Are Social Cognitive Domains "Real"? Heterogeneity In Issue Classification at the Group and Individual Level

Nancy Darling, Xuehan Luo, Sophia Carter, Nam Nguyen

Introduction

Social Cognitive Domain Theory (Smetana, 2025) focuses on how the domain an issue is classified in determines individuals' assessment of whether it is legitimate for others to exert control over it. As typically operationalized, researchers implicitly assume that each issue belongs to a single domain (e.g., 'who your friends are' belongs in the Personal domain and 'wearing seat belts' belongs in the Prudential domain). This study tested that assumption by asking college students to classify 64 issues into six domains and looking for consensus on domain classification.

Social Domain Theory

Social cognitive domain theory (Turiel, 1983) posits that moral decision-making differentiates between issues that are prescriptive ('thou shalt not kill'), arbitrary societal conventions that facilitate effective functioning ('using titles to address adults'), and psychological ('those reflecting on self and identity') (Smetana, 2025). The Psychological domain includes the Personal, which includes matters of privacy and preferences affecting only the self, and Prudential, which encompasses safety primarily affecting the self. Children grant parents legitimate authority to regulate Moral and Conventional issues but during adolescence the Personal domain expands to encompass issues previously ascribed to legitimate areas of parent regulation. Health issues are normatively considered to be in the Personal domain during adulthood but in the Prudential domain during childhood. Decisions to obey others and keep

secrets from them depends upon beliefs about the legitimacy of their authority and obligation to obey (Darling, Cumsille, & Martinez, 2008).

One inconsistency in the literature is that specific issues are said to be classified in one domain but developmentalists interested in social cognitive domain theory show that beliefs about legitimacy vary with age. Conflict is thought to arise between parents and adolescents when about issues classified differently by each. Normative rises in conflict have been hypothesized to explain increased conflict during periods of governance transfer, when domain membership shifts (Smetana, Daddis & Cheung, 2003). Although issues are classified differently by different people (multi-domain, Smetana, 2025) it is unclear whether multi-domain membership is at the population or individual level.

Research Questions

How much variability is there in domain classification? Is it reasonable to describe an issue as part of a particular domain, as is often implied by Social Domain Theory?

Why Does Domain Membership Matter?

T3D is an ongoing research project looking at medical adherence in adolescents and emerging adults (T3D). Previous research has shown that adolescents and emerging adults are more likely to disclose information to parents and say they should disclose information to health providers and doctors when they believe their authority to regulate the issue. They also report obeying (parents) and believe they should obey health providers when the issue is seen as within the legitimate authority of the adult and that they should not lie.

For the 5% of adolescents and young adults who experience life-changing chronic pain, lifestyle changes are the most effective treatments and part of all treatment programs (Landry et al, 2015). Yet adherence is very low. Previous research shows that college students rate the

lifestyle changes similarly to issues in the Personal domain but traditional medical treatments as Prudential (Darling, Luo, Goldstein & Blotner, 2023). A pressing issue in interpreting findings such as these is whether domain membership is a heuristic devised that helps us describe findings or whether domain membership changes the process through which people made decisions about medical adherence. In other words, does domain membership contribute to our prediction of adherence and information sharing over and above knowledge of legitimacy beliefs.

Methods

Participants: A total of 130 participants, aged 18 to 23, were recruited from Oberlin College's Introductory Psychology course (PSYC 100). Participants were asked to complete a survey in which they categorized 64 commonly encountered issues that parents and doctors usually set rules about into one of six predefined domains: Prudential, Personal, Conventional, Family Functioning, Medical, and Lifestyle Medical. Prior to the task, participants read definitions for each domain. They were instructed to assign each issue to the domain they believed best represented it.

Procedure: We defined six domains and asked participants to classify 64 issues into the one they thought it best fit.

Conventional Domain: areas of social conventions that are agreed upon but aren't about morality (e.g., calling adults Mr. or Ms. rather than by first names).

Traditional Medicine Domain: includes things that you would expect a doctor to do (e.g., activities related to a patient's treatment, like treating a cold or giving vaccinations). Write TWO examples of things that fall into this category.

Family Domain: make the family run more smoothly or ensure that children do what they are supposed to do (e.g., doing chores or schoolwork).

LifeStyle Domain: includes behavioral changes directly related to a person's routine/daily activities/patterns that doctors recommend to improve health (e.g., exercise more).

Personal Domain: activities that relate to your personal preference and are not related to anyone else (e.g., music choice, extracurricular activities).

Prudential Domain: non-social acts related to personal safety, comfort, and health (e.g., bathing regularly, wearing a bike helmet, etc.).

In the analysis, for each issue, the percentage of participants who assigned it to each domain was calculated. These percentages summed to 1 for each issue, reflecting how responses were distributed across the domains. Higher percentages within a single domain indicated stronger agreement among participants about the classification of that issue.

Results

Figure 1 represents 64 common issues parents and doctors set rules about. Participants sorted each issue into one domain, with each domain represented by a color. When issues are sorted by percent classification in each domain, the graph represents consensus around domain membership.

Figure 1

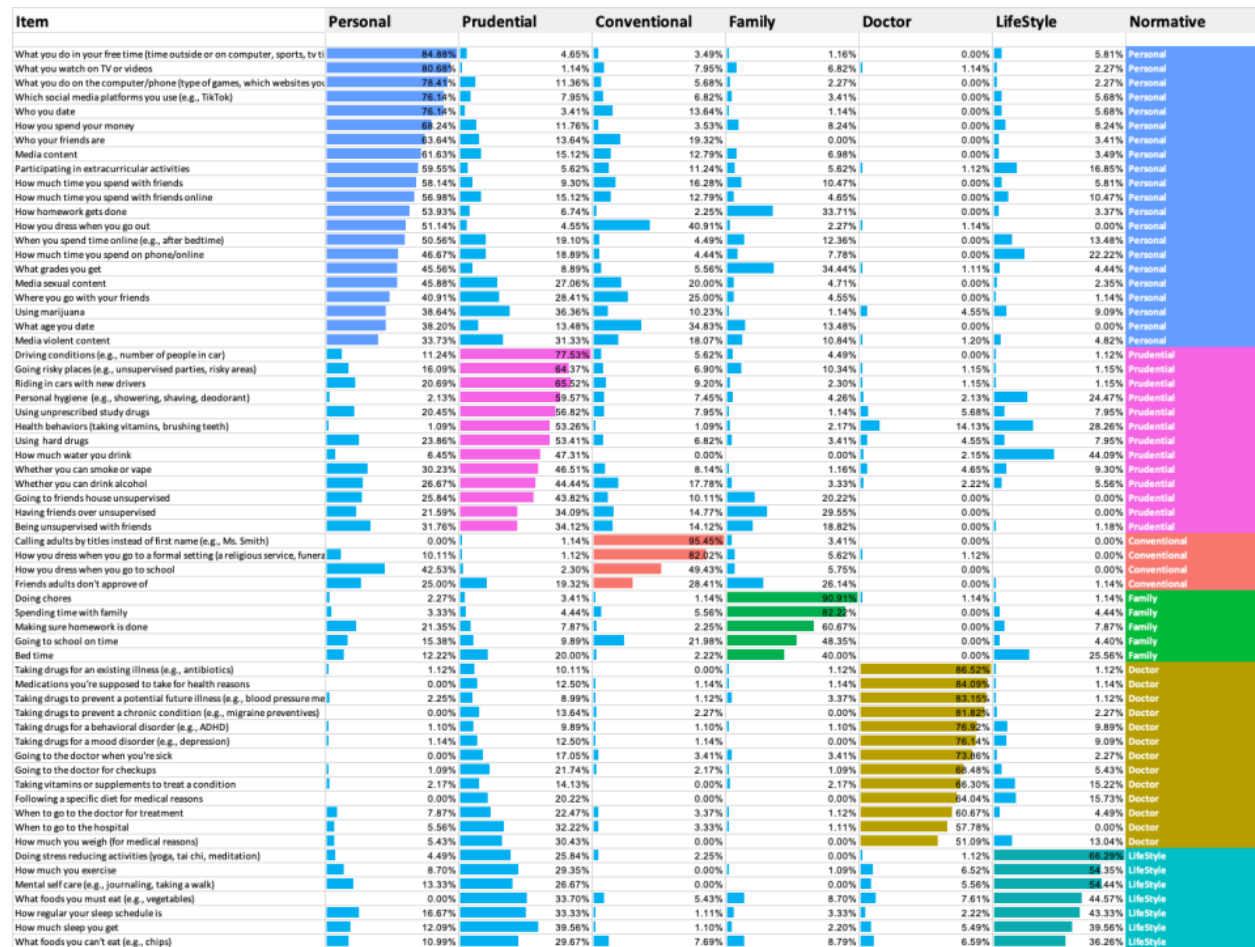| Item	Personal	Prudential	Conventional	Family	Doctor	LifeStyle	Normative
What you do in your free time (time outside or on computer, sports, tv ti...	84.88%	4.65%	3.49%	1.16%	0.00%	5.81%	Personal
What you watch on TV or videos	80.68%	1.14%	7.95%	6.82%	1.14%	2.27%	Personal
What you do on the computer/phone (type of games, which websites you...	78.41%	11.36%	5.68%	2.27%	0.00%	2.27%	Personal
Which social media platforms you use (e.g., TikTok)	76.14%	7.95%	6.82%	3.41%	0.00%	5.68%	Personal
Who you date	76.14%	3.41%	13.64%	1.14%	0.00%	5.68%	Personal
How you spend your money	68.24%	11.76%	3.53%	8.24%	0.00%	8.24%	Personal
Who your friends are	63.64%	13.64%	19.32%	0.00%	0.00%	3.41%	Personal
Media content	61.63%	15.12%	12.79%	6.98%	0.00%	3.49%	Personal
Participating in extracurricular activities	59.55%	5.62%	11.24%	5.62%	1.12%	16.85%	Personal
How much time you spend with friends	58.14%	9.30%	16.28%	10.47%	0.00%	5.81%	Personal
How much time you spend with friends online	56.98%	15.12%	12.79%	4.65%	0.00%	10.47%	Personal
How homework gets done	53.93%	6.74%	2.25%	33.71%	0.00%	3.37%	Personal
How you dress when you go out	51.14%	4.55%	40.91%	2.27%	1.14%	0.00%	Personal
When you spend time online (e.g., after bedtime)	50.56%	19.10%	4.49%	12.36%	0.00%	13.48%	Personal
How much time you spend on phone/online	46.67%	18.89%	4.44%	7.78%	0.00%	22.22%	Personal
What grades you get	45.56%	8.89%	5.56%	34.44%	1.11%	4.44%	Personal
Media sexual content	45.88%	27.06%	20.00%	4.71%	0.00%	2.35%	Personal
Where you go with your friends	40.91%	28.41%	25.00%	4.55%	0.00%	1.14%	Personal
Using marijuana	38.64%	36.36%	10.23%	1.14%	4.55%	9.09%	Personal
What age you date	38.20%	13.48%	34.83%	13.48%	0.00%	0.00%	Personal
Media violent content	33.73%	31.33%	18.07%	10.84%	1.20%	4.82%	Personal
Driving conditions (e.g., number of people in car)	11.24%	77.53%	5.62%	4.49%	0.00%	1.12%	Prudential
Going risky places (e.g., unsupervised parties, risky areas)	16.09%	64.37%	6.90%	10.34%	1.15%	1.15%	Prudential
Riding in cars with new drivers	20.69%	65.52%	9.20%	2.30%	1.15%	1.15%	Prudential
Personal hygiene (e.g., showering, shaving, deodorant)	2.13%	59.57%	7.45%	4.26%	2.13%	24.47%	Prudential
Using unprescribed study drugs	20.45%	56.82%	7.95%	1.14%	5.68%	7.95%	Prudential
Health behaviors (taking vitamins, brushing teeth)	1.09%	53.26%	1.09%	2.17%	14.13%	28.26%	Prudential
Using hard drugs	23.86%	53.41%	6.82%	3.41%	4.55%	7.95%	Prudential
How much water you drink	6.45%	47.31%	0.00%	0.00%	2.15%	44.09%	Prudential
Whether you can smoke or vape	30.23%	46.51%	8.14%	1.16%	4.65%	9.30%	Prudential
Whether you can drink alcohol	26.67%	44.44%	17.78%	3.33%	2.22%	5.56%	Prudential
Going to friends house unsupervised	25.84%	43.82%	10.11%	20.22%	0.00%	0.00%	Prudential
Having friends over unsupervised	21.59%	34.09%	14.77%	29.55%	0.00%	0.00%	Prudential
Being unsupervised with friends	31.76%	34.12%	14.12%	18.82%	0.00%	1.18%	Prudential
Calling adults by titles instead of first name (e.g., Ms. Smith)	0.00%	1.14%	95.45%	3.41%	0.00%	0.00%	Conventional
How you dress when you go to a formal setting (a religious service, funera...	10.11%	1.12%	82.02%	5.62%	1.12%	0.00%	Conventional
How you dress when you go to school	42.53%	2.30%	49.43%	5.75%	0.00%	0.00%	Conventional
Friends adults don't approve of	25.00%	19.32%	28.41%	26.14%	0.00%	1.14%	Conventional
Doing chores	2.27%	3.41%	1.14%	90.91%	1.14%	1.14%	Family
Spending time with family	3.33%	4.44%	5.56%	82.22%	0.00%	4.44%	Family
Making sure homework is done	21.35%	7.87%	2.25%	60.67%	0.00%	7.87%	Family
Going to school on time	15.38%	9.89%	21.98%	48.35%	0.00%	4.40%	Family
Bed time	12.22%	20.00%	2.22%	40.00%	0.00%	25.56%	Family
Taking drugs for an existing illness (e.g., antibiotics)	1.12%	10.11%	0.00%	1.12%	86.52%	1.12%	Doctor
Medications you're supposed to take for health reasons	0.00%	12.50%	1.14%	1.14%	84.09%	1.14%	Doctor
Taking drugs to prevent a potential future illness (e.g., blood pressure me...	2.25%	8.99%	1.12%	3.37%	83.15%	1.12%	Doctor
Taking drugs to prevent a chronic condition (e.g., migraine preventives)	0.00%	13.64%	2.27%	0.00%	81.82%	2.27%	Doctor
Taking drugs for a behavioral disorder (e.g., ADHD)	1.10%	9.89%	1.10%	1.10%	76.92%	9.89%	Doctor
Taking drugs for a mood disorder (e.g., depression)	1.14%	12.50%	1.14%	0.00%	76.14%	9.09%	Doctor
Going to the doctor when you're sick	0.00%	17.05%	3.41%	3.41%	73.86%	2.27%	Doctor
Going to the doctor for checkups	1.09%	21.74%	2.17%	1.09%	68.48%	5.43%	Doctor
Taking vitamins or supplements to treat a condition	2.17%	14.13%	0.00%	2.17%	66.30%	15.22%	Doctor
Following a specific diet for medical reasons	0.00%	20.22%	0.00%	0.00%	64.04%	15.73%	Doctor
When to go to the doctor for treatment	7.87%	22.47%	3.37%	1.12%	60.67%	4.49%	Doctor
When to go to the hospital	5.56%	32.22%	3.33%	1.11%	57.78%	0.00%	Doctor
How much you weigh (for medical reasons)	5.43%	30.43%	0.00%	0.00%	51.09%	13.04%	Doctor
Doing stress reducing activities (yoga, tai chi, meditation)	4.49%	25.84%	2.25%	0.00%	1.12%	66.29%	LifeStyle
How much you exercise	8.70%	29.35%	0.00%	1.09%	6.52%	54.35%	LifeStyle
Mental self care (e.g., journaling, taking a walk)	13.33%	26.67%	0.00%	0.00%	5.56%	54.44%	LifeStyle
What foods you must eat (e.g., vegetables)	0.00%	33.70%	5.43%	8.70%	7.61%	44.57%	LifeStyle
How regular your sleep schedule is	16.67%	33.33%	1.11%	3.33%	2.22%	43.33%	LifeStyle
How much sleep you get	12.09%	39.56%	1.10%	2.20%	5.49%	39.56%	LifeStyle
What foods you can't eat (e.g., chips)	10.99%	29.67%	7.69%	8.79%	6.59%	36.26%	LifeStyle

Figure 2 shows the same information. In this graph, each bar represents the percentage of raters classifying the issue in each domain. The more colorful a bar is, the more heterogeneity.

Figure 2

This is illustrated in Figure 3 by four issues most participants rated in the Conventional domain. The first issue "Calling adults by titles instead of first name" gets most agreement. There is a clear disagreement in the last issue "Friends adults don't approve of." This issue can be described as 'multi-domain'.
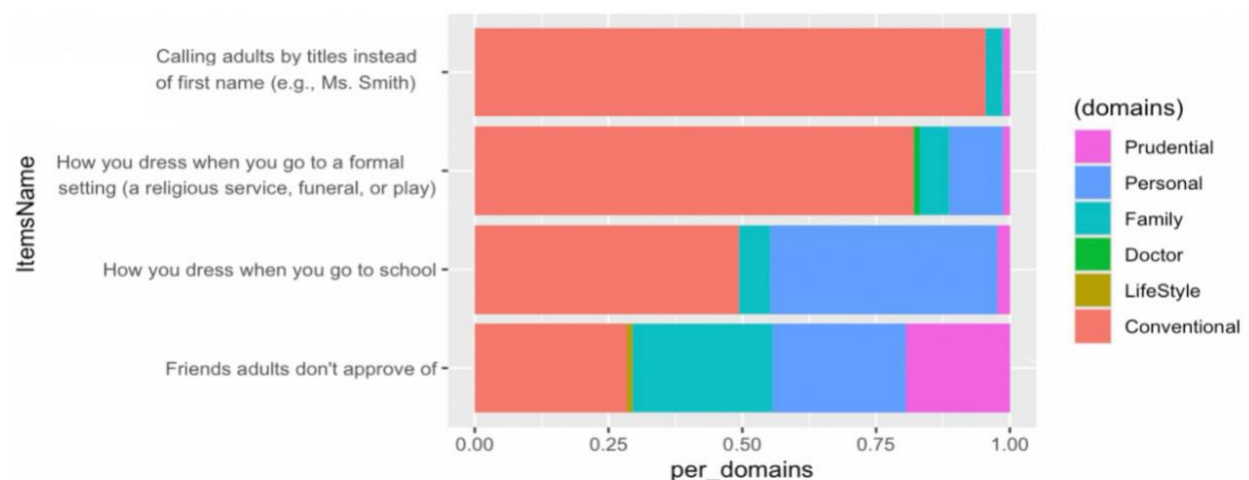
Many issues at the bottom of Graph 2 are described better with multiple domains than by a single domain.

Conclusion

Our findings suggest that many issues are classified as multi-dimensional, calling into question the idea that each issue falls into only one domain.

More understanding about how people classify issues into domains is needed. We will further explore whether this disagreement is on a group level or personal level.