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# The Content And Process Of Women's Decision-Making Viewed Through The Lenses of Feminine/Feminist Ethics And Roman Catholicism

Nancy Parent Bancroft

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THE CONTENT AND PROCESS OF WOMEN'S DECISION-MAKING  
VIEWED THROUGH THE LENSES OF FEMININE/FEMINIST ETHICS AND  
ROMAN CATHOLICISM

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A THESIS

Submitted in Partial Fulfillment of the

Requirements for the Degree of

Doctor of Philosophy

(Individualized in Ethics)

The Graduate School

University of Maine

May 1999

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Thesis Advisor: Dr. Jean M. Symonds

An Abstract of the Thesis Presented  
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The purpose of this investigation was to expand the understanding of ethical decision-making by contributing women's experiences and thoughts to the issue. Fifty women shared a decision that they had made or were in the process of making having to do with their health or reproductive life. The research method of phenomenology was used with the women in the semi-structured interviews in an attempt to capture the meaning that they gave both to what they paid attention to and to the process that they used in arriving at their decisions. After researchers gained as clear a rendering as possible of the ethical situations from the participants' perspectives, an attempt was made to propose theory emerging from that understanding. Feminine and feminist theories and thinking rooted in the Roman Catholic tradition were used as lenses to help shed light on the data grounded in the

women's experiences. Member check, peer debriefing and a confirmability audit were all used to insure the trustworthiness of the research.

The core process of relational autonomy was found to be descriptive of how the women made their decisions. Several findings supported this conclusion: All of the women in this study presented themselves as aware of their interconnection with others. Each made her decision by attempting to respond to the specific needs that surfaced in her particular dilemma. At the same time, half of the women specifically identified self-care as one of their major concerns in making their decisions. Though their choices were reflective of moral principles and the values underlying their religious traditions, none of the women looked to traditional ethical principles or religious directives for guidance in making their decisions. Finally, the majority of women consciously protected their power to decide for themselves. Looked at as a whole, the women in this study value autonomy in their decision-making but view it differently than how it is presented in traditional ethics. While protecting their decision-making power, they make their decisions aware of themselves as interconnected persons and in consideration of the effects that their decisions have on others.

## Acknowledgments

For most of my life, when reading a book, I skipped over the acknowledgments and dove into the content. In later years, I sometimes found myself curious about who might be recognized with gratitude by the authors whom I held in high esteem. What I noticed was that almost every writer used the same words and acknowledged the same groups of people as having been helpful. However, once immersed in my doctoral program, I came to understand very clearly that the acknowledgements are not simply a formality, and that words are frustratingly inadequate to convey the deep appreciation for those who have been particularly helpful in this difficult process.

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Finally I gratefully dedicate this project to my mother, Dorothy Verville Parent. I continue to experience support from her strength and her love. Though she died before this project was completed, she remains with me.

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## CHAPTER ONE

### Introduction

One of the tasks of feminist scholarship is to uncover the male bias that exists in traditional academic disciplines, offering a corrective vision in its stead.

Feminist scholars have noted that most disciplines represent male views and male experience as the view and experience of “mankind”, and try to persuade us that by “mankind” they really mean humankind. Unfortunately, it turns out that in most cases they really meant mankind all along, for the knowledge presented and discussed reflects exclusively male thought and experience, and hence it is limited and distorted as a substitute for human knowledge.

Feminists have been working to identify in some detail what has been omitted in the traditional approaches to scholarship, and to pick out issues and analyses which reflect women’s experience and foster women’s understanding (Sherwin, 1985, p.704).

The field of ethics is among those disciplines that have underrepresented women’s views and experiences. It is a serious omission, given the role of ethics. All decisions in the public arena including international diplomacy, world trade, global economics, national politics, and health and human services are almost exclusively assessed from male perspectives of right and wrong. Treaties, pacts, and public policy are driven by values reasoned by men to be the ultimate standards against which to judge decisions.

### Purpose

The purpose of this investigation was to expand the understanding of ethical decision-making by contributing women's experiences and thoughts to the issue. It is an attempt to advance the goal that mainstream ethics be equally reflective of women's perspectives as it is of men's. The means to achieving this goal were to explore, describe, and attempt some explanations about women's ways of making decisions. Women were invited to share a story with their interviewer about a decision they had made or were in the process of making, having to do with their health or reproductive life. This focus was thought to be broad enough to enable women to select from important decisions in their lives, and at the same time, narrowed somewhat to make research analysis more manageable.

In order to understand the data gleaned from the interviews, two lenses were used to help in the interpretation. Since the overall focus of the study was on women, the first lens used was that of feminist decision-making theory. An attempt was made to determine to what degree, if any, feminist decision-making theories resembled the actual findings in the interviews. The women who participated in this study were from a community with a strong Roman Catholic identity. The second lens selected, therefore, was Roman Catholicism. Evidence of connections between the teachings of the Church and the decisions made by the women in this study were sought.

Both phenomenology and grounded theory were used in the research method. In an attempt to achieve understanding, phenomenology was used to gain as accurate

a description as possible of the phenomena. The phenomenologist is committed to understanding the phenomenon, in this case decision-making, from the participants' perspectives, that is, their interpretation of the motives and beliefs behind their actions. ( Taylor & Bogdan, 1984 cf. Weber, 1968). The grounded theory research method was then adapted to the project. Unlike the more usual grounded theory methodology in which analysis of the data begins as data are collected, in this project attempts at developing theory was delayed until as clear a view as possible of the phenomena could be seen. The goal was to develop theory concerning women's decision-making founded on their own experiences, using lenses of established theories to help in the understanding of the revealed phenomena. This was done by examining the relationships between the patterns of women's decision-making and feminine/feminist and Roman Catholic ethical theory. The study explored whether the data derived from the interviews supported or challenged established theories in those disciplines.

#### Problem Statement and Significance

Thrall , R.M., Coombs, C.H., & Davis, R.L. (1954) present the prevalent attitude at a time when scientific knowledge was held in highest esteem, and values were seen as suspect. They denigrate the two-thousand year tradition when “the chief preoccupation with decision problems concerned whether or not a given action or decision would be good, right, or otherwise well calculated to achieve some desired effect” ( p.1). This was a time when, to be considered valid, science needed to be objective. This was the birth of “value-free” science. In place of ethical considerations in decision-making, the calculus of probability was promoted and the

concept of mathematical expectation, “the modern look in decision theory” had great appeal (p.2).

There is evidence that the scientific community seems to have come full circle regarding decision-making. Sloan (1987) found that his attempts to develop a psychology of major life decisions was complicated by his discovery that any significant choice had an ethical dimension. Regarding his research on decision-making he writes, “To find answers, I was compelled to examine directly the nature of major life decisions. There was no way to do this in the laboratory. I went directly to people who could tell me about important decisions they had made or were in the process of making” (p.2). After seventy hours of interviews and five years “rummaging around in the transcripts of those interviews”, he determined among other insights that the psychology of decision-making, had up until then, ignored aspects of the deciding process which made it human and that the contexts of meaning had to be considered throughout the decision-making process. In order to understand human decision-making, Sloan believed that several aspects about the person had to be considered. These included:

1. The social context of a particular decision problem.
2. Life-historical factors that affect this person’s decision-making.
3. Life-structural features that impact one’s capacity to reflect, to make commitment, and carry out the decision.
4. The social response that a decision receives.
5. How a particular choice relates to previous choices.
6. How one person’s decision impinges on others.

7. How the constraints and advantages of language and culture effect individuals deciding on life issues.

8. What institutional features lead to poor decisions. (p.70)

In short, he stressed the importance of history and context in understanding human decision-making.

Resnik (1987) states that decision-making theory is usually divided into two distinct branches: descriptive decision theory and normative (or prescriptive) decision theory. The descriptive decision theorists study human behavior, focusing on how decisions are made. Their colleagues in normative decision theory prescribe how decisions *ought* to be made. This separation is artificial and unhelpful. Information about actual decision-making behavior is significant to prescriptions about how decisions should be made. Recently some philosophers have argued (Resnik, 1987) that all branches of the theory of rationality should pay attention to studies done by social scientists about related human behavior. Their point is that most prescriptions formulated in terms of ideally rational agents have little or no bearing on the questions of how humans ideally should behave.

Therefore, though a variety of conceptual views about decision-making exists, understanding seems to have expanded in a parallel process with insights about the human person. There seems to be a consensus of opinion that any serious reflection about decision-making, whether descriptive or prescriptive needs to have as full an understanding as possible of multifaceted human persons in the context of their environment. Further, any valid attempt at normative ethics needs to include a respect for the information gleaned from studying actual decision-making behavior.

Regardless of which heterogeneous group one looks at when attempting to discover how decisions are made, one sees that women's views and experiences are minimized if included at all ( Jaggard, 1991; Pope John Paul II, 1995; Daly, 1968; The Boston Women's Health Collective Inc., 1971; Sherwin, 1979; Gilligan, 1982; Weaver, 1985; Card, 1991; Tong, 1993). Feminists and many Christian ethicists share a deep sense of dissatisfaction with the fundamental assumptions in which modern moral inquiry has been conducted (Parsons, 1996). Until recent years, very little in ethics has been written by women (Haney, 1994). This has a negative impact on the self-valuation of the women who make up that particular membership (Adolsen, 1996; Belenky, M.F., McVicker B., Clinchy, N., Goldberger, R., & Tarule, J., 1986). Further, it challenges the adequacy of the positions that are held (Haney, 1994).

Catholicism is America's largest religious denomination (Morris, 1997). According to a 1986 count, American Catholics number 52,654,908. They make up almost twenty-five percent of the national population. Looked at as an institutional entity, the American Catholic Church ranks as one of the largest American institutions of any kind (Deedy, 1987). Its size and numbers alone ensure its influence on American culture. Given the nature of this establishment, it has impact on the values and behavior patterns of a population far beyond its membership (Hennessey, 1981; Morris, 1997)

MacHaffie (1986) comments that though moral theology grows out of the experiences of a community of people with God, Christian theology reflects the experiences of only one-half of the community, since it has been exclusively written

and interpreted by men. She states that because it is expressed in the language and mental categories of men, it is not adequate for the needs and questions of women.

Even more serious than being excluded from decision-making is that the Catholic Church continues to teach morality to a population, over half of which is made up of women, apparently unmindful of its long-standing sexist views and behaviors. Gudorf (1989) argues that Popes have systematically denigrated women's roles even to present times. This is especially disturbing when contrasted with the Church's social teaching. As early as 1891, Pope Leo XIII wrote a social encyclical promoting justice and the improvement of conditions for workers (Pope Leo XIII, 1891). This marked a significant departure for the Church that had traditionally supported the authority of those in power. Pope Pius XI celebrated the fortieth anniversary of Pope Leo's encyclical with one of his own. In Quadragesimo Anno, Pius XI reiterated the need for social justice and encouraged clergy and laity alike to adjust to the changing conditions in society (Pius XI, 1931). This same Pope explicitly supported women's subordination to men and condemned both advocates of women's equality and public roles for women (Pius XI, 1930, 1931). He condemned Communism for advocating the removal of women from the tutorship of men (Pius XI, 1937) and female athletics for threatening women's virtue (Gudorf, 1989, cf. Pius XI, 1928). His views were reaffirmed by his successor. When World War II necessitated that women take on roles abandoned by men, Pope Pius XII supported their rights as workers, but stated that for the good of the family, he hoped that women would not exercise all their new-found rights (Pius XII, 1945). Pope John XXIII most noted for launching major renewal in the Catholic Church

presented a mixed message with statements on both the equality of women and the authority of husbands in the family (John XXIII, 1959). Pope John Paul II preaches that motherhood defines women and that “women are saved through motherhood” (John Paul II, 1981 cf. I Tim.2:15).

Gudorf (1989) points to the discrepancy between the extent of the Church’s teaching on some moral issues and its invisibility on others. She quotes two 1980 studies, one by the US Department of Health and Human Services and the other by the US Department of Labor, stating that over half of all women workers in the United States have quit their jobs or have been fired due to sexual harassment. Though this problem affects women the world over, the Church has not addressed it publicly. Violence against women, including physical abuse and rape, affects one out of every four families in the United States (cf. Russell, 1983). It is a massive global problem as well. Yet, the Church hierarchy is largely silent. This silence, from an institution that promotes its role and protects its right to teach on morals, has a powerful effect on how women are valued and treated (Andolsen, 1996 cf. 1994).

Sociologist and Catholic priest Andrew Greeley (1985) agrees with Pope John Paul II’s statement in Familiaris Consortio that moral principles are not determined by popularity polls, votes or surveys. The Pope (1982) states that while the laity have a necessary and unique contribution to make regarding the Church’s self understanding and though social surveys are useful, good and needed, they are not the only way of discovering what the sense of the faithful is on moral matters. Greeley (1985) believes that the significance of social research is as a useful and perhaps even necessary instrument for church leaders to use in attempting to

determine what the Holy Spirit may be trying to say to church leaders through its membership.

The existential record of the Church on women is far better than its policies (Steinfels, 1996). This is due in large part to the contributions of women religious. The Catholic school system treated girls and boys, women and men from pre-school through college as equally capable and competent. Their contributions in the field of health care and other human services have been as valuable (McNamara, 1996). Yet despite their positive benefits to society, the attitudes and values of these women have generally not been incorporated into the moral positions of the Catholic Church. Given its power to influence public attitudes and its long negative stance against women, it is important that the Church include women's experiences and values in its ethical teaching. It is only in doing so that it can be seen as ethically credible.

Andolsen (1996 cf. 1994) states that ethicists who make the standard appeals to tradition become entrapped in a male-defined, elitist heritage. She further says that until recently most of the persons who possessed the formal credentials necessary to contribute to the field of sexual ethics were celibate men who viewed sexual issues from a limited range of male perspectives. She calls for the increased attention to the experience of "ordinary folk", especially women, stating that all believers are the church and that the entire community of believers should be at the center of the Roman Catholic tradition.

The Catholic Church has not been unique in its exclusion and devaluation of the roles and opinions of women. Philosophy and social science has had a parallel process. Jaggar (1991) points to a long history in which the general consensus

supported the view of women's inability to be full moral agents. She identifies traditional philosophers including Aristotle, Aquinas, Kant and Hegel who all argued that women are inferior to men and should be their subordinates.

Kant (1993) whose famous categorical imperative: "Always act in such a way that you can also will that the maxim of your action should become a universal law" (Kant, 1993, p. v) and who promoted the moral requirements of duties in order to maintain personal integrity, saw women as deficient. "I hardly believe the fair sex is capable of principles. . . . Providence has put in their breast kind and benevolent sensations, a fine feeling for propriety, and a complaisant soul"( Kant 1960, p.81).

Perhaps from observing women using a different moral process, Schopenhauer (1965) determined that though women surpassed men in the virtues of "lovingkindness" and philanthropy, they were much less capable than men of understanding and upholding universal principles.

In the area of psychology, women fare no better. Freud (1933) believed that the lack of concern for justice was inherent in women, thus making them morally deficient. In Freud's presentation of the psychosexual development of males and females, he describes the Oedipal stage as one in which boys, by sublimating their desires to the laws of society become fully integrated into society. The reward of this integration is that along with other males, they are able to rule over nature and women, whose power is perceived as irrational as nature's. Girls, because they have no penis at risk, separate more slowly from their mothers and as a result never complete their integration into culture. They therefore exist at the periphery of culture, always to be ruled over, never themselves to rule (Dinnerstein, 1977).

It was common practice in the methodology of psychological research to use all-male samples and then generalize the results as if they were the norm (Gilligan, 1977). If differences from this supposed norm arose as female populations were observed, they were either ignored, or the differences were judged as falling short of the standard. Piaget (1965 cf.1932) described the development of children's moral judgment in terms of their awareness and practice of rules by studying boys playing marbles. He then studied girls in order to test the generalizability of his theory. Observing a series of differences in girls' behavior, he determined that these differences were not about what he was studying, complicated his study and generally were of no interest. In reality Piaget's (1965) findings were that in playing marbles, girls exhibited greater tolerance for differences, more of a tendency toward innovation in solving conflict, a lesser concern with legal elaboration and a greater willingness to make exceptions to rules in an attempt to satisfy everyone playing. Though he noted these characteristics, Piaget judged all of these differences as insignificant and concluded in his findings that the same moral process existed for both boys and little girls at play.

More recently, Lawrence Kohlberg (1976), building on Piaget's work, tested females against his six-stage model of moral development that he had developed exclusively from male input. He then determined that females tended to "get stuck" in stage three, which he labeled as "interpersonal norms". From this he concluded that women are morally inferior to men. Though Gilligan (1977) was the first of many to challenge Kohlberg's research, it is still a clear example of a view of women

that has influenced social sciences as recently as the latter half of the twentieth century.

Jaggar (1991) asserts that traditionally ethics dealt with the public domain and that until very recently, the domestic realm was considered outside of its scope. Not until the late seventies did “feminist issues” begin to be identified as ethical concerns. At this same time, a number of feminist thinkers started expressing skepticism about the capability of traditional ethical concepts adequately addressing these issues. (Sherwin, 1992). Contract theory, for instance, was criticized for presenting a view of human beings as free, equal, independent, and mutually disinterested, a conception claimed by some (Baier, 1985; Card, 1991) as contrary to most women’s experience.

Within the last twenty years, researchers have increasingly challenged the adequacy of traditional research methods in gaining understanding of the phenomena studied in the health and social sciences. They have made statements like, “Sociological methods with no experiential base create a foundation of imposed, misplaced, and possibly erroneous assumptions” (Reinharz, 1979, p.360).

Rich (1979) points to a major consequence resulting from the absence of women’s views and experiences in ethical decision-making. Women, she states, are afraid that their own truths are not good enough. For more than twenty-five years I have worked with women in the mental health and/or addictions fields. My experience has reflected the truth of Rich’s statement. Intelligent and capable women regularly expressed self-doubt about their ability to make “good” decisions. Women often shared that they had discounted their own views in an important

decision in which they were primarily involved, replacing it with the position of a husband, lawyer, priest, or other man who offered a logical perspective. Some told stories about being upset about decisions or actions in work situations, but found it necessary to keep their feelings to themselves in order to protect a professional image. Women often looked in vain to the public positions of their religious communities for guidelines to assist them in making important decisions about domestic issues. Because general ethical principles often did not take into account specific aspects of women's life situations, those attempting to resolve a particular ethical dilemma experienced the need to make a choice between ignoring their own views or ignoring stated rules. In such cases this perceived forced choice left those attempting to make a morally responsible decision, feeling inadequate, insecure and guilty.

In summary, the fact that women's experiences are not reflected in traditional ethical decision-making is a serious problem. The paucity of women's ethical concerns impoverishes traditional ethics due to the limited perspective from which it views issues. The systems out of which ethics emerge have been heavily tainted with misogyny. This contributes to a continuation of sexist attitudes and behaviors and to women's negative self-assessment and leaves doubt as to the adequacy of the ethical positions themselves.

This study expands the knowledge and understanding about decision-making in general by gaining insight into the process and ethical content of women's decision-making. Gaining greater understanding about what values are of primary

concern when women make important decisions in their lives contributes to all of the fields that purport to serve women.

### Researchers Assumptions

Qualitative researchers agree that being truly objective is not possible. One has either known or unrecognized biases (Lincoln and Guba, 1985, Gilligan, C., Ward, J.V., & Taylor, J. (with Bardige, B.), 1988, MacPherson, 1983). This inquiry is based on the following beliefs and assumptions:

1. In journeying with people who explore what is meaningful and worthwhile to them as they wrestle with difficult decisions and demanding life situations, I am more often than not, struck by their goodness.
2. Most of the people, women and men with whom I have worked, are desirous of making good decisions and are usually, in a better position than anyone else to do so for themselves.
3. I hold as worthwhile, the concept of natural law, that states that all people, barring certain handicaps, but regardless of level of education, have the ability to know what is right behavior for them, if they seek that truth honestly.
4. I believe that we can increase our knowledge about right behavior the more we listen to how others have discerned right decisions for themselves. The more stories we listen to and the wider diversity their source, the greater our potential for accuracy about the reality we hope to comprehend.

5. I hold a deep respect for the insights of women. I believe that women's stories contain values that have not been accepted on an equal plain with those held by men. As a result, we have only a partial ethics and thus an untrue picture of what is important to consider when attempting to make right decisions.

6. The study of the phenomenon of women's decision-making is best understood when women present narratives of decisions that they themselves identify as significant, and include the context and other information that they believe to be important to that particular decision.

7. One gains as full an understanding as possible of what is being studied when the interviewer involves the person interviewed into a shared role of inquirer. Realities are wholes that cannot be understood accurately by looking at them in parts or isolated from their context. (Lincoln and Guba, 1985, p. 39)

8. People tend to repeat what works for them. If there is redundancy in the ways women make decisions and common themes about considerations that they identify as values, there is a legitimate basis for this. Recognizing similarities between themselves and how other women have made decisions will hopefully help some women gain trust in their abilities as moral agents.

### Research Questions

1. How do women make decisions that they identify as significant to their experience? What criteria and what processes are involved?

2. How are the central tenets of feminist theory manifested in the decisions made by this group of women?

3. Given the Roman Catholic culture and background of this sample, is Roman Catholic moral theology reflected in the decision-making experience of these women?

### Overview

In this study, women were invited to share a story about an important decision that they had made related to their health or reproductive lives. In their stories they were asked to include information about themselves and their situation which they considered to be pertinent to their dilemma. In this way they had some input as to the issues that would be addressed and to what constitutes meaningful context in a decision-making process. The women were then asked to describe both what they paid attention to and the decision-making process itself. This was all an attempt to gain as clear a view as possible of the decision-making experiences from the perspective of the women themselves.

The information received from the women was then coded into general areas of concern and styles of decision-making and grouped with similar responses. By looking at emerging patterns, an attempt was made to gain understanding about women's decision-making. Finally, the results from the interviews were compared to existing feminist ethical theory and Roman Catholic moral theology. The purpose of this was twofold: first, to see if thinking from these two fields would help in understanding the research findings and secondly, to contribute the experiences, views and values of the women interviewed to existing feminist and Catholic thought.

## CHAPTER TWO

### Literature Review and Theoretical Framework

This chapter presents some of the relevant literature pertaining to this investigation. First, is a brief presentation on the role of ethics in society. Second, is an overview of the diverse conceptualizations of decision-making. Particular attention is given to feminist views of ethical decision-making, and the role of decision-making in the tradition of Roman Catholic ethics. Though these two disciplines differ in many ways, the literature shows that both share several important commonalities in regards to ethical decision-making. The last segment of this chapter addresses the research methodology used in this project.

#### The Role of Ethics in Society

The value placed on the role of ethics in society has vacillated throughout history. Maguire and Fagnoli (1991) believe that America lost interest in ethics at the end of the nineteenth century. Demonstrating this view, they compare the Amherst College bulletin from 1895 with a copy printed ten years later. As to the earlier copy, they comment that the whole first page is given over to a description of a course on ethics. This course, given to seniors, was taught by the president of the college, and was clearly intended to be the crowning achievement of the educational process. In comparison, the 1905 catalogue at Amherst or at most other colleges no longer presents ethics on the front page. By this point in time, ethics courses either were eliminated from the curriculums or they became elective courses. Maguire and

Fagnoli go on to explain that as a people, “We had become infatuated with the new sciences. We thought science, well done, would replace ethics” (p.2).

How ethics was viewed at different times throughout history correlates with the place it was given in other disciplines. The role of ethics in the area of decision-making is a case in point.

### Feminist and Feminine Decision-making

Rave and Larsen (1995) state that feminism is most usually defined as a belief in the equal valuing of all persons and an expectation of social, economic, and political equality for all persons. The emphasis is usually on equality for women, since historically women have played subordinate roles to men. Tong (1993) acknowledges the existence of a variety of feminist schools of thought, each with their own view of the causes and thus the solutions for the subordination and domination of women. And, indeed, there are divergent views within each form of feminism. Card (1991) states that the phenomenon of feminists reevaluating traditional thinking should not lead one to the conclusion that there is a unity of voice among them. In fact, of such thinkers she states, “We are marked in various ways in our attitudes and our habits of choice. Some thinkers examine or re-examine particular ethical concepts and traits – equality, justice, caring, honesty – in light of feminist struggles. Some identify and explore androcentric biases implicit in the theoretical standpoints of historically influential philosophers” (p.16). What a feminist, to use Sarah Hoagland’s term, “pays attention to”, (Card, 1991, p.58) and the conclusions she arrives at, determine the label that she may be given or own:

radical feminist, social feminist, liberal feminist, Marxist feminist, ecofeminist, etc. Yet, even amidst this diversity, feminists share a consciousness that promotes equality and respectful treatment and includes resistance against any form of domination and the promotion of an equitable distribution of resources (Sichel, 1991).

Feminist decision-making acknowledges and affirms women's experiences and values in any attempt to understand it. It insists that:

1. Women have equal participation in identifying ethical issues.
2. Ethical issues be deliberated by giving preferential attention to the perspective of the person involved in the ethical dilemma.
3. The self-understanding of women and the values that follow be integrated in the conception of ethical theory.
4. The existence of several valid ethical orientations be acknowledged.
5. There be an appreciation for varied processes of ethical decision-making.

Sichel (1991) states that feminine approaches to ethics seek to identify women's unique voice. Like with feminism itself, there is diversity of opinion and there have developed competing theories as to the roots of feminine consciousness. Tong (1996) identifies three schools of thought. One roots feminine values in women's nature and in their reproductive roles. Whitbeck (1984) and Ruddick (1989) present a maternal ethics developing from the biological experiences of pregnancy, labor and childbirth. They believe that through the physical acts of giving birth and nurturing children, women begin to identify themselves as caregivers and assess themselves in terms of how well they care for others. Women

extend this caring role to an ever-widening community. Virginia Held (1987) expands this theory by offering the model of “mothering persons.”

A second school identifies feminine ethical traits as a result of women’s psychosexual development. Chodorow (1978) explains that unlike sons who develop their identity by disassociating themselves from their mothers, daughters can remain emotionally linked to their mothers as their sense of self emerges. As a result of remaining connected, Chodorow believes that girls develop their capacities for relationships earlier and more deeply than males.

A third school believes that the basis for feminine consciousness resides in women’s cultural and socioeconomic positions. Tong (1993) explains that by being relegated to domestic work and the private world of the home, women have been conditioned to caring for those in need. Women are rewarded for listening to the needs of others while men experience success by interacting with each other. Each of these three schools have within their membership theorists who hold some of their views in common and disagree with parts of each others’ understanding of the roots of feminine ethics. Though these theories may offer partial explanations as to the foundations of a feminine moral voice, much more research is needed to come to any reliable conclusions. For now, the greatest contribution that feminine ethicists offer is where they agree with each other.

1. All promote the gender traits that have been traditionally associated with women - nurturance, compassion and caring - as positive *human* traits and

2. Each fears that, unmodified, that is, unless balanced with self-care, these care-giving tendencies contribute to the domination and unequal treatment of women.

By working to recognize the women's voice in ethical decision-making, feminine ethics can be labeled as descriptive decision theory. In stressing the need for equal valuing of women's ways of making decisions, feminist ethics can be identified as prescriptive decision theory. Together, despite the diversity found in both, feminine and feminist ethical decision-making theorists share several values. These include:

1. Paying attention to the concrete situation as opposed to an over-valuing of abstract principles.
2. Valuing interconnectedness.
3. Celebrating embodiment.

#### Paying Attention to the Concrete Situation

Grimshaw (1986) states that with deontological and utilitarian ethics there is a tendency toward abstraction, or discounting the unique or particular features of the situation and persons involved in an ethical dilemma. The traditional ethicist tries to ignore the human consequences of the ethical decision and focus rather on an overreaching moral principle. Feminist thinkers are suspect of relying too heavily on principles. Card (1991) states that to do so, women are likely to find themselves trying to draw moral conclusions based on the acceptance of a moral superstructure which has never admitted to the equality of women and thus is itself significantly flawed. Kohlberg (1976) teaches that acting on principle is the highest stage of

moral development. However, Pierce (1991) suggests that this is based on a psychological rather than on a moral plane. In order to recognize, apply and act on principles, the development of certain rational capacities is required. This level of development is not necessary for the lower stages of moral development that Kohlberg presents. His stages therefore more accurately describe levels of maturity or moral capacity. Principles themselves are constructed and have been effectively challenged by those not involved in their development. Papers presented by Banks (1994) and Miller (1997) criticize Kohlberg's work as culturally biased. Together they offer a review of the research on moral development done in twenty-seven countries and conclude that moral reasoning is more culture-specific than presented by Kohlberg. Gilligan (1977) has shown gender bias in his work.

Noddings (1984) suggests that the responsible use of principles involves holding them loosely while considering their context in the concrete. Jagger (1995) believes that addressing the needs of others in their concrete specificity is simply acting out of respect for the dignity of persons. It is responding to them as unique and irreplaceable individuals rather than as 'generalized' others regarded simply as representative of a common humanity. Such responsiveness, believes Jagger, requires paying as much moral attention to the ways in which people differ from each other as to the ways in which they are the same.

Grimshaw (1986) states,

Principles are, I think, best expressed in the form of 'Consider. . . .' Consider whether your action will harm others; consider what the consequences for other people will be if you do this; consider whether the needs of others

should outweigh consideration of your own . . . Consider whether your behavior will stand in the way of maintaining care and relationships. (pp. 207, 209)

To summarize, ethical principles have been developed exclusive of women and thus do not include their experiences and perspectives. As a result, these principles often fall short of providing helpful guidance to women, particularly when they serve in their traditional roles.

Kohlberg also had a narrow population that he studied in developing his theory of moral stages. Though his work offers useful information about psychological maturity and moral capacity, it is both gender and culturally biased.

Traditional ethical theories not only focus on values derived exclusively from men, they suggest that these values be considered as general principles against which decisions are measured. This method of determining ethical behavior does not fit with a response to individual needs that is more reflective of the situations in which women find themselves.

#### Valuing interconnectedness

Though members among both feminist and feminine ethics offer a variety of views about and models of interconnectedness, they all challenge the image of individual autonomy as presented in traditional ethics. Kant (1993) presents individual autonomy as the basis for human dignity. He describes this autonomy in terms of a person being an individual first and foremost, and in relation to others by self-determination.

Murdoch (1970) described traditional moral philosophy as “confused”, “discredited” and even “unnecessary”. She challenged the unrealistic picture of a person in the midst of an ethical dilemma viewed as “the moral agent . . . an isolated principle of will” (pp. 47,53). She further challenged that the values proffered by the accepted philosophies of the time were not adequately addressing the present needs, and suggested a moral philosophy in which the concept of love be made central.

Chodorow (1978) challenged the traditionally used academic pattern of applying to both males and females, an understanding that has been garnered by studying males only. She distinguished between the parenting experiences of boys and girls and offered that this different experience influences the development of another way of experiencing the self, which in turn impacts on one’s moral consciousness.

Gilligan et al. (1988), acknowledging the contributions of both Murdoch, and Chodorow, and listening to women sharing their own real-life moral conflicts, recognized a conception of morality not represented in moral psychology. Challenging the accepted work of Freud, Piaget and Kohlberg who all judged women as morally inferior, Gilligan (1977, 1988), suspecting that one’s self concept and morality is tightly interconnected, identified a different perspective which women often considered in moral processing. She named this the voice of care. Gilligan suggested that a different way of describing the self, generally confused with a failure of self-definition, has been recently reinterpreted by paying attention to the experiences of women. In this alternative understanding, the self is known in the

experience of connection and defined not by reflection but by interaction, or, “the responsiveness of human engagement” (p.7). Gilligan et al. (1988) identifies two ways of viewing responsibility, corresponding to different images of the self in relationship. The alternative that she offers, corrects an individualism that has been centered within a single interpretive framework. At the same time, the identification of attachment or interdependence as a primary dimension of human experience presents the psychology of love in terms of self-development and moral growth. By example, she offers the following:

When asked ‘What does responsibility mean to you?’ a high school student replied: ‘Responsibility means making a commitment and then sticking to it.’

This response confirms the common understanding of responsibility as personal commitment and contractual obligation. A different conception of the self and of morality appears, however, in another student’s reply:

‘Responsibility is when you are aware of others and you are aware of their feelings . . . Responsibility is taking charge of yourself by looking at others around you and seeing what they need . . . and taking the initiative.’ In this construction, responsibility means acting responsively in relationships, and the self—as a moral agent—takes the initiative to gain awareness and respond to the perception of need. (p.7)

Lyons (1988) helps to continue the development of feminist ethics with her inquiry of Gilligan’s work. Regarding a research project interviewing male and female children, adolescents and adults, she states, “This present work supports, modifies, and elaborates Gilligan’s ideas and confirms Piaget’s central insight that

‘apart from our relations to other people, there can be no moral necessity’”. (p.24 cf. Piaget, 1932/1965, p.196)

Lyons (1988) created a procedure for identifying moral considerations and then coding them. She defined justice morality as: fairness, based on “an understanding of relationships as reciprocity between separate individuals, grounded in the duty and obligations of their roles”. (cf. Lyons, 1983, p.136) Justice connections are based on reciprocity, which involves maintaining standards of justice and fairness, understood differently at different developmental levels (cf. Kohlberg, 1981, 1984). A morality of care on the other hand, is founded on an understanding of relationships as a response to another from the other’s perspective. Care morality focuses on how to act responsively and protect vulnerability in a particular situation. “Two moral injunctions—not to treat others unfairly and not to turn away from someone in need—capture these different concerns”(Gilligan et al.1988, p.73).

Sherblom ,S., Shipps, T.B. & Sherblom, J.C. (1993) built on Gilligan’s work of identifying areas of moral concern as attention to care, justice and integrated concerns. They support Gilligan’s (1982) position that moral dilemmas often are a result of perceived conflicts between competing responsibilities rather than between opposing rights. In their research they identified moral orientations which they could not categorize under justice or care. Some of the concerns which they identified included elements of both of these orientations. They included honesty, truthfulness and trust in this group. Others they judged as going beyond either the justice or care orientation. Respect for the dignity of the human person and advocacy were two concepts that met this criterion. “Advocacy is described as more than standing up

for a patient's rights (justice) and as more than being supportive and concerned for a patient's well-being (care)" (p.460). These authors used the term "integrated concern" to apply to attention given to concepts that include both elements of justice and care, and concepts that seem to go beyond both.

An ethic of justice relies on several objective principles, such as autonomy, beneficence and respect of personal rights in order to judge one's ethical stance. As an alternative, feminist ethicists valuing interconnectedness, have offered a number of relational models that can serve as meaningful guidelines in making moral choices. Nodding's (1984) concept of friendship, Mary Daly (1978), Janice Raymond (1986) and Sarah Hoagland's (1989) contributions from lesbian approaches and Annette Baier's (1986) image of appropriate trust are all paradigms of the relationships around which our lives center the most.

Rosemarie Tong (1996) states, "A genuine ethics of relationships, responsibilities and nurturance is . . . driven by the desire to motivate all human beings to take care of each other"(Wolf, 1996, p.72). Eleanor Humes Haney (1994) states that:

The vision is one of a new community . . . women in all areas of life . . . sharing with men and perhaps children all the opportunities, responsibilities and privileges of citizenship. It is, at the same time, a vision of a transformation of the way women and men relate to each other and to the earth. It is a vision of a transformation of leadership, of power, and of the criteria by which decision are made. Feminist vision, and thus feminism, is a values – a moral – revolution. (Daly, 1994, p.4)

Haney goes on to say that a feminist ethic attempts to both articulate and make real that vision. Making the model of friendship central to moral decision-making necessitates a transformation in the power relations that usually exist between individuals. Friendship as a relationship of mutuality, respect, faithfulness, trust and affection is an enactment of that vision. Living in friendship demands a rejection of most adversarial, exploitive patterns, and authoritarian ways of relating with each other. Living with friendship as an ethical model is both a means of contributing to social change and an opportunity to develop the skills for critical moral awareness and behavior.

Walker (1995) summarizes the importance of relationships to ethics by presenting the theories of many feminists, who, though differing in sometimes significant ways, form “a lattice of similar themes – personal relations, nurturance and caring, maternal experience, emotional responsiveness, attunement to particular persons and contexts, sensitivity to open-ended responsibilities” (Held, 1995, p.140) to elucidate “moral perception, self-images, and senses of moral value and responsibility”. (Ibid p.139)

Valuing interconnection is not limited to human relationships. Warren (1997) challenged feminism to move beyond its preoccupation with sexism and address the root causes of all “isms”. She offered the concept of ecofeminism as the vehicle likely to accomplish this, and in doing so, contributed to an expanded awareness useful in assessing the morality of decisions. By expanding awareness of the interconnections of various forms of oppression to include naturism, ecofeminism becomes more than another type of feminism. It brings together the

contributions of the social feminists, who highlight oppression as it appears in sexism, classism, racism and the nature feminists, who stress the importance of a respect for embodiment, the interconnection of all of creation, and the need to be open to the truths revealed in nature.

In the past twenty years several thinkers have proposed theories and presented empirical studies reflecting the views and experiences of women regarding moral philosophy. All are critical of the portrayal of the individual whose autonomy has been traditionally described as separate and offer a view of human persons as interconnected. This major paradigm shift has significant consequences in how ethical decision-making is done.

#### Celebrating embodiment

Both feminist and feminine thinkers contribute the valuing of embodiment to an understanding of human ontology and epistemology. Throughout human history there is recurring evidence that women have been seen as defective males (Griscom, 1994). A particularly striking example of this are the theological debates in the fifth century questioning whether female human beings had souls. (Bettenhausen, 1994).

Many feminists believe that the feminization of nature and the naturalization of women have significantly contributed to the domination and exploitation of both (Warren 1990). Ortner (1974) holds that the historical and cross-cultural devaluation of women is a result of associating women with nature and men with culture. Some feminists, sometimes referred to as nature feminists, are reversing the interpretation and invoking women's closeness to nature as a means to help improve the esteem in which women are held. Among their contributions are:

1. An appreciation of the human body.
2. A valuing of sexuality.
3. A challenge to learn more about healthy social interaction by observing nature.
4. An invitation to expand one's ability to learn by being open to bodily knowing.

Social feminists are skeptical about placing too much emphasis on the biologically based worth of women (Griscom, 1994). Their suspicions derive from the recognition that throughout history biology or naturism has been used to justify the oppression of women and non-whites.

Human interpretation of both nature and culture are constructed. Nature feminists offer the valuing of human connection with all of creation. Because women are more vocal about owning their connection to nature does not mean that they are in fact closer to nature than are men. Griscom (1994) states that only a nature/history split allows one to even consider the question of whether women are closer to nature than men. She suggests the need for a new construction of an ecological vision in which both men and women are seen as participating equally as members of creation.

Feminine thinkers call for the respectful acceptance of women's experiences of embodiment. Goldberger (1996) states that the mind-body dualism that has existed throughout the development of Western thought has set reason against emotion and male against female. Such a dichotomy has caused a division and a stereotyping of modes of thought and ways of knowing and being, sometimes labeled

the genderization of knowledge. Mahoney (1996) believes that this mind-body dualism has led to an artificial separation of cognition, emotion and behavior. This compartmentalized approach is most likely limiting a clearer understanding of human experience. One aspect of embodiment involves bringing the body back into the mind.

Tong (1993) states that traditionally, reason has been associated with the universal, the abstract, the mental, the impartial, the public and the male, whereas emotion has been connected with the particular, the concrete, the physical, the partial, the private and the female. Reason has been glorified and emotion denigrated. Emotion has come to be seen as the opposite of reason. Reason has been thought to help identify facts, equated with truth, while emotion considered simply as a reflection of personal values, something to be overcome as an obstacle to seeing things as they really are. Emotion, no less than reason can lead to the truth (Jaggar, 1995). Emotions are not simply a way of feeling, but a way of knowing. Because culture teaches its members what feelings to have and how to express them appropriately, emotions are learned responses to life's experiences. Paying attention to them is an avenue to valuable knowledge. If in reality true knowledge involved only the gathering of objective facts undistorted by subjective values, then emotion would be the enemy of reason. Feelings would indeed need to be repressed in the pursuit of knowledge. However, not only is there no way to totally separate fact from values, to do so limits knowledge. Emotions reflect values and values influence perception.

Summary- Feminist and feminine reflection has contributed significantly to the understanding of ethical decision-making, by first, successfully challenging the definition of a developed moral person as an independent, objective and separate individual. Second, both have offered an expanded epistemology from one based solely on justice with the expectation that relationships be reciprocal to a perspective that includes a morality of care, that rests on an understanding of relationships as a response to the needs of others in their own terms. Third, feminist and feminine thinkers have suggested a variety of models that uphold the values one should attend to in making right choices, as an alternative to basing moral reflection exclusively on abstract principles.

Despite great diversity of views within and between groups of feminine and feminist thinkers, there is general acceptance of the importance of the following when attempting to make ethical decisions:

1. Responsible decision-making must involve giving serious attention to the particular context surrounding that decision.

2. While respectful of the particulars of any given situation, effective ethical decision-making needs to be respectful of the interconnections involved and not loose sight of the whole, or at least as broad a view of reality as possible.

3. Valuing embodiment is an essential means of moral decision-making. This has two dimensions. First, it is necessary to affirm the goodness of the human body, including its sexuality, as a corrective for the long-standing deprecation of it and the false ethical stances that have resulted. Second, it is valuable to benefit from physical ways of knowing rather than limiting human knowledge by relying too

heavily on abstract reason. The physical world also has much to teach as human persons acknowledge their shared membership within creation.

### Decision-making in the Roman Catholic Tradition

Since the 13<sup>th</sup> century, Roman Catholic ethics has been very deeply grounded in the natural law tradition of Aristotle and Thomas Aquinas. (Haring, 1978).

Natural law holds that all of creation tends to act according to its nature and that there are common ties within all of creation. Human beings are basically good, have a tendency towards good and have the ability to know right from wrong.

The Catholic interpretation of natural law, though essentially positive is moderated by a belief that despite their fundamental goodness, human beings have a tendency toward selfishness, and forgetting that they are members of one body. This notwithstanding, the Catholic Church continues to uphold the goodness and dignity of the human person, based in part on the natural law tradition.

Natural law celebrates the unity of all persons, regardless of culture or religious profession. This is based on the concept that any reflective human person can know right from wrong. Since human persons are created in God's image, whatever is necessary for living ethically is intrinsic within the gift of the human condition (Richard, 1988). The import of this is that one need not profess to a particular creed in order to know what is right. This allows persons from different perspectives to contribute to the building of a more accurate understanding of moral reality. On this point, Haring (1978) believes that there is abiding truth, and that humankind will come to acknowledge ever more clearly what are abiding human

rights and moral values. At the same time he is clear to caution against an ethics for all people and for all time:

We find an approach to natural law marked by the capacity to listen and to learn in dialogue with others, with a vivid sense of the continuity of life. This attitude fits easily into the great dimension of the history of salvation and revelation. Humbly sharing experience and reflection makes people attentive to the signs of the times. (p. 325)

In the mid 1960's, when the Second Vatican Council called for a renewal in the theological disciplines, it urged that this be done rooted in "the mystery of Christ and the history of salvation" (Decree on Priestly Formation 1966, 15). Identifying the field of moral theology as needing particular attention, the Council, referring to Sacred Scripture as "the soul of all theology", stated:

Let them learn to search for solutions to human problems with the light of revelation, to apply eternal truths to the changing conditions of human affairs, and to communicate such truths in a manner suited to contemporary man [sic] (16).

Commenting on this directive Haring (1978) discredits the practice of using Scripture to support one's own position rather than looking first and primarily to the Bible in an attempt to find a vision of wholeness, and the core values and meaning of Christian life. He also cautions that when looking for guidance and norms presented in the Bible, it is essential to remain aware of its historical and cultural context.

The Dogmatic Constitution on Divine Revelation (1966) describes Scripture as a mirror to help us view God. It states:

This plan of revelation is realized by deeds and words having an inner unity: the deeds wrought by God in the history of salvation manifest and confirm the teaching and realities signified by the words, while the words proclaim the deeds and clarify the mystery contained in them. (2)

Lucien Richard (1988) believes that as a source of ethical knowledge, Scripture does not offer basically new information, but rather highlights what one should pay attention to and serves as an exhortation to live in a way that is genuinely human.

Three significant tenets that are rooted in Scripture and supported by the traditions of Roman Catholicism are either only minimally reflected or contradicted in the moral teaching of the Church. These are:

1. Embodiment.
2. The importance of interconnectedness and relationship.
3. Context as essential to truth.

### Embodiment

Roman Catholicism bases its valuing of human embodiment on two beliefs:

1. Creation as a God given-gift (Pastoral Constitution on the Church in the Modern World (1966, 12).
2. The mystery of the Incarnation (ibid.22).

Catholic teaching has presented that all of creation, including the human body is a gift, a sign of God's love (Ruether, 1990). The belief that the Word of God, the eternal self-manifestation of the Creator, took on a human nature is basic to orthodox Christianity (Leech, 1985). Yet no belief is more incredible. So much so

that throughout the history of Christianity, a number of Church Councils have gathered to respond to declared heresies about this tenet of faith. The Catholic Church has always upheld the belief that the whole human person shares in the image of God (Leech, 1985). This belief justifies an attitude of great respect for and even celebration of the human body. Yet, the Church, as a human institution, has always been influenced by its surrounding culture. Christianity came into being in a Roman world enamoured by Greek culture. One result of this is that from its inception, Christianity has tempered its enthusiasm for the value of the human condition with strong platonic influences (Ruether, 1992). Misogyny, distrust of the body and antipathy toward sexuality are found throughout classic Catholic theological sources (Andolsen, 1996 cf 1992). Nevertheless, a valuing of the whole human condition, including the body is rooted in the mystery of the Incarnation and a central tenet of the Catholic faith. Ignation spirituality, promoting the use of the senses in meditation (Edwards, 1983), and the ages-long tradition of mysticism extolling the value of emotion (Fox, 1987), both as means of experiencing intimacy in prayer, evidence that valuing embodiment has endured throughout the history of the Catholic Church.

As to sexual ethics in the Roman Catholic tradition, the picture is far more negative (Andolsen, 1996 cf. 1992). Sexuality, female sexuality in particular, has been generally viewed as dangerous to one's spiritual health. Since the second century modesty and chastity have been proclaimed as virtuous requirements for holiness. Women, often stereotyped as wanton and seductive, have been seen as obstacles to holiness. The Church has long held the position that there are degrees of

magnitude regarding moral offences, however, it has taught that all sins related to sexuality are serious. Throughout much of the Church's history marriage has been upheld as good while sexual pleasure, even in the context of marriage has been viewed negatively.

There has been a very gradual shift among the magisterium of the Church from its negative interpretation of sexuality. The Pastoral Constitution on the Church in the Modern World (1966, 49) highlighted the value of marital sexuality as a sign of and means to greater intimacy and commitment between the couple. In the past thirty years, most of the well-respected moral theologians in the Church have challenged the official Catholic positions regarding sexual issues. They include: Curran, 1968, 1978, 1985; McCormick, 1981; Keane, 1977; Farley, 1978, 1983; and Cahill, 1985. Their attempts are to help bring official Church positions on sexual issues in compliance with her affirmed belief in the goodness of the whole human person.

Both the mysteries of Creation and the Incarnation, which support the value of human embodiment, are proclaimed as central to Roman Catholic belief. However these two faith events seem to have had less of an impact than have historical cultural influences on the Catholic Church's attitudes regarding sexuality in general and women in particular. Though some religious traditions in the Church have celebrated the importance of feelings and the senses to spirituality, Catholic sexual ethics has not reflected a positive view of human embodiment.

### The Importance of Interconnectedness and Relationship

Haring (1978) believes that paying attention to biblical perspectives in both the Old and New Testaments is essential to gaining accurate insights in moral theology. He contends that unlike classic philosophies, the Bible does not present God as a reasoned entity, such as “the prime mover”. The Old Testament consistently depicts God in close relationship with persons. Despite the immeasurable worth of each human person, the Old Testament presents God in relation with the community. The focus is not on individual salvation. The Old Testament is a long story of the formation of the People of God. Humans are presented as relational beings and much attention is given to how persons are expected to live in relationship with each other.

One pervasive Old Testament theme that focuses on human interaction is the ambiguous value of authority.

Already in Genesis 3:16, the abuse of power – male domineering over female – becomes the chief symbol and reality of the fall away from God. Where people do not adore God, they will yield to the lust for power, which is, again and again, the cause of destructiveness and disunity. The charismatic leaders directly sent by god, like Moses, Gideon and Samuel, serve the good of the people without looking for power and dynasties. They are real symbols of God’s gracious reign. A healthy charismatic authority is a great blessing, coming from God.

The Old Testament presents then the whole history of kings as a striking symbol of the ambiguity of earthly kingdom and power. Involved is not just

the sin of the kings themselves but also the sin of the people who want a king to serve as symbol and cause for their own power among nations . . .

He blesses kings if they trust in him and manifest concern for justice, unity and peace. Disunity, and hence decay, is presented mainly as a result of the misuse of authority”. (pp. 10-11)

The Old Testament shows a repetition of the scenario: people responding to God’s invitation to relationship, responding to that invitation, growing righteous, legalistic, lording their position over others, and in doing so, loosing sight of their vision and distancing from the relationship.

In continuing his historical presentation of the development of the Old Testament community and the emerging religious vision, Haring (1978) presents the history of the ethical and religious prophets. The most significant prophetic message is found in Second Isaiah, who presents the Servant of Yahweh (Is 40ff). Israel and all whose religious beliefs are rooted in the teachings of the Old Testament are clearly called to be servants. This is the first presentation of a theme that runs throughout the rest of Scripture; that the response of first being cared for is to care for others. It is through that caring that persons are most themselves. Put another way, entering into covenant with God is inseparable from one’s commitment to others.

The New Testament is a further development of Revelation (Haring, 1978). It is the story of the growing understanding of what Emmanuel, a name which means ‘God With Us’ (Matt. 1:23) signifies. Jesus enters the world and models the radical

discipleship of caring asked of each person. He works to form a community that is needed to nurture and support those attempting to live lovingly.

The New Testament calls for a life of constant conversion always keeping the vision of “God-with-us” in sight. Followers of Christ are urged to develop a new heart. The law of love with preferential treatment to the disenfranchised over-rides all other norms of right living. The Spirit of the Living God dwells in all persons. It is this Spirit that will help the community determine right living.

Feminist theologians are critical of conceptions of the self that do not incorporate both the physical and social dimensions. Ross (1995) states, “the embodied self lives in a context of relationships” (Curran , C.E., Farley, M.A. & McCormick, R.A., 1996 p.17). Andolsen (1996 cf. 1994) describes autonomy from a feminine and feminist perspective that differs from the traditional view of an independent will. For women, autonomy is:

An embodied power in relationship that allows one to get one’s own body-based needs, desires, emotions, perceptions and values taken seriously.

Autonomy is the power to act as an embodied subject among other embodied subjects in the unfolding of a particular history of moral relationships.

(Curran et al., 1996 p.365)

The history of salvation presents the recurring theme of persons as interconnected. Relationship with God necessitates relationships with all of God’s creation. These relationships are to be reflective of God’s loving care and thus be relationships of service or care. Those in authority are expected to display this same care and service. This depiction of human persons in connection with each other has

significant ethical implications. What one considers to be compelling considerations when viewing persons as interconnected will be clearly different from what is derived by viewing them as separate individuals.

### Context as Essential to Truth

There is a strong Scriptural basis for seeking to understand ethical behavior within the context of a given situation. Perhaps the strongest rebuke made by Jesus was to the Church authorities (Luke 11:37-54). Jesus uses insults, name-calling and curses. He angrily condemns those in authority who:

1. Place unnecessary and unendurable moral burdens on persons while not working to change the situations that create the resulting moral dilemmas.
2. Overemphasize legalistic concerns and minimizing essentials when making ethical judgments.
3. Protect their power to make ethical pronouncements while abdicating responsibility for discovering truth.

Feminist theologians believe that the acceptance of principles exclusive of their context is not responsible ethical decision-making (Curran, 1996). There is evidence that some Catholic thinkers have held this view throughout its history.

Rudy (1996) presents the concept of casuistry used in the tradition of Catholic moral decision-making. Casuistry had its origins in the Catholic practice of private penance, which began in the fifth century. Until that time persons confessed their sins publicly and only once in one's lifetime. Consequently, many early Christians waited until late in their lives to make their public confession. In the meantime, they began to travel to monasteries to seek spiritual direction. This

private guidance developed into private confession. In order to help the pilgrim determine whether or not he or she had sinned, the confessor asked many questions so as to understand the particular situation involved. As this practice grew, penitentials, texts to help guide a poorly educated clergy came into existence. The original penitentials were respectful of the contexts of a given situation and attached appropriate penances to help the penitent make amends for the sins committed. The confessor's role was to help the penitent to understand the seriousness of his or her wrongdoing. In order to do so, the priest would inquire about the context and life circumstances surrounding the actions, the understanding of the penitent and other such details to help the confessor balance the principles and rules of the Church with the particularities of each case. While the priest was not at liberty to disregard the moral framework of Catholic teaching, he was free to interpret it in relation to the specific considerations related to each penitent. Jonsen and Toulman (1988) state that by the twelfth century casuistry, had become a full-blown scholarly process that focused attention not only on the sins confessed but also on the character and social position of the penitent. Unfortunately, the influence of Roman and canon law also influenced the practice and by the beginning of the second millennium the penitentials were very juridical and mathematical in their precision and certainty. Rudy (1996) believes that the redeeming aspects that were lost when the practice of casuistry became more legalistic have resurfaced in Carol Gilligan's work on morality. Both the casuists and the care ethicists attempt to balance respect for interconnectedness and thus how the actions of an individual impact on others, with a concern for the individual in a specific context. Despite its later corruption, the practice of casuistry

evidences the Church's early and longstanding attention to the particularities of a person in a specific context as crucial to moral understanding and judgment.

The ethical opinions of Thomas Aquinas that surfaced in the thirteenth century have been accepted as definitive in classical moral theology (Mahoney, 1989). Aquinas, reiterating the views of Aristotle, believed that paying attention to the particularities of an ethical situation was crucial to responsible moral decision-making. Though much of his moral theology continues to be referred to by present-day Catholic ethicists, attention to context as a requirement for accurate ethical assessment is almost totally ignored.

Ballou (1995) states that though naming and labeling seem simple acts, they often have subtle and complex consequences. "How a thing is called and the standard against which it is evaluated are important aspects of ethics that often go undiscussed [sic]" (Rave and Larsen, 1995, p.42). What something is called controls the way it will be perceived, establishes a cognitive set, and may cover particular values and views. It influences how it will be evaluated, understood and remembered. Situationism or situation ethics has been used in a pejorative way by those in authority within the Catholic Church (McCormick, 1989). It is a term used to characterize the process of paying attention to the particularities of a situation as part of making moral judgments. It has been criticized as a method used by persons to justify doing whatever they wish in a given situation. On this matter McCormick (1989) states:

I have no doubt that there are certain metaethical positions that involve unacceptable components of relativism and subjectivism. But this should not

be a pretext for use of a term to tar all approaches that provide for exceptions to normative statements sometimes regarded as absolutely binding. The reasons given for exceptions must be treated on their own merit. If they are not, certain forms of pluralism will be condemned before they have been examined. This only confuses the question. (p.139)

The Pastoral Constitution on the Church in the Modern World (1966, 4 & 7) acknowledges the mind-set foundational to the practice of casuistry. It stresses the necessity to make decisions by scrutinizing the signs of the times. It acknowledges its responsibility to make every effort to understand the present-day world, its expectations, its longings, and its often-dramatic characteristics. As to the problems of the day, the Church commits itself to finding solutions that are fully human.

Haring (1978) believes in the significance of paying attention to the particulars when making ethical determinations. In this statement he expresses the views held by many present-day Catholic moral theologians.

The moral relevance of human acts cannot be severed from their psychological structure, as they cannot be separated from their meaning in the context. . . . Just as not everything that is presented in the form of a sentence can claim to be a statement or judgment in a psychological sense, not all events in which something is chosen are truly decisions or human choices. (p.189)

There is a lot of precedent in Roman Catholicism to support that primary attention be given to specific situations when deliberating morally. Despite this, attempts to do so are usually viewed negatively. Overarching principles and rigid

rules remain the basis on which the Church tends to determine its ethical positions.

Summary- Roman Catholic tradition roots its norms in natural law, a developing understanding of Scripture and the primacy of an informed conscience. It upholds the importance of community as a means of discerning right behavior and supporting its members to live their dual call celebrating their personal human dignity and responsible interconnection. Right living in community stresses loving service to others. Those in authority are cautioned to avoid abuse of power and to use their positions as opportunities to care for others. Responsible moral decision-making involves an individual and communal commitment to constant conversion and an attentive openness to how values need to be lived out within the concrete situations of the present time. There is strong evidence in Scripture, in Church History, in the Documents of Vatican II and in the writings of respected present-day Catholic theologians, that the Catholic Church should allow certain important themes to have significant influence on Catholic moral teaching. These include:

1. The human body, including sexuality, as good.
2. The value of the human senses and emotions in moral deliberation.
3. A respect for interconnection, relationship and the primacy of love as central to moral decisions.
4. The significance of context in the search for truth.

#### Process of Ethical Decision-making

This section discusses the process of how decisions are made. The feminine perspective is descriptive of women's decision-making. Catholic teaching focuses

more on how ethical decisions should be made.

### The Experience of Women

A great deal of knowledge about the development of the personal authority, which give women (and men) the ability to own and affirm what they know has been discovered and passed on by the authors of Women's Ways of Knowing (Belenky et al., 1986). Regarding traditional epistemology they say:

Drawing on their own perspectives and visions, men have constructed the prevailing theories, written history, and set values that have become the guiding principles for men and women alike. . . . Until recently women have played only a minor role as theorists in the social sciences. . . . This omission of women from scientific studies is almost universally ignored when scientists draw conclusions from their findings and generalize what they have learned from the study of men to lives of women. . . . Thus, we have learned a great deal about the development of autonomy and independence, abstract critical thought, and the unfolding of a morality of rights and justice in both men and women. We have learned less about the development in interdependence, intimacy, nurturance, and contextual thought (pp. 6-7 cf. Bakan 1966; Chodorow 1978; Gilligan 1977, 1982; McMillan 1982).

In an attempt to fill some of this vacuum, these educators interviewed numerous women who had varied educational backgrounds and socio-economic lifestyles. They then reflected independently and discussed their findings with each other for a period of five years. What they recognized from this study, was a range of perspectives on knowing which they organized into five categories:

1. silence, a position in which women experience themselves as voiceless and subject to the whims of external authority.
2. received knowledge, a perspective from which women understand themselves as capable of receiving, even reproducing, knowledge from external authority but not capable of creating knowledge on their own.
3. subjective knowledge, a perspective from which truth and knowledge are seen as personal, private, and subjectively known or intuited.
4. procedural knowledge, a position in which women are committed to learning and applying objective procedures for obtaining and communicating knowledge.
5. constructed knowledge, a stance in which women view all knowledge as contextual, experience themselves as creators of knowledge, and value both subjective and objective strategies for knowing. (p.15)

As Belenky et al. (1986) continue to describe the categories that they have distinguished and talk about the women in each group, it seems evident that although members of the first two groups are capable of obeying, they do not seem able to process morally.

Subjective knowers seem to evidence for the first time moral deliberation. They describe ethical decision-making as responding to the facts of a situation on an intuitive level. This intuitive knowledge occurs prior to reflection, and is based on previous knowledge, beliefs and assumptions.

Procedural knowers give significant credence to outside sources, but unlike received knowers, involve themselves in the process. The authors distinguish

between two types of procedural knowing; separate and connected. They state that critical thinking is at the heart of separate knowing. They label this category “the doubting game” and its membership as “tough-minded”. Of them they say:

They don't want to let anything in unless they are pretty sure it is good . . .

Separate knowing is in a sense the opposite of subjectivism. While subjectivists assume that everyone is right, separate knowers assume that everyone – including themselves – may be wrong. (p.104)

Connected knowing builds on the subjectivists' conviction that the most trustworthy knowledge comes from personal experience rather than from the pronouncements of those in authority. Connected knowers find ways of learning from others while protecting their ability to process what they take in. The capacity for empathy is central to this process.

Constructed knowledge is an effort to reclaim the self by attempting to integrate knowledge learned from others with the knowledge previously held and valued. Through this process, constructivist thinkers discover that all knowledge is constructed. The closest that one can come to knowing reality is from one's informed and reflective understanding of the truth.

Constructivist knowers are likely to be skeptical of situations presented in which there is an absolute right decision. Rather, their aim is to arrive at a decision that is thoughtfully made and perhaps more correct than the available alternatives. Women gain this insight by searching for a core self that remains responsive to situation and context.

Ultimately constructivists understand that answers to all questions vary depending on the context in which they are asked and on the frame of reference of the person doing the asking. Once knowers assume the general relativity of knowledge, that their frame of reference matters and that they can construct and reconstruct frames of reference, they feel responsible for examining, questioning, and developing the systems that they will use for constructing knowledge . . . When women accept the responsibility for evaluating and continually reevaluating their assumptions about knowledge, the attention and respect that they might once have awarded to the expert is transformed. They appreciate expertise but back away from designating anyone an 'expert' without qualifying themselves . . . Becoming and staying aware of the workings of their minds are vital to constructivist women's sense of well-being. Self-awareness aids them in setting the ground rules for their interactions with others and in self-definition . . . Among women thinking as constructivists, connected knowing is not simply an 'objective' procedure but a way of weaving their passions and intellectual life into some recognizable whole. (p. 138)

Summary - Women's epistemological experience can be distinguished as five ways of receiving and using information. These categories parallel one's ability and style of decision-making. Though someone can remain in one category indefinitely, for many women, these are developmental stages. Looked at in this way, women in the first two stages seem incapable of true moral discernment. The three stages that follow mirror Gilligan's (1982) model of moral development.

### The Roman Catholic Experience

The process of ethical decision-making in Roman Catholicism has two distinct approaches (McCormick, 1989). One is rooted in the vision of the Church as hierarchical. Those in authority who hold this view as primary see it as ultimately their responsibility to determine the truth. They understand their role as informing their membership as to what constitutes the correct positions about ethical issues.

The second ethical approach stems from seeing the Church as a community of believers and supports a more collegial process of decision-making. Persons in authority holding this view of Church as primary are broadly consultative in their style, open and more tentative in presenting their views. McCormick (1989) offers the American bishops' pastorals, The Challenge of Peace and Justice for All as examples of this second form of ethical leadership.

McCormick (1989) gives historical justification for both methods of moral leadership. The first scenario, which he labels the fundamentalist approach, deals with the period from The Council of Trent to the Second Vatican Council (1545 – 1965). At that time, the influence of Roman culture prevailed and the Roman Catholic Church saw itself as highly juridical with a strong hierarchical structure of authority identifying and upholding its view of truth. Mass media was non-existent and the flow of information extremely slow. This prevented the interaction of views needed for participatory decision-making. With few exceptions, the best-educated persons at that time in the church were the clergy. Non-Catholics were viewed as adversaries and their contributions as dangerous. Transportation was slow, contributing to the isolation of seminaries. The “master” method of teaching

dominated seminary and university teaching. The expert handed down information to students. This receptive method of learning promoted uniformity of views within the Church.

By the mid-sixties, at the end of Vatican II, the Catholic Church was situated in a very different world. The Church had re-identified herself as the “People of God”. Collegiality as a form of management came into being. The Church was adopting in her internal life and organization, patterns found effective in the secular world. The Second Vatican Council had been primarily a positive experience in collaboration. Catholics, fully immersed in the world at large were now exposed to a diversity of views regarding every important issue. Many lay persons were now well educated and had the expertise to understand doctrinal matters and to juxtapose them with their own experiences. Persons of other faiths were no longer seen as threats. Ecumenical groups began to emerge attempting to find solutions to common problems. The changes in the educational process encouraged student involvement, experimentation, creative thinking and discussion. Philosophical diversity existed in all areas of life. It was in this social context that the documents of the Council were written. All members of the Church were urged to take their Baptismal commitment seriously by living out the values of their faith in all aspects of their secular life and participating fully in the building of the Church. This invitation was based not on hierarchical positions, but on the gifts, expertise and opportunities afforded its members.

As to the process of individual decision-making itself, the most convincing invitations are rooted in Scripture (Jn. 8:31-34), “The truth will set you free”.

Building on this teaching, The Declaration on Religious Freedom (1966, 8) urges each person to take his or her responsibility seriously to seek the truth and to adhere to it, free from any external or psychological coercion. The Decree on the Apostolate of the Laity (1966, 2) urgently invites lay persons to use their God-given abilities to contribute to the Church and the world at large. Those reading this document are cautioned not to read it in isolation but rather encouraged to view it in the context of the other Conciliar writings. The Dogmatic Constitution on the Church (1966, 7) proclaims the active presence of God, one of whose manifestations is in ministries that continue to uncover an understanding of reality, and helping the Church to develop in a way that more accurately images the God of love. The Pastoral Constitution on the Church in the Modern World (1966) states that, “The human race has passed from a rather static concept of reality to a more dynamic, evolutionary one” (5). It continues by calling forth all those with competency to help in “new efforts of analysis and synthesis”. . . . For the future of the world stands in peril unless wiser men [sic] are forthcoming” (ibid.5, 15). “Let it be recognized that all the faithful, clerical and lay, possess a lawful freedom in inquiry and of thought, and the freedom to express their minds humbly and courageously about those matters in which they enjoy competence”. (ibid. 62)

The Documents of Vatican II are replete with acknowledgments of the changing times and of invitations urging persons to contribute their abilities and participate actively to help in the development of a clearer understanding of reality. The approach is clearly participatory. The vision of Church is one of a community of persons working together.

Addressing individual decision-making, the documents encourage the search for truth, uphold freedom of thought, acknowledge the complexity of moral and social problems, respect diversity and recognize how other disciplines can contribute to a fuller view of reality. On the issue of religious education the Council states, “Let them learn to search for solution to human problems with the light of revelation, to apply eternal truths to the changing condition of human affairs, and to communicate such truths in a manner suited to contemporary man [sic]” (Decree on Priestly Formation (1966, 16).

In the published response following the Decree on the Apostolate of the Laity, Wedel (1966) states that “It is only within the past century and a half that the conditions which required paternalism have gradually but completely changed” (Abbott, 1966 p. 524). These “conditions” are the same as those described by McCormick (1989), used as a basis for the communal vision of Church and a collaborative approach to ethical decision-making. Yet, despite the fact that the social conditions supporting the collegial model still exist, much of the hierarchy has reclaimed the fundamentalist model of the Church. By the early 1990’s, Church authority is labeling the questioning of its position on moral issues as a “genuine crises” (Pope John Paul II, 1993).

The Church continuously shows ambivalence about how much control to cling to, even within a given document. On the one hand it urges its members to take their rightful responsibility to seek and live by the truth. At the same time, the Church protects its power to “authoritatively exercise a critical discernment of opinions” (Pope John Paul II, 1998 p.76) when the outcomes are not to its liking.

Pope John Paul II (1998) sees as problematic a general skepticism about one's ability to know the truth, which he says is descriptive of present day philosophy. It may in fact be partly due to the Church presenting itself overconfidently as knowing the truth in all affairs and proclaiming its views so emphatically that has contributed attitudes that it now criticizes.

McCormick (1989) and Curran (1996) both address the disturbing pattern in the Church that interprets dissent and even questioning as disloyalty and subversiveness. Yet despite this, the Church has always proclaimed the preeminence of an informed conscience when making and acting on ethical decisions.

Conscience is the traditional term used for knowing as it relates to ethical decision-making. Maguire (1991) states that conscience is an ethical method embodied in a person though existing in varying degrees of development within each. Conscience always bears the distinguishing marks of each person's unique moral history. However, every conscience has something fundamentally in common with all others. Each has its roots in the core of the foundational moral experience to do good and avoid evil (Fuchs, 1993). Although a developed conscience is not innate, the human potential for relating to others and to moral value is. Conscience gives form to this potential. It is the product of a person's previous decisions, education, and formative personal encounters. (Maguire, 1991)

Haring (1978) holds that though one's conscience tends towards living in the truth and acting on it, judgment based on that conscience depends on several conditions. He includes an openness for truth, a generally virtuous lifestyle and

being part of a community that combines shared values and a respect for creative freedom.

Gaffney (1979) states that, “progressive improvement of conscience is a matter partly of maturation and partly of education”(p.179). This is so if one interprets “education” broadly so as to include all of one’s life experiences and the meaning one has drawn from them.

Recognizing that a person’s emotional, psychological and intellectual health and development are integral to his or her ability to discern morally, or use their conscience, it is helpful to look at the resources for informing the conscience. Tradition and Scripture can be useful in informing one’s conscience when he or she attempts to make moral decisions by using a reflective process. Jaggar (1991) states that ethics is pursued most effectively within communities that share certain assumptions. In both the Pastoral Constitution on the Church in the Modern World (1966) and the Declaration on Religious Freedom (1966), the Second Vatican Council frequently addresses the issue of conscience. The Council states that one’s conscience is at the core of the human person, a directive from God written in ones heart summoning towards good and away from evil. It further states that it is the ultimate judgment one is to obey. The Council presents the conscience most effectively used not in isolation and not solely for one’s personal use, but for the benefit of the community.

“In fidelity to conscience, Christians are joined with the rest of men [sic] in the search for truth, and for the genuine solution to the numerous problems which arise

in the life of individuals and from social relationships” (Pastoral Constitution on the Church in the Modern World (1966, 16).

The Catholic Church is a repository for these assumptions. It has a long history of promoting values such as justice, peace, love, and the dignity of the human person, in the social, economic and political arenas. As members of the Church community gather for the celebration of the Word and Sacraments, they become mindful of the values that they profess and are strengthened to live by them.

The Declaration on Religious Freedom (1966) on the one hand urges its membership to carefully attend to Church doctrine in the formation of their consciences. At the same time it acknowledges: “In the life of the People of God . . . there have at times appeared ways of acting which were less in accord with the spirit of the gospel and even opposed to it”(12).

In this regard, the Church has had a less helpful history on the domestic front. It is in recognition of its human limitations, that throughout the Church documents previously mentioned, individuals are exhorted to pay attention to the values and the norms on which they are based and promulgated by the Church, but also frequently reminded of the primacy of their informed conscience.

Living a virtuous life contributes both to the development of the individual person and to the health of the moral community from which one draws strength. Haring (1978) states that moral theology is not only interested in what a person does. It is most concerned about what kind of person someone is. Haring uses the term ‘ethics of the heart’ by which he suggests that ethical behavior reflect a way of life that is a grateful response to the experience being loved by God.

## Summary

It is necessary to focus on the context of the Catholic Church's strong authoritarian tradition in order to begin to understand the ethical decision-making process of the individuals within that tradition. Despite mandates from Scripture to present day ecclesial missives encouraging a courageous search for truth, there has existed throughout that same time period, strong messages to accept unquestioningly the moral positions of the Church.

## Content of Ethical Decision-Making

This segment of the literature review focuses on what issues are recognized as deserving attention in ethical deliberations. There is a discrepancy between what traditional ethics has attended to and what feminists identify as needing consideration.

Ballou (1995) presents a concept that is central in feminist theory. She states that to name something directs attention to it and away from something else. What something is called affects the way it will be perceived, evaluated, treated and remembered. The "private sphere" has until recently not been included in the ethical arena. Child abuse, domestic violence, unequal responsibility for parenting roles and household chores, expectation for fostering growth and securing stability in relationships between life partners have not been generally considered issues of serious ethical concern within traditional ethics. In order to take into account all of the topics that deserve attention in the ethical forum, women must be as involved as men in the formation of the agenda itself. In 1994, The Center for Women Policy Studies (CWPS), the first independent national policy institute (est. 1972), published

a comprehensive report entitled, “Women’s Health Decision-making - A Review of the Literature”. It reads:

To find studies of women’s health decision-making in the vast pool of literature on health care issues, we initially limited our inquiry by using combinations of the search term ‘women’ with ‘health decisions,’ ‘health attitudes,’ ‘health behaviors,’ ‘health care utilization,’ and ‘health prevention. . . . limiting our scope to materials published since 1986. . . .

Yet despite this bounty of health-related literature, virtually none focused on women’s health decision-making. In fact, the patient – whether male or female – was rarely defined as a decision maker . . . In the medical literature, health decision-making refers to practitioner decisions regarding diagnosis, treatment, and ethics. Patient decision-making is generally framed as ‘informed consent,’ ‘patient autonomy,’ or ‘patient participation.’ For instance, of the first 100 ‘decision-making ’ citations listed on MedLine between 1989 and 1993, 60 percent addressed physicians’ and nurses’ decisions for their patients. Only 14 percent concerned the patient as a participant in health care decisions and only two articles concentrated on women. (p.2)

The report states that it hoped that its research would lay the groundwork for health promotion grounded in the self-expressed needs of women. They went on to assert that in order to understand the meaning of women’s health decision-making in their lives, it is necessary to consider the social context which defines, facilitates and/or constrains their possibilities and the meanings they have regarding their choices.

Hunt (1994) takes a feminist theological look at women in combat. She insists that a valid ethic necessitates bringing the debate to where women are. Hunt believes that only a participatory ethical model can avoid the problems of dogmatic liberal feminism in which mostly white women make decisions for those who are faced with the actual moral choice. Hunt's position has a far wider application than that of women in combat. True respect for the dignity of a person requires that when attempting to develop ethical theory, the persons involved in the ethical dilemmas being addressed be invited into full participation of the process.

Gudorf (1989) distinguishes between papal social teaching and papal teaching in the private realm. She determines that the social teaching is characterized by social-welfare liberalism promoting equality, pluralism, democracy and other just and altruistic values. As to papal teaching in the private sphere, major problems are either totally absent from consideration or strongly influenced by attitudes of sexism, paternalism and hierarchy. Her findings serve as a basis for supporting the inclusion of women in both setting the agenda for ethical deliberation and contributing diverse perspectives to the discussions.

#### Commonalities in Feminine/Feminist Views and Roman Catholicism

There is correlation between decision-making approaches in Roman Catholicism and what is generally valued in feminine and feminist ethics. This is so in both what is identified as deserving of attention when making decisions as well as the decision-making processes itself.

Natural law, as presented in Roman Catholicism, promotes the innate goodness of the human person. It holds that each person has an inclination in common with all beings to continue its existence in accordance with its nature (Mahoney, 1989). It supports the view of persons as capable of knowing right behavior for themselves. This long-standing Catholic tradition is very much in line with feminist views that acknowledge both women and men as full moral agents, and affirm women's abilities to discover for themselves what constitutes good decisions (Tong, 1993).

Catholic positions regarding the process of moral decision-making parallel the various ways of knowing as described by Belenky et al. (1986). The authoritarian view that sees the role of the hierarchy in the Church as informing its membership about right behavior and expecting obedience coincides with silent knowers and received knowers. Those who experience fear or guilt as a result of pronouncements from Church authority might view themselves as voiceless and subject to this external authority. Likewise, militant positions within feminism that see all women as victims, all men as perpetrators and exhibit "a tone of derision and a moral stance that prefers to discredit opponents rather than carry out the hard work of persuasion, argumentation and negotiation" (Steinfels, 1996, p.20) also abuse authority. They contribute to an environment that perpetuates the insecurity experienced by silent and received knowers.

A positive image for received knowers, is dependent on their own obedient behavior and sometimes on teaching others to obey. The simultaneous messages from the Catholic Church to seek the truth and obey the laws cause problems,

especially for received knowers. Strict obedience to general rules applied in diverse situations can pose problems for those who take the injunctions of the Second Vatican Council seriously and attempt to courageously explore how the core aspects of Catholic faith are to be lived out in the context of present day ethical dilemmas.

Often the greatest obstacle to seeking truth is the temptation to adopt the solution that insures acceptance in the community. Frye (1991) says that in her upbringing she was taught an ethical system by which to live. Not only was she expected to judge her own behavior according to that system, she was also taught to point out the wrongs of others and to teach them right behavior. Living by these rules gave her a structure to live by, helped her know right from wrong for herself and outlined the role that her community expected her to live out. As long as she lived by those standards, she experienced acceptance within her community. This moral structure gave her confidence in her own ability to know and act rightly. Frye states:

If one is not simply white, Christian, middle-class “American” but also a woman, there is a nasty twist in the middle of this pretty picture. Judging, preaching, directing, administering, managing, policymaking . . . are not feminine vocations. . . . This sort of agency is male. . . . If one gets a certain sort of male sponsorship. . . one is allowed to function in these vocations of the righteous – so long, that is, as one is doing things one’s sponsors approve of. In this case, one’s rightness is not really one’s own but is one’s sponsors’ rightness. One’s authority is effective only so long as one identifies wholly with the sponsors. (Card, 1991 p.54).

The contributions of Belenky et al. (1986), are particularly revealing when looking at the ethical decision-making of persons who are members of an authoritarian community. Frye (1991) describes that what happens for the feminist is that she discovers her own authority and comes to recognize herself as authorized by her own knowledge of right and wrong to assume the roles once given to her by her community.

The Declaration on Religious Freedom (1966, 2) that encourages each person to take his or her responsibility seriously to seek the truth and adhere to it correlates with the perspective of the subjective knower. This is conscientious behavior where truth and knowledge are seen as personal. It is the first stage in which true decision-making occurs, or to use the Catholic terminology, in which one relies on his or her conscience.

Theologians (Maguire, 1991; Haring, 1978; Gaffney, 1979) believe that the conscience is influenced by each person's unique history and exists in varying degrees of maturity. Their views coincide with Belenky et al.'s (1986) descriptions of procedural and constructed knowing, both of which are open to learning from others while protecting their ability to process what they take in. The Church in recognition of its past mistakes (Declaration on Religious Freedom (1966, 12) encourages individuals to rely on their consciences informed by the values on which the positions of the Church are based. The Church's injunction to rely on one's informed conscience as the highest authority mirrors the position of constructed knowledge in the role of decision-making.

Regarding what deserves attention when attempting to make ethical decisions, the literature reviewed here has shown that feminine and feminist and Catholic thinkers share some common views. Though the language and the derivation differ, the concepts themselves and the importance that they are afforded are very much the same.

The Catholic view on moral decision-making are normative in their presentation:

1. One *should*, based on the divine gift of creation and the Incarnation, value embodiment. This involves acceptance of all of nature, the human body and sexuality as good. It also includes taking full advantage of human abilities in knowing such as the senses and emotions.

2. One *should* live out the belief that all persons are members of one body. Caring for others is caring for one's self. All of creation reflects the Creator and is interconnected. Consequently, one *should* act responsibly toward all of creation.

3. Out of a respect for persons modeled by Jesus Christ, one *should* be sensitive to the particularities of the person in his or her situation.

The primary prescriptive message from feminists regarding decision-making is that the experience and values of women *should* be integrated within any accurate understanding of ethical decision-making. This insertion is thus descriptive.

In ethical decision-making:

1. Women *do* pay attention to their feelings as an important way of knowing.

2. Relationships *are* a key concern when women make decisions.

3. When attempting to make ethical decisions women *do* focus on the particulars of a given situation.

Summary – Both the Catholic Church’s natural law tradition and feminists acknowledge women and men as full moral agents. Though the language differs significantly, the concept of constructivist knower, is remarkably similar to that of informed conscience. From a feminist perspective, constructivist knowing is identified as the ideal standpoint for decision-making. The informed conscience is recognized by Catholic ethicists as the ultimate authority in one’s decision-making. Embodiment, interconnection and the importance of attention to context are upheld in Roman Catholicism and among feminine and feminists ethicists as key elements in ethical decision-making.

### Theoretical Foundations of Research Methods

Different ways of acquiring knowledge are appropriate for different problems. Qualitative research is most effective for problems concerning society, values, religion and in attempts at understanding humans (Reinhartz, 1979).

Deraps (1992), in her doctoral dissertation describes qualitative research as a broad category of post-positivist inquiry, under which many methods of research are grouped. All these methodologies share the rejection of the belief that the only valid research is that of the positivistic quantitative paradigm. The hallmarks of post-positivist inquiry are that it is naturalistic, or that it occurs in the natural setting, and that its main concern is understanding phenomena. The qualitative researcher

attempts to comprehend what other people and their lives are about as openly as possible, without preconceiving the categories into which the data will fall.

Qualitative research has two basic characteristics:

1. In its concern for a full understanding of aspects of human life, it uses data collection and analysis techniques that yield complex and diverse explanations.
2. The researcher in this process is the primary 'tool' used for both data collection and data analysis.

Both phenomenology, which is used to gain a full and accurate description of the subject of the study, and grounded theory, which serves to explain the social processes observed, use "the richness of human experience . . . and flexible data collection procedures" (Baker ,C., Wuest, J. and S., & Noerager, P. , 1992, p. 1355).

### Phenomenology

The phenomenological movement began as a reaction to the positivist philosophical tradition of the nineteenth century that focussed on facts and sought the causes of social phenomena. (Nugent, 1995, cf. Spiegelberg, 1982). For phenomenologists, understanding is the goal. They believe that the understanding of experience, which is foundational to the human sciences, can not be adequately achieved through objectification, measurement or reduction.

Husserl, the German philosopher who is usually credited as the first to present the concept of phenomenology, held that valid meaning required the foundation of accurate description. His basic assumption was that one could only know what he or she experienced by paying attention to the essence of what is being

studied. Husserl considered “bracketing” one’s own perspectives as necessary for the required stance of openness to the other. (Taylor and Bogdan, 1984)

Heidegger’s concept of the person as inseparable from the world departs from the Husserlian need to bracket (Philips, 1994 cf. Heidegger, 1962). For Heidegger, understanding involves interpretation by both the researcher and the interviewee.

The researcher cannot not influence what is attempting to be understood.

Phenomenology for Heidegger not only allows interpretation beyond the description of the human experience, it considers this interpretation as part of the context. What is essential to Heideggerian phenomenology is that the researcher maintain an awareness of his or her biases and remain open as the question is being interpreted by the researcher and participant.

In discussing doing feminist research, Roberts (1981) states that value free methodology does not exist. Feminist research, therefore, simply tries to be aware of its biases. In this case, “an attempt to insist upon the experience . . . of women”. (p. 15)

The major goal of the researcher using the method of phenomenology is to capture this process of interpretation.

Awareness of the concept of symbolic interactionism (Taylor & Bogdan, 1984 cf. Blumer, 1969) can help the researcher recognize existing interpretations.

The basic assertions of symbolic interactionism are:

1. People act towards others on the basis of the meanings that they have for them. People do not simply respond to stimuli or act out social or cultural scripts. It is meaning that influences behavior.

2. People develop meaning from others. People learn how to see reality from others.

3. The meaning people attach to something predisposes them to act in a particular way.

4. The process of interpretation acts as an intermediary between one's predisposition to behave in a particular manner and the actual behavior.

Thus, as people find themselves in different situations, they interpret what type of a situation it is. The meaning that they give it, grows out the ways in which others respond or act toward them in regard to that given phenomenon and influences how they will respond in those situations.

Baker et al. (1992) state that the goal of phenomenological research is to describe the world-as-experienced by the participants of the inquiry in order to discover the common meanings underlying diversity in phenomena. The authors suggest that this be done by first remaining as open as possible to experiences of the participant from their point of view in order to have as valid a description as possible. Second, they state that the phenomenon should be varied imaginatively in order to identify its characteristic attributes.

### Grounded Theory

Lincoln and Guba define grounded theory as one in which, "the theory emerges from the data rather than from testing a preexisting theory as is the case with traditional research.

Baker et al. (1992) quote Glaser (1969) to say that grounded theory is used "to discover what is going on". Grounded theory generates inductively based

theoretical explanations of social and psychosocial processes that have been identified.

### Phenomenology Used in Conjunction with Grounded Theory

Reinharz (1979) describes the use of phenomenology with grounded theory. An experiential analysis accepts what is phenomenologically discovered and then orders, interprets, and attempts to connect this material with other aspects of the social environment. The researcher tries to recognize relationships between the experiences and the situations that engendered them. The explication of the experiential analysis will be in terms of a broad picture and perceivable entities that interconnect rather than in terms of variables in causal relationships. The explication lifts phenomena from their contexts to display them in their own terms: not how much of something there is or how it compares with something else, but what it is and how it fits. Ihde (1977) states that first comes the rigor of distinction making followed by depth and extrapolation.

Taylor & Bogdan (1984) state that in generating grounded theory, researchers seek to demonstrate plausible support for their findings. They do not attempt to prove their theories. However, sociological methods with no experiential base create a foundation of imposed, misplaced, and possibly erroneous assumptions.

A major characteristic of both phenomenology and grounded theory is the primary reliance on the researcher as “human instrument”. Lincoln and Guba (1992) state that the naturalistic inquirer elects to use herself or himself as well as others as the primary data-gathering instrument. It would be nearly impossible to invent a

non-human instrument, such as pre-printed questionnaires, with sufficient adaptability to take in and adjust to the variety of realities that are encountered.

The following is an adaptation of Jagger (1991) discussing feminist ethics. It serves as an accurate summary of qualitative research methodology.

1. The considerations point toward a naturalistic as opposed to a rationalist epistemology.
2. The findings are grounded in actual real experience.
3. The process is open to an understanding that is plural and local rather than singular and universal.
4. The emerging theory is grounded not in transcendent reason but rather in historically specific practices and traditions.

### Summary

This chapter has presented a review of the literature related to the concepts fundamental to this project. This included a historical view of the role of ethics, a comprehensive look at both feminist ethics and ethics in Roman Catholic tradition, and finally, some attention to the research methodology used in this project.

Ethics, which had all but been abandoned in favor of a value-free scientific modality, is now generally accepted as central to decision-making. As to the content of ethical decision-making, feminists in general and Catholic feminist theologians agree that significant changes are needed. If ethics is to be deliberated in an ethical manner, the diverse perspectives of women must be included. In addition, women must have equal participation with men in determining the agenda of ethical issues that need to be addressed.

Feminists and significant sources within Catholicism acknowledge women's ability to make good ethical decisions. Both identify the process of taking in information while at the same time protecting one's ability to discern critically as the optimum method and as an important indication of moral development.

Three core beliefs that are rooted in Scripture and supported by the traditions of Roman Catholicism coincide with the characteristics central to feminine and feminist ethical decision-making. These are: embodiment, the importance of interconnectedness and relationship and context as essential to truth

Finally, the literature supports a research methodology that remains open to taking in women's diverse experiences from their own perspectives and grounding any subsequent theory on the data resulting from that process. Only by including the meaning women give to their decision-making to the existing body of knowledge on this subject, can a true understanding of ethical decision-making be achieved.

## CHAPTER THREE

### Methodology

#### Rationale for Research Design

This study was designed to obtain to the greatest extent possible a picture and an understanding of the lived experiences of women in the process of making a life decision that they identified as important. Baker et al. (1992) state that both grounded theory and phenomenology “focus on the richness of human experience, seek to understand a situation from the subject’s own frame of reference, and use flexible data collection procedures. Nonetheless, they are based on different intellectual assumptions and, flowing from these, have clear differences in purpose and methodological prescriptions. . . . One (phenomenology) seeks to describe psychological structures, and the other (grounded theory) to explain social processes”. (p. 1355)

A basic assumption motivating the use of both phenomenology and grounded theory was that by using grounded theory from the onset, attempting to develop one’s own understanding as the data were gathered, would impede the interviewers from being as open as possible to taking in the meaning that the participants gave to their decision making experiences. Benhabib (1987) talks about the difficulty of adequately understanding the other’s perspective, that is, seeing the other as different from the self. Postponing attempts to theorize increases one’s ability to focus on the other’s position; in Benhabib’s words, to “ imagine myself in the other’s place”. (p. 165) Phenomenological research is an attempt “to describe the world-as-experienced

by the participants of the inquiry in order to discover the common meanings underlying empirical variation of a given phenomenon” (Baker et al., 1992, p.1356). The authors state that phenomenology is designed to describe psychological realities from the perspective of the meanings that the interviewed persons give to their lived experience. The only valid source of data with phenomenological inquiry is from the “informants who have lived the reality being investigated” (p.1357). They describe the process as borrowing other people’s experiences in order to understand the deeper meaning of it in the context of the whole of human experience. This is accomplished in two ways: first, preconceptions about the phenomenon are “bracketed”, that is, acknowledged and put aside. Secondly, the phenomenon is imaginatively varied in an attempt to uncover its underlying attributes. Thus phenomenology was used first in this study to gain as accurate a rendering as possible of the ethical situations from the participants’ perspective, the rationale being that phenomena from the participants’ perspective is needed as a basis for any valid attempt to form social theory.

Grounded theory is “theory that follows from data rather than preceding them” (Lincoln & Guba, 1985, p.204). The rationale for using grounded theory in this project stems from a skepticism of traditional research methods brought about by a long history in which theories were developed exclusive of women and then often used against them (Card, 1991). After the interviewers had gained as accurate a picture as possible of the decision-making experiences from the participants’ perspectives, an attempt was made to propose theory emerging from that understanding. The theory that resulted was grounded in the participants’

understanding of their decision making. Because the participants were all women and came from a predominately Catholic community, existing feminist theories and thinking rooted in Roman Catholic tradition were used as lenses to see if they could help to shed light on the data and help in the theorizing. But it was the data that was considered paramount.

### Description of Participants

Women in this project were not asked to give any specific demographic information about themselves. The interviewers focussed on what the women identified as meaningful personal information relating to the decision that they shared. By asking women to give relevant data about themselves and their situation that would help the interviewers understand their decision-making experience, the interviewers gained insight into the women's perspective as to what was important context. A resulting limitation is that there are no common data available to help portray the participants. A short description of their environment, its history and culture may be helpful.

Maine entered the Union in 1820 as part of the Missouri Compromise. It remained largely Anglo-Protestant, reflective of its New-England connection until the 1840's arrival of Irish Catholic immigrants and the Franco-American Catholics in the 1860's. Both of these groups settled into the state's industrial cities (Judd et. al, 1995). With a population of slightly more than one million people Maine ranks second in the nation as having the smallest racial diversity. The 1990 census revealed that 0.4 percent of Maine's people were African Americans, 0.5 %

American Indians, 0.5 % Asians, and 0.6% Hispanics. However, about one fourth of the State's population listed themselves as wholly or partly of French descent.

A 1997 State Commission Report describes the community in which the interviews were done as made up of a population in which 57.2% are first ancestry French. The entire county in which this community is set is 42.3% first ancestry French. In the mid 1970's, 60% of the residents lived in French-speaking homes (Michaud & Janelle, 1974). Until the last twenty years, all Franco-Americans were actively Roman Catholic (Michaud & Janelle, 1974). The authors state that Franco-American family life was heavily intertwined with religious ritual. Most Franco-American children were educated in French or bilingual Catholic schools. Language and the Catholic Church's pre-Vatican position of frowning on marriage with someone of another faith created a ghetto culture. Thus, the values of the Church were the primary if not the only influence in the moral development of the Franco-Americans.

Franco-Americans are not the only Catholics in the community in which the research took place. Comparing the general population figures of city, obtained from the Annual Register of Maine, with the number of Catholics registered in the city's Catholic Churches, available from the Diocesan Office for Parish Planning & Development, indicates that a full 52% of the population is registered in a Catholic Parish. Priests in the area say that this number is a low assessment of actual membership. They find that many people attend church services quite regularly, and are married and buried in the Church though they have never registered as members. The strong Catholic character of this community is reflected in the population of this

study. Thirty-eight of the fifty women interviewed acknowledged having a Roman Catholic upbringing.

Maine's per-capita personal income fluctuates at around 85% of the national figure (Judd, R., Churchill, E., & Eastman, J., 1995). Many of the poor in Maine have jobs, but are employed part-time or in low paying jobs with no benefits.

At a 1957 conference called by Governor Muskie in an attempt to improve education in the State, Charles F. Phillips, then president of Bates College commented on the wide gap between high school and college graduates in Maine. He alleged that New Hampshire and Vermont, states comparable to Maine in wealth, sent nearly twice as many of their high-school graduates to college (Judd et al. 1995). From this one can infer that Maine has a relatively small number of women sixty and older who have attended college. This picture has changed significantly. Maine has the second lowest high school drop out rate in the nation. Sixty-two and one-half percent of Maine's high school graduates entered college during the 1995-96 school year, compared to 59.6% the previous year. In the population interviewed in this project the younger the woman, the more likely she was to include attending college as part of her story. However this could be due to their college experiences being more recent events than for the older participants.

In 1995, 27.2% of the population in the State was under nineteen years of age, 58.9% were between the ages of 20 and 64 years, and 13.9% were over 65. Fifty-eight percent of working women have children under the age of six. Of women in the labor force, 74.4% have school-age children (1998 Data Book, p.24).

### Research Personnel

There were two persons involved in the actual interviewing of the women who participated in the research and in initially coding and grouping the data. The primary reason that motivated the decision to use two interviewers was that although qualitative research recognizes the reality and even benefits of subjectivity, unrecognized biases can result in less accurate interpretation of the data. The rationale for using two interviewers was as a check for unrecognized interviewer influence or hidden assumptions made in the coding or categorizing of the data. A second benefit of having two interviewers is that it gave the women a choice of sharing their story with a stranger or someone whom they knew well.

I, as the primary researcher, served as an interviewer for half of the interviews. I am a clinical professional counselor. I received my Master's degree in counseling psychology in 1975 and have been working as a therapist since. This had implications for the method that I used for data collection. (See "procedure-data generation" p. 80). I entered this project well read in feminist theory and familiar with current research findings about women's decision-making.

The other major participant in this project has been a licensed clinical laboratory scientist for twenty-five years. For the last twelve years she has operated the laboratory and worked directly with women who have come for obstetric and gynecological care in the office where the interviews took place. She brings both the accuracy and discipline of someone scientifically trained and a level of integrity, personal style and ability, which result in women being very comfortable and open

with her. Prior to this project she had done no reading on the topics of feminism or feminist decision-making theory.

The office manager has worked at this location for four years and as such knew the majority of the women who came for their appointments. She is the person with whom women first speak with when making their appointments. They share with her their symptoms and their assessment of how soon they need to be seen. Her sensitivity regarding whom to approach and whom to avoid asking, as well as her non-threatening style when inviting the women to consider participating in the inquiry, assured as much as possible that only those who wanted to participate in this study did so.

### Design of Study

#### Research Setting

This research project took place at a gynecologist's office in Maine. The interviews were done over a period eighteen months. Fifty women were interviewed.

#### Participant Selection and Recruitment

The population interviewed were all patients of a central Maine gynecologist who had given the interviewers permission to invite his patients to become part of the research project. None were hospitalized patients.

Benhabib (1987) state that all sampling is done with some purpose in mind. Usually attention is given, they say, to include the many specifics that give the particular context of the project its unique flavor. Participant selection in this project was done informally by the office manager, with primary attention given to the

patients' condition. Women who were in pain or anxious about their medical condition were not invited to take part in the project. Only women known to the manager and considered able to refuse an interview were approached. Since the majority of women who see a gynecologist are between the ages of twenty-five and fifty-five, the greatest number of women asked to take part in the project was in that age range. Two adult women under the age of twenty and two women who appeared to be over seventy years old were invited to take part in the study in order to include the full age range of patients. This is only an approximate account since less than half of the women chose to give their ages when describing themselves.

The office manager, at the time of visit, approached patients who had come to their gynecologist for an appointment they had scheduled. I made the assumption that having chosen this physician at this location, it was an environment in which they felt relatively safe. I further assumed that once in this location, rather than in their home where they might have other distractions, they might be in a frame of mind more conducive to getting in touch with a health or reproductive decision of some significance to them. They were approached at a time during their visit judged not to interfere with their medical care (waiting for their appointment, waiting for the results of routine lab work, or following their examination). All of the women were invited to participate in the project while away from their physician. They were told that although he had given permission that his patients be asked to be interviewed, he would not know who had been asked or whether those approached had agreed or declined to be interviewed. They were reassured that their decision about becoming part of the project would in no way alter their care, as those involved in their

treatment would have no knowledge of who the participants were. The office manager who initially approached the potential participants gave them an informed consent form (Appendix A). Three women declined to be interviewed after reading the informed consent. Two gave no reason, one stated that she had a time constraint.

If, after reading the form, a woman agreed to be interviewed, the office manager asked her with whom she would prefer to be interviewed. Long-time patients had a relationship with the clinical laboratory scientist who had worked in the office for over twenty years. They would likely be involved with her in the future. Some women interviewed preferred talking with someone whom they knew and trusted. Others chose me. I had been involved in the practice as a part-time intern close to six months prior to beginning the interviews. The women had either seen me once or not at all. They knew that the time of my involvement at the physician's office was limited and that they would not see me after the end of that year. For some, this more anonymous relationship was preferable. Most women did not have a preference and so met with the first available interviewer.

The interviews lasted between twenty minutes to just under one hour. The women were asked if they could be contacted by phone if a question or two were later discovered to be useful.

### Ethical Considerations

Prior to recruiting participants and conducting interviews, approval from the Protection of Human Subjects Review Board of the University of Maine was obtained. Each woman invited to be interviewed was given an informed consent prior to making her decision to become involved in the study. After a woman had

agreed to be interviewed, the interviewer reviewed the informed consent with her in detail.

To help protect confidentiality, all informed consent forms and interview forms were coded and kept locked in separate locations. Some of the details in the narratives used in this dissertation have been changed, with attention given to keep the most significant elements in place while protecting the privacy of the individuals whose stories are used. In several instances, composites of similar ethical dilemmas and life situations have been made. The women were told that, once completed, a copy of the dissertation would be available in the physician's office, so that they could see how the interview material had been used.

#### Procedure - Data Generation

When assured that the woman had no questions or concerns about participation, and was clearly willing to take an active part in the research, the interviewer asked her to share a story about a health or reproductive decision that she had made or was in the process of making. She was asked to include in her story, anything about herself and her situation that would help others to best understand her and her decision. The story telling was a means to use imagination in order to help the woman enter the context of her decision and to bring the interviewer along with her.

Instead of taking the position of an external observer, the interviewers interacted with the women as they shared their stories, their comments and their concerns. The goal was to gain as full an understanding as possible of the meaning that each woman gave to her decision. The interviewers focussed particularly on

what considerations women took as important when making meaningful decisions and what processes they used to arrive at their decisions.

For all of the interviews, both interviewers jotted short notes and then transcribed them in more detail as soon after the session as possible. This was done to help assure that the interviewers had understood each woman as accurately as possible. Then each participant was asked the fourth and last question, “Is there anything else that I should know about you or your situation that might help me better understand the decision that you have just shared?” Having used this method in their professional roles for over twenty-five years, both interviewers were confident in their ability to maintain accuracy and thoroughness.

#### Human Instrument

During the interviews, both interviewers were able to ask clarifying questions and use reflective listening in order to gain the best possible understanding of what the interviewee shared. The interviewer could reassure the person being interviewed that her story, views, concerns and feelings was what was of interest, and that she, the person sharing the story, was the expert in this realm.

The length of the interview was adapted to many variables such as the complexity of the story, the comfort level of the one sharing and/or the meaning the interviewee gave to the experience of being interviewed. A clear phenomenon that emerged in this project, was the value that the great majority of women found in the opportunity to share their stories. Many were glad to have the chance to revisit their decisions and the surrounding circumstances. Several said that they would not have reviewed that part of their lives and were pleased that the interview provided that

opportunity since they found it personally helpful. More striking was the surprise and appreciation expressed by many women that someone would be interested in hearing about their views, concerns, values and the conditions that influenced what they identified as an important choice in their lives. A clear pattern that emerged was that the interviews were sometimes helpful and usually strongly positive experiences for the women interviewed.

### Emergent Design

In qualitative research, the research itself is an emerging process, which unfolds with the gathering of information. Because of the multiple realities that are given attention in the pursuit of deeper understanding, it is an unrealistic expectation that the researcher know enough about what will be discovered in order to design an adequate model ahead of time (Lincoln & Guba, 1985). These authors state that in contrast to the conventional researcher who usually approaches a study ‘knowing what is not known,’ the person doing qualitative research enters the project ‘not knowing what is not known’. As a result, the study goes through several phases in order, first, to get some sense as to what is salient (that is, what one needs to find out about); second, to find out about it; and third, to determine if the findings are indeed trustworthy.

The questionnaire used in this investigation was revised several times (Appendix B). Prior to beginning the interviews in earnest, a test interview was done to see if, in fact the questions would elicit the information that was desired. The first question had initially been, “Please tell us about the health problem and/ or reproductive issue that brought you here?” In this trial, it appeared that the “us”

affected the intimacy of the sharing. Though only one interviewer was with the woman being interviewed, the word “us” expanded the audience at the time of sharing. By paying attention to what the interviewer perceived and felt during the interview, simply removing the word “us” created a more intimate environment conducive to personal sharing.

For interviews two through twelve, the first question read, “Please tell about the health problem and /or reproductive issue that brought you here and any information about yourself to put it in context: (age, marital status, lifestyle, general health, etc.)”. Most women became highly invested in the project, which was evidenced by such behaviors as offering rich detail, becoming openly reflective about the meaning of the decision that they had made, and desirous of knowing about any patterns regarding the important decisions made by local women that emerged. Because women were given the information that the purpose of the research was to learn more about what decisions and aspects of decisions they found important, those interviewed seemed to enter into the process with a sense of ownership. Several made comments like:

I’d be glad to talk with you about why I’m here for my appointment today and any decisions that I might be making related to that, but I’ve made other decisions that were much more important. I got pregnant when I was fourteen and had to decide what to do. That was a long time ago, but it was a real big decision in my life.

As a result of such responses, by the sixth interview, even before rewriting the interview questions, both interviewers were adding, “or any other decision about

your health or reproductive life that you've made in the past that had particular meaning for you".

On the trial-run interview, the second question asked was "What ethical considerations were part of your decision-making process"? The woman answered, "Oh, none! I didn't do anything wrong". Since this woman had interpreted the word "ethics" only in a negative way, it was feared that others would do the same. Prior to the first true interview, the questionnaire's second question was changed to "What values, moral considerations or meaningful issues were part of your decision-making process"?

The fourth questionnaire revision involved the order of the questions. After asking the women to share their stories, including any pertinent information about themselves and their situation, the second question focused on values: "What values, moral considerations, meaningful issues or feelings were part of your decision making?" The majority of women became observably uncomfortable with this question. The women made comment to the effect that they did not know how to answer that question. When reassured that there was no wrong way to answer it, many made an attempt while others simply stated that they didn't know.

For interviews two through twelve, the third question was "Please describe how you made your decision". Most women were able to chronicle their process in great detail, including the values they had weighed and meaningful considerations with which they wrestled. By simply reversing the order of questions two and three, women seemed to be more confident in their ability to describe their decision making process. After the order of the two questions had been switched, the question about

values was simply a way for the interviewer to clarify the accuracy of what she had understood.

The fifth and final questionnaire revision was in the wording of the final question. Question four was initially written as a closed question, one that can be answered with a “yes” or “no”: “Can you think of any additional information about your concerns and how you dealt with them?” Most women answered, “No”. Following interview twelve the fourth question was changed to: “What aspects about you or your life (history, present situation, other) most impacted on your decision?” With this question, women gave information that reaffirmed the meaning the decision had for them, or gave additional information to help the interviewer gain insight into their experience.

This inquiry strayed from the usual means of sample selection used in qualitative research: “selection to the point of redundancy”(Lincoln & Guba, 1985, p.202). These authors state that, “if the purpose is to maximize information, then sampling is terminated when no new information is forthcoming from newly sampled units; thus redundancy is the primary criterion” (p.202). This method of sample selection did not seem feasible in this project.

At one point in the one and one half year-long interviewing phase, though the two interviewers did not disclose the details of their findings to each other until much later in the process, both shared with the other that they had begun to see decision-making patterns surfacing. By having invited the women being interviewed to select a decision that was particularly meaningful to them, these women had determined the content of the inquiry. I believed that the high number of variables

this would introduce into the study would warrant a greater number of interviews. Although on one level, the achievement of redundancy appeared fairly early into the project, there was so much variety in the experiences that the women were presenting that it seemed important to select a moderately large sample size in order to look for patterns within the broad common themes that were emerging. After each interviewer had completed approximately ten interviews with almost every decision shared by the woman about a different issue, a decision was made to each interview twenty-five women. This procedure is supported by Baker et al. (1992) who state that sample size is a “function of theoretical completeness” (p.1358). They further state that it is both the evolving theory and the ease with which the individuals can be observed and interviewed that determine the size of the sample.

#### Data Analysis

“The essence of the question is the opening up and maintaining the openness as the question is interpreted by the researcher and participant”(Nugent, 1998, p.61 cf. Gadamer, 1975). The broad question in this inquiry was, “How do women make the important decisions in their lives?” The twentieth century French philosopher, Maurice Merleau-Ponty (1956), encourages the researcher to illuminate the meaning of a phenomenon in its context prior to reducing it to subjective thought. In an attempt to remain as open as possible to the phenomena as experienced by the women in this inquiry, the ongoing data analysis that takes place from the inception of grounded theory research was, in this project, delayed. The interviewers re-read the questionnaires following the interviews and made margin notes about what the

woman identified as most important to her in the decision she had made. The margin notes included:

1. “Wanted to make sure she made the decision, not her husband or the doctor. Autonomy?”
2. “Wanted to do whatever was necessary in order to become pregnant. Practical?”
3. “Just knew it was the right thing. Intuitive?”

When women gave descriptions of their decision-making similar to the ones already given, they were asked to help categorize their responses. For example a woman might be asked, “How would you label ‘I just knew that it was the right thing to do?’” The woman might then respond, “Intuition, I guess”. This process was an attempt to elicit as accurately as possible the meaning that the women had experienced in their decision making.

After completing eight or more interviews, the researchers began to recognize groups of categories that initially seemed to fit with each other: for example, women who were making decisions about birth control, women with fertility problems, women with health problems. It was only at this point that the data were informally assessed as they were collected and transcribed. As women talked about how they came to a decision, the theme of “attention to relationships”, surfaced as a recurrent bridge, connecting these seemingly distinct topics. Within the individual categories there were other similarities. For example, all of the women who were having difficulty becoming pregnant had, as one of their major considerations, effectiveness. What intervention was likely to result in her having a child? This apparently similar

shared desire to have a child seemed to have different meanings for different women. When the interviewers sensed this, they began to ask these women questions like “Why do you want to become pregnant?” or “What is important to you about having a child?” Their answers showed that although these women all fit in the category of “fertility problems” and the category of “effectiveness of procedure as a major consideration in decision-making”, they often diverged significantly on the deeper level of the meaning that they had attached to becoming pregnant, or having a child. Working with these distinctions was left to data analysis following the data gathering, but interviewers did recognize the importance of asking for as much clarification as possible about the meaning women gave to the various concerns they brought to their deliberations.

After all of the interviews were completed, each interviewer worked independently to more formally code all of the concerns and process techniques each woman had identified in each of the fifty interviews. Still working alone, each researcher built categories of like themes.

Once an attempt to categorize the units of information in all of the interviews was done independently by each interviewer, the two interviewers met to compare their findings. First, what each had identified as major themes was compared and assessed for similarities. Lincoln and Guba’s (1985) guidelines for categorizing were followed for as much as the data allowed. Cards were made identifying what the interviewee believed to be the major consideration for the decision that she had presented in the interview. At times the women interviewed could not prioritize their concerns and identified more than one consideration as significant. In those cases, a

separate card was made for each of the aspects of deliberation that the women identified as important to them. The same procedure was followed when looking for patterns in the process of decision-making. In some cases, the women shared that no conscious decision was made. In those instances, that is what was coded on their cards. All like cards were then placed together. Lincoln and Guba (1985) suggest that the next step be to:

Take up cards that have accumulated. . . and make an effort to put into a propositional statement the properties that seem to characterize (them). . . .  
Give the category a name or title that catches as well as possible the ‘essence’ of the rule. (p. 348)

Further, Glaser and Strauss (1967) suggest,

As categories and their properties emerge, the analyst will discover two kinds: those that he [sic] has constructed himself . . .and those that have been abstracted from the language of the research situation. (p. 107)

An example of this can be recognized in the following. When asked question three, “What values, moral considerations, meaningful issues or feelings were part of your decision making?”, a woman who had decided to have fewer children than she would have wanted to if her job had been less demanding and time consuming said, “I asked myself, what was the responsible or caring thing to do here?” Her card was labeled “caring/responsible”. The card of another woman who told of a decision to have a hysterectomy so that she could “be done with all the pain and problems that keep me from being a good mother” was also labeled “caring/responsible”. In the first situation, the language of the woman herself, the actual data, was used in the

coding. In the second situation, an abstraction of the data, that included the woman's tone of voice, body language and other short stories that she gave, all contributed to the meaning explicated from the interview.

Thus, a phenomenological approach was used for the data coding. The words and rationale of the interviewees were used to categorize their concerns. How they made their decisions was also placed in like categories based on their descriptions of the experience.

The cards were each reviewed to see if in fact they fit the category to which they had been assigned. The categories were then reviewed for possible overlap or if connections among them could be recognized.

Once the researchers had as clear a picture as possible of what each woman considered most important to pay attention to when making significant decisions, an adaptation of grounded theory was used to, in Glaser's (1978) words, "discover what is going on". "The grounded theory method generates inductively based theoretical explanations of social and psychosocial processes" (Baker et al., 1992. p.1357). This happens, they explain, by paying attention to the process that is occurring in the situation as a guide to help understanding.

Finally, each interview was looked at in its entirety to determine if a particular moral voice was apparent. All of the interview notes were read several times by each interviewer and reflected upon individually. Both then discussed their findings with each other and re-read the reports together, open to any clues that might help to reveal an ethical orientation. How the women went about making a

decision that they identified as significant, along with the content of their present living situation and history helped to shed light on their ethical frame of reference.

### Trustworthiness of Data and Findings

Baker et al. (1992) state: “the issue in any qualitative research is not whether another investigator would discover the same concepts to describe or interpret the data but whether the findings of an inquiry are worth paying attention to” (p.1358 cf. Lincoln & Guba, 1985). As to a phenomenological study, they say that the value of the research depends on the extent that the findings truly reflect the essence of the phenomenon as experienced by the persons who were interviewed.

Member check, the process of checking all of the raw data and initial interpretations with the women interviewed took place within each interview, and was the most important technique used to ensure accuracy. Peer debriefing, working with another interviewer allowed each to challenge the other’s assumptions and fill in areas of concern that the other might have overlooked. If one interviewer was unable to see evidence in the interviewee statements done by the other interviewer that supported her coding, the card was placed in the pile labeled, “not able to tell / not enough information”.

The third measure of trustworthiness used in this study was the confirmability audit. Both interviewers kept an audit trail of the coded raw data linked to the signed and dated informed consent statements. An external auditor, a member of the

primary researcher's academic advisory committee, reviewed these, along with all of the reconstruction and synthesis products.

### Interview Questions

The following questions formed the essence of the interviews:

1. Please tell me about a health or reproduction decision that you've made, or are in the process of making, that was (is) important to you. As you tell your story, please include information about yourself to put it in context for me (age, marital status, lifestyle, general health, etc.).

2. Please describe how you made your decision. (i.e. did you think about your concern or did you just know: Did you consider principles or rules? If so, what were they? Where did you learn them? Did you take in the opinions of others: If so, whose? Why?)

3. What values, moral considerations, meaningful issues or feelings were part of your decision making? Of these, which was most important to you?

4. What aspects about you or your life (history, present situation, other) most impacted on your decision?

N.B. The parts of the questions in parentheses were used only when women asked for clarification.

### Summary

Qualitative research methodology was used to study the phenomenon of how women made decisions that they identified as important in their lives. Aspects of phenomenology were used to gain as clear a view as possible of the interviewees' perspectives and the meanings underlying their moral decisions. Elements of grounded theory were also adapted in an attempt to understand the connections between the meanings given to the decisions and the resultant choices made. The focus was limited to a decision that each woman chose to share about her health or reproductive life. Attention was given to both the content and the process of these decisions. Data were collected through interviews that were transcribed and informally analyzed. The data were coded in an attempt to identify patterns of concerns, decision-making processes, and ethical orientation.

## CHAPTER FOUR

### Data Analysis

This chapter is divided into two sections. Part one looks closely at the answers that each participant gave to each question. This preliminary data analysis is primarily descriptive of the participants' stories, comments, words and behaviors. It is included here to serve both as validation of the thematic analyses that follow and as an invitation to readers to contribute to a growing understanding of the data.

Part two is a thematic analysis. Taking one step back each interview is viewed in its entirety, attempting to take in its spirit and comprehend the perception each woman had of her decision-making experience. A second retreat is made, this time, in order to take in the wide view of all of the interviews as a whole. The aim here is to identify any common themes that run throughout the interviews.

#### Preliminary Analysis of the Data

In order to understand how women make the important decisions in their lives it is necessary to focus on the topics that they identify as significant, the concerns given attention and the process itself. Attention to each of these areas provides the clearest picture available of each woman's decision-making experience.

#### Decision topics

The first finding that stood out in this inquiry was the choice of topics that the women identified as important decisions that they had made. Not only was there a variety of issues surrounding the decisions, the different situations in which they

addressed the like subjects made it difficult to group them together. For example, under the topic of deciding to take part in gender selection fertility treatment, one woman had a family history of the sex-linked disease, Duchenne's muscular dystrophy. Only having a daughter would insure that this woman's child would not suffer in the way male members of her family had. Another woman making the same decision had two sons and wanted a daughter. In another situation of like-topics, one married woman decided not to have an abortion, though her pregnancy was unplanned and at an inconvenient time in her life. Another married woman decided to continue her pregnancy despite the recommendation from her physician that she abort due to the discovery that she had cervical cancer. Though on one level the two topics in both of these linked stories are the same, the contexts make the deeper ethical concerns different. Despite this important recognition, it is still valuable to look at what women select to disclose when asked to talk about a health or reproduction decision that they found to be important. (See [Table 1](#), p. 96).

### Decision-making Concerns

The next area of findings involved what the women who were interviewed paid attention to when making their decisions. These findings include raw data and categories initially extrapolated from the women's stories. If the women's direct statements could be used as a specific concern, that was done and is considered raw data.

For example,

A thirty-four year old mother of four boys came in to explore the possibility of involving herself in the gender selection procedure. She stated:

I love my sons and am glad that I have each of them. But my brothers have all drifted from home as adults. My mother and I have always been close.

She is my best friend. I want a relationship like that with my own daughter.

The women's words served as raw data to place her decision-making concern in the category of "concern/desire for relationship".

Table 1

Decisions

Decision topics	Number of women
For abortion	3
Against abortion	5
To quit smoking	1
To remain in abusive marriage	1
To get needed medical care	6
To use birth control	1
For tubal ligation	2
For fertility treatment (drugs)	3
For fertility treatment (intra uterine insemination)	3
In vitro fertilization	3
For gender selection (female)	3
For donor insemination	1
Not to sue physician for a serious medical error	1
To explore fertility treatment/maybe adoption	1
For alternative treatment to hysterectomy	1
For least invasive treatment for breast cancer	1
Take a controversial medication	1
To have a particular number of children/specific spacing	3
To remain celibate after divorce	1
For a hysterectomy	6
To become sexually active	1
To accept husband's decision to not be tested for fertility problems	1
Not to have biological children (possible adoption)	1
TOTAL	50

For a number of interviews, when the women talked about what they paid attention to in making their decisions, they identified concerns that seemed to fit well

into the categories that were emerging, but did not use the exact words of these categories. In those instances, their considerations were tentatively assessed as fitting into a particular category, and the labels given by the interviewer were checked out for accuracy with the women interviewed. When words other than the interviewee's were used, the woman was asked, "Is there another label that better describes your concern?"

The example below illustrates:

A twenty year old woman with a several year history of severe pelvic pain and abnormal periods had put off medical attention due to financial concerns and fear of finding out that she could not have children. The story that she told was of her decision to seek treatment and do whatever she could to protect her ability to have children. Shortly after becoming engaged she decided to seek help. When asked question #3, "What values, moral considerations, meaningful issues or feelings were part of your decision making? Of these, which was most important to you?"

The woman answered:

Pain and desire for children. The pain kept reminding me something was wrong even though I tried to not think about it. Just as important as my health, I love children. I knew I needed to get help to not ruin my chances of having children.

In this story, her words, "desire for children" are extrapolated and placed in the category "desire/concern for relationship". Prior to placing her desire for children into the "desire for relationship" category, the woman was asked to talk about what it was about having children that was meaningful to her. The concern

about her pain and her decision to get help also involved the woman's interpretation before being placed in the category "self-care".

Table 2 lists what women paid attention to and the number of women that identified each as a consideration that she took into account.

Table 2

Decision-Making Concerns

Concerns	Number
Desire/Concern for Relationship	38
Self-Care	25
Moral/Religious Values	4
Autonomy	7
Finances	4
No Stated Concerns	1
Total	79

Desire and/or concern for relationship - This topic was given more than any other focus issue as important to the women who shared their decision-making stories. Some of this may be due to the researchers having too broad an understanding of this category. It includes women who were desirous of a relationship with others, such as a woman deciding to limit the number of children she has and refusing a promotion offer that would increase her hours at work, so that she could spend more time enjoying her family. "Concern for relationship" also included the women who chose to have tubal ligations when their husbands refused to have vasectomies. Most of these women had not tried to convince their husbands that a vasectomy was less invasive, even though they were aware of this. When asked the reason for not

discussing the matter further with their husbands, most answered that they did not want to make waves. “He won’t consider getting cut there. Better to avoid a fight”.

The category “concern/desire for relationship” was not limited to having the woman’s focus on the relationship itself. It also incorporated decisions made that gave attention to how her decision would impact persons in relationship with her.

Examples of this include:

The mother of three school-age children who contacted her physician in order to get help to quit smoking. “If it was just me, I’d keep right on smoking. I don’t want my kids to smoke or do drugs. They say I’m smoking a drug and they’re right. I want to be a better influence on them. Also, my husband loves to hike, and I just can’t keep up with him because of my breathing. I hope to accompany him on long hikes next year”.

The thirty-three year old woman who had been married one year stated: “I got pregnant in college and was a single mother for more than ten years. When I dated, I judged the man not only as whether he’d be good for me, but for my daughter as well”.

Self-care - This issue was given attention most often after that of relationships. The following are examples of the stories given that were placed in that category:

A married woman in her late thirties has no children. Though she and her husband had wanted them, they never sought help for possible fertility problems. After experiencing months of pain, she made an appointment and saw her physician. She was found to have cysts on both ovaries, which did not shrink with medication. After a laparoscopy she decided to have surgery to remove her ovaries. “Just feeling

well” and “decreasing the risk of cancer” were her reasons to decide in favor of the surgery.

A woman in her thirties told the story of having gone to five doctors with complaints of uterine pain, intermittent bleeding, bad periods and extreme low moods.

My husband and I talked and he supported me to keep looking for someone to listen to me, take my complaints seriously and do what I needed. I wanted a hysterectomy. Three doctors said that they would do that and only did a dilation and curettage. That didn't help.

This woman continued to seek help for herself, until her present physician did a laparoscopy and found her to have endometriosis both throughout and outside of her uterus. A hysterectomy was performed. Her decision to continue to seek the help that she needed and to decide in favor of the hysterectomy is evidence of self-care. She states, “I have two kids and I would have liked to have more. I don't know if we would have decided to, because I work, but it would have been nice to have the choice – but I was so miserable”.

Moral/Religious Values -There were only four of the fifty women who identified consciously giving attention to moral or religious values when making a decision that they identified as important to them. This was surprising since the majority of the women shared that they had been brought up in a religious environment even though no question about this was asked. Further, many who shared this background about themselves also stated that they were presently practicing their religion – most Christian, and the greatest majority of those Roman Catholic. Of the four who

identified moral or religious values as a significant consideration in the decision they shared, three stated that “concern/desire for relationship” was a meaningful issue to which they gave attention and one stated valuing self care as important as well as moral/religious values. The following story is one that was placed in “moral/religious concerns”.

“During my last year of nursing school, shortly after having broken up with my boyfriend who had a serious drinking problem, I found myself pregnant. I decided to see the pregnancy to term.” When asked, “What values, moral considerations, meaningful issues or feelings were part of your decision making?” The woman answered:

Values. The moral and religious values from my parents, in this case, that abortion is wrong, were now well part of who I was. Also, I judged practically that I’d be able to support this child . . . My parents, who had taught me that abortion was wrong, put pressure on me to get an abortion when I was the one who got pregnant. But the “family values” were now mine.

Because of this woman’s attention to her ability to support her child, but only after checking it out with her, her concerns were placed in both the “moral/religious values” and the “concern/desire for relationship” categories.

One of the reasons why this category is so small, is that many women who seemed to make decisions from their internalized values that the interviewers would have labeled as “moral/religious”, were not seen as such by the women sharing their stories. The following are examples.

A seventy-five year old woman talked about having wanted two children from the time she was a young girl. When she married, her mother was very ill and in need of much care. She and her husband invited her mother to move in with her. “After we had our first child, I decided that this would be it. There are just so many hours in a day”. This woman made the judgement that she did not have the time to meet the needs of a second child. “You need to take care of the people who are around and hold off bringing someone else into the world who will need you”.

As to values, this woman stated, “Common sense. I had a good mother who took care of me. She taught me about caring”. She denied having any moral or religious values that influenced her decision.

A fifty-year old divorced woman told this story. “I can’t believe that I will get married soon. I’m as excited as a teen!” She told of the decision she had made to remain celibate after divorcing an abusive and promiscuous husband. As a schoolteacher she said that she had seen children upset from divorced parents who bring one lover after another into their lives.

I knew that my kids needed stability in their lives. With my work, I didn’t have enough time and energy to give four kids the attention that they needed and date as well. I wasn’t a martyr either. I had my work and my friends. I never expected to find anyone. I’m fussy and I wasn’t looking. Now that my last one is in college, it feels right.

In talking about the values that influenced her decision, this woman volunteered, “I’m Catholic, but that didn’t really play into it. I believe in a loving God - not a punitive one - fear or guilt weren’t issues for me in this decision.”

Autonomy - Seven of the women shared stories in which they gave particular attention to such issues as:

1. Being in charge of their lives.
2. Protecting their decision-making power.
3. Safeguarding their independence.
4. Making every attempt to ensure that the way that they planned out their lives becomes a reality (i.e. number and spacing of children).

When the first woman who told her story indicated one such consideration as significant to her decision making, the interviewer asked, “How would you label paying attention to this?” She responded, “I’ve always been independent, but I think the right word is ‘Autonomy’”. Using the technique of constant comparison, when other women shared a like concern, the interviewers asked, “Does “autonomy” sound like the right word for what you are talking about?” Some said “yes”. Others were not sure, but went on to give more explanation that warranted placing their story in this grouping.

Finances - Four women listed concerns about finances as an important aspect to consider in their decisions. This was especially the case in the expensive area of help with fertility problems. Women who might have made different choices sometimes chose a more aggressive treatment plan in order to shorten their time in treatment and therefore lessen the expense.

#### Multiple Concerns

Of the fifty women who were interviewed, more than half (N27) stated that they focused on more than one consideration when making their decision. All four

of the women who identified “finances” as an important and distinct part of their decision making, also named “concern/desire for relationship” as meaningful. All but one woman, whose story showed attention to “autonomy”, also had another equally important concern. Six of the seven of them seemed to protect autonomy for a purpose. They either connected it with “self-care” or with “concern/desire for relationship”. The following is one example:

A woman, who went into menopause in her early thirties, was advised by her family physician to have a hysterectomy. Her decision was to seek out a gynecologist for a second opinion, in hopes of benefiting from a less invasive procedure. The values that this woman listed as important to her in making this decision were:

I want control of my body. I don't want a doctor who wants to be the boss and make decisions for me. I don't want a drastic procedure like a hysterectomy unless it is absolutely necessary. I don't want to take time off from work. I don't want an intrusive procedure. I don't want the pain and the emotional stress.

The concerns in this story were listed under both autonomy and self-care. This next story was told by a woman who listed autonomy, self-care and attention to relationship as meaningful concerns regarding her decision.

“We decided to have two children. I'm one of two but we are eight years apart and are really like strangers or only children. It was kind of lonely growing up so I know that I wanted two children and about two years apart. That's what we

had.” When asked, “What values, moral considerations, meaningful issues or feelings were part of your decision making?” She responded:

I was used to quiet and knew that I couldn’t handle much chaos and so didn’t want lots of children. I also wanted them spaced so that I could give them the attention they needed without being too worn out. Mostly I wanted them to be close – so two children, two years apart sounded best for them.

Though this woman didn’t use the word “autonomy” in her decision making story, it seemed obvious to the interviewer that she protected her ability to make real her view of the ideal life situation for herself. When this interviewer assumption and the label “autonomy” were checked out with her, she agreed to their accuracy.

Self-Care and Relationship - Of the twenty-four women who listed self-care as important to them in the decision that they shared, sixteen of them also identified attention to relationship as meaningful. The concerns of these sixteen women fell into two categories. Six identified self-care and concern/desire for relationship equally important but separate issues. They include:

1. A woman who decided to overcome personal obstacles and get medical attention to:

- a) get rid of her pain (self-care).
- b) protect her ability to have children (relationship).

2. The woman who chose to have “only” two children, two or three years apart so that:

- a) her life would be manageable (self-care).
- b) her children would be emotionally close (relationship).

3. The woman who chose to have to have surgery for an ovarian cyst, but scheduled it according to her own time frame, balancing:

- a) protecting her health (self-care).
- b) being available to her husband during harvest time (relationship).

The other ten women, who presented both “self-care” and “attention to relationship” as important, presented these issues as interconnected, rather than two separate concerns.

1. A woman who chose to involve herself in gender selection technology in order to do what she could, to not give birth to a child with Duchene’s muscular dystrophy said that she did this:

a) & b) to protect her child from the suffering that her brother had experienced, and herself from the emotional pain that would be caused by seeing her child with this disease. (“relationship” and “self-care” interconnected).

2. A woman who chose to terminate fertility treatment and work towards adopting a child said that:

a) & b) she did not like how fertility drugs made her feel and how she was irritable to her husband and others around her when on the drugs. (“self-care” interconnected with “relationship”).

3. A woman spoke of deciding to be sexually active as a teen and taking birth control pills in order that she not get pregnant:

a) & b) to not ruin her own life and to not have a child for whom she would be unable to provide good care. (“self-care” and “relationship” interconnected).

In this second set of stories, the values that were paid attention to seem to be two sides of the same coin.

### Process

Deraps (1992) in her doctoral dissertation states:

The third question, ‘How did you make the decision to have a tubal ligation?’ elicited fascinating information. At first, the women had no idea how to answer. They began by listing factors in the decision, such as whether or not the spouse/partner would consider a vasectomy. Most of the women had difficulty describing their own decision making process. (p.57)

She goes on to present various descriptions the women gave about how they had come to a decision. Her findings are similar to the outcomes in this study.

The results of inviting women to “describe how you made your decision”, yielded two types of responses. Some women focused primarily on what were behavioral processes. These included:

1. pragmatic problem solving.
2. intuitive or spontaneous knowing.
3. awareness and attention to feelings.
4. moved by internalized values.
5. no conscious attention to making a decision.

Some women recognized more than one of these dynamics involved in their decision-making.

Other women described their decision making process initially in terms of interpersonal style. The following make up this category:

1. making the decision solely on one's own.
2. making the decision on one's own and trying to convince other(s) involved.
3. making the decision with other(s).
4. going along with the decision another has made.
5. getting input but protecting one's ability to decide.

Most of the women presented both the behavioral and interpersonal dimensions in their decision-making. They usually began by describing how they made their decision from one perspective or another, then as they gave more detail about how they came to a decision, included the other dimension. The following is an example:

A woman shared her story about deciding to undergo a procedure known as ICSI (Intra Cytoplasmic Sperm Injection) rather than the more common in vitro fertilization method. This involves the selection of one sperm that is injected into the egg. In vitro fertilization mirrors the natural fertilization of many sperm competing to fertilize the egg. When she was asked question three, "Please describe how you made your decision". This woman responded, "Reflection, then discussion with my husband". This response was placed in the "interpersonal process" category as "Decided alone/ then discussed with partner". However, in telling her story and before being asked to describe her decision-making process, this woman shared the following:

I was fearful. I was brought up Catholic and part of me was afraid that a punitive God would punish me if I intruded on His or Her turf. I was also

afraid on a scientific level. I think that this ICSI procedure is taking chances; pushing the scientific envelope. It's circumventing natural opportunities for non-fertility due to genetic problems. Still, my fear of regret for not trying to do all I can to have a child is stronger than the other fears. I decided on ICSI because if it works, it's a one-time procedure. I'm eager to have the fertility process over with.

This woman described a process that the interviewer identified behaviorally as one that involves her "religious/moral values" with "practical" concerns. After checking out this perception with the woman herself, her decision-making process was placed in the interpersonal process styles category under "Practical/ Personal Values".

Table 3

Behavioral processes

Processes	Number of women
Practical	19
Intuitive	7
Personal values	3
Feelings	2
Practical & feelings	8
Personal values & feelings	2
Practical & personal values & feelings	2
Practical & personal values	4
No conscious decision	3
Total	50

Practical - The majority of women described practical concerns in making their decisions. Many women talked about reading literature, speaking with their doctor,

and asking themselves questions such as, “What will be most effective?” “What is the most economical?” “What will allow me to be up and about most quickly?”

They referred to their decision in words like: “It was a health decision that I felt just needed to be done” or, “We weighed the pros and cons, and made up our minds”.

Other stories that were placed in the “practical” categories were ones from women who were very clear at the time of their decision as to why they were making a particular choice. A woman who talked about the number and spacing of her children is a case in point.

I knew that I wanted three children. I love children, but with working, I didn't think that I could handle more. Three seemed a good compromise. I wanted them to be emotionally close, so I didn't want them too far apart in age. Still I wanted to have the time to enjoy each one as a baby. Two and a half years apart seemed perfect. And that's what we had!

Intuitive - A woman, who looked back on her teen years and her decision to become sexually active at that time stated, “It just felt right. It was a gut reaction. It just felt like the time was right”.

A woman who married an older man who had had a vasectomy ten years previously and could not benefit from reversal surgery talked him into accepting that they have a child by means of artificial insemination by donor. She stated, “I just know that this is okay. My husband and I are going through this together. We are the parents. I know it in my bones that it's okay”.

A woman who decided to limit her family to two children after having planned to have a larger family stated, “ I just knew what the right thing was – what my kids needed”.

One woman, who identified her decision-making process as “intuitive”, acknowledged the influence of her internalized religious values as a significant factor. She said of her decision, “I felt it was right. I’m a strong Catholic and years of trying to figure out what is right I’m sure influenced my just knowing now.”

Personal Values - “Moral/Religious values” is a focus that was included in the “Concerns” section of the study. A similar concept surfaced in the process segment, but it differed in two ways. In the section in which the women responded to the question, “What did you pay attention to in making your decisions”, “moral/religious values” was listed when women described a conscious consideration of values that they identified as important to them. In the “Decision-making process” segment personal values describes the internalized values influencing the woman’s choice. The women who said of their decisions, “I had a good mother who took care of me. She taught me about caring”, and “I had learned at home, you make the best with what happens to you” are examples of the values that have become part of the person.

The second distinction between the values concept in the “Concerns” section and the “Process” section is the adjective used to describe the values. In this segment the word “personal” values was used rather than “moral/religious” values, since the women rejected those labels as accurate.

Feelings - Two women pointed to “feelings” as most influential in their decision-making process. With both of these women, the strong feeling involved a desire for children. Other women described different feelings as meaningful in making their choices, but they presented them in conjunction with other influences.

Practical & Feelings - An example of a decision process when a woman decided in a practical manner while paying attention to her feelings is the following:

“Think about five years from now. Ask yourself if you would be happy. Then go with that”. The issue that she addressed when making this comment involved deciding about whether to begin fertility work.

Another example is the story a woman told of her decision at thirty years old to have a hysterectomy. She had been treated for several years for a recurring problem caused by the human papilloma virus. This virus had threatened her with near cancer of the cervix twice. Her fear of cancer and a desire to be rid of this problem most effectively, moved her to make her decision to have her cervix removed.

Personal Values & Feelings - A nineteen-year-old nursing student talked of struggling with her values and feelings when she became pregnant while not in a committed relationship. She believed that abortion was sometimes the responsible option. “I had always been open to people having abortions for a good reasons. Then I saw an abortion performed, and I knew that I just couldn’t go through it myself. My values conflicted with my feelings.”

Another woman gave an example of her values and feelings being in agreement in her decision to pursue infertility treatment.

My upbringing taught me that marriage was to have children. My husband and I work in social services. I often feel frustrated and angry about the lack of love for children that I see. These feelings made me want to have children of my own to love and care for.

Practical & Personal Values & Feelings - When the women interviewed stated several influences on their method of coming to a decision, the interviewers tried to elicit if one or another aspect had a more compelling effect on them. Sometimes this question helped the women clarify for themselves that indeed the practical concerns or their feelings were the primary influence in making a particular decision. For some, however, the women saw two or even three elements as having equal impact on them.

Two women recognized practical considerations, personal values and their feelings all as important in their decision-making. The woman who chose gender selection because she is a carrier of Duchenne's muscular dystrophy is such a case.

I listened to my feelings. Watching my brother – I felt so bad for him. I wouldn't want to bring a child into the world doomed with that disease. I'm not over his death yet. I couldn't handle seeing my child go through what he did. Also, it was a very responsible and practical decision. Girls don't get the disease. Going through the procedure that increases my chances of having a girl is a responsible decision. I think women are very responsible. It's something important to us.

Practical & Personal Values - A sixty-five year old woman recalled her decision to stay with her husband.

When I found out that he went out on me I was devastated. . . .I stayed for the kids. The last time I almost divorced him. But we had seven children and I had always stayed at home. How could I care for them?

No Conscious Decision - Deraps (1992) states, “Even when pressed for details of decision making, Kim was only able to describe the decision in contextual terms, not in distinct, step by step terms” (Deraps, 1992, pp. 57-58). Many women in this study as well, found it difficult to describe how they made their decisions. For a few, however, in telling their story they presented that they had indeed never decided. The following are two such examples:

One woman shared a story about how she had become sexually active in her teen years without using protection. “I just didn’t think about it”. Another woman told this story:

I was engaged to a man who had a plan. I think that he valued me because I helped with his plan. He was ten years older and we were building a house and planning to marry. I had been using an IUD but it was giving me problems. I had it removed, and got pregnant that same month. When I told my fiancé, he said, very emphatically, ‘You’ll just get an abortion!’ He was so emphatic and it was when I still believed that he knew everything. He thought that he knew everything and I believed him. I gave up my decision. I didn’t make any part of the decision. I didn’t even ask myself what I wanted.

The following section presents the women’s interpersonal styles. It describes what role, if any, others had in the process each woman used when making her

decision.

Table 4

Interpersonal process styles

Process	Number of Women
Decided alone	20
Processed decision with other(s)	10
Decided alone/convinced partner	4
Decided alone/benefited from other's experience	4
No conscious decision	3
Decided on one's own after input from others	3
Decided with help	2
Decided to accept another's decision	2
Decided alone/then discussed with partner	1
Not enough information to tell	1
Total	50

Decided Alone - Twenty of the fifty women interviewed said that they made the decisions that they talked about totally on their own. A young unmarried woman who discovered that she was pregnant while in college and just after breaking up with her abusive boyfriend said of her decision process, "I'm a private person. I had no close friends and knew that my parents would be upset, so I made the decision on my own and told my parents as late as possible".

Most women in this category described a solitary process of decision making in an off-handed or matter-of-fact style rather than stating outright that they had made their decisions by themselves. Even when in committed relationships, the largest group of women made decisions that they identified as particularly important in their lives, on their own.

Processed Decision with Others(s) - This category is comprised of women who involved at least one other person in their decision process from its onset. These women described their experience as one in which they and at least one other person mutually influenced the other. The participants were open to find the best solution and arrived at the decision together. The women who valued a practical approach to their decision making were the ones who most involved others; either in this category of full participation with another or deciding with others partially involved.

Decided Alone/Convinced Partner - Four of the women made their significant decisions on their own and then worked to convince their partners into agreeing. Two of the women sought partners who would support their decisions. One such example is the woman who had divorced her partner whom she had judged as an inadequate parent. When dating she assessed potential partners as to whether they shared similar values about the importance of children in the family.

Decided Alone/ Benefited from Others' Experience - Four women stated that they had made up their own minds but that they had reflected on the experiences of others. Two women who wrestled with decisions related to unplanned pregnancies both acknowledged the experiences of friends as a significant contribution to making up their own minds. One woman focused on the negative experiences her friends had had with abortions while the other was moved by her friends' "brutal pregnancies" or their difficulties as single parents.

Decided on One's Own after Input from Others & Decided with Help - The "Decided on one's own after input from others" category is made up of women who shared in their stories that they consciously made their decision on their own. Some

read on their own, in an attempt to gain more knowledge about the topic of their decision. Others sought professional opinions of the views of persons whom they trusted. The “Decided with help” women told stories of having great difficulty in their decision. They asked for and received advice and encouragement. The women in both of these categories valued a practical approach to decision-making.

Decided to Go Along with Another’s Decision - This category falls between “no conscious decision” and “processed decision with other(s)”. The key words are “decided” and “go along”. Women in this group told stories in which someone else made a decision. They then also, after reflection, made a decision. Their decisions were not the willing acceptance that can result when mutual decision-making takes place. In both of their stories, the women made the decision to tolerate another’s choice. Deraps (1992) alludes to this type of decision when she states, “Seven of the women had partners who refused or were fearful of having vasectomies” (Deraps, 1992, p.61). These women then went along with their partner’s choice and took responsibility for the couple’s birth control.

Decided Alone, Then Discussed with Partner - One woman who had both a great desire to become pregnant and strong concerns about aggressive fertility treatment which was indicated for any chance of success stated that, “I needed to know my own mind”, before she entered a decision process with her partner.

Two Dimensions of the Decision-Making Process – [Table five](#) has been created in order to view together both aspects of the process of decision-making that the women described. It allows readers to see the two ways in which the women made their decisions.

Summary - This study produced a great deal of information about how women make decisions, from their own perspectives. The fifty women gave stories that involved twenty different decision topics. The majority of these women paid attention to relationships and almost half took self-care into account in making their decisions. Over half of the women shared multiple concerns in their stories.

As to how they made their decisions, the women answered in two ways. They spoke of their own behavior in arriving at a decision and also identified an interpersonal component. The women presented nine different decision behaviors and ten interpersonal dynamics.

### Thematic Analysis of the Data

This section identifies a major theme that surfaced from the interviews. In an attempt to recognize common patterns in the decision-making experiences of the participants, all of the stories were looked at in their entirety by each interviewer. The context of each woman's living situation, the history that she chose to share, as well as what the interviewee stated that she paid attention to all helped to disclose common patterns. One major theme emerged, that of relational autonomy. Also of interest was the absence of an expected theme, the infrequent mention of religious or moral concerns.

#### Relational Autonomy

The prevalent theme in this study is labeled here as relational autonomy. Thirty-two of the forty-six women who described making their decisions intentionally, made them alone. In detailing their process, the message was clear. The decisions that they shared in this research were important to them, and they were going to be the ones to make them. Protecting one's power to decide is traditionally

recognized as autonomy. However, the women in this project evidenced a significant departure from the individualistic concern with personal rights that is central to the classic form of autonomy. In this study, the women consciously guarded their decision-making power while remaining aware of their primary connections.

One woman who decided on her own to stop smoking stated, “I know that I’m not a good influence on my kids. They see me smoke, hear me cough and then tease me. I want to feel better and live long and want to be a good example form my kids. They know it’s hard for me and I want them to see that we can make difficult changes.” She also talked about her husband’s love of hiking and using the goal of hiking with him as motivation to keep abstinent.

In addition to the thirty-eight women who named “Concern or Desire for Relationship”, others indicated an awareness of and value for the personal interconnections in their decisions. The four women who named finances as their primary concern when making their decisions evidence this point. After identifying finances as what they paid attention to, each one, in expanding their story talked about the impact that their decisions would have on others. They made statements such as not wanting to financially burden the family or not wanting to work more hours and be away from their family as reasons for paying attention to the financial aspect in their decisions.

To summarize, there is clear evidence that the women in this study value autonomy in their decision-making but view it differently than the way it is presented in traditional ethics. They hold a relational autonomy as meaningful. While protecting their decision-making power, they make their decisions aware of

themselves as interconnected persons and in consideration of the effects their decisions have on others.

### The Infrequent Mention of Religious or Moral Concerns

An unanticipated outcome in this study was that women rarely mentioned religious or moral concerns when talking about their decision-making experience. This was unexpected given the strong religious character of the community from which the women came.

Traditional Ethical Themes - Initially, seven stories were considered as reflective of traditional ethics because each evidenced in some way the principles of autonomy or beneficence. Then, after re-reading the interviews several times, it became clear that though certain principles were evident in their decisions, none of the women had looked to the abstract principles for guidance in making their decisions. None of the women interviewed defined themselves as separate in relation to others even when making decisions about their health – decisions in which they were the central concern. The following is an example:

A single, middle-aged woman had used an IUD that had caused abscesses on her ovaries. As a result her ovaries were not functioning well. She had been in pain and not herself for some time. She decided to have her ovaries surgically removed. Her primary concern was that she wanted to be healthy again. In telling the story, however, she included vignettes that disclosed some of the values that had influenced her decision. A family member had died during the past year. The woman interviewed shared how much she regretted that she had not been more present to the grieving members of her family. Recently another member of her immediate family

had been diagnosed with a terminal illness. She stated that she wanted to put her own medical problems behind her so that this time she could be available to this sick person. Relationships played a part both in her judging the seriousness of her symptoms in terms of disrupting her life as she wanted to live it, and in her reasons for wanting to get well.

A thirty-year-old woman who has been suffering from pelvic pain for two years had seen several doctors. “I read Our Bodies Ourselves and that information helped me pursue healing. Friends encouraged me to be persistent to get this solved. I’ve had enough of this suffering and felt that I needed to find out what the problem was”. Although her behavior of not settling for the opinions of the first few physicians that she saw, trusting her own experience and insisting on her right to determine her treatment are all indications of autonomy and beneficence, these principles were not the driving force in her decision. “I needed to do something about my health at that point. . . .I wanted to do something to make life more bearable”. This woman told about feeling run down and irritable and how it negatively impacted on her sexual relationship with her husband. She described how her friends had helped her recognize the changes in her, and how her trust in their caring for her had helped motivate her to persist in getting the help that she needed. Her whole decision-making experience reflects her interconnectedness with others. She wanted to get well not only for herself, but also because of how her poor health affected her relationship with others. She also acknowledged the importance of the support that she received to persevere in her search for help.

To summarize, despite evidence of some traditional moral values in the behavioral choices of some of the women interviewed, their decisions do not qualify as exemplifying an appeal to traditional ethics. None of the decisions stemmed from first considering the principles in order to determine right behavior. In describing their decision making process, all of the women showed themselves as clearly interconnected. Every woman, even those single and living alone, included others in their stories, either as motivating forces in their decisions or as considerations when weighing their options. In determining right behavior, none of the women interviewed described a process that involved looking at their roles, obligations or commitments to help them make their decisions.

Denial of moral or religious values – Not only were there only four of the fifty women who included religious or moral values as concerns in making their decisions, several offered unsolicited statements that their religious upbringing or practice played no part in their decision. In discussing the process of making the decision, ten women specifically described values, but distinguished them from moral or religious. Consequently, the label “personal values” replaced “religious/moral values” when describing the decision making process of the participants.

A mother of three children who talked of her decision to remain celibate from the time of her early divorce stated, “I’m Catholic but that didn’t really play into it. I believe in a loving God, not a punitive one. Fear or guilt weren’t issues for me in this decision”. In sharing that she had had a full and satisfying life despite not being sexually active for over twenty years, she said, “I’m no martyr either”. Though this

woman was the only one interviewed who specifically rejected a religious label for herself, it was interesting to note that in this strong religious community none of the women interviewed used religious terms such as “self-sacrifice”, “offer it up”, “self-denial”, “carry your cross” or even “love your neighbor as yourself”.

The mother of two boys, who came to begin the process of gender selection in order to increase the chances of having a daughter stated, “morals and ethics did not play a role in this decision”. What she did identify as important were the close relationships that she had had with her mother and grandmother. Although she loved her sons dearly, she wanted the kind of relationship with her child that she only thought possible between women.

An eighteen-year-old who had become sexually active and told of her decision to take birth control pills stated, “I was brought up Catholic but I rejected those beliefs”. When asked which “beliefs”, she referred to the Church’s position against artificial birth control.

A thirty-year-old woman who came to her physician for fertility problems suspected that her difficulty in getting pregnant might be due to her long term use of birth control pills. The story that she shared was of her decision to first start taking the pill when she was sixteen. When asked, “What values, moral considerations meaningful issues or feelings were part of your decision making?” She answered:

Trying to be responsible and not get pregnant and have a child that I could not take care of at that time. I considered my religion and felt that it was wrong to do this, but I decided that it was responsible to avoid pregnancy.

Six women made the distinction between religious positions and their personal relationships with God that played a role in their decision process. One woman spoke about praying to God to help her do the right thing. Two women said that they decided to do what they could to achieve their goal and then leave it in God's hands. Two women distinguished between the moral positions of their Church and what they believed about God. For example, a woman who decided in favor of in vitro fertilization stated, "I'm a strong Catholic but I believe that if infertility treatment were not God's will we wouldn't have the science or technology for it".

In summary, the absence of traditional moral or religious concepts in the women's decision-making experience was an unforeseen outcome in this study. None of the women looked at abstract principles or paid attention to traditional concepts such as duty, reciprocity, obligation or commitment in their decision making experience.

Though many women showed evidence of personal values as significant in their decision-making, several clearly rejected a moral or religious component. This, despite the fact that the great majority of the women acknowledged having a Catholic upbringing and many shared that they presently belong to a Church community.

## Summary

A holistic view of each interview, as well as looking collectively at the study showed the existence of a pervasive theme and surfaced an unexpected outcome.

1. Relational autonomy was important to the women in this study.
2. Though they identified personal values as meaningful, the women interviewed did not find traditional moral or religious concepts useful.

## CHAPTER FIVE

### Interpretation

In this chapter an attempt is made to interpret both the theme of relational autonomy that emerged as well as the finding of the lack of traditional moral or religious processes or concepts. To help with the interpretation, the analyzed data is viewed through the lenses of feminine/feminist ethics and Roman Catholicism.

“The purpose of grounded theory method is . . . to build theory that is faithful to and illuminates the area under study” (Strauss & Corbin, 1990, p. 24). In order to gain understanding about women’s decision-making, it is essential to rely heavily on their experience. Held (1984) states that experience can serve as a test of moral theory. There is a danger, however, in relying too heavily on experience and equating it with truth. Jaggar (1991) cautions that feminine experience may be an unreliable guide for feminist action. Awareness of the cultural influences that impact on the interpretation of experience is crucial. By example, she points to feminine ideals embedded in the culture against which women may evaluate themselves. These ideals may in fact contribute to the continued subordination of women. Therefore she insists that although feminist ethics include women’s moral experience, it must also be critical of it. In order to avoid what Harding (1993) refers to as “experiential foundationalism”, the view that knowledge rooted in personal experience is unassailable, the interpretation of the themes that surfaced in this research will involve using two established lenses as tools for critique. Because all of the participants are women, feminism, which upholds the valuing of women will

serve as one lens from which to view the data. Since Roman Catholicism is the primary religion in the participants' community, and has a longstanding moral tradition, it will serve as a second lens to help in the interpretation. Particular attention will be given to key concepts supported by both feminist theorists and Roman Catholic tradition.

### Relational Autonomy

Seventy percent of the women in this study described their decisions as a process of self-determination or autonomy. The autonomy that they depicted, however, is dissimilar from the traditional principle that focuses on an independent right as central and separation and detachment as characteristic of the concept. Each woman in this study who protected her power to make her own decision, did so as an interconnected self.

Feminine/ Feminist Lens - Though there is great diversity among feminine and feminist thinkers about what constitutes feminine self understanding and what contributes to its formation and development, there is agreement that interconnectedness is a key characteristic (Held, 1995). While acknowledging this, feminists also stress the importance of autonomy in women (Grimshaw, 1988).

All the women in this study acted out of a sense of self embedded in relationships. Perhaps the subjects they were asked to talk about, their health or reproductive lives, contributed to this high outcome. The guidelines given to them narrowing the decision-making topics may also help to explain the absence of any

attention given to persons outside of their intimate circle, animals or nature. Nevertheless, their stories showed them to be conscious of others in many ways. Some told of childhood influences, such as the women who talked about the eight years that separated her and her brother and how this contributed to a sense of loneliness as she grew up feeling like an only child. As a result, she wanted her own children closer in age to each other. Others told of how the experience of others influenced them. A young single woman who was considering having an abortion talked about seeing her friend struggle as a single mom. This shared experience contributed to her fear of giving birth to a child that she might later resent. This story also exemplifies the narrator's attention to a possible future relationship as part of her decision process. As women told their stories, they often offhandedly shared the opinions of persons close to them as well as their own. The following narrative is one such example:

A married woman in her late thirties had waited until completing her graduate studies and establishing herself in a career before attempting to get pregnant. She was now experiencing fertility problems and was having tests done and exploring her options. In sharing her views she said:

The most important value for me is our child. The process used to get a child is not that important. Adoption is fine. My husband was adopted. We won't spend much money or inconvenience with fertility work. My mother tried to convince me that the experience of pregnancy is the most important part.

That's not so for me.

In telling her story, this woman showed that she was conscious of several connections. Her wishes, her future relationship with her child, and how both her husband and mother fit into the picture were all part of her awareness. The researchers routinely observed women's attention to multiple interconnections in the interviews.

Most of the women in this study shared stories in which they exhibited self-determination in their decision processes. The experiences that they shared support the feminist theory that a self-image embedded in relationships need not be a threat to personal autonomy. The two findings previously discussed that emerged in this study evidence that relational autonomy is possible. The majority of women had a care orientation and at the same time safeguarded their ability to decide for themselves. A woman who persisted in her pursuit to find a physician who would work with her to discover what was wrong and get whatever help that she could stated, "I needed to care enough about myself to keep going until I found someone who would listen to me (care) . . . My opinion is what mattered – not the doctor's (autonomy)".

Further, their decisions came not by attending to general external principles but rather from within themselves, reflecting their own personal values.

Individuals can be self-determining without being individualistic (Grimshaw, 1988). Many feminists believe that this is achieved not by solitary reflection, but through social interaction. There is a dynamic interplay between the development of autonomy and "the responsiveness of human engagement" (Gilligan, 1982 p.7). This relational autonomy is possible because of human embodiment. Both the senses and

emotions are critical to human interaction. Both enable individuals to be attuned to particular persons in specific situations and at the same time, to themselves. Both the senses and emotions are needed to empathize with another and to know how that other is affecting the person attempting to make a decision. In telling their stories women told about what they saw, what they heard, what they imagined and how they felt as they determined their course of action. This was so even for the women who labeled their decision processes as reflecting alone. They exhibited what Walker (1995) identifies as “emotional responsiveness”. This is not the same as a knee jerk reaction propelled by feelings, but rather a choice made that includes attention to one’s own feelings as well as those of others as important ways of gaining information leading to a good decision. (Jaggar, 1995)

Both women’s self-development and moral growth can be achieved as they attempt to respond to the needs of others. This balance of attention to self and others is also a sign of personal and moral maturity (Gilligan, 1982). All but three of the women interviewed evidenced that they paid attention to themselves and the effects on others in their decisions. Their processes correlate with Belenky et al.’s (1986) categories of subjective knowing, procedural knowing and constructive knowing. Whether they intuitively knew or were involved in a more reflective process, each of the women who told of a conscious decision that they had made, portrayed themselves in relationship and saw their decision in some way connected to others. The two “silent” women who acknowledged in their stories that they had not actually made a choice were the only ones who described decisions made in which their own views were ignored.

Gilligan (1982, 1988) makes the point that one's self concept is closely connected to one's personal ethic. There is an important link between an interconnected self-image and the moral choices that one makes. Belenky et al. (1986) describe received knowledge as a perspective from which women see themselves as capable only of taking in knowledge from outside of themselves. In other words, they can obey and they can teach others to obey, but they are unable to use those concepts critically and creatively. It seems to follow that the only decisions that received knowers could make are whether to obey or not. If a person's self understanding is as interconnected, true moral decision-making necessitates paying attention to how the consequences specifically impact on those connections.

Grimshaw (1988) says that autonomy, like consciousness, is not a state of being that is achieved in its entirety or not at all. It is a process involving an attempt to balance control and coherence. None of the women shared stories depicting themselves as received knowers. Several did talk about experiencing conflict between a voice of authority and their values as relational persons. One woman talked about being single, becoming pregnant and deciding to go against her parents' request that she abort. She stated that, "For me, this was a human life. I also judged that because I was completing nursing school, I could now care for it". Another woman talked about knowing that her Church taught that birth control was wrong but that she believed that in her situation protecting herself from pregnancy was simply responsible behavior. The women interviewed consistently showed themselves as conscientious in their deliberations. For them, this involved viewing themselves relationally while insisting that they be the ones to make their own decisions.

In summary, all of the women interviewed portrayed themselves as interconnected. Seventy percent also displayed personal autonomy in their decision-making. They attended to connections in many ways. They paid attention to their history and how it might inform their present decision. They considered the possible consequences in the future. Women allowed the experiences, feelings and views of others to touch them emotionally while at the same time acknowledged what they considered to be important. Whether they were internal or external processes, intuitive or reflective, their decisions were responses resulting from embodied human engagement. If women do experience themselves as interconnected as this research and feminine/feminist theory support, then their autonomous moral decisions must consider how those decisions impact on their connections. Otherwise, their decisions would neither be autonomous nor moral.

Roman Catholic Lens - Many of the women who identified themselves as Catholic, shared stories in which their decisions were contrary to the official position of the Church. This is one more example of the self-determination exhibited by the majority of women who were interviewed. In the Catholic tradition, this autonomy is usually referred to as following the dictates of one's conscience. This conscience is a moral ability embodied in each person, and bears the unique characteristics of that person (Maguire, 1991). This moral faculty includes each person's intellectual, emotional and sensual abilities. The conscience is also embedded in a person's self-image. As previously noted, for the women in this study that self-image is relational.

The Council's Declaration on Religious Freedom (1966, 2) supports as a right and responsibility that persons courageously seek truth and follow their

consciences. However both Haring (1978) and Jaggar (1991) stress that an important aspect of informing one's conscience include being part of a community that combines shared values and a respect for creative freedom. This is problematic for women in the Church since they are usually barred from positions of influence on moral teaching. Further, their views and experiences, if recognized at all, appear to be considered as tangential (Andolsen, 1996 cf. 1994). As a result, though they consider themselves part of the Catholic community, many women are forced to make important decisions in their lives outside of the Church's public forum. Women, whose self-identity is as interconnected, often need to choose between discounting who they are or being viewed as erring members of their religious community (Frye, 1991). As relational beings they act autonomously in making a decision when they seriously consider the specific consequences that decision will have on others. Also, having interconnected self-images results in placing importance on being accepted in ones religious community. If Maguire (1991) is correct and conscience always bears the distinguishing marks of each person's moral history, women in the Catholic Church share a painful collective experience. They have at times been required to choose between the requirements of membership in their religious community or valuing their own perspective of reality when making important moral decisions.

Andolsen (1996 cf. 1994) describes the relational autonomy reflected in the stories shared by the women in this project. For women, autonomy is:

an embodied power in relationship that allows one to get one's own body-based needs, desires, emotions, perceptions and values taken seriously.

Autonomy is the power to act as an embodied subject among other embodied subjects in the unfolding of a particular history of moral relationships.

(Curran et al., 1996 p.365)

In summary, the Catholic Church upholds one's informed conscience as the ultimate determinant in moral decision-making. This ethical method involves all of the faculties of a person's embodied self and operates out of that person's self-image. For women, who generally view themselves as relational beings, paying attention to the effects of one's particular decision on others is central to moral decision-making. The conscience is both informed and autonomy strengthened in relationship with members of a community who share similar values and respect personal freedom. In making important decisions, Catholic women must sometimes choose between their religious community and their consciences. When that choice was required of the women in this study, they all chose to follow their consciences.

#### The Lack of Traditional Moral or Religious Processes or Concepts

Most of the women in this project exhibited a moral perspective distinct from that usually described in traditional ethics. Very few women specifically identified moral or religious values as significant in their decision-making. A larger number spontaneously offered that religion or ethics played no part in their decision or that they had consciously decided contrary to a religious teaching.

#### Moral Frame of Reference

The women in this study made their decisions in a manner that diverged from how traditional ethics generally depicts decision-making. All of the women in this study presented themselves as aware of their interconnections with others. Each

made her decision by attempting to respond to the specific needs that surfaced in her particular dilemma.

Feminine/Feminist Lens - Lyons (1988) and Gilligan (1977, 1982) recognize two general conceptions of morality that they identify as justice and care. Lyons states that a morality of care involves the following characteristics:

1. Individuals are defined as connected in relation to others.
2. Others are seen in their own situations and contexts.
3. Decision-makers use a morality that rests on an understanding of relationships as response to another in their own terms.
4. Moral problems are generally construed as issues of relationships or of response, that is, the concern focuses on how to respond to others in their particular terms; resolved through the activity of care.
5. The most important concerns are:
  - a) Maintaining relationships and the connections of interdependent individuals to one another.
  - b) Promoting the welfare of others, preventing their harm or relieving their suffering.
6. Moral decisions are evaluated by considering:
  - a) What happened or will happen or how things get worked out.
  - b) Whether relationships were or are maintained or restored. (p.35)

Care concerns were very clear and could be well-documented in thirty-three of the fifty interviews. The following are some examples of what was interpreted as the voice of care:

A forty-year-old health professional has decided to pursue infertility treatment aggressively. She is in her first marriage and has been married two years. She has always wanted children, but she and her partner only met each other later in life. She shared that not only do she and her spouse want children, both know the joy that a grandchild would bring to their families.

This story exhibits attention to what Lyons (1988) identifies as one of the most important characteristics of a care orientation – maintaining the connections of interdependent individuals to one another.

A thirty-five year old special education teacher told of deciding to adopt rather than have biological children. Her family has a strong family history of manic depressive illness and diabetes. She stated, “I chose to not bring children into this world. I don’t want to pass on these problems. But I would like to take care of, adopt a child, even if it has these problems”. This woman has adjusted her desire for relationship with a child to include preventing possible harm. The decision is made not by attention to principles, but by considering what could happen in her particular situation.

A mother of a five-year-old child had undergone an initial infertility work-up. Both she and her husband had made this decision because they wanted two or three children and had not been able to conceive since the birth of their first child. The first examinations showed no problems and the next step was that her husband have a sperm count done. When she took the kit home, he emphatically refused to use it. Even after long discussions and her offering to return his sample to the doctor’s office herself, he refused. The decision that she shared was to not make an issue of

his refusal and to work on accepting having no more children. She stated, "I'm very happy with our daughter and grateful to have her. I don't want to cause conflict in our marriage". Lyons (1988) states that when one's orientation is care, moral problems usually focus on relationships. Most often the concern is how to respond to others in their own terms.

The three schools of thought presented by Tong (1996) that offer explanations for the development of feminine consciousness may serve to explain the prevalence of the voice of care in this project. The first school that roots feminine values in women's mothering roles might explain why the women interviewed who are mothers, teachers, nurses, or otherwise in care-giving roles showed a care orientation. It does not help clarify why the several women who were not mothers nor in helping professions also evidenced a care orientation. The maternal ethics theory also does not explain the care orientation that several of the participants alluded to when talking about their childhood. For example, some women told stories about their growing up that included observing their mothers and determining that they would mother differently or better when they became adults. Others told of decisions that they had made which were influenced by concern for their siblings. Their stories are consistent with Piaget's (1965, cf.1932) findings about the little girls at play who evidenced characteristics of a care ethic.

The theory of psychosexual development as presented by Chodorow (1978) may help to support the idea that the capacity for relationships could be reinforced longer in females who can remain emotionally attached to their mothers while their sense of self develops. It does not address the existence of the capacity for care

itself. Both boys and girls have the opportunity to experience being cared for as infants and children. Many would suggest that based on the social valuing of each gender, males might enjoy care superior to that experienced by female children. It is this experience of having been cared for (Noddings, 1984) that establishes the capacity to care. The psychosexual theory traditionally stresses the importance of the first two years of life. This is most likely when the capacity for care is established both in males and females. Further, the “disassociating” required of boys for the development of their identity is not the same as emotional detachment. And it is this emotional connection that reinforces the development of the capacity for caring relationships. Consequently, psychosexual development theory does not adequately explain why the orientation to care is significantly more prevalent in the females studied in this project.

The third school, which gives women’s cultural and socioeconomic position as the basis for feminine consciousness explains that women are rewarded for caring behavior. Because the majority of women still have the primary role of parenting and professionally outnumber men in jobs that directly involve caring for those in need, caring attitudes and behaviors in women are constantly reinforced. This theory clarifies more effectively why male and female children who have similar abilities for developing an ethic of care diverge in their orientation as they grow. In most cases this socialization begins in the home as children are prepared to take on the roles that they most likely will adopt as adults. As a result, females are more likely than males to have been encouraged to develop caring attitudes and behaviors from a young age.

Gilligan's (1977, 1982, 1988) developmental model sheds light in interpreting the meaning that the participants gave to their decision-making process. She suggests that moral development involves learning how to integrate attention to the demands of others with one's own needs. This happens as women move in and out of three general stages. Gilligan describes the first stage, overemphasis on self, as one in which the women's attention is on survival. In this stage women experience themselves as powerless. Gilligan however describes the usual response to this experience of powerless as one in which women are so afraid of being hurt that they prefer isolation to connection. This may be the case for some women, particularly those who have been abused and are in situations where they are presently at risk of being harmed. An alternative response to a sense of powerlessness exists. It is a desire to connect.

In this study, the youngest women and the women who shared stories that took place when they were young described their responses to powerlessness as denying their own wants in order to stay attached to another. The meaning that they seemed to give was that meeting one's need to survive necessitated ignoring their own perspective. The teenager, who saw it as inevitable that she have sex as a requirement for acceptance into the adolescent culture, never considered protecting herself against pregnancy or infection. She did however interpret the need to become sexually active as the necessary means for survival in her social situation.

The two women who told stories about having abortions when their partners gave them the "choice" between their relationships or the pregnancies are also examples of women understanding that their survival depended on remaining

connected to these men. In both situations, women recognized that they had not considered their own views, only after they had matured and left the relationships. This interpretation coincides with Belenky et al. (1986) description of “silent women”. The authors state that as women experience their powerlessness, they accept extreme sex-role stereotypes.

Gilligan describes the second stage of development as one in which women begin to interpret their self-interest as selfishness. At this stage women desire to establish connection with others and equate goodness with being nurturing. It is at this level of development that they focus on the desires of others at their own expense. It was expected that this part of her theory would be particularly helpful in interpreting the decisions of women who when asked what they paid attention to when making their decisions, identified sole attention to relationships or attention to relationships and religious or moral values. Of the sixteen women who make up this category, only one made the connection between self-care and selfishness. This was a woman who had seriously considered having an abortion when she found herself pregnant shortly after having given birth to her second child. She decided to remain pregnant, but miscarried shortly after having made her decision. She stated that she felt guilty for having considered terminating her pregnancy; that she had been selfish.

Nine of the women in this group understood their desire or concern for relationships as enhancing the quality of their lives. In their stories they described being aware of their needs as part of their deliberation. Four of the nine overcame objections of parents, their Church or fear of God’s punishment when deciding to act

to meet the needs of others or to establish or promote their relationships. The data in this study suggests that women can give primary attention to others in their decision-making and even connect dedication to others with the quality of their own lives without being in a self-limiting developmental stage.

Feminists have often criticized care ethics for placing women's moral autonomy at risk (Bartky, 1990). Feminist theorists have pointed out that the socialization of girls can contribute to lowering their ambitions, make them excessively attentive to the approbation of others and encourage them to focus on the goals of others to such an extent that they neglect themselves (Keller, 1997). The women in this study evidenced a high degree of attention to self-care as well as an interconnected self-image. Half of the women who stated that they paid attention to relationships in their decision-making also stated that they gave equal attention to caring for themselves. The fact that these women who had a care orientation could give equal consideration to themselves suggests that it is not the existence of the care orientation that is detrimental to the development of a healthy sense of autonomy.

In summary, a clear moral frame of reference distinct from that described in traditional ethics was visible in the decision-making of the women interviewed in this study. Gilligan (1982) has labeled this the voice of care. They evidenced a self-understanding embedded in relationships. They focused on how best to respond to surfaced needs. They made their decisions by specifically considering the results of their choices in the particular situations that faced them. Their primary concerns were preventing harm, promoting the welfare of others from the perspective of the other as well as from their own and establishing or maintaining relationships. No

one feminist or feminine theory fully explains the preponderance of an orientation to care that exists in the women interviewed. Several do offer partial insight.

Feminist views about a care orientation fall into two general camps. One group sees attention to responding to the needs of others as a viable and mature alternative to a rights or justice orientation (Gilligan, 1982). Some see a care ethic as superior to a rights model, in that it provides individuals with the attitudes and skills that enable them to live communally rather than competitively (Gilligan, 1988). The other group of feminists sees an orientation to care as dangerous (Bartky, 1990). If Gilligan (1982) is correct and women do go through the stages of over attention to self, overemphasis on others and that moral maturity is found in the balance of attention to the needs of others and to oneself, a care orientation need not be a hindrance to autonomy. Early development may set the stage for a care orientation, but as children grow older it is increasingly the larger community that impacts on self-image and personal ideal. It is not a woman's orientation to care that promotes her subordination, but the larger social systems that reward or punish her development towards a balance in focusing the care. Social feminists support this interpretation as well as Sloan (1987) who emphasizes the importance of history and context in understanding human decision-making.

Roman Catholic Lens - Vatican Council II, which took place in the mid-1960's stated that moral theology was particularly in need of renewal (Decree on Priestly Formation 1966,16). It suggested that Scripture be considered as the main source for guidance in this process. The Dogmatic Constitution on Divine Revelation (1966) states that the revelation in Scripture is understood best by recognizing the inner

unity between its words and its deeds (2). Richard (1988) states that Scripture does not offer new ethical information, but does highlight what one should pay attention to as both an exhortation and a guide to live in a way this is genuinely human.

Haring (1978) believes that in order to grasp the insights of Catholic moral theology, it is necessary to pay attention to Scripture in its entirety.

As a whole Scripture is the history of the formation of a people. In their development God called them into relationship and established a law that described how people must live as God's people in order to live fully and in freedom (salvation). It was a law of fair treatment (justice) and service (care). As history progressed, this law became more absolute from the point of view of those in authority. In the cultural context, which governed its interpretation, the prescriptions of the law came to take precedence over the direct relationships with God. The pharisaic tradition began the oral law as a means of preserving the law itself by applying it to new situations. As this tradition developed, however, the law was interpreted by creating new, minute and exact precepts (The New World Dictionary-Concordance to the New American Bible, 1970) at times ignoring the true meaning of the law. Jesus' mission, to reveal God's presence and to demonstrate how persons are to treat one another, brought him into conflict with the Pharisees. Their disputes revolved around the arbitrariness and excesses of the oral laws. "You have made God's word null and void by means of your tradition" (Matt. 15: 6). Jesus teaches that all of the law's prescriptions are gathered into one law, the love of God and others. Jesus attempts to revive the concept of the law, as the revelation of God's will best understood in relationship. That is the supreme and absolute law. Jesus

demonstrates how it is lived out as He continually welcomes the disenfranchised and meets the needs of individuals in their own terms. It is clearly a care orientation.

God's self-revelation in Scripture is both descriptive and prescriptive. It is the story of a people that is cared for and called to respond in kind. The primary message of the Old Testament is that entering into relationship with God is at the same time a commitment to relationship with others. This relationship is depicted as one of service or care. In the New Testament this message is even stronger. A justice morality is clearly preempted by one of care. "Eye for eye and tooth for tooth"(Matt.5: 38) is replaced with a prescription for nonviolence. Persons are invited into a lifestyle of constant conversion exemplifying "God-with-us". The law of love with preferential treatment for the most neglected persons over-rides all other norms for ethical behavior.

A care orientation that Scripture not only supports but also promotes necessitates responding to particular persons in specific situations. Jesus rebukes the Pharisees who confront him for breaking the Sabbath by encouraging his disciples to pick grain to feed themselves (Luke 6: 2-5) and by healing the sick (Matt. 12:9-14). Scripture is clear. Response to people in need overrides the law.

These Scriptural values, central to Catholic morality are the same characteristics of a care ethic that was the predominant orientation of the women in this study. They described their decisions as paying particular attention to the results of their choices in the particular situations that faced them. Preventing harm to others or themselves, establishing meaningful relationships or maintaining healthy ones and meeting the needs of those closest to them were their key concerns.

What these women identified as most meaningful, coincides with the core values of the Catholic faith. That they acted out of a sense of themselves as rooted in their relationships is consonant with the frame of reference of the Catholic culture prevalent in the community from which they came. Though no causal relationship can be proved, it seems most plausible that Catholicism had some influence on the internalized values of the women in this study. Scripture was not used as a primary source to guide Catholic moral teaching until after Vatican Council II. Women who received their formal religious education prior to 1970 would not have been encouraged to look to Scripture as a means of processing their moral decisions. Despite this, throughout every Catholic woman's upbringing, Christian values found in Scripture permeated communal worship. Loving concern for persons in their particular circumstances, and generous response to persons in need were clearly among the Gospel values modeled by the majority of clergy, religious and laity active in the Church who were many and influential within the community. These personal and religious experiences most likely imbued the women from this Catholic community with the ability to make moral assessments in light of Scriptural values. This may explain why women did not verbally refer to Scripture when explaining their decision-making process though many reflected scriptural values in their decisions.

To summarize, in its renewal of moral theology that the Roman Catholic Church identified as necessary, it specified that Scripture be the primary source for guiding the changes. The Catholic Church which is rooted in Scripture upholds the primacy of love lived out in service or care. The orientation of care used by most of

the women in this project is one consistent with these central values of the Church. Given that the women interviewed come from a community that is predominately Catholic, it is quite possible that Catholicism impacted on their personal values.

### Moral and Religious Concepts

The women interviewed in this research project did not look at general moral principles or to the teachings of their Church for guidance in their decision-making process. However they did reflect both traditional values and religious norms in the decisions that they made.

Feminine/Feminist Lens - Though strongly divergent views exist among feminine and feminist ethicists, there is a consensus of opinion that it is essential that the self-understanding of women and the values that follow be incorporated into ethical theory in order for it to be considered legitimate and applicable. That women did not pay attention to tradition as a resource when making important decisions is most likely connected to the absence of their experience and views in the development of those traditions.

Lyons (1988) describes the morality of justice in these terms:

1. Individuals are defined as separate and objective in relation to others.
2. They view others as they would like to be viewed by them – objectively.
3. They use a morality of justice that is seen as fairness and rests on understanding relationships in terms of reciprocity between separate individuals.
4. Morality is grounded in duty and obligations stemming from roles.
5. The most important concerns are:
  - a) One's role-related obligations, duties and commitments.

b) Rules or principles for oneself and others, in particular, treating others the way one would want to be treated in their place.

6. Morality is evaluated by considering:

a) How decisions are thought about and justified.

b) Whether values, principles or standards, especially fairness, were and are maintained. (p.35)

Holding on to an overreaching moral principle that has not involved taking into equal consideration the experiences of women in its formation results in concepts with a poor fit in too many situations in which women find themselves (Card, 1991).

It does not seem to be the value of the particular virtues themselves that is problematic. The women in this study reflected traditional moral and religious values in their decisions. The woman who stated, “As a child, I was able to enjoy going home to play after school. I want the same opportunity for my children.” as the reason for refusing a promotion that would necessitate her working after school hours is one of several who reflected the principle of fairness, or justice. The woman who wrestled with the issue of taking a controversial drug in order to prevent a third miscarriage, but was wary of the possible effects on her unborn child, is among those who exemplified nonmaleficence. The woman who delayed her second pregnancy to be available to her sick child is one of many who showed beneficence. The woman who went to several doctors until she found one who would help her deal with a serious medical problem while at the same time respect her time constraints as a farmer demonstrated along with others, the principle of autonomy.

A woman shared her story of deciding against having an abortion when she found herself pregnant while in college. She listed two considerations that influenced her decision:

1. “My religious beliefs are that abortion is wrong” (principles - justice).
2. “I judged practically that I’d be able to support this child”. (responsibility - care).

The following woman sharing her story reflected the justice perspective of fairness and also evidenced a concern for how to respond to the other in his situation (care). She told of her decision to not bring suit against a physician whose error had caused her to have serious medical problems. Her reasons included, “He was a good doctor and only human. He made a mistake and was very honest about it. What good will it do me? I don’t ‘need’ the money and it won’t help me physically. In my work I see the abuse of litigation, and I don’t want to be a part of that”. The themes of fairness (justice), attention to seeing the situation from the other’s perspective and not wishing to cause unnecessary harm (care) are integrated in this story.

Though these women exhibited traditional values in their decisions, none looked outside of themselves at abstract, general principles for guidance. They paid attention to their specific situations and demonstrated the process that Grimshaw (1986) describes:

Consider whether your action will harm others; consider what the consequences for other people will be if you do this; consider whether the needs of others should outweigh consideration of your own. . . . Consider

whether your behavior will stand in the way of maintaining care and relationships. (pp. 207, 209)

In summary, women did not invoke traditional moral principles when making their decisions most likely because as most feminine and feminist ethicists believe, these concepts looked at in general terms do not reflect their experiences and thus are unfamiliar and/or not useful. Women did reflect these principles in their decisions, but this was as a result of considering the particular features of their situations and the persons involved in their ethical dilemmas and then asking themselves what response was best.

Roman Catholic Lens - Though a majority of women identified themselves as Catholic, none described a process of looking to the teachings of the Church for guidance in their decision-making. In fact, whenever women mentioned their religion, it was to contrast their views with those held by the Church. Several women in this study found traditional Church teachings to be inadequate and/or inapplicable. Despite this behavior pattern, the majority of the women displayed the values underlying Church norms.

One woman who had been married for ten years and had no children described herself as a strict Catholic and offered as evidence that she had never had premarital sex. She told of her decision to seek fertility treatment stating that if it were not God's will, there would be no such science or technology. Her concern was keeping a balance in her life. She wanted children but did not want this process to be an "all consuming focus". She said that she found no guidance from her Church in this regard.

A woman with serious health problems decided to not have biological children for fear that they would suffer as she had. She and her husband decided to adopt children and to protect themselves from any unwanted pregnancies. The Church's official stand against birth control conflicted with her desire to act responsibly.

The Catholic Church has provided very few opportunities for women to be involved in its policy making process. As a result, the experience of women from their perspectives is rarely reflected in its teaching. For example: Some of the women interviewed talked about their decision regarding artificial insemination. On this issue, McCormick (1989) quotes Pope Pius XII, in an address to the Italian Catholic Union of Midwives stating:

In its natural structure, the conjugal act is a personal action, a simultaneous and immediate cooperation on the part of the husband and wife which by the very nature of the agents and the propriety of the act is the expression of the mutual gift which according to Holy Scripture brings about union 'in one flesh.' This is something more than the union of two seeds which may be brought about even artificially without the natural action of husband and wife. ( 334 cf. AAS 43 (1951)

McCormick (1989) states that the position of inseparability in the conjugal act between the unitive and procreative dimensions is upheld by Pope Paul VI (1968) and by Pope John Paul II (1982). These views clash dramatically with the following experience:

A woman told her story of deciding to have donor insemination. She had talked with her husband who had been reluctant at first, assuring him that his role as a father was much more significant than that of biology. The true father, she stated was the man who wanted the child and would support it from the beginning. The couple had resisted consumerism and was living simply in order to afford the fertility treatment. At the time of the insemination both took time off from work. The husband came into the treatment room with his wife, held her hand throughout the procedure and stayed with her until she could get up to leave. This was their second attempt to achieve a pregnancy in this way, and the husband's only concern was for his wife's disappointment should the attempt fail again. This process of attempting to have a child was "outside of the conjugal act" as strictly defined, but it reflected a lifestyle of commitment, shared values, and care more consciously loving than many acts of sexual intercourse even between loving spouses. This narrative was not unique to this couple. It is representative of the insemination procedures described by the participants and reflective of the values most important to relationships. The previous story underscores the dissimilarity between how the women in this study who were involved in artificial insemination perceived their experiences and the manner in which the Church views this procedure. More importantly, it shows that many of the couples clearly lived out Catholic moral values while at the same time engaged in an act that the Church has officially banned.

Though the women in this study often presented their Catholicity in describing themselves, this appeared to be more of a cultural self-identity than an ideological connection when it came to their decision-making. Being Catholic was

intrinsic to who they were, but for several, if they considered the position of the Church at all in their decisions it was viewed as external and far removed from them. This finding is most likely influenced by the subject matter of the decisions the women were asked to share and because they equated Catholicism solely with official Catholic moral teaching on these issues. Sexuality and women's health highlight what is most likely the sharpest divisions between the positions of the Catholic Church and the views held by many women.

While the Catholic Church has promoted and protected its teaching authority, often mandating obedience to general rules and discounting particular negative consequences of specific situations, it has at the same time upheld its natural law tradition (Haring 1978). Natural law which acknowledges the fundamental goodness in human persons holds that all that is needed to live ethically is intrinsic within the human condition (Richard, 1988). The key assumption regarding natural law is that morality derives from reflection on ordinary human experience (Fuchs, 1993). In his discussion of natural law, Fuchs supports the position of Aquinas stating that general ethical statements are not as useful as focusing on actions in their concrete reality, and that paying attention to the particularities of an ethical situation is critical to responsible moral decision-making. In this light, the decision-making process of the Catholic women in this project is clearly in line with their religious tradition.

Vatican Council II, in its Pastoral Constitution on the Church in the Modern World (1966, 4) supported the process of scrutinizing the signs of the times in its attempts to solve ethical problems with solutions "that are fully human". A fully

human solution would respect “the particularity and diversity of persons in concrete contexts”. (Farley, 1996 p.164)

To summarize, women have had very little involvement in developing and articulating official Church teaching in the area of morality. This has resulted in Church positions that are often extraneous to women’s experience and inadequate to their needs. This may explain why most of the women in this study stated that they were Catholic but did not look to the teachings of the Church for guidance in their decision processes.

Despite the Church’s frequent mandate to obey its laws, Roman Catholicism supports the natural law tradition that upholds the ability in individuals to make accurate ethical determinations. Further the process described as necessary to make a responsible ethical decision involves paying attention to the specifics in a particular situation. This decision-making process used by the women in this study is consistent with their Catholic heritage.

### Conclusion

Viewing the theme that surfaced along with the women’s lack of attention to traditional ways of ethical deliberation as one interconnected unit, helps in understanding the decision-making process of the women in this study. Relational autonomy is characteristic of the women who were interviewed. The orientation to care that is descriptive of the women’s decisions and the paucity of attention they gave to traditional ethics both support this interpretation. Both findings reinforce the

position that autonomous women empowered to act in their own self-interest see themselves as interconnected persons.

The feminine/feminist ethics and Roman Catholic tradition used as lenses to help critique the findings from the personal experiences shared by the women in this study yielded the following insights:

The strong evidence of a care orientation found in this project, central to Catholic moral theology, need not be a hindrance to autonomy as some feminists fear. Early development most likely instills the capacity for a care orientation, but it is the larger community that impacts on a developing self-image and personal ideal. It is not a woman's orientation to care that places her in danger of being dominated, but the larger social systems that foster or penalize her development towards a balanced application of this orientation.

Both Catholic moral theology and secular ethics have rarely included women's experiences and opinions and have ignored their decision-making processes. As a result, though women sometimes reflected virtues promoted as generalized principles in traditional ethics, and the values on which Church norms are based, they did not look to these traditions for guidance when making their decisions.

Women acted autonomously in their decision-making. The self-determination that they depicted, however, is dissimilar from the traditional view that focuses on the person as a disembodied self with personal rights as central and separation and detachment as characteristic of the concept. Each of the women in this study who protected her power to make her own decision, did so as an

interconnected, embodied person. Discovering right behavior and acting on it involved paying attention to what was happening within and around her. This is conscience as embodied in women.

Though Roman Catholicism stands opposed to several of the decisions made by the women in this study, the Church's teaching on conscience and its natural law tradition uphold the values and processes used by these women. Though the women in this study made decisions at times contrary to official Church teaching, their decisions reflect the core values on which Church norms are based.

## CHAPTER SIX

### Discussion and Implications

The results of this phenomenological and grounded theory investigation contribute to an understanding of women's decision-making regarding issues that they identified as particularly important to them. Relational autonomy is characteristic of the women who were interviewed. The orientation to care that is descriptive of the women's decisions and their relative disregard for traditional ethics both uphold this finding. Women who see themselves as interconnected persons can and do act autonomously. They are empowered to balance their own self-interests with the needs of others when making decisions.

### Ethical Implications

The literature review in this project began by pointing to the changing role of ethics throughout history. Following a near abandonment of attention to ethics brought about by the promises of a better world from the contributions of "value-free" science, society is once again accepting that because most major decisions impinge on others, they have an ethical dimension. Resnik (1987) states that any normative decision theory needs to learn from descriptive decision theory in order for it to be valid. It follows that ethical norms meant for both women and men should derive from studying the actual behavior of both.

It has been a typical feature of the dominant moral theories and traditions to attempt to regulate the relationships between those whom they recognized as equal in some meaningful way. The moral issues involving relationships between those who

are clearly unequal in power, such as parents and children, younger and older generations in relation to one another, states and citizens, doctors and patients, the healthy and the sick, large states and small ones have been until most recently all but ignored. When they have received attention, an attempt has been made to view the weaker member of the relationship as virtually equal. “Citizens collectively become equal to states, children are treated as adults-to-be, the ill and dying are treated as continuers of their earlier more potent selves, so that their ‘rights’ could be seen as the rights of equals” (Baier, 1995 p.93). It is only by presenting this false picture of the existence of total equality that the tools of traditional ethics can be applied to these types of relationships.

Sloan (1987) suggests that the capacity to reflect on the social responses that decisions receive is crucial to an adequate decision-making process. The resentment felt against the United States from its attempts to use “reciprocity” of food and other life necessities in exchange for the power to control other countries’ decisions about their forms of government or economic trade has resulted in the need to be constantly mindful of attacks of terrorism. In the business community, acknowledging the benefits of interconnection without including the virtue of care has led to rampant mergers resulting in fewer choices for consumers and greater disparity between rich and poor.

A more adequate moral paradigm is needed to help guide the relationships of individuals and groups that are in many ways not equal and usually mutually interdependent.

The moral theory we see will give primacy to bonds of affection, empathy and political alliance. . . .It will discuss obligations to groups as well as to individuals. . . .It is a theory that rethinks the very nature of what it is to be an individual in a social context. (Sherwin, 1984 pp. 711-712)

The prominent existence of a care perspective found in this project which involves acting responsively and protecting vulnerability in specific situations is beneficial to society. However, a care orientation that acknowledges interdependency and promotes caring behaviors challenges popular notions of human power and the value of individualism. An ethic of care conflicts with longstanding beliefs in the primacy of an individual who is separate, self-determined and self-made. The recognition that we are able to survive because in many ways we are being cared for by others is a concept that is considered counter-cultural despite the fact that it is an orientation reflective of perhaps half of the human population. Though women in this study reflected traditional values, they did not identify with the self-image promoted in traditional ethics or see generalized principles as useful guidance when making their decisions.

If in fact a care orientation is beneficial to society, then both men and women need to integrate it into their ethics. Only then will it be seen as commensurate in value with traditional principles. Further, a rational process does not bring this about. Changed behavior patterns are the most effective way to change attitudes. Integrating care into generally accepted ethical guidelines necessitates relational practices that foster mutual recognition, protection, and empowerment. Caring is a set of attitudes and behaviors that develop as caregivers learn from each other. This

was evident in the stories shared by many women in this project (i.e. “I had a good mother who took care of me. She taught me about caring”).

Noddings (1996) has argued that being dependent does not mean being helpless or powerless. It signifies that one is able to have an effect on others and that the interdependence of attachment empowers both the self and the other, not one person at the other’s expense. Activities of care defined in this way, rather than signifying a failure of individuation, denote a developed moral character that accepts the reality of a vision of persons of inestimable worth interdependently related to each other.

In summary, as society focuses once again on the significance of ethics in the many aspects of human agency, it is important that any valid ethics include the experiences and views of women. The contributions from women will be particularly helpful in guiding ethical decisions between parties that are in some way unequal.

### Implications for Roman Catholicism

The Roman Catholic Church proclaims that its mission involves promoting the message of the Gospel and living out its values in all aspects of human life, so that all of creation can truly be reflective of God who is Love. Haney (1994) believes that what persons do demonstrate who they are and what they truly value. Thus, how the Church goes about developing and promoting ethics reflects what it truly values. If in fact it desires a more just and responsive community, it needs to model this vision in the process of bringing it about.

Only a small number of women in this study admitted to paying attention to religious values, though many women offered that they actively practiced their faith and their stories contained values reflective of their religious traditions. In order that more women view moral theology as beneficial to them two changes are necessary.

First, women need to participate significantly in setting the agenda for what constitutes ethical issues and their diverse experiences need to be taken seriously as part of developing the guidelines. Ballou (1995) in discussing the ethical issues related to diagnosing in psychotherapy states that naming the issues accurately and establishing the norms that naturally follow is extremely difficult. It both requires that the process of naming and setting norms be ethical itself and it reveals the values of the persons naming and establishing the norms. The points that she makes aptly fit moral theology. She states, “the accuracy and ethicality of traditional diagnosis and treatment goals are severely compromised for non-dominant peoples” (p.45). How for example, the Catholic Church names the ethical issues related to sexual behavior and marriage determines how many will perceive them, what will be identified as ethical issues and what will be ignored.

Second, because women focus on the particular situations that face them, ethical considerations pointing to what deserves attention in moral decision-making may be a more effective way to use religious principles. For those who have been taught how to determine right behavior, the traditional ways have been limited and even contrary to the abilities most available to a large percent of the population. Reason, logic, detachment, impartiality, justice, reciprocity have been promoted at the expense of emotions, intuition, attachment, partiality, caring, responsibility and

responsiveness. Many who have tried to make good decisions “the right way” have ignored or even acted contrary to what could be their most useful tools for decision-making. Something is clearly wrong when persons do not trust their ability and/or their integrity to make right decisions.

Belenky et al.’s (1986) “received knowers” who are only capable of receiving and reproducing knowledge from external authority would be recognized by many as “good Catholics”. In attempting to teach rules for good conduct as a priority, there has been little guidance in the process of ethics, the grammar courses for right living. Placing a premium on obedience as the ultimate sign of faithful membership has caused many Catholics to feel a lack of confidence in their ability to discern ethically. Consequently, when people find themselves in ethical areas where the rules that they learned fall short as useful guidelines, many either feel threatened and take a rigid stand of seeing the new as evil, or do what seems most immediately beneficial to them with no attempt at conscious moral deliberation.

In telling her story about why she had decided to not date while raising her children on her own, a divorced mother stated, “I’m Catholic, but that didn’t really play into it. I believe in a loving God – not a punitive one – fear or guilt weren’t issues for me in this decision.” This comment exemplifies how women who deliberated morally felt detached from their Church in this process. This was the case even when their decisions coincided with Church positions. The majority of women, who seemed to exhibit what the interviewers recognized as high moral standards in their decision making including the values of the Catholic Church, either did not label their concerns as such and at times rejected this interpretation when the

interviewer questioned its applicability. It seemed in the interviews that both the words religious and moral connoted the idea of specific prescriptions to act in a certain way. The very act of personal moral deliberation seemed to be interpreted by some of the women as being disobedient.

If the Church is to serve as a moral resource for all of its people and model a true human community of love, it needs to allow women's experiences and values to significantly influence moral theology. Only then will it be a helpful guide for both women and men from various backgrounds and in diverse situations.

### Implications for Feminist Ethics

Feminism, which ultimately aims at "equality of respect and the concrete well being of all persons regardless of gender" (Farley, 1996, p.5) must be mindful to not reflect attitudes and behaviors against which it stands. The women in this study evidenced an inter-connected self-image and a strong bias toward an ethic of care. Despite possible inherent dangers for persons who incorporate these two realities into their decision making processes, feminists who proclaim to uphold women's experiences as valid, must not discriminate against women's ethical orientations or self-concepts that may be less politically efficacious than others.

This research project demonstrated that a care orientation that can serve a corrective to an unrealistic view of human agency need not be detrimental to the persons who exhibit it. Each of the women in this study determined right behavior and acted on it by paying attention to what was happening within and around her.

Reflecting a sense of self as interconnected and embodied persons, their decision-making processes depicted the self-determination of autonomous persons.

Early development most likely instills the capacity for a care orientation in both males and females. Because care giving has been connected with women's traditional roles, the characteristics of care are associated more with women. Caring roles and behaviors such as attention to the effects of a decision on particular individuals are undervalued in today's society. It is this larger community that impacts on a developing self-image and personal ideal. If the characteristics related to care, which are reinforced in females from a young age, are denigrated, these conflicting messages can lead to feelings of self-doubt and a lowered self-image. Feminists, as part of the social community have the opportunity to support both women and men in developing their capacity to care both for others and themselves.

Women reflected a sense of self as interconnected and valuing relationships. Attempts towards equality that are unnecessarily divisive may force women to choose between honoring who they are and supporting the goals of feminism. Moral arguments that "discredit opponents rather than carry out the hard work of persuasion, argumentation and negotiation" are likely to be methods to achieve a worthwhile goal at the cost of pressuring many women to once again use behaviors that contradict how they spontaneously function. This is not to say that we cannot be angry about injustice or feel and show our impatience with the all too slow pace of change. If feminism is to speak to all ways that life are threatened it must model ways of promoting change that do not mirror forms of oppression, subjugation and

prejudice that it opposes. Feminism will be successful when it welcomes men.

Viewing all men as the enemy or as necessary evils is unproductive and immoral.

The majority of women in this study revealed themselves as autonomous in their decision making. It was important to them that they protect their power to decide for themselves. Supporting equal valuing of all persons and standing against any form of discrimination does not mean that feminists cannot have ideological differences. Some feminists use persons' positions on single issues, for example abortion on demand, regardless of the circumstances, as criteria for being acknowledged as true feminists. If feminism is to continue to make inroads regarding the acceptance of women, it must foster a community that welcomes diversity of opinion.

To be faithful to the vision emerging and developing in the lives of many women and men is a key, perhaps the key, to understanding feminist ethics. . . . The vision is one of a new community, indeed of a new heaven and earth. It is a vision of women in all areas of life . . . sharing with men . . . all the opportunities, responsibilities and privileges of citizenship. It is, at the same time, a vision of a transformation of the way women and men relate to each other and to the earth. It is a vision of a transformation of leadership, of power, and of the criteria by which decisions are made. Feminist vision, and thus feminism is a value – a moral – revolution. (Haney, 1994. p. 4)

Feminists must continue to be informed by the experiences of women as they hold to a vision of a more ethical interpersonal reality. The women in this study highlighted the importance of protecting and promoting interconnectedness, valued a

care orientation and protected their power of decision-making. Any attempts to achieve the goals of feminism that discount the values and experiences of the women themselves are attempts that are contrary to feminist ideals.

### Implications for Medical Ethics

The findings in this study, which reflect how some people make important decisions in their lives, impact medical ethics in several ways. Two areas particularly affected are how ethics committees function and the implications for informed consent.

Traditionally medical ethics committees have had three functions: case consultation, policy development and education. These committees have tended to focus almost exclusively on principles or a justice model for guidance in their case deliberations. A positive result of this is that the rights of individual patients are protected more than ever before. However this may not be enough. An ethics of justice presents the standards below which one should not fall in the treatment of others. For professions whose mission is to care for others, attending to this model alone falls short of providing adequate ethical guidance. There are several ways to broaden moral discourse in an attempt to respond most effectively to the needs of the population expecting to be served. These include: focusing on the probable consequences of a decision in a particular situation, including the effects on those who will carry out the decision and valuing moral feelings as an important source of information and attending to the meaning of a particular dilemma from the point of view of the patient.

Policy is often developed as a result of case consultation decisions. Once this happens there is a tendency to rely on those policies at the expense of giving less attention to the specific elements of similar cases that are later reviewed. This can lead to ethics committees becoming legalistic and deliberating more on precedence rather than trying to determine what the right course of action should be.

Incorporating the way many women make decisions would involve viewing established policies as guidelines and assessing their suitability in a particular ethical dilemma rather than using the policy as a rigid rule that eliminates the need to discern.

The primary role of most ethics committees is that of education. If women's experiences are not incorporated into mainstream ethics many persons will be taught to ignore their own abilities for decision making and accept a specific (male) model in order to assess decisions. This not only handicaps the individual, it impoverishes ethics as a whole by limiting the perspectives from which an issue is investigated. Creating opportunities to insure diversity of views and experiences is the greatest assurance of approaching truth. Those responsible for ethics education need to present a range of models for ethical decision making and help persons identify and affirm how they make effective decisions.

The two essential goals of informed consent are that patients have a clear understanding of the issues involved (procedure, possible outcomes, probability, etc.) and assuring that their decision to accept or reject interventions are truly voluntary. What constitutes voluntariness rests on one's self-understanding. A sense of self as relationally autonomous rather than individually autonomous greatly influences what

one acknowledges as real options in ethical decisions. Protecting a patient's right to choose for persons who have a sense of self as relational necessitates that care providers attend to more than the individual patient. How children will be impacted by a mother's longer stay in the hospital, for example, influences her decision. Protecting her ability to choose may involve helping to problem solve child care issues so that she truly has treatment options.

In summary, including women's ways of making decisions enriches both the process and the decisions of medical ethics. As a result, medical ethics can more adequately address the needs of the entire population that it claims to serve.

#### Strengths of this Investigation

The most important contribution of this study and thus its greatest strength is its grounding in the stories of the women who shared the accounts of their decision-making processes. This project's goal was to understand women's decision-making from their perspectives. This investigation has succeeded in learning much about what women identify as important decision making issues regarding their health and reproductive lives. It has learned that all of the women decided from a sense of themselves as rooted in their relationships and that for the majority of women this was a position of strength, not a personal limitation.

The qualitative design with a relatively large sample size presented diversity in the issues presented by the women and in the styles in which they processed their

decisions. The open narrative format of gathering information elicited stories that revealed a rich array of values and personal attitudes.

### Limitations of the Investigation

The initial decision to not tape the interviews was made so as to foster a comfort level in the participants sharing their stories. However it became evident later in the project that not taping the interviews limited some of the benefits that could have been derived in the peer debriefing. Though both interviewers were trained and experienced in accurate charting, a significant characteristic of qualitative investigation is that the researchers do not know at the time of the interview what they do not know. Tone of voice, pauses and even comments determined by the interviewer at the time as insignificant might not have been recorded.

The population that was investigated is representative of central Maine. It involved persons who were seeking medical attention from a gynecologist. As such, it lacks diversity in many important respects. In particular, it was not racially mixed and did not include the very poor.

### Suggestions for Further Research

This project has contributed to an understanding of women's decision making but much more needs to be learned. It would be useful to have a similar study reproduced with different populations.

It would be interesting, for example, to compare this investigation with a similar study of persons from other religious ethnic groups that are moving away from a cultural ghetto and into mainstream society. Women of color, the poor, and the chronically ill surely have diverse concerns when making decisions that they identify as important. They are clearly under-represented regarding what is known about ethical decision-making.

It is likely that the capacity to care resides in all human beings and is not determined by gender. Research that involves interviewing men in roles traditionally held by women, (i.e. men who are nurses, or who are single parents, or remain at home with children and rely on their partners' incomes) would help to assess the relationship of a care orientation to experience, relationships, and economic arrangements.

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## Appendix A

### Information and Consent Form For the Research Project of Nancy Parent Bancroft, Doctoral Student, University of Maine

Ethics, the study of how people should act and how they should be, involves the fields of philosophy, religion, law and medicine; all fields dominated by men. Men are primarily the ones who identify what the ethical issues are and determine how ethical conflicts should be resolved. This research is an attempt to get a more realistic picture by broadening the scope. Women are interviewing women about their health and/or reproductive issues. We are interested in what women identify as important concerns, what they see as ethical issues and how they make decisions in these areas.

You are being asked to take part in an interview to help us gather information for a doctoral thesis about this topic. The information that you give will be treated confidentially. Your name will not be used and any details that might identify you will be changed. The views that you offer will be added to those of other women. We will look for common themes and ideas shared by a number of women. Questions will include such things as; “what medical problem or fertility issue have you dealt with?” and information about your lifestyle that will help us understand your situation, such as marital status, age, whether you have children. Another example of what we will ask is, “What considerations were part of the decisions you made about your health or fertility issue?” Some of your concerns may have included cost, amount of time you would be out of work, opinions of others, religious values, or life goals. There is no wrong or right way to answer the questions. We are simply interested in your experience and opinions. The interview will probably take about 20-30 minutes.

Your doctor has given permission for us to invite his patients to be interviewed, but he does not know, nor will he know at any time who is asked or whether or not they agree to be interviewed.

If you agree to be interviewed, you may change your mind at any time. You may, during the interview, choose not to answer any of the questions you are asked. After the interview, the person who interviewed you may call you back to ask you another question or two, or to clarify one of your answers. If you want to add anything to the interview at a later date, please feel free to write me at

Nancy Parent Bancroft  
R.R.#2, Box 1680  
S. China, ME 04358

or call collect (207) 968-2495

There are no known risks to you by participating in this study, other than the fact that you may feel anxious about being interviewed, or uncomfortable thinking about some of the questions.

Thank you for taking the time to help us learn.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date

## Appendix B

### Questionnaire Revisions

#### First Revision

1. Please tell us about the health problem and/or reproductive issue that brought you here.
2. What ethical considerations were part of your decision-making process?
3. Please describe how you made your decision.
4. Can you think of any additional information about your concerns and how you dealt with them?

#### Second Revision

1. Please tell about the health problem and/or reproductive issue that brought you here and information about yourself to put it in context.
2. What values, moral considerations, meaningful issues or feelings were part of your decision making?
3. Please describe how you made your decision. (i.e. Did you think about your concern or did you just know? Did you consider principles or rules? If so, what were they? Where did you learn them? Did you take in the opinions of others? If so, whose? Why?) \*
4. Can you think of any additional information about your concerns and how you dealt with them?

\* These additional questions were all asked at once if the women interviewed, after being encouraged that there was no wrong way to answer, stated that she did not know how to respond.

#### Third Revision

1. Please tell me about a health or reproduction decision that you've made, or are in the process of making, that was (is) important to you. As you tell your story, please include information about yourself to put it in context for me.
2. What values, moral considerations, meaningful issues or feelings were part of your decision making?

3. Please describe how you made your decision.
4. Can you think of any additional information about your concerns and how you dealt with them?

#### Fourth Revision

1. Please tell me about a health or reproduction decision that you've made, or are in the process of making, that was (is) important to you. As you tell your story, please include information about yourself to put it in context for me.
2. Please describe how you made your decision.
3. What values, moral considerations, meaningful issues or feelings were part of your decision making?
4. Can you think of any additional information about your concerns and how you dealt with them?

#### Fifth Revision

1. Please tell me about a health or reproduction decision that you've made, or are in the process of making, that was (is) important to you. As you tell your story, please include information about yourself to put it in context for me.
2. Please describe how you made your decision.
3. What values, moral consideration, meaningful issues or feelings were part of your decision making?
4. What aspects about you or your life (history, present situation, other) most impacted your decision?

Table 5

Two Dimensions of the Decision-Making Process

This table presents the process that each woman used in making her decision, by labeling both her behavioral and interpersonal styles.

	Practical	Practical & Feelings	Intuitive	Practical & Personal Values	Personal Values	No Conscious Decision	Practical & Personal Values & Feelings	Feelings	Personal Values & Feelings	Total
Decided alone	5	2	4	2	3		2	1	1	20
Processed with others	7	1	1	1						10
Decided alone/ convinced partner	1	1	1					1		4
Decided alone benefited from others	3	1							1	5
No decision						2				2
Decided on ones own after input	2	1								3
Decided with help	1	1								2
Decided alone then discussed				1						1
Went along	1	1								2
Not enough info to tell			1							1
<b>TOTAL</b>	<b>20</b>	<b>8</b>	<b>7</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>50</b>