theory of moral thought and Forsyth's (1980) two-dimensional model of personal moral philosophies. Forsyth argued that two basic dimensions underlie differences in moral thought. One dimension, idealism, refers to individuals' concern for the welfare of others. Those who are idealistic in their moral orientation insist that one must always avoid harming others, whereas non-idealists assume that harm will sometimes be necessary to produce good. The second dimension, relativism, refers to the extent to which individuals base their personal moral philosophies on universal ethical rules. Relativists assume that exceptionless moral principles do not exist, whereas nonrelativists assume that such principles as "Thou shalt not lie" provide useful guidelines for action.

Gilligan's ethic of caring appears to be conceptually similar to the idealism dimension identified by Forsyth in his studies of individual differences in moral thought (Forsyth, 1980, 1981, 1985; Forsyth & Pope, 1984). When individuals adopt an ethic of caring, they base their judgments and actions on their relationships with, and responsibilities to, other individuals. Similarly, idealistic individuals, as identified by the Ethics Position Questionnaire (EPQ) devised by Forsyth (1980), agree with such items as "A person should make certain that [his or her] actions never intentionally harm another even to a small degree." The ethic of caring may also be inversely related to relativism if individuals feel that caring for others is a fundamental moral principle that should be followed whenever possible.

We examined the relationship between these two models of individual differences in moral thought by developing a brief self-report measure of Gilligan's ethic of caring. We predicted that the ethic of caring, as measured by the EPQ (Forsyth, 1980), would be significantly related to idealism and relativism. We also tested for differences between men and women, but we made no specific predictions concerning the sexes.

## Method

### *Subjects*

We recruited 216 volunteers from undergraduate psychology classes at a mid-sized urban university in the United States. The students ranged in age from 18 to 52 years ( $M$  age = 22); 73% were females and 20.5% were Blacks.

### Procedure

The students participated in groups of 10 to 50 persons. They responded to a questionnaire that included 20 items from the original EPQ, and 10 items pertaining to the ethic of caring. The students indicated their degree of agreement or disagreement on a 9-point scale that ranged from *completely disagree* (1) to *completely agree* (9).

*The Ethics Position Questionnaire (EPQ).* The EPQ consists of two 10-item scales that measure idealism and relativism (Forsyth, 1980). Such items as "A person should make certain that their actions never intentionally harm another even to a small degree," and "If an action could harm an innocent other, then it should not be done" comprised the idealism scale; the relativism scale included such items as "Different types of moralities cannot be compared as to 'rightness'" and "What is ethical varies from one situation to another." Students' scores on both scales could range from 10 to 90.

The 20 items from the EPQ were factor analyzed, to assess its validity. We obtained two general factors pertaining to idealism and relativism. This finding was consistent with Forsyth's (1980) findings. The two factors accounted for 22.4% and 20.0% of the total variance, respectively, and the third factor accounted for only 7.8% of the variance. All the idealism items had high loadings on the first factor, and the relativism items all had high loadings on the second factor. The internal consistency coefficients (Cronbach alpha) of the idealism and relativism scales were both large: .82 and .84, respectively.

*Ethic of caring.* The ethic of caring scale included 10 items drawn from interviews with respondents and descriptions of this moral viewpoint presented by Gilligan (1982) in her book, *In a Different Voice*. The items dealt with such issues as responsibility to others, moral obligations, conflict resolution, selflessness, and caring for other people. Factor and item analysis indicated that the 10 items assessing an ethic of caring formed a unidimensional scale with an internal consistency of .85. The items comprising the scale are shown in Table 1.

### Results

Individuals who adopted an idealistic moral philosophy also tended to espouse an ethic of caring. Although relativism and idealism were not correlated,  $r = -.06$ , both scales were significantly correlated with an ethic of caring,  $r_s = .53$  and  $-.13$ ,  $p_s < .001$  and  $.05$ , respectively. These correlations suggest that, as idealism increased, endorsement of an ethic of caring

**TABLE 1**  
**Ethic of Caring Scale Items and Their Correlations With the EPQ Scales**

Item	EPQ scale	
	Idealism	Relativism
Moral people strive to live in harmony with others.	.26***	-.09
Morality is based on each person's responsibility to others.	.29***	.03
We all are morally obligated to make the world a better place to live in.	.40***	.01
Morality offers a way of solving conflicts so that no one is hurt.	.52***	-.08
In moral solutions to conflicts, everyone benefits.	.39***	-.14*
Morality is based on responsibility to people.	.30***	.04
Moral people are unselfish.	.30***	-.34***
We are morally responsible to other people.	.34***	-.12
Morality means caring for other people.	.34***	-.06
Moral actions sometimes require self-sacrifices.	.19**	-.05

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

increased; to a much lesser extent, an increase in caring was also associated with a reduction in relativism.

These findings were affirmed when we examined students' responses on the caring scale in a  $2 \times 2 \times 2 \times 2$  (Idealism: high vs. low  $\times$  Relativism: high vs. low  $\times$  Gender  $\times$  Race) analysis of variance (ANOVA). Both the main effect of idealism and the two-way interaction of idealism and relativism were significant,  $F_s(1, 200) = 45.70$  and  $4.14$ ,  $p_s < .001$  and  $.05$ , respectively. Means for the main effect indicated that high idealists endorsed an ethic of caring more strongly than did the low idealists;  $M = 52.0$  and  $63.1$ , respectively.

The interaction revealed that individuals who were both high in idealism and low in relativism were particularly apt to endorse an ethic of caring. The means, from highest to lowest, were  $65.8$  for high idealism/low relativism,  $60.7$  for high idealism/high relativism,  $52.8$  for low idealism/high relativism, and  $51.1$  for low idealism/low relativism. Duncan's new multiple range test indicated that all the means (except  $52.8$  and  $51.1$ ) differed significantly from each other.

No sex differences were significant. Men and women did not differ in their endorsements of idealism, relativism, or an ethic of caring. This result was consistent with Forsyth's previous findings (1980, 1981), but was in contrast to Gilligan's (1982) work. The  $F$  ratios for the main effect of sex were  $.24$ ,  $.14$ , and  $.55$ , respectively,  $ns$ . Similarly, the main effects of race and other higher-order interactions were nonsignificant.

## Discussion

Individual differences in idealism and relativism were systematically linked to the endorsement of an ethic of caring. Gilligan's description of this ethic as a "hope that in morality lies a way of solving conflicts so that no one will be hurt" (1982, p. 65) is consistent with our finding that individuals who espoused this ethic tended to be highly idealistic. An ethic of caring was also slightly associated with a belief in universal principles of morality. In consequence, when the subjects were classified into one of the four personal moral philosophies created by the interaction of these two dimensions, high idealists/low relativists were the strongest endorsers of an ethic of caring.

These results provide overall support for a two-dimensional model of individual differences in moral judgment based on idealism and relativism. Although these two dimensions were initially identified in an exploratory study of moral judgments about psychological research (Schlenker & Forsyth, 1977), they are consistent with a number of other theoretical perspectives on moral judgment. For example, Hogan (1973) distinguished between an "ethic of personal consciousness" (relativism) and an "ethic of responsibility" (idealism), just as Gilligan (1982) focused on an ethic of caring (idealism) and the application of moral principles (low relativism). Thus, a number of theoretical perspectives converge on these two dimensions, attesting to the pervasive impact of idealism and relativism on individual differences in moral judgment.

In this study, we found that women and men did not differ in their moral outlook, nor did they differ significantly in their endorsement of either idealism or relativism. This finding is consistent with findings in previous studies of moral judgment based on the two-dimensional model (Forsyth, 1980, 1981, 1985; Forsyth & Pope, 1984). Gilligan (1982), however, used an interview method and presented a number of examples of differences in moral outlook between males and females. Several explanations may account for this discrepancy between our findings and Gilligan's work. First, the subjects in this study were younger than Gilligan's interviewees, and hence their personal moral philosophies may still be evolving. This interpretation, however, was not supported by a post hoc analysis of older subjects in our sample. Sex differences failed to emerge even when the younger subjects were eliminated from analysis. Second, sex differences may only emerge for certain issues, as was the case in Gilligan's studies of moral decisions about abortions. Third, the questionnaire methods utilized in our research may not be sufficiently sensitive to detect the differences documented by Gilligan. Clearer sex differences might have emerged in our study if we had used interview techniques similar to those described by Lyons (1983). Last, sex differences in moral thought may not be as pervasive as Gilligan has suggested. A number of recent studies have failed to find evidence of systematic differences be-

tween men and women, despite initial positive findings (see Brabeck, 1983; Pratt, Golding, & Hunter, 1984; Smetana, 1984; Walker, 1984). These studies, along with our present investigation, suggest that the cultural changes that have transpired since Gilligan's initial studies have been sufficient to erase the moral division between the sexes.

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*Received September 24, 1987*