The Relationship Between Codependency and Kohlberg's Stages of Moral Development

David L. Arkesteyn
Western Michigan University

Follow this and additional works at: https://scholarworks.wmich.edu/dissertations

Part of the Counseling Commons, and the Psychology Commons

Recommended Citation
https://scholarworks.wmich.edu/dissertations/1814

This Dissertation-Open Access is brought to you for free and open access by the Graduate College at ScholarWorks at WMU. It has been accepted for inclusion in Dissertations by an authorized administrator of ScholarWorks at WMU. For more information, please contact maira.bundza@wmich.edu.
THE RELATIONSHIP BETWEEN CODEPENDENCY AND KOLBERG'S STAGES OF MORAL DEVELOPMENT

by

David L. Arkesteyn

A Dissertation
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
Degree of Doctor of Education
Department of Counselor Education
and Counseling Psychology

Western Michigan University
Kalamazoo, Michigan
December 1994
THE RELATIONSHIP BETWEEN CODEPENDENCY AND KOLBEBERG'S STAGES OF MORAL DEVELOPMENT

David L. Arkesteyn, Ed.D.
Western Michigan University, 1994

The phenomenon of codependency is currently under considerable scrutiny as to its actual meaning and whether the concept is biased against women, ignores normal psychological development, and is subject to the "Barnum effect". Codependent relationships are widely considered dysfunctional, yet normal psychological development may play a role in these relationships which is not dysfunctional. The purpose of this study was to investigate the relationship between codependency and Kohlberg's stages of moral development. It was proposed that codependency would be highly correlated with Kohlberg's interpersonal concordance orientation stage. The sample consisted of sixty adult subjects who were assessed as codependent. Thirty-one subjects were treated for codependency and twenty-nine were untreated. These subjects were involved in outpatient and residential chemical dependency treatment agencies. Each subject completed the Spann-Fischer Codependency Scale, the Sociomoral Reflection Objective Measure (SROM), and a demographic information sheet.

An analysis of variance was used to evaluate the mean differences of codependency scores among Kohlberg's stages of moral development. There
were no significant differences found. An analysis of variance was used to evaluate the mean differences of codependency scores among codependents in treatment, codependents who were not in treatment, and a codependency control group. There were no significant differences found. Contingency tables were used to determine whether differences exist in the stage of development between codependents in treatment and codependents who were not in treatment. No significant differences were found.

The results of this study did not support the premise that a higher degree of codependency would be associated with Kohlberg's interpersonal concordance orientation stage (3) of moral development. Recommendations for research in this area were made and therapists were encouraged to assess their clients for stage of moral development when treating for codependency.
INFORMATION TO USERS

This manuscript has been reproduced from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps. Each original is also photographed in one exposure and is included in reduced form at the back of the book.

Photographs included in the original manuscript have been reproduced xerographically in this copy. Higher quality 6" x 9" black and white photographic prints are available for any photographs or illustrations appearing in this copy for an additional charge. Contact UMI directly to order.
The relationship between codependency and Kohlberg's stages of moral development

Arkesteyn, David Lee, Ed.D.
Western Michigan University, 1994

Copyright ©1994 by Arkesteyn, David Lee. All rights reserved.
ACKNOWLEDGMENTS

I would like to acknowledge the following people who contributed to and supported me in the completion of this dissertation. First, I extend my sincere gratitude to my committee chairman, Dr. Edward Trembley, who was supportive of my ideas and the time necessary to develop them. Secondly, I offer my appreciation to my other committee members, Dr. Joseph Morris and Dr. Malcom Robertson; although "waiting in the wings", they remained supportive.

I also want to thank all of the staff of the various chemical dependency treatment facilities for their assistance, and those willing clients who volunteered to be subjects in this study. I couldn't have done it without you!

David L. Arkesteyn
TABLE OF CONTENTS

ACKNOWLEDGMENTS ............................................................................ ii
LIST OF TABLES ......................................................................................... vii

CHAPTER

I. INTRODUCTION .............................................................................. 1
  Background ................................................................................. 1
  Statement of Problem ................................................................ 6
  Purpose of the Study ................................................................ 7
  Significance of the Study .......................................................... 7
  Limitations of the Study ........................................................... 8
  Definitions of Terms ................................................................. 9
    Chemically Dependent Family ....................................... 9
    Codependency .................................................................. 9
    Codependency Treatment .............................................. 9
    Moral Development ........................................................ 10
  Summary .................................................................................... 10

II. REVIEW OF THE LITERATURE ...................................................... 11
  Literature Related to Codependency .................................. 12
  Literature Related to Kohlberg's Stages of Moral Development ................................... 22
Table of Contents—Continued

CHAPTER

Literature Related to Gilligan's Research and Its Relationship to Kohlberg's Theory ................................................. 33

Literature Related to Codependency and Psychological Development in Chemically Dependent Families ............................................................... 38

Summary ...................................................................................... 42

III. METHOD ............................................................................................. 44

Population and Sample ......................................................................... 44

Purpose of the Study ........................................................................ 44

Population .................................................................................. 44

Sample ....................................................................................... 44

Instruments.......................................................................................... 46

Sociomoral Reflection Objective Measure (SROM) ........................................ 46

The Spann-Fischer Codependency Scale (SF CDS) ................................... 51

Procedure ...................................................................................... 53

Research Hypotheses ........................................................................ 54

Statistical Analyses .......................................................................... 55

IV. RESULTS ............................................................................................ 56

The Data and Their Analyses ........................................................... 56

Hypothesis I .................................................................................... 56
### Table of Contents—Continued

**CHAPTER**

<table>
<thead>
<tr>
<th>Hypothesis 2</th>
<th>57</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypothesis 3</td>
<td>59</td>
</tr>
<tr>
<td>Additional Results of the Study</td>
<td>59</td>
</tr>
<tr>
<td>Summary</td>
<td>62</td>
</tr>
</tbody>
</table>

**V. DISCUSSION, RECOMMENDATIONS, AND SUMMARY…** 64

<table>
<thead>
<tr>
<th>Discussion</th>
<th>64</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypothesis 1</td>
<td>65</td>
</tr>
<tr>
<td>Hypothesis 2</td>
<td>67</td>
</tr>
<tr>
<td>Hypothesis 3</td>
<td>68</td>
</tr>
<tr>
<td>Control Group</td>
<td>69</td>
</tr>
<tr>
<td>Recommendations</td>
<td>70</td>
</tr>
<tr>
<td>Therapy</td>
<td>70</td>
</tr>
<tr>
<td>Research</td>
<td>73</td>
</tr>
<tr>
<td>Summary</td>
<td>74</td>
</tr>
</tbody>
</table>

**APPENDICES**

| A. The Sociomoral Reflection Objective Measure | 77 |
| B. The Spann-Fischer Codependency Scale       | 90 |
| C. Personal Questionnaire                     | 92 |
| D. Summary of Kohlberg’s Stages of Moral Development | 94 |
APPENDICES

E. HSIRB Approval ................................................................................ 96
F. Instrument Utilization Approval .......................................................... 98
G. Solicitation and Instructions for Study Subjects .................................. 101

BIBLIOGRAPHY ............................................................................................. 104
LIST OF TABLES

1. Comparison of Mean Scores on the Spann-Fischer Codependency Scale Among Kohlberg's Stages of Moral Development (SROM) ............................................................. 57

2. Comparison of Mean Scores on the Spann-Fischer Codependency Scale Among Treated and Untreated Codependents and the Codependency Control Group .................................................................................................... 58

3. Comparison of Mean Scores on the Sociomoral Reflection Objective Measure (SROM) Between Treated and Untreated Codependents ............................................ 60

4. SROM Stage Frequency ...................................................................... 61
CHAPTER I

INTRODUCTION

Background

In recent years the literature on codependency has grown extensively. Numerous authors have developed definitions of codependency (Beattie, 1987; Brown, 1988; Cermak, 1986; Friel and Friel, 1988; Subby, 1987; Wegscheider-Cruse, 1985; Whitfield, 1987). Common to many of these definitions are the elements of dependency and overconcern with and control of the needs and behavior of others (Beattie, 1987; Brown, 1988; Cermak, 1986; Wegscheider-Cruse, 1985; Whitfield, 1987). Spann and Fischer (1990) developed a complex definition of codependency:

Psychosocial condition that is manifested through a dysfunctional pattern of relating to others. This pattern is characterized by: extreme focus outside of self, lack of open expression of feelings, and attempts to derive a sense of purpose through relationships. (p. 27)

The concept of codependency has come out of the chemical dependency literature and it is primarily at chemical dependency treatment agencies that codependents are recognized and treated. This study refers to codependency as a concept that has emerged from the chemical dependency literature.

Codependency has been applied to relationships in chemically
dependent families that are considered dysfunctional and that have an adverse effect on those in the relationships. Brown (1988) defined codependents as individuals who organize their lives—decision-making, perceptions, beliefs, values—around someone or something else. Codependent relationships appear to have common traits of caring, over-concern, and excessive assumption of responsibility for the behavior of others.

The development of codependent relationships between two intimately related individuals appeared to be worthy of further study, and even more important may be the issue of the psychological development of those individuals involved in codependent relationships. Ivey (1986) suggested the importance of therapists recognizing the stage of development that a client is currently functioning in so therapists can better understand the client's dynamics. Assessment of an individual's developmental position or stage and the associated processes can be enhanced by understanding the relationship patterns between two intimately related individuals.

Common to psychological developmental theories are stages of development that individuals progress through (Erikson, 1963, 1968; Kegan, 1982; Kohlberg, 1969; Piaget, 1948). The way one's relationships are viewed and constructed depends upon an individual's particular developmental stage. Individual behavior can be viewed from a developmental stage perspective and such a perspective assists in understanding why a person relates in a particular way. Patterns of codependent relating may be explicated by
relating overt codependency patterns to the codependent's development stage.

Codependent patterns of behavior seem related to those stages of individual development in which the self is deeply included in relational activity, where self-interests and identity are taken from the other with whom one is inclusive. Kegan (1982), in discussing his interpersonal stage, suggested that individuals in this stage define the self in terms of the other. Such interpersonal persons are often passive, unassertive, and literally controlled by their relationships. Such persons "are their relationships" and cannot, for the developmental moment, define themselves as more autonomous. Assertiveness training, which some therapists consider a treatment of choice for such a person, is inappropriate and ineffective for it demands a view of self which is not developmentally available. The individual's interpersonal stage of development must be considered by therapists, for it may be that the individual is subject to the relationship and cannot stand up for the self independent of the interpersonal context.

Kohlberg's (1984) interpersonal concordance orientation stage (stage 3), which is one of the stages that make up the conventional level of moral development, was under close observation in this study. The interpersonal concordance orientation stage involves mutual interpersonal expectations, relationships, and interpersonal conformity. The social perspective of this stage is that of the individual in relationships with other individuals. There is an awareness of shared feeling, agreements and expectations which take
primacy over individual interests. The other stage of moral development which makes up the conventional level is the "law and order" orientation stage (stage 4). This stage involves the social system and conscience. The social perspective of this stage differentiates the societal point of view from interpersonal agreement or motives. The individual takes the point of view of the system that defines roles and rules and considers individual relations in terms of their place in the system.

In Kohlberg's (1969) view of moral development, in the interpersonal concordance orientation stage, the individual's mutual interpersonal relationships are paramount. As the individual makes the transition to the "law and order" orientation stage, the system and social group become paramount and the interpersonal affiliations of the interpersonal concordance orientation stage become subordinate to the needs of the group.

In Kegan's (1982) view of development, that which the self was once subject to becomes object to the self at the next stage of development. In the interpersonal stage of development, the individual is subject to the relationship, having made object of one's more autonomous interests, skills and competencies in childhood and adolescence. As the individual makes the transition from the interpersonal stage to the institutional stage of development (which is more autonomous), the individual is once again subject to more autonomous issues of career, competencies and place in one's community, and the focus and definition of self through the relationship
becomes more objective, i.e., something the self has rather than a context for self-definition.

The primary issue regarding relationships and human psychological development is the stage-relative perspective from which relationships can be understood. This study examined the role of stage of psychological development of persons identified as living in codependent relationships.

The phenomenon of codependency is currently under considerable scrutiny as to its actual meaning and whether the concept is biased against women, ignores normal development, and is subject to the "Barnum effect". Codependent relationships are widely considered dysfunctional, yet normal psychological development may play a role in these relationships which is not dysfunctional. Haaken (1990) criticized the tendency of the codependency literature to pathologize a feminine identity based on caretaking and to oversimplify dependency conflicts. Haaken also suggested that, while codependency can include a broad range of clinical phenomena, it generally refers to an identity based on caretaking and excessive responsibility for others, particularly common among women.

Logue, Sher and Frensch (1992) conducted a study to investigate the possibility that the popularity of the descriptions of adult children of alcoholics found in the clinical literature (e.g., hyperactive, prone to feelings of guilt, insecurity, shame, low self-esteem, and powerlessness, likely to develop affective and anxiety disorders, and to have difficulty dealing with
emotions) may, in part, be due to the Bamum effect. The Bamum effect is described as the phenomenon of accepting a personality description as valid, when in fact the description is merely so vague, double-headed, socially desirable, or of such a high base rate in the general population that it defies rejection. The results of their study did support the Bamum effect as an explanation for the popularity of the literature pertaining to adult children of alcoholics.

Fischer, Spann, and Crawford (1991), in their study to develop a codependency measure, found that femininity was not related to codependency. They speculated that the nurturance and caring represented by femininity may be demonstrated in relationships separate from the dysfunctions associated with codependent caretaking.

While there is an abundance of literature on codependency and on Kohlberg's stages of moral development, these two concepts have not been directly related nor has the relationship between the notions been explored. Therefore, the study examined this relationship utilizing a codependent group in treatment and an untreated codependent group.

Statement of Problem

The study addressed the following questions:

1. Is a higher level of codependency associated with Kohlberg's interpersonal concordance orientation stage than with any other stage of moral
development?

2. Do differences exist in the degree of codependency among codependents in treatment, codependents who are not in treatment, and the codependency control group?

3. Do differences exist in the stage of development among codependents in treatment and codependents who are not in treatment?

Purpose of the Study

The purpose of the study was to investigate the relationship between codependency and Kohlberg's stages of moral development. It was proposed that codependency would be highly correlated with Kohlberg's interpersonal concordance orientation stage of moral development.

Significance of the Study

There has been a significant amount of research conducted in the area of codependency and on Kohlberg's stages of moral development. However, these two concepts had not been directly related. It was the interest of this researcher to explore the relationship of these two areas of research. The results of this study are applicable to the area of codependency and will contribute to a potentially greater understanding regarding the complexity of this currently popular phenomenon. The results may have implications for the treatment of codependency since it is important to understand the stage of
development a codependent individual is currently in so as to better understand that individual's way of making meaning.

This research further explored Kohlberg's stages of moral development and related his cognitive-developmental theory to codependency. Part of the purpose of this study was to examine how codependents make meaning out of their relationships and if such meaning-making reflects their stage of moral development. Certainly, there is the distinct possibility that viewing codependency from Kohlberg's theoretical perspective may illuminate the complexity of interaction between dependence, independence, and interdependence in the interpersonal context that may go beyond the current conceptualization and treatment of codependency. The results of this investigation should be of interest to those practitioners and researchers concerned about human psychological development and its relationship to codependency.

Limitations of the Study

This research was limited to Kohlberg's view of moral development. The sample was limited to those individuals assessed as codependent who were involved in outpatient and residential chemical dependency treatment centers. The control group data consisted of the normative data from the two assessment instruments used in the study, i.e., the Sociomoral Reflection Objective Measure (SROM) (Gibbs et al. 1984) and the Spann-Fischer...
Codependency Scale (Fischer, Spann, and Crawford, 1991). Control data was limited to the college student groups used in the SROM and the Codependency Scale.

Definitions of Terms

Chemically Dependent Family

A family in which at least one parental figure is dependent on alcohol and/or drugs.

Codependency

A psychosocial condition that is manifested through a dysfunctional pattern of relating to others. This pattern is characterized by: extreme focus outside of self, lack of open expression of feelings, and attempts to derive a sense of purpose through relationships (Spann and Fischer, 1990).

Codependency Treatment

One or any combination of individual, group, didactic, and alanon therapy modalities regarding codependent and chemically dependent behavior.
Moral Development

An individual's progressive movement along an invariant sequence of stages of moral reasoning, with each stage displaying a characteristic mode of moral judgment (Kohlberg 1969). In this study, stages of moral development follow an invariant sequence, which is different than the more popular contemporary models which are more open-ended and cyclical.

Summary

There is an extensive body of research exploring Kohlberg's stages of moral development, and during the past decade a wealth of literature and research has appeared regarding codependency. However, the relationship between codependency and Kohlberg's stages of moral development has not been explored. Therefore, it was the purpose of this research to investigate the relationship between codependency and Kohlberg's stages of moral development.
CHAPTER II

REVIEW OF THE LITERATURE

In the past decade many authors have explored the concept of codependency (Ackerman and Pickering, 1989; Brown, 1988; Cermak, 1984; Wegscheider-Cruse, 1985; Whitfield, 1991). There has also been a wealth of research and literature concerning Kohlberg's (1969) theory and stages of moral development (Colby and Kohlberg, 1984; Gibbs and Widaman, 1982; Kohlberg, 1969, 1984; Krebs and Rosenwald, 1977; Rest, 1979; Walker, 1983). In addition, a few authors have explored psychological development and codependency in chemically dependent families (Beletsis and Brown, 1981; Brooks, 1983; Brown, 1988). Since the relationship between codependency and Kohlberg's stages of moral development had not been directly explored, it was the aim of this research to study the relationship between these two concepts.

The review of the literature was divided into four sections. The first section focused on the codependency literature and research. The second section explored Kohlberg's (1969) theory and stages of moral development. The third section explored Gilligan's research and its relationship to Kohlberg's theory. Finally, the fourth section focused on the literature related to codependency and psychological development in chemically dependent
Literature Related to Codependency

This study referred to codependency as a concept that has come from the chemical dependency literature. It should be recognized that codependents are assessed and treated at chemical dependency agencies.

Definitions of codependency abound in the chemical dependency literature. Common to many of the definitions of codependency are the elements of dependency, overconcern with and control of the needs and behavior of others, and the tendency of individuals to develop a lifestyle which is excessively centered around relationships (Beattie, 1987; Brown, 1988; Cermak, 1986; Wegscheider-Cruse, 1985; Whitfield, 1987).

By combining eighteen overlapping characteristics of codependency, Spann and Fischer (1990) developed their definition:

Psychosocial condition that is manifested through a dysfunctional pattern of relating to others. This pattern is characterized by: extreme focus outside of self, lack of open expression of feelings, and attempts to derive a sense of purpose through relationships. (p. 27)

Whitfield (1991) described codependence as a disease of lost selfhood. He believes codependents become so preoccupied with other individuals that they neglect who they really are—their true self. Codependence is briefly described as a dysfunction that is a result of a preoccupation with the needs and behaviors of others.
Whitfield (1991) listed the characteristics of codependence (taken from an anonymous source):

- My good feelings about who I am stem from being liked by you and receiving approval from you.
- Your struggles affect my serenity. I focus my mental attention on solving your problems or relieving your pain.
- I focus my mental attention on pleasing you, protecting you or manipulating you to "do it my way".
- I bolster my self-esteem by solving your problems and relieving your pain.
- I put aside my own hobbies and interests. I spend my time sharing your interests and hobbies.
- Because I feel you are a reflection of me, my desires dictate your clothing and personal appearance.
- My desires dictate your behavior.
- I am not aware of how I feel. I am aware of how you feel.
- I am not aware of what I want. I ask you what you want.
- If I am not aware of something, I assume. (I don't ask or verify it in some other way.)
- The dreams I have for my future are linked to you.
- My fear of your anger and rejection determines what I say or do.
- In our relationship I use giving as a way of feeling safe.
- As I involve myself with you, my social circle diminishes.
- To connect with you, I put my values aside.
- I value your opinion and way of doing things more than my own.
- The quality of my life depends on the quality of yours. (p. 32)

These characteristics of codependence stress how important the relationship and the other person's feelings are to the self definition and world view of the codependent.

As stated previously, codependent characteristics appear to be quite similar to those characteristics of individuals at particular stages of psychological development (Kegan, 1982, Kohlberg, 1969). Again, this
similarity may be indicative of a very natural aspect of development that is
many times characterized as codependence.

In her critique of the codependence construct, Haaken (1990) criticized
the codependence literature from a social-psychological and psychodynamic
perspective. She suggested that codependence as defined in the literature
refers to an identity (common among women) based on excessive
responsibility for and the caretaking of others. She viewed the literature on
codependence as oversimplifying dependency conflicts and pathologizing a
feminine identity founded on caretaking. For example, Haaken, in discussing
the enabling behavior of the female codependent, suggested that females tend
to need moral justification for failing to respond to the needs of others.
Therefore, justification for the female codependent to change her enabling
responses would be dependent on her recognizing her addicted husband's
need for a different response. Many times a codependent wife's positive
response to codependency treatment is dependent on her grasping a reframing
of the moral issues involved, i.e., that it is actually more loving for her not to
respond to the demands of her addicted husband.

Roehling, Koelbel, and Rutgers (1994) conducted a study to examine the
idea that codependency is a label that pathologizes femininity. The authors
hoped to determine whether codependent characteristics are associated with
an alcoholic, or whether they are stereotypically feminine behaviors which
have been pathologized. It was their contention that codependence would be
related to stereotypically feminine behavior, but not to parental alcoholism.

The study involved 218 high school juniors from a midwestern public school. The majority of the subjects were caucasian, and fifty-five percent were male. The mean age was 17 years, and thirteen percent reported active parental alcohol abuse.

The results indicated that codependence appears to be a combination of traits associated with feminine behavior and traits that are the polar opposites of masculine behavior. Codependence was most strongly correlated with a feminine sex role identification. Also, in their study, codependence was only marginally related to parental alcoholism. Thus, the results of the study supported their hypothesis regarding a strong relationship between codependence and stereotypically female behavior. A very weak relationship was found between parental alcoholism and codependence.

Martin (1988) discussed the connection between feminist theory and codependency. She cited some of the common feminine issues in the literature, i.e., lack of self-esteem and self-identity, "people-pleasing" behavior, and problems with control and dependency. These feminist issues are very much associated with codependency. Martin believes the codependency literature has a tendency to trivialize the contributions of the feminist theorists to understanding women's independence/dependence issues. She states that labeling a woman as codependent may be very much the same as blaming her for a broader issue that has political, psychological, and social ramifications.
Logue, Sher, and Frensch (1992) discussed their concerns regarding the tendency of the adult children of alcoholics (ACOA) literature to popularize a number of negative effects displayed by children from a chemically dependent family. These effects may include eating disorders; affective and anxiety disorders; hyperactivity; substance abuse; feelings of guilt, shame, powerlessness, and low self-esteem; and difficulty with intimate interpersonal relationships. Although these characteristics are widely accepted as pertaining to ACOAs, there is a lack of empirical evidence to support this phenomenon.

Logue et al. (1992) proposed the Barnum effect as a possible explanation of why these characteristics that lack empirical support are so popular in the ACOA literature. The Barnum effect is described as the phenomenon of accepting a personality description as valid, when in fact the description is merely so vague, double-headed, socially desirable, or of such a high base rate in the general population that it defies rejection. This type of personality description is likely to lack clinical value because it lacks the descriptive specificity and prognostic predictability to differentiate individuals.

Logue et al. (1992) developed several hypotheses to test the notion that the popularity of descriptions of ACOAs may be due to the Barnum effect. Their first hypothesis predicted that subjects would rate personality profiles, regardless of their content, as highly descriptive of themselves, and more descriptive of themselves than of people in general. The second hypothesis suggested that the two independent variables—(1) family history of alcohol
abuse and (2) the profile type—would not make a significant difference in a subject's ratings. They expected subject's ratings of ACOA profiles and Barnum profiles to be similar and ACOAs would not differ from non-ACOAs in their profile ratings. Furthermore, they predicted an absence of an interaction between family history and profile content, so that ACOAs would not differentially endorse ACOA profiles as more descriptive of themselves than Barnum profiles, in comparison with non-ACOAs.

The sample consisted of 224 subjects (56 ACOA men, 56 ACOA women, 56 non-ACOA men, and 56 non-ACOA women). The subjects ranged in age from 18 to 22 years or older (Logue et al. 1992).

Three findings from the Logue et al. (1992) study supported the Barnum effect as an explanation for the popularity of the ACOA literature. First, they found a high rate of acceptance of the ACOA profiles as highly descriptive of self regardless of family history. The majority of subjects, both ACOAs and non-ACOAs, rated the ACOA profiles as describing themselves very well. Second, the absence of a main effect for profile type suggests that ACOA profiles and Barnum profiles are indistinguishable as descriptors of self, people in general, and children of alcoholics. Third, personality profiles were seen as better descriptors of self than of people in general. Both the Barnum and ACOA profiles demonstrated this pattern, which suggested that even ACOA profiles offered to non-ACOAs were seen as better descriptors of self than as descriptors of children of alcoholics.
Logue et al. (1992) cited two limitations of their study. First, they made no attempt to differentiate ACOAs on their severity of parental alcoholism, nor to assess the extent of a subject's direct exposure to a parent's alcoholic behavior. Secondly, since college students are not representative of the general population on a number of characteristics (e.g., age, social class, educational achievement), caution must be used when attempting to generalize their findings to other populations.

Cermak (1984) discussed the concept of codependency in chemically dependent types of relationships as usually being applied to those individuals (mostly spouses) who unconsciously or consciously cooperate in the addict's denial. Children and spouses of the chemically dependent person tend to place greater importance on the feelings of the addict than they do on their own feelings. Cermak discussed the fact that the codependency literature has not given a clear definition of codependency. However, he does view the term "codependency" as a valuable tool for describing a recognizable and treatable disorder observed in many individuals who have had a wide range of stressful life experiences.

Cermak (1984) further suggested that codependency qualifies as a Personality Disorder in the Diagnostic and Statistical Manual of Mental Disorders. He cited Dependent Personality Disorder as describing the major features of codependency, such as subordinating one's needs to those of others, getting others to assume responsibility for major areas of one's life, and
a lack of self-confidence. He also cited depression and anxiety as features of both codependency and Dependent Personality Disorder.

One way in which Cermak (1984) differentiated these two concepts is that dependency/autonomy issues are at the core of Dependent Personality disorders, whereas control of another's behavior is the central issue in codependency. He also viewed codependency as differing from the Axis II personality disorders in that codependency exists on the individual level and systems level simultaneously. (However, this is not an accurate distinction since all Axis II disorders have "systems" effect.) Codependency exists both in the interactions of the dysfunctional family system and independently within individual members of that system.

R.T. Potter-Efron and P.S. Potter-Efron (1989) discussed the issue that no clear definition of the term codependency has emerged from the literature. They feel this has created confusion and a loss of credibility regarding codependency. They believe the alcoholic family is a model from which to gather information about codependency, and they offer the following definition of a codependent:

A co-dependent is an individual who has been significantly affected in specific ways by current or past involvement in an alcoholic, chemically dependent, or other long-term, stressful family environment. Specific effects include: (a) fear; (b) shame/guilt; (c) prolonged despair; (d) anger; (e) denial; (f) rigidity; (g) impaired identity development; and (h) confusion. (p. 39)

R.T. Potter-Efron and P.S. Potter-Efron (1989) suggested that their
definition of a codependent reflects the need for a specific, limited concept that can be used in the assessment process. However, their definition remains non-specific as it uses symptoms common to many psychological disturbances. They went on to detail each of the specific effects of codependency listed in their definition. Their assessment questionnaire includes questions which are designed to elicit information regarding each of the specific effects of codependency. One problem they cite in assessing codependency is that each individual is only a part of the complex family process. They recommend that the whole family be assessed if possible; however, they do realize that in most situations it is the individual who gets assessed and treated.

It is recognized that the R.T. Potter-Efron and P.S. Potter-Efron (1989) definition of codependency differs from the Spann and Fischer (1990) definition, which is the definition primarily used in this study. This difference serves to illustrate the lack of clarity and similarity among the definitions of codependency which abound in the literature.

Fischer, Spann, and Crawford (1991) conducted a study to measure codependency. Based on a previous study (Spann and Fischer, 1990) they reviewed a number of constructs which were viewed to be potentially related to codependency. Depression, anxiety, and external locus of control were expected to be positively related to codependency and self-esteem was judged to be negatively related. They also hypothesized that masculinity and codependency would be negatively related and femininity and codependency...
would be positively related. Their study also predicted that perceptions of current parent-child communication, satisfaction, and parental support, would be negatively related to codependency, and parental control and extent of recent leisure activities with parents (reflecting greater enmeshment with family of origin) would be positively related to codependency.

Fischer et al. (1991) developed their samples from a population which consisted of: (a) 192 students, 74 males and 118 females (Student Group A); (b) 228 students, 88 males and 140 females (Student Group B); (c) 218 students, 76 males and 142 females (Student Group C); (d) 30 members of Al-Anon (Recovering Group); and (e) 14 self-identified codependents seeking help (Codependent Group). All samples were given a demographic questionnaire and the codependency scale. In addition, Student Group A, Recovering, and Codependent group respondents received scales producing measures of self-esteem, external locus of control, social desirability, and masculinity and femininity. Student Group B received the anxiety and depression scales. Student Group C members filled out scales concerning relationships with mother and father separately on ease of communication, satisfaction, support, control, and current leisure activities.

As expected, the Recovering group members did score lower than the Codependents on the codependency scale (Fischer et al. 1991). The scores on the codependency scale were found to be unrelated to age, income, race, occupation, and intactness of family of origin. Also, as predicted, self-esteem,
external locus of control, anxiety, depression, and masculinity were significantly correlated with codependency. The reverse of what was expected, and rather a surprise, was that femininity was found not to be related to codependency. The authors speculate that the feminine attributes of caring and nurturance can be present in relationships quite separate from the dysfunctions of codependent caretaking. Fischer et al. concluded that the development of their codependency scale was for the purpose of assisting in the identification of persons whose scores place them at risk for psychological and interpersonal dysfunction. Other purposes for their scale would be to suggest further research possibilities and to aid in the assessment of one's progress in treatment.

**Literature Related to Kohlberg's Stages of Moral Development**

Kohlberg (1969) developed a cognitive-developmental theory based on the assumption that one develops morally along an invariant sequence of stages, with each stage displaying a characteristic mode of moral judgment. No stage of moral judgment can be attained without first attaining a lower stage, and each successive stage represents a more integrated and sophisticated level of functioning. Kohlberg's (1980) classification of the levels and stages of moral development are as follows:

I. Preconventional Level

Stage 1, *punishment and obedience orientation*. The
physical consequences of action determine its goodness or badness regardless of the human meaning or value of these consequences. Avoidance of punishment and unquestioning deference to power are valued in their own right, not in terms of respect for an underlying moral order supported by punishment and authority (the latter being stage 4).

Stage 2, instrumental relativist orientation. Right action consists of that which instrumentally satisfies one's own needs and occasionally the needs of others. Human relations are viewed in terms similar to those of the market place. Elements of fairness, of reciprocity, and equal sharing are present, but they are always interpreted in a physical, pragmatic way. Reciprocity is a matter of "you scratch my back and I'll scratch yours," not of loyalty, gratitude, or justice.

II. Conventional Level

Stage 3, interpersonal concordance or "good boy—nice girl" orientation. Good behavior is that which pleases or helps others and is approved by them. There is much conformity to stereotypical images of what is majority or "natural" behavior. Behavior is frequently judged by intention: "He means well" becomes important for the first time. One earns approval by being "nice."

Stage 4, "law and order" orientation. There is orientation toward authority, fixed rules, and the maintenance of the social order. Right behavior consists of doing one's duty, showing respect for authority, and maintaining the given social order for its own sake.

III. Postconventional, Autonomous, Or Principled Level

Stage 5, social-contract legalistic orientation. Generally, this stage has utilitarian overtones. Right action tends to be defined in terms of general individual rights and in terms of standards that have been critically examined and agreed upon by the whole society. There is a clear awareness of the relativism of personal values and opinions and a corresponding emphasis on procedural rules for reaching consensus. Aside from what is democratically and constitutionally agreed upon, the right is a matter of personal "values" and "opinion." The result is an emphasis upon the "legal point of view," but with an emphasis upon the possibility of changing law in terms of
rational considerations of social utility (rather than freezing it in
terms of stage-4 "law and order"). Outside the legal realm, free
agreement, and contract is the binding element of obligation.
This is the "official" morality of the United States government
and constitution.

Stage 6, universal ethical-principle orientation. Right is
defined by the decision of conscience in accord with self-chosen
ethical principles appealing to logical comprehensiveness,
universality, and consistency. These principles are abstract and
ethical (the Golden Rule, the categorical imperative); they are not
concrete moral rules like the Ten Commandments. At heart,
these are universal principles of justice, of the reciprocity and
equality of human rights, and of respect for the dignity of
human beings as individual persons. (pp. 91-93)

To briefly summarize the two main components of the stages of moral
development, reference will be made to Kohlberg (1984). The social
perspective level is the first component. Stage 1 has an undifferentiated or
egocentric perspective. Stage 2 has a perspective of two actors aware of the
individual needs of the other, and these are coordinated through acts of
concrete reciprocity. Understanding the other in the context of shared role
expectations in personalized relationships is specific to stage 3. Stage 4
understands the other in the context of a less personalized social system of
norms and roles, and the prior-to-society perspective is pertinent to stage 5.
The second formal component of the stages of moral development is more
specifically moral or prescriptive. Here, the stages structure rights and duties
through the use of three justice operations: equality, equity and reciprocity.
Kohlberg cites the Golden Rule as being the core justice structure of stage 3.
The prescription here is to choose with an awareness of the other's perspective
as if you were in his or her shoes. The operations of equality, reciprocity, and equity are integrated by the Golden Rule concept.

Walker (1982), in order to examine the sequentiality of Kohlberg's stages of moral development, devised a study to induce regression and stage skipping in his sample of 101 fifth- through seventh-grade children. He exposed his sample to moral reasoning of stages other than their own; i.e., one stage under (-1), one stage above (+1), and two stages above (+2) their own current stage. He included only subjects who had the prerequisites for further moral development, as well as a neutral-treatment and no-treatment conditions, and he included a follow-up test.

The results of Walker's (1982) study showed that both control conditions and the -1 condition evidenced no changes over time. Both the +1 (one stage above current moral reasoning) and +2 (two stages above current moral reasoning) conditions increased in +1 (one stage above) reasoning and there was a corresponding decrease in 0 (current stage of moral development) reasoning and no change in +2 (two stages above) reasoning. The results clearly support Kohlberg's assertion that his stages of moral reasoning follow an invariant sequence. In this study no stage skipping or regression was evidenced.

In a related study, Walker (1983) examined Kohlberg's contention that experiences of cognitive conflict serve to induce developmental changes in moral reasoning. The subjects were 177 fifth- through seventh-grade children.
Walker explored the processes of moral-stage transition under four conditions of cognitive conflict. His research investigated whether or not exposure to conflicting opinions regarding solutions to moral dilemmas inhibited moral development (possibly because the dilemmas remain unresolved) or did it stimulate development (possibly because of the additional source of conflict)?

The results of Walker's (1983) study showed that moral development was induced by every condition of cognitive conflict and ranged from about one-third to one-half stage. The children in the neutral-treatment control condition did not differ from those in the no-treatment condition. Apparently, simple exposure to the intervention situation, without conflict does not induce development. The other treatment conditions produced growth in development that ranged from moderate to even greater levels. It appears that the optimal means by which development is stimulated is by conflict in both reasoning and opinions.

Krebs and Rosenwald (1977) conducted a study to explore the relationship between moral reasoning and moral behavior in conventional adults. The sample consisted of 31 subjects at different levels of moral reasoning. None of the subjects were at stage 1 or 6, while a small number were at stage 2 (n=3) and stage 5 (n=2). The majority of the subjects fell into stages 3 and 4 (conventional level). There were 15 subjects at stage 3 and 11 at stage 4.

The subjects were paid in advance for two psychological tests that were
to take two hours to complete. For the first hour they were given Kohlberg's moral judgment interview, after which the subjects were told they would not be able to complete the second test in the room where they were testing. They were asked to complete the second test at home and return it when completed. The second test was only of interest to the experimenters to see which subjects would or would not return the test on time and how this related to their respective developmental level.

The results of Krebs and Rosenwald's (1977) study showed that there was a consistent increase in the proportion of subjects who returned their questionnaires on time as the stage of moral development advanced. All but one subject at stages 4 and 5 returned their questionnaires on time. All those subjects who returned their questionnaires late were at stage 3. All but one of the stage 2 subjects failed to return their questionnaires. The results of the study support the contention that it was the subjects' moral reasoning that determined their moral behavior (returning tests in a timely fashion) and not more general characteristics, such as gender, social class, and education.

One interesting aspect of the Krebs and Rosenwald (1977) study was the difference in behavior between stage 3 and 4 subjects at the conventional level of development. Why did all stage 4 subjects return their tests on time, while stage 3 subjects returned them late? This question appears to be answered appropriately when the structures that underlie the two types of moral reasoning are examined. The stage 3 subjects defined their moral
obligation in interpersonal terms which was strongest during the testing situation. Upon leaving the testing area, however, the stage 3 subjects were more influenced by and likely to fulfill those obligations to family and friends that were more immediate than those to the experimenters, who were strangers. The stage 4 subjects, however, felt a stronger obligation to return the tests because they were acting out of an internal sense of moral obligation implicit in the obedience of social rules and norms. Therefore, the stage 4 subjects, even when removed from the testing situation, felt a strong obligation to honor their commitment to the social order.

Gibbs et al. (1984) psychometrically evaluated their objective measure of Kohlbergian moral reasoning, titled the Sociomoral Reflection Objective Measure—SROM. They wanted to develop a multiple-choice objective measure of moral reasoning based on the Sociomoral Reflection Measure (SRM) which is a production-task measure of moral development (Gibbs and Widaman, 1982). The SROM will be explored in more detail in chapter 3.

Six samples were used in the study (Gibbs et al., 1984) for the purpose of assessing the reliability and validity of the SROM. Fifty male and female subjects made up sample 1, which was used to derive the optimal rules for computing the SROM. Sample 2 consisted of 82 males and females and was used to assess the replicability of the concurrent validity results of sample 1. Twenty-three male and female subjects made up sample 3 which was used to assess concurrent validity with the Moral Judgment Interview. Sample 4 was
used to assess test-retest reliability and consisted of 58 males and females. Sample 5 was utilized to assess the replicability of the construct-validity and internal consistency results that were obtained from sample 1. Sample 6 was used to assess the SROM's applicability to a juvenile delinquent population. This sample consisted of 60 adjudicated male and female juveniles, forty-seven of which were thrown out because their protocols were invalid. The instruments used were the Moral Judgment Interview (MJI), the Sociomoral Reflection Measure (SRM), the SROM, the Marlow-Crowne Social Desirability Scale, and the Quick Word Test (QWT).

The results of Gibbs et al. (1984) indicated that the SROM provides an objective index of reflective sociomoral reasoning which is valid and reliable for high school, college, or adult subjects. The SROM was found to have two limitations regarding applicability to subject populations. First the applicability of the SROM appears appropriate to grade-school subjects, however the results did not provide a specific lower limit of valid and reliable usage by grade. The second limitation of the SROM is that it is relatively unusable with juvenile delinquents. This was due to low internal consistency reliability and the high attrition rate (nearly 50%) for the test protocols of the juvenile delinquent subjects. Also, juvenile delinquents did not possess the minimal reading skill level necessary for adequate performance on the SROM.

Bakken and Ellsworth (1990) conducted a study to assess moral development in adulthood and its relationship to age, sex, and education.
They wanted to further explore some of the controversial issues which continue to emerge from the studies on Kohlberg's (1958, 1969) original research. The research questions asked by this study are as follows: (a) Do males and females continue to develop increasingly comprehensive levels of moral reasoning throughout middle adulthood? (b) Is educational level a significant factor in the development of male and female levels of moral judgment? (c) Are age, sex, and educational level significant predictors of moral judgment scores?

The subjects in the Bakken and Ellsworth (1990) study consisted of 32 males and 62 females. The subjects were all white, middle class volunteers. Kohlberg's Moral Judgment Interview was the instrument administered to all the subjects.

The results of the Bakken and Ellsworth (1990) study suggested that age is a meaningful variable in the development of moral judgment and that development continues into the mid-50's. In their study, all subjects in the youngest age group (ages 28-36) were at the conventional level, and it wasn't until the middle age group (ages 37-45) and the oldest age group (ages 46-54) that there was movement to the principled level of moral reasoning.

The Bakken and Ellsworth (1990) study supported Gilligan's (1979) findings concerning the differences between males and females in moral judgment scores. The women in their study showed age-related growth in moral reasoning as did the men, however it wasn't as strong. At each age
group level the women had consistently lower moral judgment scores. Bakken and Ellsworth suggested that these findings reinforced the concept that more females are reasoning at stage 3, however female development does not appear to level off at stage 3 since the majority of women in their study were either in transition to or at stage 4. Educational level was highly correlated with the level of moral development and accounted for a 22% variance in moral development. Finally, Bakken and Ellsworth's study did not support a strong role in the interactions among age and sex, and education and sex in determining level of moral reasoning.

Prior to discussing Gilligan's research and its relationship to Kohlberg's theory, a discussion will follow regarding adaptation to change and transition during the life span. Schlossberg (1981) discussed the fact that psychological development does not end with adolescence. People continue to move through life experiencing transition and change, and these changes often lead to subsequent alterations in one's relationships and self-perceptions. It is important to note that different individuals will experience change and transition differently at different points in their lives, and how they react to these changes will depend on their current life stage.

Schlossberg (1981) cited different models of change and transition, such as the one that suggests transitions follow an invariable sequence and are bound to chronological age (Levinson et al. 1978). She also mentioned Neugarten's (1979) model of individual variability, which is labeled "individual
fanning out". Another approach is taken by Lowenthal, Thurnher, and Chiriboga (1975), which stresses life stage as being more important than chronological age. Finally, there is the life-span developmental approach, which tends to view the developmental span without limiting it by using chronological age categories (Brim and Kagan 1980). Schlossberg views her model as being rather eclectic with a strong focus on the life-course perspective.

In her article on human transition, she defined two key terms to her model—transition and adaptation (Schlossberg 1981). "A transition can be said to occur if an event or non-event results in a change in assumptions about oneself and the world and thus requires a corresponding change in one's behavior and relationships." (p. 5) "Adaptation to transition is a process during which an individual moves from being totally preoccupied with the transition, to integrating the transition into his or her life." (p. 7)

Schlossberg (1981) discussed three sets of factors which influence adaptation to transition. The first factor includes the transitional characteristics themselves. One of these factors is a change in a person's role and whether this is seen as a loss or a gain. The individual's affect, whether it is negative or positive, does impact the person's view of the transition. The timing of a change is also important and whether or not this change feels in or out of sequence. Also, the cause or source of a change has its effect and whether it was internally or externally triggered. The level of stress is also
important to transition and whether or not the onset of the change was
gradual or sudden.

The second factor cited by Schlossberg (1981) is the characteristics of the
pretransitional and postransitional environments. It is important that the
individual in transition has interpersonal and institutional supports. Also, is
the physical environment in which a person is located during a transition of
a high and supportive quality, or does it have a detrimental effect? Third, the
characteristics of the individual in transition is an important factor when
assessing adaptation to change. These characteristics include the individual's
status, value orientation, and level of psychosocial competence. Also, whether
or not an individual has had previous experience with a transition of a similar
nature is important to how that person will navigate through a current
change. It is important to note that not all of the above mentioned factors will
be of equal value as an individual progresses through a transition.

Literature Related to Gilligan's Research and its
Relationship to Kohlberg's Theory

Gilligan's research (1979, 1982) and its relationship to Kohlberg's theory
will be briefly reviewed. Also, some research will be cited which utilized
Gilligan's work (Donenberg and Hoffman, 1988; Gibbs, Arnold, and Burkhart,
1984).

Gilligan (1979) criticized Kohlberg's theory of moral development as
having little concern for the development of women and their moral orientation of care as opposed to the male orientation toward justice. Gilligan viewed Kohlberg's six-stage scale of moral development as placing women at the third stage of moral development, which could be construed as a deficit in moral reasoning in that it is focused on relationships and helping and pleasing others. She views women's conception of morality as primarily concerned with a capacity for understanding and care, and that this conception also develops through a structural progression of increasing differentiation and integration.

According to Gilligan (1977), when women are conflicted regarding a moral issue it emerges from conflicting responsibilities (care orientation) rather than from competing rights (justice orientation). To resolve such a moral dilemma requires thinking that is inductive and contextual rather than abstract and formal.

Gilligan (1979) discussed the emotion of hurt and its infliction as being the center of moral concern within the responsibility orientation. The feminine perspective would view the infliction of hurt as immoral, whether or not it could be judged as fair or unfair. Gilligan reported that it is the different view women take of moral issues that may be the reason for their failure to develop within Kohlberg's theoretical system and the inherent constraints it has on women.

In summary, Gilligan criticized Kohlberg's system of developmental
progression for emphasizing a view which is focused on autonomy, individual's rights, and a justice orientation at the expense of the more feminine view which is focused on inclusion, responsibility, and an orientation based on caring.

Kohlberg (1984) replied to Gilligan's criticisms by listing his agreements and disagreements with her views. He agreed with the fact that most theories of development have been developed by males and demonstrate greater understanding of male development than female development. He also agreed that the orientation of care and responsibility exists and that it does enlarge the domain of moral reasoning. He did take issue in being placed along with his predecessors, Freud and Piaget, in stating that males have a more developed sense of justice than do females. He denied that he has ever made such a direct statement. Kohlberg also agreed that the justice dilemmas in his moral interview do not pull for the care and response orientation, and that his scoring manual does not offer a full assessment of this orientation of moral reasoning. However, he did not agree that the justice reasoning dilemmas and stages lead to an unfair and biased downscoring of women's reasoning because it measures them by a scoring manual based on a sample of males. He also viewed the issue of sex bias as being partially true for his original method (Kohlberg, 1958) for stage scoring. However, he cited the 1984 standard scoring system as having corrected this situation.

Donenberg and Hoffman (1988) conducted a study to explore gender
differences in moral development. The main thrust of their research was to explore the issue that women do not fit existing models and theories of human development. They suggested that the "morality of care" is used by both males and females in reasoning moral dilemmas, but that it has been excluded from the popular developmental theories. They used the work of Gilligan (1982) to derive their present study regarding moral reasoning, i.e. the "morality of care" and the "morality of justice".

Donenberg and Hoffman (1988) utilized seventy-one middle class boys and girls for their sample, thirty-eight of which were 5th and 6th graders and the remaining thirty-three were 10th and 11th graders. They sought to investigate the following questions: (a) Do girls emphasize the morality of care while boys emphasize the morality of justice? (b) Are there age-related changes, as implied by Kohlberg, such that older subjects are more likely to emphasize justice while younger subjects to emphasize care? (c) Does the gender of the protagonist in the story affect moral reasoning for boys or girls?

The results of the study (Donenberg and Hoffman, 1988) supported in part and contradicted in part the contentions of both Kohlberg and Gilligan. No significant sex differences were found on Kohlberg's scale as applied to the single story. The results did not indicate that scores were affected by the protagonist's sex. The study also did not support significant age differences on Kohlberg's scale. As Gilligan suggested, the study revealed two separate modes of moral reasoning, justice and care. Males and females use both
strategies in their moral reasoning, but there is a tendency for the two modes of reasoning to be differentially related to gender. Surprisingly, their results indicated that in neither age group did boys emphasize the "morality of justice" over that of care. Boys tended to emphasize both modes of moral reasoning equally, while girls emphasized the "morality of care" more than justice when responding to the interpersonal dilemmas.

Gibbs, Arnold, and Burkhart (1984) conducted a study to investigate sex differences in the expression of moral judgment. The subjects were 66 males and 11 females, ranging in age from 11 to 21 years. The Sociomoral Reflection Measure (SRM) was the instrument used to assess the subjects' levels of moral reasoning. They cited a previous study (Holstein, 1976) as having found a sex difference which indicated more advanced stage levels by males in terms of Kohlberg's moral stages. A plausible explanation is that the female tendency toward care and sensitivity is primarily associated with Kohlberg's third stage of development. The Gibbs et al. investigation explored the hypothesis that a gender difference in the structure of moral reasoning does not necessarily indicate a stage disparity, but may be more indicative of a within stage preferential mode of moral reasoning.

Gibbs et al. (1984) found that females and males did not differ by stage level. Significant gender differences were found, however, in terms of stage orientation. It was found that a greater proportion of females justified their moral choices at least once with the empathic role taking aspect, as compared
to males. In general, support was found for Kohlberg's contention that moral orientational preference rather than level of moral stage may be the primary area where gender differences in moral reasoning are manifested.

Literature Related to Codependency and Psychological Development in Chemically Dependent Families

Whitfield (1991) discussed the fact that many of the definitions of codependency suggest a developmental factor. This developmental factor is usually discussed from a negative perspective in terms of the detrimental effect that growing up in a chemically dependent family can have on an individual's growth. As Whitfield suggested, it is very possible to function quite well on an intellectual level and perform the tasks of daily living, however, the developmental delays and blocks that codependent individuals carry with them do have very negative effects on relationships with self and others.

Brooks (1983) used Erik Erikson's eight stages of development to describe the detrimental effect a chemically dependent home has on one's psychological growth. Brooks discussed the ill effect of a chemically dependent environment on the first stage of development. The child does not develop trust, but a sense of mistrust. Because of the abuse and inconsistency of parenting, the child will not develop a healthy sense of security and safety necessary for the development of trust. The development of autonomy is also
inhibited as the child moves into the Late Infancy Stage, which is the second stage of development. Rather than becoming autonomous, the child will feel inadequate and suffer from shame and self-doubt.

Brooks (1983) pointed out that in the Early Childhood Stage a healthy environment promotes initiative and reality testing. However, in a chemically dependent environment, imagination is thwarted and the child doubts his own experience, and begins to feel guilty for having perceptions that are different from other family members. Industry is the hallmark of the Middle Childhood Stage and is usually achieved by the children labelled "overly responsible" or the family "hero". Unfortunately, these children tend to get stuck in this third stage and do not move on to the next level of development. For the children who do not develop a sense of industry at this stage, a sense of inferiority is usually the result.

Those children arriving at the fifth stage (Puberty and Adolescence) without having successfully completed the earlier developmental tasks will suffer from role confusion because they lack a healthy sense of self (Brooks, 1983). The unsuccessful completion of the first five stages really limits the individual's ability to establish healthy intimacy in the Early Adult Stage. Such individuals may really want and find intimacy, however these relationships are usually dysfunctional and the partners suffer from isolation. As these relationships continue through Middle and Later Adulthood, these individuals usually find stagnation and despair rather than years of
productivity and integrity.

Beletsis and Brown (1981) used a developmental framework to integrate clinical theories and their observations regarding children of alcoholics. They pointed out that different children are affected differently by a chemically dependent family environment. However, despite these differences, there are many identifiable and common patterns demonstrated by children of alcoholics.

Utilizing some of the work by Erikson and by Mahler on stages of development, Beletsis and Brown (1981) discussed the detrimental effect of a chemically dependent homelife on children. Children of alcoholics do not progress in a healthy manner through the normal stages of development, i.e., trust building, developing a sense of autonomy, acquiring initiative and mastery, developing an ego identity based on healthy identification with others, separation and individuation, and healthy, long-term intimate relationships. Children of alcoholics progress through developmental stages in a very dysfunctionally blocked and delayed manner. Much of this dysfunction is due to a very chaotic, unstable and unpredictable family atmosphere in which denial of the alcoholism, reality, and feelings and perceptions plays a major role. Children of alcoholics tend to be insecure and non-trusting, enmeshed with their family of origin, and to have feelings of inferiority and inadequacy.

Beletsis and Brown (1981) indicated that developmental failures early
on in a child's life make the task of psychologically separating from the family of origin very difficult and also very unlikely that a healthy separation will occur. Even if children of alcoholics physically separate from their families, their relationships are fraught with turmoil or they remain alone and feel isolated. These unhealthy bonds to the family make it very difficult for these individuals to relinquish their need to be overly responsible for others and to overcome their false sense of security based on their fear of losing control.

Brown (1988) explained that the alcoholic family is organized around the denial of alcoholism, and family members become as distorted in their thinking as the alcoholic. This dysfunctional family system is what gives birth to codependent behavior. The codependent individual becomes controlled by alcohol as the primary organizing principle in the family.

Brown (1988) pointed out that dependence and codependence are normal aspects of human development. Development involves creating a balance between autonomy, dependence, and interdependence on others. In the alcoholic family however, codependence and dependence become very destructive because they pertain to an unhealthy reliance on or submission to alcohol. Codependent individuals do not develop an independent autonomous self, but rather a dependent false self regulated by the needs and demands of another.

As Brown (1988) discussed, the child in an alcoholic family develops a sense of attachment and personal identity based on the family's core beliefs
and, in this dysfunctional system, the major belief is the denial of alcoholism. In order to accept this belief, the child must deny perceptions and feelings which results in developmental difficulties. Children in an alcoholic family also have a tendency to take on responsibility for the problem that is denied. Because of this assumed responsibility, these children often develop self-hatred and may become self-abusive in response to the conflict of not being able to solve a problem for which they feel responsible.

Brown (1988) stressed that one of the most important issues to be dealt with by adolescents and adults in recovery is the question of whether or not one is alcoholic. This is vitally important because the denial of alcoholism within the family is central to the way the family's attachments have been formed. Therefore, the issue of being alcoholic or not is critical to the recovering individual attempting to separate from the alcoholic family and develop a healthy self-identity.

Summary

The review of the literature focused on four main sections: (1) the codependency literature; (2) the literature related to Kohlberg's stages of moral development; (3) the literature related to Gilligan's research and its relationship to Kohlberg's theory; and (4) the literature related to codependency and psychological development in chemically dependent families. It was the intention of this researcher to adequately cover these areas.
so as to present a solid theoretical foundation for this study. It is clear, that while there is an abundance of literature and research concerning moral development and codependency, Kohlberg's stages of moral development and codependency have not been directly related.
CHAPTER III

METHOD

Population and Sample

Purpose of the Study

The purpose of this study was to investigate the relationship between codependency and Kohlberg's stages of moral development.

Population

The population for this study were those individuals involved in chemical dependency outpatient and residential treatment clinics and assessed as being codependent.

Sample

Selection

The sample was determined by utilizing non-chemically dependent individuals who were assessed as being codependent and involved in outpatient and residential chemical dependency treatment facilities. It should be noted that the aim of this study was to use a non-chemically dependent
sample. However, difficulty arose in obtaining an adequate number of sample participants, so the sample pool was expanded to include chemically dependent codependents who had been in recovery for a minimum of six months. An additional analysis was conducted to determine the possible complicating effect this factor had on the study. This analysis proved to be nonsignificant.

Outpatient and residential chemical dependency treatment facilities were contacted to inquire about assessing their clients for codependency. Those clients or family members who were on a treatment waiting list and/or had only an initial assessment for codependency were considered the untreated codependency group. Those clients assessed as being codependent, and involved in individual and/or group treatment for at least four sessions, were considered the in-treatment codependency group. The sample consisted of sixty male and female subjects who were at least eighteen years of age.

Sample Characteristics

There were a total of sixty adult codependent subjects in the study, twelve of which were recovering from chemical dependency. Forty-six subjects were female and fourteen were male. The codependency treated group consisted of thirty-one subjects, while the untreated group consisted of twenty-nine. The mean age of the sample was forty-one years, with ages ranging from nineteen to seventy years. Ninety-two percent of the subjects
were Caucasian. Fifty-five percent of the subjects were college educated, while thirty-two percent had high school educations. Thirty-five subjects were married, while another twenty-three were either divorced or single. The majority of the subjects were either professional or blue collar workers. The subjects were obtained from chemical dependency treatment agencies in Michigan, Arizona, and California.

To provide a control group for this study, normative data from the Spann-Fischer Codependency Scale (Fischer, Spann, and Crawford, 1991) was used. The specific data used from the Codependency Scale was the mean score and standard deviation from the mainly Caucasian college student group A (n=192), consisting of 118 females and 74 males with a mean age of 20 years. The data was utilized to provide a comparison to the data collected in this study. It was recognized that using this normative data limited the age range of the control group to college age.

Instruments

Sociomoral Reflection Objective Measure (SROM)

The Sociomoral Reflection Objective Measure (SROM) is an objective measure of moral development developed by Gibbs et al. (1984). Gibbs et al. conducted a psychometric evaluation of the SROM to examine its reliability and validity. The assessment measures they utilized for validation were the
The Sociomoral Reflection Objective Measure (SROM) (Gibbs et al., 1984) is similar to the SRM, however the SROM is a completely objective measure, whereas the SRM is a production-task measure. All of the justification-related responses on the SROM are recognitory selections rather than written productions as on the SRM. The test format presents two moral dilemmas, which are followed by eight multiple-choice arrays which represent each of the eight sociomoral norms: affiliation (marriage and friendship), life, law, legal justice, conscience, family affiliation, contract, and property. An example of a SROM question array (Gibbs et al., 1984) using the "Heinz" dilemma and the affiliation norm follows:

1. What if Heinz's wife asks him to steal the drug for her? Should Heinz:
   steal / not steal / not sure (circle one)

1a. How important is it for a husband to do what his wife asks, to save her by stealing, even when he isn't sure whether that's the best thing to do?
   very important / important / not important (circle one)

1b. Let's say you had to give a reason why it is important for a husband to do that. What reason would you give? Is any of the following reasons close to the one you would give? (If a reason is too hard to understand, seems silly or makes no sense, just circle "not close" or "not sure".)

   a. because it's his wife, and she told him to do it, so he should do what she says.
      close / not close / not sure (circle one)
b. because he married her, and if he didn't want to help her, why did he marry her in the first place?
close / not close / not sure (circle one)

c. because they have formed together a deep mutual commitment.
close / not close / not sure (circle one)

d. because the husband is expected to help his wife through sickness and health.
close / not close / not sure (circle one)

e. because he cannot recognize her without acceptance.
close / not close / not sure (circle one)

f. because he has accepted a responsibility as her husband.
close / not close / not sure (circle one)

1c. Of all the above reasons, the reason which is the closest to the reason that you would give (or the least far off from the reason you would give) is:
a b c d e f (circle one) (P.2)

The different Kohlbergian moral stages (1-5) are represented by the "b" sections' options of the SROM questions. There is also a sixth "pseudo" option which is designed to test the validity of a subject's responses. For question 1b of the previous example, Stage 1 is represented by option "a"; Stage 2 by option "b"; Stage 3 by option "d"; Stage 4 by option "f"; Stage 5 by option "c", and "e" is a pseudo-option. Test protocols which contain more than six pseudo-options chosen as "close", or more than two pseudo-options chosen as "closest", are dismissed as invalid.
SROM scores are determined by the level of the options selected as "close" (component "b") and "closest" (component "c") from the question arrays. Mean stage levels are determined for both the "close" and "closest" question groups, with the mean "closest" level being given twice the weight of the mean "close" level. These data are used to obtain the Sociomoral Reflection Objective Maturity Scale (SROMS), which is similar to the Moral Judgment Interview's Moral Maturity Score (MMS) and the Sociomoral Reflection Measure's Sociomoral Reflection Maturity Score (SRMS). SROMS range from 100 (pure stage 1) to 500 (pure stage 5). SROMS are also fitted into the global stage index, which is a 13-point scale that identifies the pure, major, and minor stages and arranges them from Stage 1, Transition 1(2), Transition 2(1), Stage 2, and so on, up to Stage 5.

Test-retest reliability was obtained on a mostly middle class sample of 58 male and female subjects, ranging in age from 12 to 21 years (mean age 15.0), and yielded an overall correlation of .82 (.76 with age partialed) (Gibbs et al., 1984). Subject scores differed, on the average, about 20-25 points between the two testings, which was slightly less than one-quarter stage.

Internal consistency reliability was obtained on two different samples and yielded Cronbach's alpha coefficients of .84 and .77 (Gibbs et al., 1984). Fifty male and female subjects ranging in age from 11 to 22 years made up the first sample. The second sample was comprised of 82 male and female subjects, who also ranged in age from 11 to 22 years. Correlations between
rating and ranking across the 16 SROM questions of these two samples were .78 and .84.

Concurrent validity for the SROM was found to be substantial with both the MJI and the SRM (Gibbs et al., 1984). Correlations between the SROM and SRM were .77 and .73 in the two samples described under internal consistency reliability. Although there was a mean difference of about one-half stage between the two tests when the sample contained both children and adults, samples which contained only college students showed a mean difference of about one-third stage between tests. For the MJI, this was also the case; a .66 correlation was shown for a college sample between the two instruments with an average discrepancy of one-third stage. In all cases the average SROM stage scores were higher than both the SRM stage scores and the MJI stage scores.

The SROM does provide an objective index of reflective sociomoral reasoning which is valid and reliable for high school, college, or adult subjects (Gibbs et al, 1984). The respective mean stage scores generated by the SROM, SRM, and MJI indicate that subjects' recognitory self-report responses generally exceed the developmental level of their spontaneous responses by about one-third stage. This would seem to indicate that people are capable of recognizing moral arguments at a higher level than they can produce spontaneously. Therefore, it could be expected that an adult subject's SRM score would be approximately 38 points lower than a SROM score.
The Spann-Fischer Codependency Scale (SF CDS)

The Spann-Fischer Codependency Scale is a short paper and pencil measure of codependency developed by Fischer, Spann, and Crawford (1991). The scale consists of sixteen items which are responded to according to a six point continuum ranging from strongly disagree to strongly agree. A scale score is obtained by adding together the point values of each of the sixteen scored items.

Fischer et al. (1991) described codependency in terms of a person's characteristics, and their codependency scale assumes that an individual's codependent characteristics will range from low to high on a continuum. The scale is scored in such a way that higher scores on the continuum reflect greater codependency. For the groups in their study a score of 67.2 was high and a score of 37.3 was low.

A 38-item pilot codependency instrument was originally developed based on Spann and Fischer's (1990) definition of codependency. It was reviewed by experts in the field and administered to 40 undergraduate students on two occasions. Item-total correlations were examined and items with item-total correlations below .30 were excluded from the scale. A 15-item scale resulted and had a test-retest correlation of .87. Internal consistency Cronbach's alphas were .86 for both administrations of the scale. A 16th item was added to the scale for Student Groups B and C. All mean scores of the
15-item scale are reported as adjusted for 16 items.

To assess the reliability of their scale, Fischer et al. (1991) administered it to the following sample groups: Student Group A (n=192) with a mean age of 20 years, the Recovering group (n=30) with a mean age of 47 years, and the Codependent group (n=14) with a mean age of 40 years. This administration yielded a Cronbach's alpha of .77. The 16-item version of the scale, which was given to Student Groups B and C, yielded Cronbach's alphas of .73 and .80, respectively. Mean codependency values were 52.32, 51.55, and 51.99, respectively for student groups A, B, and C.

Fischer et al. (1991) suggested that these results indicate that the scale's reliability repeats from sample to sample and that similar groups produce similar mean scores on the scale. They also suggest that their sample size was too small to form meaningful norms for the scale, yet, by comparing distributions of percentiles across each group appeared to suggest that the codependency scale could be normed in a meaningful way.

Scores on the codependency scale were found to be unrelated to age, income, race, occupation, and intactness of family of origin. Codependency was found to be related to social desirability, however, those individuals who scored higher on codependency were countering their tendencies toward social desirability. Also, self-esteem, external locus of control, depression, anxiety, and masculinity were significant correlates of codependency.

In summary, Fischer et al. (1991) found their codependency scale to be
reliable and to demonstrate several kinds of validity. Content validity was shown by factor analysis and review by experts in the field which supported their definition of codependency from which the scale was derived. Construct validity was demonstrated in that known groups differed significantly. Concurrent/convergent validity was shown, as some measures thought to be related to codependency were related but not so strongly as to be considered duplicates of codependency. Discriminative validity was also demonstrated, as measures thought to be unrelated to codependency were unrelated to the measure.

Procedure

Following approval by the Human Subjects Institutional Review Board (HSIRB) (Appendix E), the various chemical dependency outpatient and residential treatment facilities were contacted and their permission obtained for treatment facility staff to distribute and collect the instruments used in this study. The subjects, who had expressed interest in the study, in both codependency groups, i.e. the untreated codependency group (the subjects assessed as codependent who were on a treatment waiting list and/or had only an initial assessment for codependency) and the in-treatment codependency group (those subjects assessed as codependent who were involved in codependency treatment), were given the assessment instruments. Codependency treatment was defined as at least four sessions of individual
and/or group therapy modalities regarding codependent and chemically dependent behavior.

Written instructions for completing the assessment instruments were provided to all those involved in the study. Those study participants who wished to know their results were advised to copy down their instrument packet identification number and were instructed on the procedure for obtaining their results. Each assessment instrument packet contained a copy of the Sociomoral Reflection Objective Measure, the Spann-Fischer Codependency Scale, and the personal information sheet. The assessment questionnaires were randomly ordered in each packet to assure there would be no ordering effect.

The confidential data was collected by the various chemical dependency agency staff members. The data was scored by this researcher and all necessary precautions were taken to insure confidentiality. The above procedures were carried out under the guidance of the project director.

Research Hypotheses

1. A higher level of codependency is associated with Kohlberg’s interpersonal concordance orientation stage than with any other stage of moral development.

2. Differences exist in the degree of codependency among codependents in treatment, codependents who were not in treatment, and the
codependency control group.

3. Differences exist in the stage of moral development between codependents in treatment and codependents who were not in treatment.

**Statistical Analyses**

An analysis of variance was used to evaluate the differences in means of codependency scores among Kohlberg's stages of moral development.

An analysis of variance was used to evaluate the differences in means of codependency scores among codependents in treatment, codependents who were not in treatment, and the codependency control group.

Contingency tables were used to determine whether differences exist in the stage of development between codependents in treatment and codependents who were not in treatment.

The minimum level of significance accepted for these analyses was $p < .05$. 
CHAPTER IV

RESULTS

The Data and Their Analyses

The study data and analyses are presented in this chapter. Each hypothesis is presented along with the results of its statistical analysis. Other results of the study will be reported, followed by a chapter summary.

Hypothesis 1

Hypothesis 1 stated: A higher level of codependency is associated with Kohlberg's interpersonal concordance orientation stage than with any other stage of moral development.

An ANOVA was used to determine mean differences. The analysis of data for this test is shown in Table 1.

The findings of this analysis proved to be nonsignificant ($p = .6022$). The research hypothesis was not supported. A higher level of codependency was not associated with Kohlberg's interpersonal concordance orientation stage of moral development.
Hypothesis 2

Hypothesis 2 stated: Differences exist in the degree of codependency among codependents in treatment, codependents who are not in treatment, and the codependency control group.

Table 1

Comparison of Mean Scores on the Spann-Fischer Codependency Scale Among Kohlberg's Stages of Moral Development. (SROM)

<table>
<thead>
<tr>
<th>Group</th>
<th>n</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 3</td>
<td>15</td>
<td>56.07</td>
<td>11.43</td>
</tr>
<tr>
<td>Stage 3(4)</td>
<td>16</td>
<td>55.13</td>
<td>13.23</td>
</tr>
<tr>
<td>Stage 4(3)</td>
<td>16</td>
<td>50.75</td>
<td>11.36</td>
</tr>
<tr>
<td>Stage 4</td>
<td>10</td>
<td>53.80</td>
<td>9.26</td>
</tr>
</tbody>
</table>

ANOVA Table

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>df</th>
<th>Sum of Squares</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between</td>
<td>3</td>
<td>253.28</td>
<td>84.43</td>
<td>.6022</td>
</tr>
<tr>
<td>Within</td>
<td>53</td>
<td>7163.28</td>
<td>135.16</td>
<td></td>
</tr>
</tbody>
</table>

An ANOVA was used to evaluate the mean differences. The analysis
of data for this test is shown in Table 2.

The findings of this analysis proved to be nonsignificant (p = .3480). The research hypothesis was not supported. No differences were found in the degree of codependency among codependents in treatment, codependents not in treatment, and the codependency control group.

Table 2
Comparison of Mean Scores on the Spann-Fischer Codependency Scale Among Treated and Untreated Codependents and the Codependency Control Group

<table>
<thead>
<tr>
<th>Group</th>
<th>n</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treated</td>
<td>31</td>
<td>55.58</td>
<td>12.67</td>
</tr>
<tr>
<td>Untreated</td>
<td>29</td>
<td>52.69</td>
<td>10.05</td>
</tr>
<tr>
<td>Control</td>
<td>192</td>
<td>52.5</td>
<td>10.8</td>
</tr>
</tbody>
</table>

ANOVA Table

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>df</th>
<th>Sum of Squares</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between</td>
<td>2</td>
<td>254.76</td>
<td>127.38</td>
<td>.3480</td>
</tr>
<tr>
<td>Within</td>
<td>249</td>
<td>29921.99</td>
<td>120.17</td>
<td></td>
</tr>
</tbody>
</table>
Hypothesis 3

Hypothesis 3 stated: Differences exist in the stage of moral development among codependents in treatment and codependents who were not in treatment.

A contingency table was used to determine whether differences exist in the stage of development between the codependent groups. The analysis of data for this test is shown in table 3.

The findings of the analysis proved to be nonsignificant ($p = .2314$). The research hypothesis was not supported. No differences were found in the stage of moral development between codependents in treatment and codependents not in treatment.

Additional Results of the Study

Although no significant differences were obtained in codependency scores among the stages of moral development, Kohlberg's interpersonal concordance orientation stage (3) yielded the highest mean codependency score (56.07). This result may suggest that the interpersonal concordance orientation stage was associated with the highest codependency level because this stage is strongly associated with understanding other significant individuals in the context of mutual role expectations within intimate relationships.
Table 3
Comparison of Mean Scores on the Sociomoral Reflection Objective Measure (SROM) Between Treated and Untreated Codependents

Contingency Table

<table>
<thead>
<tr>
<th>SROM Stage</th>
<th>Treated</th>
<th>Untreated</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>n 6</td>
<td>9</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>% 19.4</td>
<td>34.6</td>
<td>26.3</td>
</tr>
<tr>
<td>3(4)</td>
<td>n 11</td>
<td>5</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>% 35.5</td>
<td>19.2</td>
<td>28.1</td>
</tr>
<tr>
<td>4(3)</td>
<td>n 7</td>
<td>9</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>% 22.6</td>
<td>34.6</td>
<td>28.1</td>
</tr>
<tr>
<td>4</td>
<td>n 7</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>% 22.6</td>
<td>11.5</td>
<td>17.5</td>
</tr>
<tr>
<td>Total</td>
<td>n 31</td>
<td>26</td>
<td>57</td>
</tr>
<tr>
<td></td>
<td>% 54.4</td>
<td>45.6</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Chi-Square Table

<table>
<thead>
<tr>
<th>Chi-Square</th>
<th>Value</th>
<th>DF</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson</td>
<td>4.2945</td>
<td>3</td>
<td>.2314</td>
</tr>
</tbody>
</table>

A moderate correlation was found between stage of moral development
and age ($r = .57$), i.e., the greater a person's age, the higher the moral development stage. This would be expected given the chronological nature of advancing moral development.

A significant difference in codependency scores was found between men and women. Females scored significantly higher than males ($p = .02$). This would be expected given the feminine characteristics of caring and nurturing.

The subject distribution within the Sociomoral Reflection Objective Measure stages are shown in Table 4. The highest number of subjects fell into the transitional stages of 3(4) and 4(3).

<table>
<thead>
<tr>
<th>SROM Stage</th>
<th>n</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2(3)</td>
<td>1</td>
<td>1.7</td>
</tr>
<tr>
<td>3(2)</td>
<td>2</td>
<td>3.3</td>
</tr>
<tr>
<td>3</td>
<td>15</td>
<td>25.0</td>
</tr>
<tr>
<td>3(4)</td>
<td>16</td>
<td>26.7</td>
</tr>
<tr>
<td>4(3)</td>
<td>16</td>
<td>26.7</td>
</tr>
<tr>
<td>4</td>
<td>10</td>
<td>16.7</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100.0</td>
</tr>
</tbody>
</table>
There was no significant difference in codependency scores between subjects who were not chemically dependent and those who were recovering from chemical dependency. All chemically dependent subjects had been recovering for at least six months.

The reliability of the Spann-Fischer Codependency Scale was tested in this study. It was found to be a reliable measure of codependency (Alpha = .8423).

Summary

All three research hypotheses were rejected. No significant differences were found in codependency scores among Kohlberg's stages of moral development, Hypothesis 1. Regarding Hypothesis 2, no significant differences were found in codependency scores among treated codependents, untreated codependents, and the codependency control group. For Hypothesis 3, a contingency table was used to determine whether significant differences existed between the stage of moral development between treated and untreated codependents. No significant differences were found.

Other results from the study indicated that Kohlberg's interpersonal concordance orientation stage (3) yielded the highest mean codependency score, although this was not statistically significant for the sample used. A moderate correlation between stage of moral development and age was found, i.e., the greater the person's age, the higher the stage of moral development.
A statistically significant difference was found in codependency scores between men and women. Females scored significantly higher than males.
CHAPTER V

DISCUSSION, RECOMMENDATIONS, AND SUMMARY

Discussion

In the last fifteen years, codependency has become a very controversial and popular topic. It has been closely scrutinized as to its meaning and whether the concept is biased against women, ignores normal psychological development, and is subject to the Barnum effect. Although widely considered dysfunctional, normal psychological development may play a role in these codependent relationships which is not dysfunctional. While there was an abundance of literature on codependency and on Kohlberg's stages of moral development, these two concepts had not been directly related.

The intent of this study was to investigate the relationship between codependency and Kohlberg's stages of moral development. Many definitions of codependency exist, and common to many of these definitions are the elements of dependency and overconcern with and control of the needs and behavior of others (Beattie, 1987; Brown, 1988; Cermak, 1986; Wegscheider-Cruse, 1985; Whitfield, 1987). Many of the elements of the various codependency definitions appear to be very similar to the relational elements concerning interpersonal stages of various developmental theories (Kegan,
1982; Kohlberg, 1969). The study of the development of codependent relationships and their relationship to interpersonal stages of psychological development was considered important for this study. It was also considered important, as Ivey (1986) suggested, that therapists recognize the stage of development that a client is currently functioning in, so as to better understand the client's dynamics.

**Hypothesis 1**

The first hypothesis of this study was formulated to determine whether a higher level of codependency would be associated with Kohlberg's interpersonal concordance orientation stage (3) than with any other stage of moral development. No evidence was found to support this hypothesis. Further discussion is in order to examine this result.

Although no significant differences were obtained in codependency scores among stages of moral development, Kohlberg's interpersonal concordance orientation stage yielded the highest mean codependency score. At least, there may be a suggestion here that the highest codependency level was associated with the interpersonal concordance orientation stage because this stage is most strongly associated with understanding others in the context of shared role expectations in personalized relationships (Kohlberg, 1984). This relates to the basic premise of this study: that codependency may be more strongly associated with interpersonal psychological development than
a pathological condition.

One limitation of this study was it's exclusive focus on Kohlberg's view of moral development. It is possible that Kohlberg's stages of moral development, particularly at the Conventional level (stages 3 and 4) do not provide a clear enough delineation between pure and transitional stage levels to distinguish a significantly different level of codependency. Also, utilizing another view of psychological development such as Kegan's (1982) constructive-developmental theory may have provided a better means of defining and assessing psychological development in terms of interpersonal relationships and their association with codependency.

The Sociomoral Reflection Objective Measure (SROM) provides an adequate objective measure of moral development (Gibbs et al., 1984). The SROM was chosen for this study because it is an objective measure of moral development and enabled this study to be conducted with large numbers of potential subjects in several states, i.e. Michigan, Arizona, and California. However, it is possible that instruments such as the Moral Judgment Interview (MJI) (Colby et al., 1984) and the Sociomoral Reflection Measure (SRM) (Gibbs and Widaman, 1982) would have provided greater validity in assessing levels of moral development. Unlike the SROM, which is an objective measure, the MJI and SRM are production-task measures which require the evaluator to have more training in stage assessment and the subjects to justify their reasons for their prescriptive decisions regarding the moral dilemmas. This more
direct and refined means of assessing moral development may have provided a clearer delineation between developmental stages. However, the SRM and MJI presented data collection problems that were too cumbersome for the nature of this study.

**Hypothesis 2**

The second hypothesis of this study was formulated to determine if significant differences would be found in the degree of codependency among codependents in treatment, codependents not in treatment, and the codependency control group. No evidence was found to support this hypothesis. Other relevant findings are worthy of further discussion.

A significant difference was found between males and females for the codependency score. Females scored higher than males (p = .02). This would be expected given the stereotypical feminine characteristics of caring and nurturing. However, some authors like Haaken (1990) criticized the codependency literature for oversimplifying and pathologizing a feminine identity founded on caretaking and excessive responsibility for others. The significant difference found in this study for codependency scores between males and females may suggest support for Haaken's contention, since the higher codependency scores for females may indicate a tendency for the feminine ethic of care to be pathologized. If the codependency scores were similar for males and females, then this may have suggested that
codependency is a condition quite separate from the stereotypical feminine characteristics of caring and nurturance, and more related to interpersonal stage development. This idea, however, is not supported by this study.

Fischer, Spann and Crawford (1991) hypothesized that femininity and codependency would be positively related. Contrary to what they expected, femininity was found not to be related to codependency. This is an interesting finding since it differs from much of the codependency literature and the current study. Fischer et al. speculated that the feminine attributes of caring and nurturance can be present in relationships quite separate from the dysfunctions of codependent caretaking. The finding of the current study, i.e., females scored significantly higher than males on the codependency scale, would appear to contradict Fischer et al's speculation. The data of this study suggest that codependency is significantly related to the stereotypical characteristics of caring and nurturance. Furthermore, it may suggest that these characteristics have been over pathologized by the codependency literature.

Hypothesis 3

The third hypothesis of this study was formulated to determine whether differences would be found in the stage of moral development between codependents in treatment and codependents who were not in treatment. No evidence was found to support this hypothesis.
Although no significant evidence was found to support the third hypothesis, a moderate correlation was found between age and stage of moral development, i.e., the greater a person's age, the higher the level of moral development. This would be expected given the nature of moral development. Only as an individual advances in age can progression be made through the successively advancing stages of moral development. Bakken and Ellsworth's (1990) study suggested that age is a meaningful variable in the development of moral judgment.

Control Group

From the origins of this study, it was recognized that utilizing the normative data from the Spann-Fischer Codependency Scale (Fischer et al., 1991) and the Sociomoral Reflection Objective Measure (SROM) (Gibbs et al., 1984) as control groups would weaken the validity of this study. The normative data was based on college students and it is recognized that caution must be exercised when attempting to generalize to the general population from college student based data. College students tend to vary from the general population on such factors as age, social class, educational achievement, and intelligence.

In the data analysis of this study normative control data were only utilized from the Spann-Fischer Codependency Scale (Fischer et al., 1991). This control data was used in the analysis of the second research hypothesis.
where an ANOVA was employed to assess the mean differences. The normative control data from the Sociomoral Reflection Objective Measure (SROM) (Gibbs et al., 1984) was not utilized for the third research hypothesis. SROM scores are not continuous data and in order to have used this data with a contingency table it would have been necessary to have the original SROM raw scores from the normative data. All that was available from the original SROM scores was the mean and standard deviation.

Recommendations

Therapy

Although the results of this study did not support the research hypotheses, it would not be wise to treat all individuals assessed as codependent as suffering from a dysfunctional condition. The codependency literature remains controversial and vague, and unfortunately tends to view feminine characteristics of caring and nurturing within relationships as dysfunctional. As Haaken (1990) suggests, the codependency literature tends to pathologize a feminine identity based on caretaking. Also, the codependency phenomenon may be in part due to the Barnum effect. Codependency descriptions may be merely so vague, socially desirable, and of such a high base rate in the general population that they are not easily rejected (Logue et al., 1992). It may be entirely possible that the characteristic
behavior that is termed codependency may in fact be present to a high degree in the general population because of the developmental nature of interpersonally focused relating. The characteristics of care, nurturance, and concern for the well-being of others would be implicit in natural psychological development.

The intent of this study was to investigate a possible developmental aspect of codependency. The perspective taken here is that codependent characteristics appear to be quite similar to those characteristics of individuals at particular stages of psychological development (Kegan, 1982; Kohlberg, 1969). This similarity may be indicative of a very natural aspect of psychological development that has been characterized, primarily for females, as codependent. It would appear to be important for therapists to recognize the developmental stage that a client is currently functioning in so as to better understand the client's dynamics (Ivey, 1986). This appears particularly important when assessing and treating those clients considered to be codependent.

It is important to note that males and females can progress through the same developmental stages at different rates and display a characteristically different form of developmental stage behavior. Generally, females may tend to arrive earlier at the interpersonally focused stages of development and remain there longer. Conversely, males may be more delayed in arriving at the interpersonal stages, yet may progress through them more rapidly and less
intensely. It is also likely that males progress through the various developmental stages in a more autonomous manner, focusing more on issues of justice, while females progress through in a more interpersonally included manner, focusing more on issues of care. Therefore, to view codependency as developmental stage-appropriate behavior and as a means of making meaning of one's world, is much different than viewing it as dysfunctional and pathological. This is particularly true for the feminine characteristics of caring and nurturance.

Educational and training programs for therapists treating codependents should be implemented to increase awareness regarding the current view of codependency, and other views that concern the feminine ethic of care and interpersonal development, but tend not to pathologize this phenomenon. This is particularly important for chemical dependency treatment centers where codependency is commonly viewed as dysfunctional.

Psychological development should be viewed as being on a continuum. Progression through this developmental continuum may proceed in a normal, unhindered manner. However, if development is delayed or arrested, then a pathological or sub-pathological condition would result. A high degree of codependency may suggest an extreme focus on, or developmental arrest regarding interpersonally focused development. Clearly, stages and issues of psychological development are important in the general field of psychology training and clinical practice. Understanding human psychological
development can lend a broader view to a clinician's understanding of a given individual's way of understanding and making meaning of their world.

Research

The findings of this study did not support the research hypotheses, therefore other research studies should be undertaken to determine if support can be found. This is an important area of research, and both the codependency and human development literature can benefit from further research.

This study should be duplicated with a control group that is more representative of the general population. A more homogeneous population would increase the validity of future research.

Similar studies should also be undertaken utilizing different moral development measures. These could include the Moral Judgment Interview (Colby et al., 1984) and the Sociomoral Reflection Measure (Gibbs and Widaman, 1982). Also, studies utilizing Kegan's (1982) constructive-developmental approach may prove more suited to assessing psychological development in terms of interpersonal relationships than Kohlberg's (1969) theory of moral development.

It would also be important to investigate therapist's awareness of the developmental issues and stages that individual's progress through. This is particularly important with the current phenomenon of codependency where
individuals with stereotypically feminine characteristics, or that are developmentally interpersonal, are being treated as if they were dysfunctional. It may be valuable to further scrutinize graduate training of counselors and psychologists to assess the degree to which training regarding psychological development is included in the curriculum.

Summary

The purpose of this study was to provide basic research to determine whether there is support for a psychological developmental aspect to the codependency phenomenon. This research examined whether or not a higher level of codependency was associated with Kohlberg's interpersonal concordance orientation stage of moral development. Secondly, whether or not differences existed in the degree of codependency among codependents in treatment, codependents not in treatment, and the codependency control group. Finally, whether or not differences existed in the stage of moral development between codependents in treatment and codependents who were not in treatment.

Codependency is a controversial topic. Currently, the concept is being scrutinized as to whether it is subject to the Barnum effect, is biased regarding the feminine ethic of care, or ignores psychological development.

Sixty adult subjects assessed as being codependent and involved in outpatient and residential chemical dependency treatment agencies in
Michigan, Arizona, and California participated in this study. These subjects were divided into a treated codependency group (n = 31) and an untreated codependency group (n = 29). Each subject was administered the Sociomoral Reflection Objective Measure, the Spann-Fischer Codependency Scale, and a personal information sheet.

An analysis of mean scores revealed that there was no significant difference in the degree of codependency among Kohlberg's stages of moral development. A second analysis revealed that there was no significant difference in the degree of codependency among treated codependents, untreated codependents, and the codependency control group. Finally, no difference was found regarding the stage of moral development between codependents in treatment and codependents who were not in treatment.

The findings of this study suggest the need for additional research to determine if support can be found for a psychological developmental aspect regarding codependency. This study should also be duplicated utilizing a control group that is more representative of the general population. Future studies should also be undertaken utilizing moral development measures such as the Moral Judgment Interview and the Sociomoral Reflection Measure.

The findings of this study offered no support for the notion that a higher degree of codependency would be associated with Kohlberg's interpersonal concordance orientation stage of moral development. Further research is necessary to promote a clearer understanding of the codependency
concept and its relationship to stereotypical feminine characteristics and normal psychological development. Also, it does appear to be important to continue asking critical questions regarding theoretical and clinical observations about codependency and its relationship to psychological development.
Appendix A

The Sociomoral Reflection Objective Measure
Social Reflection Questionnaire

Instructions

In this booklet are two social problems with questions for you to answer. We are asking the questions not just to find out your opinions about what should be done in the problems, but also to understand why you have those opinions. Please answer all the questions.

Age: ______________________________
Sex (circle one): male/female
Father's job: _______________________
Mother's job: _______________________
Date: _____________________________


(code#: ___________________________)

SRQV
Problem One

In Europe, a woman was near death from a special kind of cancer. There was one drug that the doctors thought might save her. It was a form of radium that a druggist in the same town had recently discovered. The drug was expensive to make, but the druggist wanted people to pay ten times what the drug cost him to make.

The sick woman's husband, Heinz, went to everyone he knew to borrow the money, but he could only get together about half of what the druggist wanted. Heinz told the druggist that his wife was dying, and asked him to sell it cheaper or to let him pay later. But the druggist said, "No. I discovered the drug and I'm going to make money from it." So the only way Heinz could get the drug would be to break into the druggist's store and steal the drug.

Heinz has a problem. He should help his wife and save her life. But, on the other hand, the only way he could get the drug she needs would be to break the law by stealing the drug.

What should Heinz do?

should steal/should not steal/not sure (circle one)

Why?

Let's change things about the problem and see if you still have the opinion you circled above (should steal, should not steal, or not sure). Also, we want to find out about the things you think are important in this and other problems, especially why you think those things are important. Please answer all the questions.
1. What if Heinz's wife asks him to steal the drug for her? Should Heinz: 

steal / not steal / not sure (circle one)?

1a. How important is it for a husband to do what his wife asks, to save her by stealing, even when he isn't sure whether that's the best thing to do?

very important / important / not important (circle one)

1b. Let's say you had to give a reason why it is important for a husband to do that. What reason would you give? Is any of the following reasons close to the one you would give? (If a reason is too hard to understand, seems silly, or makes no sense, just circle "not close," or "not sure.")

a. because it's his wife, and she told him to do it, so he should do what she says.

close / not close / not sure (circle one)

b. because he married her and if he didn't want to help her, why did he marry her in the first place?

close / not close / not sure (circle one)

c. because they may have formed together a deep mutual commitment.

close / not close / not sure (circle one)

d. because the husband is expected to help his wife through sickness and health.

close / not close / not sure (circle one)

e. because he cannot recognize her without acceptance.

close / not close / not sure (circle one)

f. because he has accepted a responsibility as her husband.

close / not close / not sure (circle one)

1c. Of all the above reasons, the reason which is the closest to the reason that you would give (or the least far off from the reason that you would give) is:

a b c d e f (circle one)

2. What if the person dying isn't Heinz's wife, but instead is a friend (and the friend can get no one else to help)? Should Heinz:

steal / not steal / not sure (circle one)?

2a. How important is it to do everything you can, even break the law, to save the life of a friend?

very important / important / not important (circle one)

2b. Let's say you had to give a reason why it is important for you to do that. What reason would you give? Is any of the following reasons close to the one you would give? (Treat these questions just as you did the last one. If a reason is too hard to understand, seems silly, or makes no sense, just circle "not close," or "not sure.")
a. because your friend may have done things for you, so you should
do a favor for the friend if you want your friend to help you
in the future.
   close / not close / not sure (circle one)
b. because a friendship must be based on mutual respect and
   cooperation.
   close / not close / not sure (circle one)
c. because it's your friend, who might be an important person.
   close / not close / not sure (circle one)
d. because you would feel close to your friend, and would expect
   that your friend would help you.
   close / not close / not sure (circle one)
e. because you and your friend may have developed a total commit-
   ment to one another.
   close / not close / not sure (circle one)
f. because the first requirement of affiliation is a relationship.
   close / not close / not sure (circle one)

2c. Of all the above reasons, the reason which is the closest
to the
reason that you would give (or the least far-off from the reason
that you would give) is:
   a b c d e f (circle one)

3a. What about for a stranger? How important is it to do everything you
can, even break the law, to save the life of a stranger?
   very important / important / not important (circle one)

3b. Let's say you had to give a reason why it is IMPORTANT for you to
do that. What reason would you give?
   a. because you should always be nice.
      close / not close / not sure (circle one)
   b. because life is the precondition to existence.
      close / not close / not sure (circle one)
   c. because the stranger needs the drug, and anyone wants to
      live.
      close / not close / not sure (circle one)
   d. because other rights or values should not take priority over
      the right to life.
      close / not close / not sure (circle one)
   e. because life is sacred, and should be the basis for laws anyway.
      close / not close / not sure (circle one)
   f. because life is precious and it's inhuman to let anyone suffer
      when their life can be saved.
      close / not close / not sure (circle one)

3c. Of all the above reasons, the reason which is the closest
to the
reason that you would give (or the least far-off from the reason
that you would give) is:
   a b c d e f (circle one)
4b. Let's say you had to give a second reason why it is important to do everything you can, even break the law, to save the life of a stranger. What reason would you give?
   a. because the stranger should have a chance to live, too, and might save your life some day.
      close / not close / not sure (circle one)
   b. because the stranger could be an important person, who owns a lot of property.
      close / not close / not sure (circle one)
   c. because a stranger’s life should not be judged to be "worth" less than anyone else’s life.
      close / not close / not sure (circle one)
   d. because the contract of life surpasses that of death.
      close / not close / not sure (circle one)
   e. because the right to life transcends the right to property.
      close / not close / not sure (circle one)
   f. because how would you feel if you were dying, and a stranger didn't help you?
      close / not close / not sure (circle one)

4c. Of all the above reasons, the reason which is the closest to the reason that you would give (or the least far off from the reason that you would give) is:
   a b c d e f (circle one)

5. What if the druggist just wants Heinz to pay what the drug cost to make, and Heinz can't even pay that? Should Heinz?
   steal / not steal / not sure (circle one)

5a. How important is it for people not to take things that belong to other people?
   very important / important / not important (circle one)

5b. Let's say you had to give a reason WHY is it IMPORTANT for people not to do that. What reason would you give?
   a. because stealing is bad, and you will go to jail if you steal.
      close / not close / not sure (circle one)
   b. because it is selfish and heartless to steal from others.
      close / not close / not sure (circle one)
   c. because stealing gets you nowhere, and you are taking too much of a risk.
      close / not close / not sure (circle one)
   d. because character must constitute legal procedure.
      close / not close / not sure (circle one)
   e. because living in society means accepting obligations and not only benefits.
      close / not close / not sure (circle one)
   f. because acceptance of the property right is fundamental for any society.
      close / not close / not sure (circle one)

5c. Of all the above reasons, the reason which is the closest to the reason that you would give (or the least far off from the reason that you would give) is:
   a b c d e f (circle one)
6a. How important is it for people to obey the law?
   very important / important / not important (circle one)

6b. Let's say you had to give a reason WHY it is IMPORTANT to obey the law. What reason would you give?
a. because otherwise everyone will be stealing from everyone else, and nothing will be left. close / not close / not sure (circle one)
b. because breaking the law would create a hierarchy. close / not close / not sure (circle one)
c. because the law is ideally founded upon universal human rights. close / not close / not sure (circle one)
d. because the law is for you to follow and you should always obey it. close / not close / not sure (circle one)
e. because laws make society possible, and otherwise the system would break down. close / not close / not sure (circle one)
f. because otherwise the world would go crazy, and there would be chaos. close / not close / not sure (circle one)

6c. Of all the above reasons, the reason which is the closest to the reason that you would give (or the least far off from the reason that you would give) is: a b c d e f (circle one)

7. What if Heinz does steal the drug? His wife does get better, but in the meantime, the police take Heinz and bring him to court. Should the judge:
   jail Heinz / let Heinz go free / not sure (circle one)

7a. How important is it for judges to go easy on people like Heinz?
   very important / important / not important (circle one)

7b. Let's say you had to give a reason WHY it is IMPORTANT for judges to go easy on people like Heinz. What reason would you give?
a. because she's his wife, and she told him to do it, so he did what she said. close / not close / not sure (circle one)
b. because the judge should understand that the husband acted out of love, and not out of selfishness, to save her life. close / not close / not sure (circle one)
c. because in any society, the primary function of the law should be to preserve human life. close / not close / not sure (circle one)
d. because the judge would have done it, too, if he needed to get the drug to keep his wife from dying. close / not close / not sure (circle one)
e. because justice should be tempered with mercy, especially where a life is involved. close / not close / not sure (circle one)
f. because the foundation for personal conviction transcends life. close / not close / not sure (circle one)

7c. Of all the above reasons, the reason which is the closest to the reason that you would give (or the least far off from the reason that you would give) is: a b c d e f (circle one)
8. What if Heinz tells the judge that he only did what his conscience told him to do? Should the judge: 
   jail Heinz / let Heinz go free / not sure (circle one)

8a. How important is it for judges to go easy on people who have acted out of conscience? 
   very important / important / not important (circle one)

8b. Let's say you had to give a reason why it is IMPORTANT for judges to go easy on people who have acted out of conscience. What reason would you give? 
   a. because he couldn't help it, his conscience was too strong for him. 
      close / not close / not sure (circle one) 
   b. because conscience is predicated on leniency. 
      close / not close / not sure (circle one) 
   c. because his conscience told him to do it, so he had to do it. 
      close / not close / not sure (circle one) 
   d. because, in this case, the husband's conscience may be consistent with the common morality. 
      close / not close / not sure (circle one) 
   e. because the act of conscience affirmed a fundamental right. 
      close / not close / not sure (circle one) 
   f. because otherwise he wouldn't have been able to live with himself, knowing that he could have saved her and didn't. 
      close / not close / not sure (circle one)

8c. Of all the above reasons, the reason which is the closest to the reason that you would give (or the least far off from the reason that you would give) is: 
   a b c d e f (circle one)

9b. Let's say, instead, that you had to give a reason why it is NOT important for judges to go easy on lawbreakers who have acted out of conscience. What reason would you give for sending lawbreakers who have acted out of conscience to jail? 
   a. because your conscience is only your mind, so you don't have to do what it says. 
      close / not close / not sure (circle one) 
   b. because the subjective nature of conscience is one reason why there must be standard laws. 
      close / not close / not sure (circle one) 
   c. because you should be able to handle your conscience. 
      close / not close / not sure (circle one) 
   d. because conscience isn't always right, you could have a warped mind. 
      close / not close / not sure (circle one) 
   e. because although Heinz was right to affirm life as a prior right, he must still see the viewpoint of the courts. 
      close / not close / not sure (circle one) 
   f. because conscience cannot be equated with belief. 
      close / not close / not sure (circle one)

9c. Of all the above reasons, the reason which is the closest to the reason that you would give (or the least far off from the reason that you would give) is: 
   a b c d e f (circle one)
10. What if Heinz's wife never had cancer? What if she was only a little sick, and Heinz stole the drug to help her get well a little sooner? Should the judge:

- jail Heinz
- let Heinz go free
- not sure (circle one)

10a. How important is it for judges to send people who break the law to jail?
- very important
- important
- not important (circle one)

10b. Let's say you had to give a reason why it is important for judges to send people who break the law to jail. What reason would you give?

a. because if you take a risk and get caught, then you go to jail. (circle one)
- close
- not close
- not sure
b. because Heinz must have known that what he did was wrong. (circle one)
- close
- not close
- not sure
c. because Heinz must be prepared to be held accountable for his actions. (circle one)
- close
- not close
- not sure
d. because Heinz's case is a liability. (circle one)
- close
- not close
- not sure
e. because if one agrees to have law, one must also agree to have law enforcement. (circle one)
- close
- not close
- not sure
f. because Heinz stole something and stealing is bad. (circle one)
- close
- not close
- not sure

10c. Of all the above reasons, the reason which is the closest to the reason that you would give (or the least far off from the reason that you would give) is:

- a
- b
- c
- d
- e
- f (circle one)
Problem Two

Joe is a fourteen-year-old boy who wanted to go to camp very much. His father promised him he could go if he saved up the money for it himself. So Joe worked hard on his paper route and saved up the 40 dollars it cost to go to camp and a little more besides. But just before camp was going to start, his father changed his mind. Some of the father's friends decided to go on a special fishing trip, and Joe's father was short of the money it would cost. So he told Joe to give him the money Joe had saved from the paper route. Joe didn't want to give up going to camp, so he thinks of refusing to give his father the money.

Joe has a problem. Joe's father promised Joe he could go to camp if he earned and saved up the money. But, on the other hand, the only way Joe could go would be by disobeying and not helping his father.

What should Joe do?

should refuse / should not refuse / not sure (circle one)

Why?

Let's change things about the problem and see if you still have the opinion you circled above (should refuse, should not refuse, not sure). Also, we want to find out about the things you think are important in this and other problems, and especially why you think those things are important. Please answer all the questions.
la. How important is it for parents to keep their promises about letting their children keep money?  
very important / important / not important (circle one)

lb. Let's say you had to give a reason why it is IMPORTANT for parents to do that. What reason would you give?
   a. because parents should never break promises.  
      close / not close / not sure (circle one)
   b. because the parents want the children to keep promises, so the parents should keep promises, too.  
      close / not close / not sure (circle one)
   c. because children, no less than parents, are individuals with the fundamental human rights.  
      close / not close / not sure (circle one)
   d. because if the parents act selfishly, the children would lose faith in them.  
      close / not close / not sure (circle one)
   e. because parents who abuse their authority are not worthy of their children's respect.  
      close / not close / not sure (circle one)
   f. because contracts necessitate promises between parents and children.  
      close / not close / not sure (circle one)

c. Of all the above reasons, the reason which is the closest to the reason that you would give (or the least far off from the reason that you would give) is:  
   a b c d e f (circle one)

2b. What about keeping a promise to a friend? Let's say you had to give a reason why it is important to keep a promise, if you can, to a friend. What reason would you give?
   a. because your friend may have done things for you, and you need friends.  
      close / not close / not sure (circle one)
   b. because society must be based on trust.  
      close / not close / not sure (circle one)
   c. because otherwise that person won't be your friend again.  
      close / not close / not sure (circle one)
   d. because affiliation is the essence of friendship.  
      close / not close / not sure (circle one)
   e. because otherwise you would lose trust in each other.  
      close / not close / not sure (circle one)
   f. because keeping a promise upholds the other person's fundamental value.  
      close / not close / not sure (circle one)

c. Of all the above reasons, the reason which is the closest to the reason that you would give (or the least far off from the reason that you would give) is:  
   a b c d e f (circle one)
3b. What about keeping a promise to a stranger? Let's say you had to give a reason why it is important to keep a promise, if you can, to a stranger. What reason would you give?

a. because otherwise the stranger will find out you were a tattletale and beat you up.
   close / not close / not sure (circle one)

b. because then you can be proud of yourself, and keep from giving the impression that you are a selfish person.
   close / not close / not sure (circle one)

c. because you just might run into that person again some time.
   close / not close / not sure (circle one)

d. because it is important for the sake of your own integrity as well as the respect of others.
   close / not close / not sure (circle one)

e. because the stranger's claims are just as important as those of any other individual.
   close / not close / not sure (circle one)

f. because there is no interaction without affiliation.
   close / not close / not sure (circle one)

3c. Of all the above reasons, the reason which is the closest to the reason that you would give (or the least far off from the reason that you would give) is:

a b c d e f (circle one)

4. What if Joe's father did not promise that Joe could keep the money? Should Joe:

refuse / not refuse / not sure (circle one)

4a. How important is it for parents to let their children keep earned money, even when the children weren't promised that they could keep the money?

very important / important / not sure (circle one)

4b. Let's say you had to give a reason why it is IMPORTANT for parents to do that. What reason would you give?

a. because the child worked for the money, so it's his and he can do whatever he wants with it.
   close / not close / not sure (circle one)

b. because without the individual there can be no commitment to parents or to children.
   close / not close / not sure (circle one)

c. because the child deserves it after so much sacrifice, and taking the money would be cruel.
   close / not close / not sure (circle one)

d. because the child's moral rights are of equal value to his parents'.
   close / not close / not sure (circle one)

e. because if his money is taken, the child may cry.
   close / not close / not sure (circle one)

f. because the child accepted a responsibility, and has a right to a fair return for his effort.
   close / not close / not sure (circle one)

4c. Of all the above reasons, the reason which is the closest to the reason that you would give (or the least far off from the reason that you would give) is:

a b c d e f (circle one)
5b. Let's say you had to give a SECOND reason why it is important for parents to let their children keep earned money, even when the children weren't promised that they could keep the money. What SECOND reason would you give?

a. because the child will be sad if they take the money.
   close / not close / not sure (circle one)

b. because without money the child can't have any fun.
   close / not close / not sure (circle one)

c. because the child's rights are tantamount to promises.
   close / not close / not sure (circle one)

d. because that way the child can achieve personal development as an individual.
   close / not close / not sure (circle one)

e. because that way the child can develop a sense of self-sufficiency and responsibility.
   close / not close / not sure (circle one)

f. because otherwise the child may just become lazy and selfishly take from others.
   close / not close / not sure (circle one)

5c. Of all the above reasons, the reason which is the closest to the reason that you would give (or the least far off from the reason that you would give) is:

   a b c d e f (circle one)

6. What if the father needs the money not to go on a fishing trip, but instead to pay for food for the family? Should Joe:

   refuse / not refuse / not sure (circle one)

6a. How important is it for children to help their parents—even when it means that the children won't get to do something they want to do?

   very important / important / not important (circle one)

6b. Let's say you had to give a reason WHY it is IMPORTANT for children to do that. What reason would you give?

   a. because the parents may have done lots of favors for their children, and now they need the children to return a favor.
      close / not close / not sure (circle one)

   b. because sometimes a contract between individuals must be broken for the sake of the common good.
      close / not close / not sure (circle one)

   c. because filial relationships transcend the family.
      close / not close / not sure (circle one)

   d. because children should always obey and help their parents.
      close / not close / not sure (circle one)

   e. because the children should realize how much their parents have sacrificed for them.
      close / not close / not sure (circle one)

   f. because the family must come before individual wishes where the family unit is at stake.
      close / not close / not sure (circle one)

6c. Of all the above reasons, the reason which is the closest to the reason that you would give (or the least far off from the reason that you would give) is:

   a b c d e f (circle one)
Appendix B

The Spann-Fischer Codependency Scale
A copy of the Spann-Fischer Codependency Scale may be obtained from the following journal article: "Measuring Codependency" by J.L. Fischer, L. Spann, and D. Crawford, 1991. Alcoholism Treatment Quarterly, 8, 87-99. Copyright 1991 by Haworth Press.
Appendix C

Personal Questionnaire
Personal Questionnaire

Age: _______ years.

Sex: ___ male ___ female

Race: ___ Caucasian ___ Black ___ Native American ___ Hispanic ___ Asian

Marital Status: ___ single ___ married ___ separated ___ divorced ___ widowed

Education: Please indicate highest grade level completed in . . .
grade school ___ high school ___ college ___

graduate degree (please circle):
masters specialist doctorate

other educational/vocational training (please specify)

____________________________________________________

Occupation: ________________________________

Are you currently receiving codependency treatment, i.e. you have had at least 4 individual and/or group sessions? ___ yes ___ no

or

Are you awaiting codependency treatment, i.e. you have had only one initial interview or assessment and/or you are on a waiting list for treatment? ___ yes ___ no

Are you personally recovering from alcohol and/or drug abuse?
___ yes ___ no

If you answered 'yes' on the above question, have you been recovering for (check one)
___ at least 6 months
___ more than 2 weeks, but less than 6 months
___ two weeks or less

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
Appendix D

Summary of Kohlberg's Stages of Moral Development
Summary of Kohlberg's Stages of Moral Development

I. Preconventional Level

Stage 1, punishment and obedience orientation. The physical consequences of action determine its goodness or badness regardless of the human meaning or value of these consequences.

Stage 2, instrumental relativist orientation. Right action consists of that which instrumentally satisfies one's own needs and occasionally the needs of others.

II. Conventional Level

Stage 3, interpersonal concordance or "good boy—nice girl" orientation. Good behavior is that which pleases or helps others and is approved by them. One earns approval by being "nice".

Stage 4, "law and order" orientation. There is orientation toward authority, fixed rules, and the maintenance of the social order.

III. Postconventional, Autonomous, Or Principled Level

Stage 5, social-contract legalistic orientation. Generally, this stage has utilitarian overtones. Right action tends to be defined in terms of general individual rights and in terms of standards that have been critically examined and agreed upon by the whole society.

Stage 6, universal ethical-principle orientation. Right is defined by the decision of conscience in accord with self-chosen ethical principles appealing to logical comprehensiveness, universality, and consistency.

Appendix E

HSIRB Approval
Date: August 6, 1993

To: David Arkesteyne

From: M. Michele Burnette, Chair  

Re: HSIRB Project Number 93-07-03

This letter will serve as confirmation that your research project entitled "An investigation of the relationship between codependency and Kohlberg's stages of moral development" has been approved under the exempt category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the approval application.

You must seek reapproval for any changes in this design. You must also seek reapproval if the project extends beyond the termination date.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: August 6, 1994

xc: Trembley, CECP
Appendix F

Instrument Utilization Approval
December 5, 1994

David Arkesteyn
CECP Program
Western Michigan University
Kalamazoo, MI 49001

Dear David:

You certainly have my permission to use and reproduce the Sociomoral Reflection Objective Measure in research. Also, UMI may reproduce copies on demand.

Sincerely,

John C. Gibbs, Ph.D.
Professor
Developmental Psychology
Sept. 24, 1992

Dave Arkesteyn
2654 Garfield N.W.,
Grand Rapids, MI 49504

Dear Dave:

Enclosed are the table of percentiles.

As we discussed you have my permission to reproduce the Codependency Scale in your dissertation and to use it in research. However, reproduction in your dissertation should not be construed as my relinquishing copyright. Something to the effect that it is reproduced with my permission may be sufficient to take care of this technicality.

Best wishes on your research.

Sincerely,

Judith Fischer, Ph.D.
Professor

"An Equal Opportunity/Affirmative Action Institution"
Appendix G

Solicitation and Instructions for Study Subjects
Dear potential study participant,

As part of a dissertation study in the Department of Counselor Education and Counseling Psychology at Western Michigan University, I am asking for your voluntary participation in this study. The purpose of this study is to explore the relationship between normal moral development and codependency.

Your participation in this study will involve approximately 30 to 60 minutes of your time on one occasion to complete three assessment forms. One form is designed to measure levels of development regarding beliefs about right and wrong. Another form is designed to measure behaviors and characteristics in an individual which are often referred to collectively as codependency. The final form is designed to gather some general information about you; i.e., age, sex, occupation, etc.

The study will be anonymous, so do not put your name on the questionnaires. You are free to drop out of the study at any time; simply destroy the questionnaire or return it uncompleted. If you do not participate, your services at the clinic will not be affected in any way. Your participation in this study will pose no more risk to you than is normal during ordinary psychological examination. If you do experience any distress, you may wish to discuss this with your therapist. If you have not been assigned a therapist, you may discuss this with the intake worker at your treatment agency. If you are interested in receiving the results of your completed questionnaire, you should copy down the code number on the forms and give it to your therapist. Then your therapist can obtain your results from the researcher; the researcher will never know your name.

Please consider participating in this study. If you should decide to participate, please notify your therapist or the intake worker at your treatment agency. If you have any questions concerning the study, please contact David Arkesteyn at 616-784-4149 or Dr. Edward Trembley at 616-387-5115.

Thank you for your consideration.

Sincerely,

[Signature]

David Arkesteyn
Instructions

Please fill out all three questionnaires completely. The instructions for completing the Social Reflection Questionnaire and the Spann-Fischer Scale are provided on the first page of each questionnaire. When you have completed the three forms, please deposit them in the box in the designated area. This is an anonymous study, so please do not put your name on any of the questionnaires. The questionnaires are coded, i.e. la, lb, lc, etc. This coding is done to maintain your anonymity and so you can learn your results if you wish. If you will want to know your results, please copy down your code number. You need only give your therapist your code number and he/she will contact this researcher who will convey the results to your therapist. Your therapist will then discuss the results with you.
BIBLIOGRAPHY


