

MORAL ORIENTATION IN PARENTING DILEMMAS: THE EFFECT OF  
CHARACTERISTICS OF THE DILEMMA ON MORAL REASONING

by

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CHAPTER I  
INTRODUCTION

Is moral reasoning a process influenced primarily by characteristics of the person, or is the quality of moral reasoning processes derived from and influenced by the characteristics of the particular moral dilemma being considered? Most research on moral development has focused on variability associated with personal characteristics of the subjects, such as age or gender, rather than on the extent to which variability might derive from characteristics of the moral dilemma itself. Very different types of moral dilemmas (e.g., hypothetical vs. personal) presented in very different manners have been used in studies of moral development. Little attention has been paid to the possibility that the particular qualities of the dilemma selected might elicit moral reasoning different from that which would occur in response to dilemmas with different stimulus qualities. This investigation examined the effect on moral reasoning of the characteristics of the particular dilemma being considered. A sample of parents of handicapped and non-handicapped children were asked to respond to a series of moral dilemmas differing in degree of

personal relevance, emotional appeal of content, and presentation format. Gender differences in moral reasoning were also examined.

Moral reasoning is the process of considering conflicting values and making choices among those values (Argyris et al., 1987). Lawrence Kohlberg (1969, 1981, 1984) and Carol Gilligan (1977, 1982), the two major researchers in the field of moral reasoning, take fundamentally different views regarding the principles that organize moral problem solving. Justice reasoning, the type of moral reasoning described by Kohlberg, is based on the application of general principles to specific situations. The principles of justice derive from a concern with treating all persons equally. Persons applying the principles of justice in the resolution of a moral dilemma are concerned with considerations of whether: (a) a moral principle to which all individuals should adhere is at stake; (b) there is a rational standard that applies to the situation; (c) some values are more fundamental than others; (d) certain human rights are more fundamental than institutionalized systems of law; (e) the rights of individuals are involved, and (f) the individual has a right to make autonomous value decisions (Friedman, Robinson, & Friedman, 1987). Making moral judgments of the type described by Kohlberg requires objectivity, distance, and

disengagement from the situation in order to be sure that each person is treated fairly (Lyons, 1983).

Gilligan has questioned the adequacy of Kohlberg's description of moral reasoning, especially for women, and has defined a second orientation to moral judgment. Gilligan's work focuses on a contextually based mode of moral reasoning based on the principle of care or response. The principle of care requires an understanding of each person involved. Persons are assumed to be of equal worth, but do not necessarily have to be treated the same, as in the justice approach. The goal of moral decision-making in the care approach is to meet each person's needs while avoiding hurt. The need to understand the motives and concerns of the persons involved precludes an objective, detached approach. Persons who adopt the care perspective consider (a) actual consequences for the people involved; (b) effects on specific relationships; (c) the context and nature of the persons involved; (d) issues of sacrifice and selfishness; (e) the obligation to avoid hurt (Friedman, Robinson, & Friedman, 1987).

Kohlberg and Gilligan concede that moral reasoning may involve considerations of both justice and care. However, they disagree on the relationship between the two types of considerations. Kohlberg, Levine, and Hower (1983) argue that care and justice are not two separate and independent

types of moral reasoning. They suggest that the types of moral considerations involved in the care perspective are merely a special category of more general moral reasoning. In other words, all persons are bound by universal moral obligations. However, personal relationships may establish special obligations which presuppose, but go beyond the general duties of the justice approach. Care considerations depend on personal connections to the people involved, and cannot apply to all persons precisely because the approach requires personal contact. Kohlberg et al. recognize the care approach as being within the moral domain, but believe it is restricted to special circumstances of personal relationship.

Gilligan (1987a) describes the relationship between care and justice differently. She sees the relationship as analogous to the viewing of an ambiguous figure, such as the line drawing which may be seen as either a rabbit or a duck. A particular moral dilemma may be organized through either the care or justice perspective, with the result that one set of concerns is emphasized at the expense of the other. A person who is concerned with the particular, individual needs of a unique person (as in the care approach) cannot simultaneously consider universal standards of fairness (as in the justice approach). However, it is quite possible for a particular person to shift back

and forth between the care perspective and the justice perspective, utilizing both alternatively, but not simultaneously.

Kohlberg and Gilligan do not disagree on the issue of gender differences in the extent to which each type of moral reasoning is employed. Gilligan (1982) argues that, for reasons which have to do with their very early socialization, women and men view moral situations differently. She states that women tend to spontaneously use the care orientation more often than men, and that men use the justice orientation almost exclusively. Gilligan recognizes that gender does not absolutely determine which type of moral reasoning will be employed. She recognizes that men do, at least on occasion, reason using care considerations. Kohlberg does not dispute the possibility that women may tend to employ care considerations more frequently than men. However, he does see care reasoning as an inferior sort of moral consideration compared to justice.

In the extensive debate of issues and theoretical differences between Kohlberg and Gilligan (Greeno & Maccoby, 1986; Harding, 1987; Kerber, 1986; Kohlberg, Levine, & Hwer, 1983; Meyers & Kittay, 1987; Stack, 1986) little discussion has centered on the fact that neither investigator included both sexes in the subject populations of their major theory-building investigations. In their

theory-testing studies, Kohlberg and his colleagues investigated moral reasoning in samples consisting primarily of men, whereas Gilligan and her colleagues investigated this process primarily among women. Even less note has been taken of the major differences in the level of personal relevance of the moral dilemmas for their subjects. This inattention to differences in methodology may have obscured important variables in research on moral decision-making. The extent to which the type of reasoning employed may be influenced by one's personal involvement in and the personal relevance of a particular moral dilemma has seldom been considered.

Kohlberg's method of theory construction and hypothesis testing (Colby, Kohlberg, Gibbs, & Lieberman, 1983) involves presenting subjects with hypothetical moral dilemmas which oppose two moral values and asking subjects questions about the manner in which the dilemma should be resolved. For instance, the most famous dilemma, that of Heinz, sets up a situation in which the subject must choose between the value of saving a human life and the value of upholding the law. The impersonal character of Kohlberg's dilemmas seems calculated to elicit justice responses: detached, logical, impartial, and hierarchical (Kerber, 1986).

Gilligan's theory building (1977, 1982) derived from the responses of women contemplating abortion to open-ended questions in a personal interview. The interview emphasized questions about the nature of the self of each subject. The subject's personal involvement in the moral dilemma may have stimulated responses of a personalized and contextual nature, responses much more compatible with the care perspective than with the more detached and impersonal considerations of the justice approach (Kerber, 1986).

A comparison of Kohlberg's and Gilligan's work reveals that the level of personal involvement in dilemmas used to assess moral reasoning processes has been confounded with two other potentially relevant variables: the emotional appeal of the content of the moral dilemma and the method of presentation. Gilligan's dilemmas are not only more personally relevant than Kohlberg's, but the content is more emotionally compelling. In other words, content tends to elicit an emotional, as opposed to a rational response. For that reason, the level of emotional involvement in Gilligan's dilemma is higher, and this higher level of emotional involvement may be confounded with the level of personal relevance. In addition, the style of Gilligan's and Kohlberg's dilemmas is different. Kohlberg presents a story and asks questions about the story, whereas Gilligan's interview allows the respondent to select the

dilemma that will be discussed. Thus, the method of presentation of the dilemma may also be confounded with the level of personal relevance and the emotional appeal of the dilemma. Because of the confounding of level of emotional appeal, personal involvement, and method of presentation in previous research, the potential influence of each of these factors on moral problem-solving is, at present, unclear.

The purpose of the present study was to disentangle the effects of these situational factors (emotional appeal, personal involvement, and method of presentation) on moral reasoning. It is important to determine the ways in which situational variables affect the moral reasoning process because thought processes underlie the selection of particular paths of action. If situational variables are omitted from consideration, one may expect a particular person to reason about moral issues in a consistent manner across situations. Variations in reasoning will be expected to occur only with advancing age or between different persons. Our common experience and investigation into moral behavior in different situations (Hartshorne & May, 1930) tell us that this is not so. A person may reason one way in a particular situation on a particular day and in another, entirely different way, in a different situation. This investigation probed some of the reasons for these differences in order to broaden, elaborate, and

enhance our understanding of how humans approach moral problems.

CHAPTER II  
LITERATURE REVIEW

Theoretical Framework

All developmental theories contain presuppositions about the nature of reality and the relationship of the developing person to that reality. Sandra Bem (1987) has proposed that developmental theories may be divided into two traditions. The first, the enlightenment position, which has also been called positivism (Hare-Mustin & Marecek, 1988), is exemplified by Piaget, Kohlberg, Chomsky, and Locke. The enlightenment tradition views the human mind as rational and development as a process of discovering "true" knowledge which exists independently of the comprehending mind. For these theorists, a single standard of judgment is assumed to be possible. The developing person, as viewed by enlightenment thinkers, strives to comprehend universal structures which exist in the world.

In opposition to the enlightenment or positivist theorists, romanticists or constructivists believe that categories of human understanding are social constructions which are fabricated from shared meanings and which have no independent reality. The romanticist or constructivist believes the person's task is to discover the particular

lenses (assumptions or rules) used by his or her society to perceive reality. Thus, development is an interactive process between the individual and the culture. For the romantic or constructivist theorist, social constructs are at base arbitrary, with no reality independent from their social meaning. Different individuals and groups may construct different concepts and perceptions as a result of different acculturation. Whorf, Kuhn, Erikson, Gilligan, and Hume are examples of theorists who assume a romantic or constructivist stance.

The presuppositions upon which the present investigation was based are of the romantic and constructivist nature, as Bem (1987) and Hare-Mustin and Marecek (1988) have described it. These presuppositions are most clearly evident in the aspect of the study addressing gender differences in the organization of moral reasoning processes. Gender differences within our culture are assumed to reflect shared social meanings that are so pervasive and fundamental as to permeate almost every activity and thought. As Bem has stated:

. . . gender comes to have such priority over alternative conceptual classifications because the culture communicates to the developing child both implicitly and explicitly that sex is one of the most important categories - if not the most important category - in human life; that unlike other social categories with more limited reach, the dichotomy between male and female has and ought to have intensive and

extensive relevance to virtually every domain of human experience.

Constructivist presuppositions also are reflected in the aspect of the study addressing methodological issues. Such profound emphasis on gender differences in our society may well blind researchers to other relevant variables, when gender differences appear. A recent article in the American Psychologist (Hare-Mustin & Maracek, 1988) makes this point. The authors observe that scientific models and investigations tend to suffer either from an "alpha bias," the tendency to focus on and exaggerate sex differences, or from a "beta bias," a tendency to ignore or minimize sex differences. The study of gender differences will be enhanced by studies which, instead of focusing on differences or similarities, elaborate the conditions which influence men and women to similar or different behavior.

The present investigation examined gender differences in moral reasoning, since both theory and research suggest that there are such differences. The investigation also explored influences other than gender which may affect the type of moral reasoning employed by men and women. The study was designed to disentangle the effects of several contextual or situational factors that may have influenced findings in previous investigations of moral reasoning.

### Kohlberg's Theory and Methods

In 1956, Kohlberg developed his moral judgment interview. In the interview, subjects were presented with several short stories, referred to as dilemmas. The dilemmas set up a situation in which two moral values, such as the value of upholding the law and the value of preserving human life, are in conflict. A series of questions which probe the interviewee's reasoning about how the dilemma should be resolved follows the dilemma. The interviewee's stage of moral development is determined by rating the responses according to the type of reasoning used. Higher levels of development are characterized by the use of abstract principles, impartial reasoning, and logical deductions from premises.

Kohlberg's stages were developed within the Piagetian model and conceived as hierarchical structures of thought. In Kohlberg's model (Colby, Kohlberg, Gibbs, & Lieberman, 1983) there are three levels of moral reasoning, (a) the pre-conventional, (b) the conventional, and (c) the post-conventional, each divided into two stages, for a total of six stages. The actual choices made to solve the dilemmas (e.g., whether to emphasize the importance of the law or the importance of life in the Heinz dilemma) does not affect the stage classification. Instead, the rating

system focuses on thought processes and the way the interviewee thinks about the problem.

Kohlberg's major study, the longitudinal study of moral development (Colby, Kohlberg, Gibbs, & Lieberman, 1983), which he designed to test his theory of moral development, included controls for social class, age, and sociometric factors. However, even though he claimed that his moral stages were universal, he included no control for gender. This startling omission is discussed only briefly, by noting that the inclusion of women in the sample would add only another complicating variable to consider. Quite possibly Kohlberg was influenced in his decision by Piaget's (1965) assertion that moral thinking was less developed in females than in males.

Kohlberg's theoretical assumptions, procedures, and method of data analysis were all developed within the context of a world view which reflected the justice orientation to thinking: abstract, logical, hierarchical, and disconnected from contextual considerations. This insensitivity to ways of thinking based on and organized by concerns other than justice was typical of the time in which he conducted his major work. The effect of this pervasive bias was to blind the researchers to theoretical constructs and data which did not fit into their preconceived framework (Eichler, 1988; Keller, 1985).

### Gilligan's Work

Gilligan started her career at Harvard working with Kohlberg and was thus very familiar with his theory. She developed a growing concern about the omission of contextual considerations from all but the lowest levels of Kohlberg's scoring system. Contextual considerations are those involving concern for the characteristics of particular individuals and the relationships between individuals, precisely those concerns which women emphasize. Gilligan's concern developed as a result of findings in two studies, one with late adolescents (Murphy & Gilligan, 1980) and another with women considering abortion (Gilligan, 1977).

The study of late adolescents used the Kohlberg interview format longitudinally with a final sample of 26 Harvard students, 21 males and 5 females. The interviews were administered before and after subjects participated in a course in moral development offered at Harvard, 2 years later, and, finally, 8 years after the original interview. The interviews were rated for level of moral development on Kohlberg's scales using both Structural Issue and Standard Issue Scoring. The Standard Issue Scoring method was developed after the Structural Issue method, Kohlberg's original scoring scheme, was found to be unsatisfactory. The Standard Issue method was considered by Kohlberg to be

the acceptable method for scoring responses (Colby & Kohlberg, 1987).

The interviews were also rated on William Perry's (1970) scales of intellectual and ethical development. Perry's scheme describes epistemological and ethical development during the college years. Perry sees intellectual and moral development as inextricably intertwined. In Perry's scheme, the developing adolescent progresses through 9 "positions" which reflect the adolescent's growing understanding of the domains of knowledge, truth, and value.

The differences in the two schemes are most apparent in the final stages of development. In Kohlberg's final stage, the person is capable of making rational judgments based on abstract principles which are considered absolute and are independent of any contextual considerations. However, in Perry's final position, the person makes commitments to principles or beliefs while recognizing that absolute standards cannot exist in a relativistic world. Thus, Perry's scheme describes a developmental trajectory focused on the adolescent's increasing ability to understand a multiplicity of divergent views.

Murphy and Gilligan found that stage regressions of about 20% were present when the subjects were classified according to the Kohlberg system, even using the new

Standard Issues scoring system. In other words, subjects scored lower at the second and third times of testing than at the first testing, something which should not occur in a hierarchical developmental system. The authors identified several instances in which relativistic thinking (thinking which recognizes diversity of opinion) was given a lower rating than logical reasoning using the Kohlberg system. Relativistic thinking tended to emerge at later times of testing. Furthermore, many of these instances of relativistic thinking actually appeared, on an intuitive level, to be more advanced than responses at a younger age which did not consider context. Subjects' scores using Perry's rating system exhibited little regression across times of testing. The authors theorized that the omission of contextual considerations might be the reason that subjects' responses rated by Kohlberg's system showed persistent regressions. Perry's scheme appeared to account for relativistic thinking and thus to exhibit less regression in scores.

Murphy and Gilligan suggested that Kohlberg's scheme was inadequate because of its failure to assess the developing person's ability to deal with contextual considerations. Women's scores were found to be lower than those of men on both the Kohlberg and Perry scales. The persistence of lower scores for women than men in the Perry

scheme was undoubtedly troubling to these investigators, particularly because the lower scores were of comparable magnitude using either the Kohlberg or Perry method. Gilligan was unwilling to advance the theory that at first appears the most logical and parsimonious--that women's moral reasoning is less developed than men's. Instead she began to consider the manner in which theory and practice in the field of moral development has omitted consideration of women and women's approaches to moral problems. She began to explore the possibility that the patriarchal character of our society and its pervasive discrimination against women was reflected in moral development theories and research designed to test those theories. She argued that feminine strengths, abilities, and concerns simply are not assessed by the standard instruments available to investigate moral development and that women's lower scores are the result of totally ignoring not only the contextual concerns incorporated in relativistic thinking, but also the principles that women emphasize in their moral decision-making.

Gilligan's (1977) investigation of women considering abortion posed a direct challenge to the theoretical basis of Kohlberg's work. The study involved analyses of interviews of 24 women referred to Gilligan's study by counseling services and abortion clinics. Gilligan observed that

the women approached moral dilemmas in a way that was not anticipated by Kohlberg's theory. When judged by Kohlberg's criteria, the women's thinking appeared less developed and less mature than that of men. However, instead of concluding that the women's moral reasoning ability was less adequate than the men's, Gilligan elucidated the differences between the way women solved moral dilemmas and the way men approached the same problems. She found that women tended to approach moral problems with an emphasis on issues of responsibility and caring, an approach not encompassed in the higher stages of Kohlberg's model. She thus provided the first description of the care and justice approaches, and pointed out that the pre-suppositions incorporated in Kohlberg's scoring system recognized only justice reasoning and penalized care responses.

In both the report and the book, Gilligan outlined what she believes to be the developmental stages of the care orientation to moral reasoning, as well as the characteristics of the care approach: connected, contextual, concerned with avoiding hurt, and responsive to the needs of individuals. Although developmental stages were proposed in Gilligan's original work, in more recent writings (1986, 1987a, 1987b), the concept of stages has been de-emphasized.

Gilligan's findings are reported in a literary, rather than in a traditionally scientific manner. The interview format itself is unavailable, and the method of analysis is not described in the original report or in a later book based primarily on the same study (Gilligan, 1982). In response to criticisms that the rules by which to categorize caring and justice responses needed to be clarified (Luria, 1986; Rest, Thoma, Moon, & Getz, 1986), Gilligan and her associates produced "A Guide to Reading Narratives of Moral Conflict and Choice for Self and Moral Voice" (Argyris et al., 1987). The "Guide" is a fascinating and unconventional document when considered in the light of standard interview rating methods. The directions are composed in a literary and holistic style rather than an analytic and particularistic manner, as is the case with most rating manuals. Instead of scoring, the rater is directed through four different readings of the material, each emphasizing a different aspect of the interview: (1) overall comprehension; (2) the self; (3) justice; and (4) care. After all four readings, the rater is directed to come to an overall, unified assessment of the interview, rather than to count individual instances of specific types of responses.

Gilligan's work contrasts sharply with Kohlberg's in assumptions, in procedure, and in the methods of data

analysis and reporting. The differences are so pervasive and fundamental that the two approaches cannot be reconciled. Gilligan's work assumes a universe that is interdependent and caring, in which the rules governing interpersonal relationships vary according to the context, whereas Kohlberg assumes that human relationships are based on abstract, absolute principles of fairness and justice which are eternal and never change.

#### Sources of Justice and Care Orientation

Gilligan theoretically connects women's development of the care orientation to their early experiences with relationship and identification with their mothers as described in Chodorow (1978). Chodorow has examined the effect of the fact that small children are reared almost exclusively by women on the development of gender identity. Because both male and female children are reared by females in their early years during the period when gender identity is formed, the developmental tasks of females and males differ. For the female, the close daily association with her mother allows her to form a clear identity which derives from the close bond with her parent. Thus her identity is formed through and based upon connectedness. Closeness is no threat to identity for a female, but separation is threatening.

The male, on the other hand, has the opposite and more difficult developmental task of separating his own identity from that of the parent who attends him most intimately. He must develop his gender identity while his primary role model, his father, is often absent or distant from him. Thus, whereas independence and separateness protect identity for the male, bonds of closeness threaten the loss of identity.

Gilligan, along with Chodorow, believes that women learn from their early experiences to emphasize relationships and connectedness in their thinking and behavior, whereas men learn to emphasize separateness and power. She claims to see reflections of women's contextual thinking in their approaches to solving moral dilemmas and reflections of men's early socialization in Kohlberg's descriptions of moral thinking. The care approach emphasizing connectedness and interdependence and the justice approach emphasizing impartial rules and impersonal decision-making can be seen to derive from personality traits established during the early years. The social expectation that women will be the caregivers and the maintainers of relationships, whereas men will be the protectors and decision-makers, maintain and emphasize early differences.

Others (Harding, 1987; Hare-Mustin & Marecek, 1988; Puka, unpublished manuscript; Stack, 1986) have proposed

that the care orientation may derive from or be emphasized by the domination and oppression of women in the patriarchal structure of society. They point out that an oppressed person must develop special sensitivity and responsibility to other persons, whereas the ruling class benefits from an emphasis on upholding established procedures. They point to similarities between the care approach and the world views found in African cultures and among American Black males. African and American Black males apparently construct reality and the self as intrinsically connected with both the community and with nature. This profound sense of connection leads to the belief that "an individual cannot refuse to act when called upon to do so" (Harding, 1987). Thus Africans and Afro-Americans will often unquestioningly go against their own self-interest, as in the case of the Black man who co-signs a loan for a friend, in the full knowledge that the friend may default and his own finances suffer, in order to maintain the ties of interpersonal friendship.

A similar theme suggesting an association between social oppression and a care orientation to the resolution of moral problems is found in John Steinbeck's (1939) novel, The Grapes of Wrath. This tale of sacrifice by Whites of both sexes in order to maintain bonds of human relationship and community under conditions of severe

economic oppression may reflect a similar approach to that which has been described in Blacks and in the care orientation. An example is the quote from Pa,

Sometimes the law can't be foller'd no way.  
. . Not in decency anyways. They's lots a times  
you can't. When Floyd was loose an' goin' wild,  
law said we got to give him up - an' nobody give  
him up. Sometimes a fella got to sift the law.  
(p. 123)

A similar point is made by Hare-Mustin and Marecek (1988) who suggest that husbands call on rules and logic in husband-wife conflicts, whereas wives call for caring. However, the same woman in a parent-child conflict, where she is in a dominant position, will emphasize rules, and the child will call for sympathy and understanding.

Whether the differing concerns of the care and justice approaches derive from early socialization or from women's oppressed status within the social structure, or both, it is clear that motivations and patterns of thought so deeply rooted are difficult to even recognize. Because such patterns of thought are so pervasively influential and largely unconscious, it is important to investigate the factors which may elicit one orientation over the other.

### Gender Differences in Moral Reasoning

Gilligan argues that Kohlberg's rating system for the development of moral reasoning omits consideration of approaches other than the abstract and logical approach idealized in masculine thinking. According to Gilligan, this omission causes responses that focus on context and personal relations to be rated lower than those that employ abstract thinking. Gilligan believes that because Kohlberg's sample in the study in which his theory was originally tested and validated was all male, typical feminine approaches simply were not considered. Thus her critique is not primarily methodological, as has been the case with many of Kohlberg's other critics (Carter, 1980; Levine, 1979; Simpson, 1974). Rather, Gilligan's criticism attacks the value presuppositions and the validity of Kohlberg's theoretical approach.

Kohlberg (Kohlberg, Levine, & Hewer, 1983) now admits that his procedures may have omitted consideration of concerns exemplified in the care approach and that the concerns of the care orientation should be defined as moral concerns. However, he argues that the care approach is less nearly perfect than the justice approach, because it is so closely bound to specific instances, whereas the justice orientation is more nearly perfect because it has greater universality.

The debate about whether men and women approach moral problems differently is far from settled. As Greeno and Maccoby (1986) point out, it is clear that women have a greater reputation for empathy than do men, but whether that reputation is deserved is another question (Archer & Lloyd, 1985). Although folk wisdom endorses the idea that women think and behave differently from men, strong empirical data supporting this thesis in the realm of moral behavior is lacking. Overemphasis in the reporting of gender differences may be a common feature of scientific literature (Archer & Lloyd, 1985; Fausto-Sterling, 1985), and it is clear that the same objective behavior in males and females is often perceived quite differently (Archer & Lloyd, 1985; Bem, 1987). Perhaps our preconceptions about gender differences bias our perception, collection, and interpretation of data (Eichler, 1988).

In addition, many developmental theories (e.g. Freud, Kohlberg, Piaget) presuppose that there is only one adequate model of development and that that single adequate model is male. It often has been considered unnecessary or unduly confusing to try to study women. For that reason, approaches which may be typically feminine have been little studied until the last decade. When they are studied they are largely misunderstood (Belenky, Clinchy, Goldberger, & Tarule, 1986; Gilligan, 1977, 1982, 1986; Keller, 1985).

As Greeno and Maccoby (1986) state, "Many women readers find that the comments by women quoted in Gilligan's book resonate so thoroughly with their own experience that they do not need any further demonstration of the truth of what is being said." Because the picture is so confused at this point in time, extensive and careful additional study and attention will be necessary before it can be determined whether there are distinctive typically feminine approaches to moral dilemmas.

#### Research on Gender Differences

Previous research on the issue of gender differences in moral reasoning has focused on Gilligan's (1982) assertion that women are rated lower than men on Kohlberg's scales. Walker (1984) reviewed a number of studies which compared male and female responses to Kohlberg's dilemmas and found little evidence supporting gender differences in stage attainment when educational levels were comparable between the males and females in the studies. Walker concluded that there was no evidence that Kohlberg's system discriminated against women. In addition, Rest (1986) reported no gender differences in the level of reasoning on the Defining Issues Test (DIT), a paper-and-pencil measure designed to classify the test-taker's level of development on Kohlberg's scale of moral reasoning.

Baumrind (1986) argued that Walker's conclusions were flawed by a faulty statistical analysis. Baumrind's findings were supportive of sex differences in scores on Kohlberg's measures.

In response to Walker (1984) and Rest (1986), Meyers and Kittay (1987) argued that both men and women may be able to recognize and utilize the principles from either perspective when called upon to do so. In other words, in response to hypothetical moral dilemmas, especially dilemmas that are impersonal and designed specifically to pull for reasoning within the domain of justice, women may be able to apply the principles of justice reasoning just as well as men. Thus, in studies using Kohlberg's measures, gender differences in the level of moral development may not be found. However, there still may be differences in the spontaneous choices of men and women as to which type of moral reasoning they will employ, justice or care.

The issue of whether Kohlberg's rating system discriminates against women is, at this point in time, not settled. However, this is not a critical issue for the present study. The essential issues here are whether men and women approach moral problems in different ways and whether the content, personal relevance, or method of presentation of the dilemma influence the type of moral reasoning employed.

Lyons (1983), an associate of Gilligan's, found that males and females do approach real-life moral dilemmas from different perspectives. A subsample of 36 subjects, 2 male and 2 female at each of 9 different ages (8, 11, 14-15, 19, 22, 27, 36, 45, 60+), was drawn from the sample in a larger study (Langdale, reported in Gilligan, 1986). The subjects were asked to recall a personal moral dilemma. They then were asked several open-ended questions about the dilemma. Lyons compared the number of care considerations with the number of justice considerations generated. She found that girls and women tended to use considerations of care much more frequently than they used considerations of justice, whereas boys and men used considerations of justice much more frequently than they used considerations of care.

Similar results have been reported from a doctoral dissertation by Langdale (1986), also reported by Gilligan (1986). In this study 144 subjects of both sexes were matched for high levels of intelligence, education, and occupation at ages 8, 11, 14-15, 19, 22, 27, 36, 45, and 60+. Each of the subjects was presented with three dilemmas, the Heinz dilemma and two additional dilemmas, the Kathy and Sara dilemmas. The Kathy and Sara dilemmas had been developed from the situations faced by women in Gilligan's abortion study and were designed to focus on issues of relationship and connection. A subsample of 32

subjects in Langdale's study generated their own Real-Life dilemmas and were the sample for Lyon's study reported above.

According to Gilligan's report, Langdale found that use of the two orientations was significantly associated with gender, with males presenting more justice considerations and females presenting more care considerations. These differences were stable across all age groups. The Heinz dilemma generated the highest levels of justice considerations in females, and the Sara and Real Life dilemmas (the Real Life dilemma was elicited only from the subsample of 32 subjects as described above) generated the highest levels of care considerations among males. The differences in response to the Kathy and Sara dilemmas were incompletely reported, but apparently involved more use of justice reasoning by the females in the Kathy dilemma than in the Sara or Real Life dilemmas. The findings of this study, though reported only partially, support the hypotheses of the present study. They suggest that (a) women will use more care considerations than males regardless of the level of personal involvement, content, or method of presentation of the dilemma, and (b) emotional content, method of presentation, or personal relevance of the dilemma may affect the level of care or justice responses. The extent to which these factors may have been

systematically varied is unclear, so further investigation is needed.

Gilligan and Attanucci (1988) report a study of transcripts of interviews with 34 women and 46 men. The dilemmas were elicited from the subjects' real-life experience. The interviews were conducted for three studies other than the one being reported, but used consistent format. Transcripts were analysed using Lyons (1983) rating manual. They found that women used the care orientation significantly more often than men in the study. However, in one of the three subsamples, a sample of medical students at a prestigious medical school, no gender differences were found.

Donenberg and Hoffman (1988) asked 65 middle-class children, 38 fifth and sixth graders and 33 tenth and eleventh graders, to respond to 4 different dilemmas. The number of boys and girls was not reported. Lyons (1983) rating system was used to assess the levels of care and justice reasoning in each response. They found that girls used the care orientation significantly more often than boys.

Cynthia Baldwin (1988) had 55 gifted adolescents (28 males and 27 females) write an imaginary moral dilemma. She analysed the solutions as to whether they were resolved in a personal manner, focusing on the needs of self and

consequences to self, or in a social manner, focusing on the needs of others and consequences to others. Baldwin found both females and males chose the personal solution significantly more often than the social solution, but that females chose the personal solution significantly more often than the males. Baldwin related her personal category to Gilligan's care orientation and her social category to the justice orientation. However, review of Gilligan's description of the care orientation indicates that it should reflect a balance of concern for consequences to self and others. For that reason, the equivalence or even comparability of Baldwin's categories to Gilligan's should be questioned.

Friedman, Robinson, and Friedman (1987) present evidence that there is no sex difference in the preference for one mode of moral reasoning over another. They presented 101 introductory psychology students with four Kohlberg-type dilemmas, three of them taken directly from the DIT (Rest, 1971), and another similar dilemma which had been constructed for the study. Forty-seven of the students were men and 54 were women. Following each of the dilemmas there were 12 potential responses, 6 designed to represent the care approach and 6 designed to represent the justice approach. The students were asked to rate the importance of each statement in making a decision about the dilemma.

They found no significant difference in the ratings of men and women.

A longitudinal study (Walker, de Vries, & Trevethan, 1987; Walker 1989) of 80 family triads (mother, father, child) found that consistency in the use of the care or justice orientation was low and found no sex differences in the use of the orientations. Subjects were interviewed twice, separated by a two-year interval, using three hypothetical dilemmas and one real-life dilemma. Responses were scored using Lyons' (1983) manual. Scoring was done blindly. Walker found that almost half (49.8%) the subjects evidenced a different orientation on the retest from the first interview. For children there was no gender difference in the choice of orientation for moral problem-solving. Women did use more care reasoning than men, but only in response to the real-life dilemma. On the 3 hypothetical dilemmas, men's and women's use of care or justice reasoning was not significantly different.

Considering the Meyers and Kittay (1987) argument, presented earlier, that men and women may be able to recognize and use both approaches, but may spontaneously employ one of the approaches more than the other, the Friedman, Robinson, and Friedman study may not have been an adequate test. The study involved use of a rating scale instead of an interview, and the rating scale is able to

assess only recognition responses, not spontaneous generation. Females may have been able to recognize that justice considerations are the type of considerations most acceptable in our society and have chosen those considerations as the preferred options. However, interviews such as those used in the Lyons study and the Langdale study and the real-life dilemma in the Walker study, would have elicited spontaneous responses. Perhaps in situations which require spontaneous responses, the gender bias in choice of moral reasoning approach is more apparent. If so, the discrepancy between the findings of the 3 studies (Donenberg & Hoffman, 1988; Lyons, 1983; Langdale, 1986; and Friedman, Robinson, & Friedman, 1987) would be explained.

These studies, taken as a group, provide preliminary evidence that gender differences may exist in the use of the two orientations to moral reasoning, but that such differences are not indisputably established. Although gender differences in the use of the two orientations have been found, this is not a consistent finding. Additional investigation conducted independently of Gilligan's direct supervision is clearly indicated by the pattern of results. Furthermore, other factors that may have influenced the results, such as content, personal relevance of the dilemma, and method of presentation, were not systematically

varied or controlled in these studies, thus precluding any coherent interpretation of the meaning of the pattern of findings.

#### Gender of Protagonist

Since the protagonists in Kohlberg's Dilemmas are all male, it has been suggested that identification with the protagonist by males and lack of such identification by females may lead to differences in levels attained by men and women on his scales of moral development. Two studies (Donenberg & Hoffman, 1988; Garwood, Levine, & Ewing, 1980) suggest that the gender of the protagonist in the dilemma has no effect on the level of moral reasoning attained. However, one other study (Bussy & Maughan, 1982) did find such differences, with men's levels being depressed and women's unaffected by a female protagonist.

No study was identified of the effect of the protagonist's gender on moral orientation. However, because of the potential impact of the protagonist's gender on moral reasoning these studies do suggest that gender of the protagonist is a potentially relevant variable which should be controlled or systematically varied in research on moral orientation.

Content, Personal Relevance,  
and Method of Presentation

The following section will present the evidence which suggests that the content, personal relevance, or method of presentation of a moral dilemma may affect the type of moral reasoning which will be used. The Langdale (reported in Gilligan, 1986) study reported in the previous section is valuable for its implications for the investigation of such situational factors as the emotional content, personal relevance, or method of presentation of the dilemma. However, the study raises additional considerations as well. As mentioned earlier, both the Kathy and the Sara dilemmas were designed to focus on issues of relationship and connection. However, only the Sara dilemma elicited higher levels of care responses. In evaluating why the Kathy dilemma did not "pull" for care as expected, Gilligan (1986) focused on differences in the type of questions which were asked. The Kohlberg and Kathy dilemmas, which elicited higher levels of justice reasoning, were followed by "leading" questions (e.g., Should Heinz steal the drug?), whereas the Sara and Real Life dilemmas, which elicited higher levels of care responses, were followed by "open" questions (e.g., What should Heinz do?). Gilligan believed that the differences in responses to the dilemmas should be attributed, at least in part, to the type of questions asked. If her interpretation is correct, very

careful attention to the equivalence of follow-up questions for dilemmas would be essential in any investigation of care and justice responses. These results highlight the importance of investigating further the effect of situational factors on the choice of moral orientation.

A study by Brownfield (1986) emphasized the importance of situational factors in determining the type of moral reasoning which will be employed. Brownfield studied 15 men and 15 women involved in a divorce. In a 2-hour interview, each subject was presented with two of the Kohlberg dilemmas and with a divorce dilemma presented in a story format. Finally each subject was interviewed about his or her own divorce. Responses were scored for developmental level using Kohlberg's method.

In Brownfield's study, men scored significantly higher than did women on the two Kohlberg dilemmas, but there was no significant difference in scores of men and women on the two divorce dilemmas. Nineteen of the subjects showed their highest level of reasoning on one or more of the three hypothetical dilemmas. It is not reported how many of this group were males and how many females. Four subjects (three women and one man) showed consistency in level of reasoning across all 4 dilemmas. Four subjects (two men and two women) showed the highest level of reasoning on the

actual divorce dilemma. Three subjects (gender not reported) showed other patterns.

The data suggest that compared to personal dilemmas, hypothetical dilemmas presented in the story format tend to produce higher levels of reasoning as measured by the Kohlberg scales. It may be that increased use of justice reasoning and decreased use of care reasoning leads to higher scores on the Kohlberg scales, and vice versa, as Gilligan suggests. If this is true, then the findings of this study suggest that hypothetical dilemmas may elicit justice reasoning and actual dilemmas may elicit care reasoning, producing the observed differences in level of reasoning as measured by the Kohlberg scales. However, since Brownfield did not directly assess care or justice, direct implications for the present study cannot be drawn. Further investigation is indicated to establish whether or not use of care considerations was the reason for differences in level of reasoning as measured by the Kohlberg scales in the Brownfield study.

The possibility that the personal relevance of a dilemma may influence the type of moral reasoning used also is supported by the findings of Ford and Lowery (1986). In this study, Ford and Lowery asked 101 male and 101 female undergraduates to describe 3 moral dilemmas from their own personal experience. They then were presented with brief

descriptions of the care and justice orientations and asked to rate the degree to which each orientation was a part of their own thinking about the conflict they described. They also were asked to rate the importance and difficulty of each dilemma. Fifty subjects were retested 3 to 4 weeks later to assess reliability.

Ford and Lowery found that the correlation between subjects' ratings of the importance and difficulty of the dilemma was  $r = .53$ ,  $p < .001$ . Though significant, the authors decided that the correlation between the importance and difficulty measures was too low to justify combining the two measures. Both importance and difficulty scores were positively and significantly correlated with the number of care responses, but not with the number of justice responses. This finding suggests the possibility that personal involvement in the dilemma increases the likelihood of care responses.

Female scores for importance were significantly higher than male scores. Female scores for difficulty also were higher, although the difference was not significant. The authors felt that these results indicated that males and females were providing themselves with different stimuli in the dilemmas they selected. That is, women rated their problems as more significant and difficult than did the men. For that reason, importance and difficulty were used

as covariates in comparing the care and justice scores of men and women. With importance and difficulty as covariates, no significant gender differences were found in the preference for care or justice.

An interesting incidental finding in the Ford and Lowery study was that men's scores for justice were considerably more reliable in the test-retest correlation than their care scores. The reverse was true for women. Their care scores were considerably more reliable than their justice scores.

The findings of the Ford and Lowery study suggest that women may view their personal dilemmas as more important or difficult than do men. They also suggest that there may be little or no gender difference in the use of care or justice reasoning if this difference in personal involvement is controlled for. The Ford and Lowery study is relevant to the present study because it suggests that if a dilemma can be found which elicits comparably high levels of personal involvement from both men and women, an increased level of care responses may be found in males. In addition it emphasizes the importance of providing stimuli likely to be equally compelling to both sexes.

Perhaps the strongest suggestive evidence for the hypothesis that personal relevance of the dilemma may influence whether the care or justice approach is chosen

comes from the Walker (1989) study described earlier. This study found gender differences in moral orientation for a real-life dilemma, but not for three hypothetical dilemmas. Walker's study used only open-ended questions [as described by Gilligan in her summary (1986) of the Langdale research described above] for all four dilemmas, so that the reason for the differences in response are not due to the type of follow-up questions. This difference in pattern of responses suggests that something about the real-life dilemma, perhaps its personal relevance, may elicit differential responses from men and women where hypothetical dilemmas do not. Further investigation of the exact characteristics of the dilemma that might cause differential responses is required.

These three studies and the Langdale study discussed earlier present evidence that situational factors such as the method of presentation of the dilemma and/or personal involvement may increase care reasoning or may affect men's and women's approach to moral dilemmas differentially. However, the information these studies give us about the effects of such factors is very limited and speculative. The need for further explicit investigation of the effect of situational factors and personal involvement is clearly indicated.

### Purpose

We have seen that Kohlberg's theories, procedures, and interpretation of data assume a particular world view in which moral decisions are made in a logical, rational, and impartial manner. The work of Gilligan and her associates has called into question the notion that there is only one way to approach moral questions and has proposed an alternative approach to moral problems which is thought to be employed more often by women than by men. This type of moral reasoning is more individualized, personalized, and responsive than the process conceptualized in Kohlberg's scheme.

Evidence as to whether men and women do use different approaches to moral reasoning is limited, but appears to support the suggestion that there are gender differences of the sort that Gilligan proposes. However, published evidence concerning this hypothesis comes predominantly from studies conducted by Gilligan's close associates and has involved analyses of data collected primarily from women. For that reason, a need for independent investigation of the findings with both males and females is indicated. One purpose of the present study is to provide such an independent check, using data from a sample of men and women, responding to the same stimulus materials, presented in the

same manner, on whether gender differences are found in the use of care and justice reasoning.

Several studies suggest the possibility that even though there may be gender differences in orientation to moral problem-solving, specific characteristics of the moral dilemma, such as the level of personal involvement in the dilemma, the method of presentation of the dilemma, and possibly gender of the protagonist, may influence whether the care or justice approach is employed. However, these issues have not been examined systematically in a way that will disentangle the effect of personal involvement in the dilemma from the effect of interview format or from the effect of emotional content of the dilemma. The second and more critical purpose of the present study is to investigate the impact of personal involvement on male and female approaches to making moral decisions while controlling for the effect of the interview format and content of the dilemma.

#### Parenting as a Moral Activity

A major challenge in the design of any study exploring the factors of interest in this investigation is the selection of an appropriate dilemma. The Ford and Lowery (1986) study reported earlier suggests that women may view their personal dilemmas as more important and more difficult than

do men and that this difference may affect the level of care responses. The findings of the Ford and Lowery study suggest that a dilemma suitable for this study should focus on a concern or concerns that might be expected to evoke high levels of personal involvement in both sexes. It was considered critical to find an issue which was expected to elicit as nearly as possible the same level of involvement for both males and females.

The present investigation focused on parenting as an arena where moral decisions are made. Parenting is an activity which is highly involving and personal. In contemporary American society, both mothers and fathers are expected to provide for their child's needs, material and spiritual, to take deep pride and satisfaction in their children, and to form deep mutual bonds of love (Brazelton, 1985). The child belongs to both parents, and both contribute to the child's rearing. For these reasons, dilemmas focusing on parenting should have high personal relevance and tap concerns in which both fathers and mothers have high levels of personal involvement.

Although mothers and fathers may conceptualize their parental roles differently, parenting nevertheless has high personal relevancy for both mothers and fathers. In selecting parenting as the area of concern, it must be recognized that parental roles are not the same for males and

females. It would be preferable to find a topic with high personal relevance for both men and women in which societal roles and expectations are exactly the same. Unfortunately, as noted by Bem (1987), sex-role distinctions are so pervasive in our culture that it is difficult, if not impossible, to think of any major area of life in which men and women have similar role expectations. However, dilemmas focusing on the parenting situation have the advantage of allowing males and females to respond to questions involving their processes of moral reasoning about the same personally relevant issue--their child. Thus parenting dilemmas are in one sense the ideal stimuli for generating data to allow the effects of gender and personal relevancy to be disentangled.

#### Parenting a Handicapped Child

Although all parents might be expected to be able to respond to hypothetical and personal dilemmas involving parenting, a more compelling dilemma than that presented by the normal demands of parenting is needed in order to investigate the effects of emotional appeal of content separately from those of personal involvement in the situation. For that reason, parents who have a handicapped child were chosen for one group in the present study. Even for parents who do not have a handicapped child, the idea

of parenting a handicapped child might be expected to be emotionally compelling. Thus it is possible, using 2 groups of parents: one group of parents of handicapped children and one group of parents of non-handicapped children, to design stimuli for the study that differ in personal relevance, while holding constant the factor of emotional involvement.

The parents of handicapped children were chosen for a second reason: it is believed that their parenting dilemmas are of a clearly moral nature. The crucial qualities of a real-life dilemma which would call upon moral reasoning powers was suggested by Gilligan (1982). These qualities are: (a) it should be central in the life of the respondent; (b) the person should have intense feelings about the dilemma; (c) there should be a great deal of ego-involvement in the conflict-producing situation; and (d) the person should be attempting to make a significant life choice (Brownfield, 1986).

The crisis of having a handicapped child in the family certainly meets these criteria. When a couple is expecting a child, they develop an intensely personal anticipatory fantasy about the child built on their own individual hopes and expectations. Plans and expectations for the child are often central to the parents' hopes and plans for their future. Few events in life arouse more intense feelings

than the birth of a child. The parents' egos are quite directly involved in their pride in the child and his or her achievements, as well as the parents' pride in being the role model for a child and receiving the child's unconditional love.

All these hopes and dreams are strongly challenged when the child is born with a handicap (Als, 1984). At the same time, the parents are faced with a number of difficult choices, both for themselves and for their child (Fewel & Vedasy, 1988). These choices most frequently revolve around finding and securing appropriate diagnosis and treatment for the child or around balancing the competing needs of other family members, careers, and finances. These dilemmas meet the criteria for an appropriate real-life situation in which to examine moral reasoning as outlined above by Gilligan and Brownfield.

The activity of parenting a handicapped child also clearly meets the criteria described by Kohlberg et al. (1983) for a personal crisis involving issues of responsibility, the kind of crisis that may be expected to elicit a concern for issues of care. Parents of a handicapped child face the dilemma of how to balance the needs of their child with their own needs and the needs of other family members. Because of the child's handicap, the "normal crisis" of parenthood takes on increased urgency, often

seriously challenging the parents' concept of self and of fairness (Turnbull & Turnbull, 1986). Parents of a handicapped child often reevaluate their commitments to careers or to other activities because of their child's needs. This situation provides an appropriate real-life situation to study the influence of the type of dilemma on the parent's approach to solving it.

The difficulties of raising a handicapped child are described in language that mirrors the moral language of justice and care. Advocacy groups often assert the need for justice in the treatment of handicapped persons and criticize others who appeal to compassion. They believe that compassion is demeaning and wrongminded (Baldwin, 1985). Parents are advised to "treat the child like anyone else." Others believe just as strongly that the child needs special accommodations and sensitivity to his or her individual needs. They think that "equal" treatment may be disadvantageous for a child who is different.

### Hypotheses

Theory and research suggest that men and women differ in their reasoning about moral dilemmas regardless of the characteristics of the moral dilemma being considered. This paper has argued that the type of moral reasoning used also may be influenced by the personal relevance of the

dilemma. In addition, it has argued that, although the effects of the form of presentation and the emotional content of the dilemma have been confounded with each other, as well as with gender and personal relevance, there is no theoretical or empirical basis for predicting that these factors will influence the type of reasoning used by men and women in resolving either hypothetical or real-life dilemmas. This line of reasoning suggests the following hypotheses: (1) Women will use more care reasoning than men, regardless of the personal relevance of the dilemma, the method of presentation, or the emotional content. (2) Both men and women will use more care considerations in response to a personally relevant dilemma than in response to a dilemma which has no personally relevant content, regardless of method of presentation or emotional content of the dilemma.

## CHAPTER III

### METHODS

#### Subjects

All subjects were biological parents of at least one child between 1 and 12 years of age. All families were intact, and both parents participated in the study. These requirements were met by all subjects in both groups. To encourage participation, parents were paid \$20 per couple.

One group of husband-wife pairs were the parents of handicapped children (hereafter referred to as the handicapped group). Children were defined as handicapped for purposes of the study if both of the parents identified the child as a handicapped child. Parents of handicapped children were recruited by a flyer sent out from two schools for severely and profoundly retarded children, personal contact by teachers of handicapped children, personal contact by one of three physical therapists or one occupational therapist who specialize in pediatrics, personal contact during a visit to the local Cerebral Palsy Clinic, phone contact of persons whose names were provided by the director of the Cerebral Palsy Clinic, or phone contact of parents whose names were provided by the president of a parent support group for parents of handicapped children.

All parents of handicapped children were from Lubbock, Texas, and surrounding communities. Eleven children had cerebral palsy. Except for one child, the children with cerebral palsy were all multi-handicapped. Secondary diagnoses included mental retardation, hearing and vision deficits, and seizure disorder. Four children had myelomeningocele, 2 had Down syndrome, 1 was profoundly deaf, 1 was autistic, and 1 had undiagnosed developmental delay and partial deafness.

The second group of parents were biological parents of non-handicapped children (hereafter referred to as the non-handicapped group). Children were defined as non-handicapped if both parents stated that none of their children were handicapped. Parents of non-handicapped children were recruited through a flyer sent out to all children participating in the YWCA after-school program, personal contact with friends of the chief investigator and interviewers, an advertisement in the "Thrifty Nickel," and personal contact by personnel of 2 day-care nurseries. All parents of non-handicapped children were from Lubbock, Texas. Parents of non-handicapped children were recruited after parents of handicapped children had already volunteered so that they could be matched as closely as possible on demographic characteristics such as age, number of children, income, and education.

Twenty husband-wife pairs were interviewed in both the handicapped and non-handicapped groups, resulting in 80 interviews. Continuous demographic data (age, number of children, and years of education) from the handicapped and non-handicapped groups were analysed by three 2X2 (group X gender) analyses of variance. There were no significant differences in the two groups with regard to age or number of children, and no significant interactions. The average number of children was 1.93,  $SD = .73$ ,  $F(3,75) = .86$ ,  $p < .46$ . The mean age was 31.71 years,  $SD = 5.63$ ,  $F(3,75) = .86$ ,  $p < .46$ . There was a significant difference in the number of years of schooling completed,  $F(1,76) = 3.39$ ,  $p < .02$ . The mean for parents of handicapped children was 13.65 years,  $SD = 2.23$ . The mean for parents of non-handicapped children was 14.78 years,  $SD = 1.97$ . There was no significant main effect for gender for any of the demographic data collected.

Categorical demographic data were analysed by Chi-square procedures. The modal income was \$10 - 20,000. A median test revealed no significant difference between the handicapped and non-handicapped group in income,  $\chi^2(2; N = 80) = 2.06$ , n.s. There was no significant difference in religious preference,  $\chi^2(4; N = 80) = 9.16$ , n.s. The handicapped group included 24 Protestant or non-Catholic Christians (60%), 6 Catholics (15%), 8 other religious

preferences (20%), and 2 with no religious preference (5%). In the non-handicapped group there were 34 Protestant or non-Catholic Christians (85%), 2 Catholics (5%), 1 other religious preference (1.25%), and 3 with no religious preference (3.75%). However, there was a significant difference in race,  $\chi^2$  (2;  $N = 80$ ) = 11.42,  $p < .01$ . The handicapped group included 10 Hispanics (25%) and 30 Caucasians (75%), whereas the non-handicapped group included 40 Caucasians (100%).

Occupations were categorized according to Hollingshead's Four Factor Index of Social Status (1975) from least prestigious (1) to most prestigious (9). Since students and homemakers are not included in Hollingshead's ratings, they were included in category 1. Oilfield occupations also are not classified by Hollingshead, but were categorized for the present study by finding as close a match with a listed occupation as possible. In the handicapped group, there were 8 parents in category one (20%), 2 in category two (5%), 4 in category three (10%), 7 in category four (17.5%), 4 in category five (10%), 8 in category six (20%), 2 in category seven (5%), 4 in category eight (10%), and 1 in category nine (2.5%). In the non-handicapped group, there were 7 in category one (17.5%), 0 in category two, 6 in category three (15%), 0 in category four, 0 in category five, 12 in category six (30%), 9 in

category seven (22.5%), 2 in category eight (5%), and 4 in category nine (10%). A Chi-square median test showed that there were significantly more parents in the handicapped group below the median than in the non-handicapped group and significantly more parents in the non-handicapped group above the median than in the handicapped group,  $\chi^2(2; N = 80) = 6.45, p < .05$ .

### Measures

Parents of handicapped and non-handicapped children were asked to respond to questions regarding the resolution of a series of moral dilemmas. In both interviews, the first dilemma was derived from Dilemma I from the Kohlberg moral reasoning interview (Colby, Kohlberg, Gibbs, & Lieberman, 1983). The gender of the protagonist was not identified in order to avoid potential problems arising from any biasing effect of gender of the protagonist. Dilemma I was chosen because it focused on a parenting dilemma thought to be of general interest to both groups, but to be relatively low in emotional appeal.

The second dilemma in both interviews was a modified version of the Heinz dilemma from Kohlberg's interview. Instead of Heinz having to decide whether to steal a drug to save his dying wife, a parent must decide whether to steal a drug to cure a handicapped child. The gender of

the child and parents was not identified in the dilemma as presented in the present study. The introduction of the handicapped child was intended to make the second dilemma more personally relevant for the parents of handicapped children than for the parents of non-handicapped children. The handicapped child also was intended to provide an emotionally compelling topic for both sets of parents.

The third dilemma was adapted from the "Real-Life Moral Conflict and Choice Interview" developed by Gilligan and her colleagues (Argyris et al., 1987). This dilemma follows Gilligan's format, which is to question the person about a moral dilemma that he or she has actually faced. The "Real-Life Interview" was modified to ask the parent to focus on a dilemma they had faced or might have faced in raising a handicapped child. Parents of non-handicapped children were requested to respond as they thought they might if they had a handicapped child, whereas the parents of handicapped children were asked to describe a problem they had actually faced. This third dilemma was designed to introduce a dilemma which would be more highly personally relevant to the parents of handicapped children than to parents of non-handicapped children. The emotional appeal of the content, namely, considering the problems of raising a handicapped child, was held constant for both groups.

Finally, the parents of non-handicapped children were asked to discuss a dilemma that they had faced personally with their own child. Again, the Gilligan format was used. This final dilemma was important to further investigate the role of personal experience in stimulating care responses and, if such an effect were found, to support the generality of the findings for persons other than the parents of handicapped children.

The final set of questions for the parents of handicapped children was quite different from the dilemma explored with the parents of non-handicapped children. These questions were intended to gather general, exploratory information about the parents' experience in parenting a handicapped child. To save expense, this part of the interview was not transcribed nor analysed, but is available for future study.

Follow-up questions to all dilemmas were designed to be open-ended and as similar as possible (Gilligan, 1986) in order to avoid potential biasing effects of different types of follow-up questions. The interview schedules are presented in Appendix A. The first interview schedule was administered to the parents of handicapped children and the second to the parents of non-handicapped children.

Figure 1 (page 67) outlines the characteristics of each of the dilemmas. By designing the dilemmas to have

varying levels of emotional appeal, personal relevance, and to use both Gilligan's (Argyris et al., 1987) and Kohlberg's (Colby, Kohlberg, Gibbs, & Lieberman, 1983) formats, the study was planned to be in a position to evaluate the effect of each of these characteristics of the dilemma on orientation in moral reasoning.

Parents were also asked to rate on a 5-point scale the emotional appeal, personal relevance, importance, and difficulty of each dilemma and whether the dilemma was a moral dilemma. Rating instruments are presented in Appendix A, as are the forms for recording demographic data.

A pilot study of three husband-wife pairs was conducted to identify potential problems with the interview format or with analysing the transcripts. These pilot interviews were conducted by the primary investigator. An interviewer's guide (Appendix B) was developed from Spradley (1979), advice of the primary investigator's chairperson, the primary investigator's own experience, and experience in the pilot study. A preliminary version of the Rating Guide for analysing the transcripts also was developed in the pilot study. (See Appendix C for the final version.) This preliminary Rating Guide was developed by referring primarily to The Guide to Reading Narratives of Moral Conflict and Choice for Self and Moral

Voice (Argyris et al., 1987), the rating system developed by Gilligan and her associates described earlier. Several additional sources were also used (Brownfield, 1986; Ford & Lowery, 1986; Friedman, Robinson, & Friedman, 1987; Gilligan, 1977, 1986, 1987a, 1987b; Greeno & Maccoby, 1986; Kerber, 1986; Kohlberg, et al., 1983; Langdale, 1986; Luria, 1986; Meyers & Kittay, 1987; Stack, 1986). The primary investigator and a volunteer rater familiar with Gilligan's theories developed the preliminary Rating Manual by attempting to use the Argyris et al. (1987) system, discussing the problems encountered, and devising solutions to those problems.

The Rating Manual (Appendix C) was developed into its final form during the process of training raters to reliability in the present study, as will be described later. It differs in 4 major aspects from the Argyris et al. document: First, additional and more specific standards were incorporated into the manual to discriminate the care and justice orientations. Second, the rating process was streamlined from four to two readings because rater fatigue was found to be a significant factor. The streamlined process still required almost 2 hours per transcript for rating. Third, narrative explanation of the two orientation was eliminated from the rating manual in order to facilitate access to critical directions and criteria for

rating. Raters previously had studied lengthy narrative explanations of the two orientations and the Argyris et al. document. Fourth, units of moral reasoning were defined to allow identification of individual judgments instead of requiring an overall, unified opinion of the respondent's orientation. This procedure produced scores which could be used in statistical analyses.

Raters used the Rating Manual to determine the total number of clear moral statements in response to each dilemma. Each clear moral statement was classified as either care or justice. The total number of care and justice responses to each dilemma was counted. Each respondent was given a separate score for each of the dilemmas. The subject's score for each dilemma was calculated by dividing the number of care responses by the total number of responses, producing a percentage.

### Procedure

All parents were interviewed at a mutually-agreed-upon location by one of 3 trained interviewers. After agreeing to participate in the study, parents were contacted by phone by the interviewer. During this phone contact, the interviewer recorded information about the street address and screened the parents to assure that they met the criteria for inclusion in the study. This information was

recorded (see form for phone contact in Appendix A) and filed separately from interview data and questionnaires in order to protect anonymity.

Pairs of parents were interviewed consecutively to avoid possible discussion of the study between the spouses after one had completed the interview and the other had not. All interviews were tape recorded and later transcribed. After being interviewed, all subjects completed a brief survey of demographic data and the rating scale.

Three undergraduate students were trained to administer the interviews. Interviewers were trained by discussion of the manual and the interview. Each interviewer submitted a tape of a practice interview to the primary investigator. Tapes were reviewed and discussed in a group session before any actual interviews were conducted. Criteria for interviewers which had been previously established were that they would be able to follow the interview schedule as written, able to put the respondent at ease, elicit further elaboration of answers to interview questions appropriately, and use neutral and reflective language in probes for elaboration in the practice interview. All 3 interviewers fulfilled these criteria in the practice interview. The primary investigator and 3 interviewers met weekly to review any problems encountered in conducting the interviews and to exchange materials. At the beginning of

the study, all 3 interviewers were blind to the purpose and hypotheses of the study. However, Interviewer B learned the hypotheses before her final interview from a poster presentation at a research seminar and Interviewer C had the hypotheses partially revealed to her by the primary investigator approximately half-way through the study in order to emphasize the purpose and importance of correct scientific procedure in conducting the interview.

Interviewer A conducted 32 of the interviews, 14 with parents of handicapped children and 18 with parents of non-handicapped children. Interviewer B conducted 6 of the interviews, 4 with parents of handicapped children and 2 with parents of non-handicapped children. She also conducted 2 interviews of non-handicapped parents which were unusable because one parent listed "learning disability" under the space for children's handicaps. Interviewer C conducted 42 interviews, 22 with parents of handicapped children and 20 with parents of non-handicapped children. She also conducted eight interviews which had to be discarded. Two of these were unusable because of a misunderstanding which caused one set of parents to be given the wrong interview. Two interviews (one set of parents) were discarded because a malfunctioning tape recorder caused one of the pair to be inaudible. Four were not included in the analyses because the interviewer asked one respondent in

each of two husband-wife combinations to imagine that the respondent was personally involved in Dilemma I (in which the intent was that the dilemma be impersonal). Interviewer C suggested that the respondent imagine himself in the position of Chris in two additional interviews, but these were not discarded because in both cases, the respondent accepted this suggestion for only a few responses, then reverted to a less personal mode of responding. The few questions which followed the suggestion to personalize the story were excluded from the analysis.

The primary investigator did not conduct any of the interviews and, after reviewing the first six interviews, two for each interviewer, did not listen to tapes. This procedure allowed her to remain blind to the gender of most of the respondents and thus to be in a position to rate the tapes. However, the withdrawal of the primary investigator from close supervision of the interviews allowed one interviewer (Interviewer C) to depart from the procedure in which she had been trained (as noted above in respect to interviews which had to be discarded because of errors in presenting Dilemma I). In addition to the problems already noted, Interviewer C, although repeatedly instructed in correct procedure, frequently made additional comments or engaged the respondent in conversation related to the interview, but not part of the interview schedule and not

neutral probes. The effect of these extraneous comments on the respondents' further replies can not be assessed. The extraneous comments were handled by omitting from analysis all responses to such comments. This procedure required that 1 response be omitted from 6 interviews, 2 responses from 4 interviews, 4 responses from 1 interview, 5 responses from 1 interview, 6 responses from 3 interviews, 8 responses from 3 interviews, 11 responses from 1 interview, 24 responses from 1 interview, and 55 responses from 1 interview.

Parts of 8 tapes were lost because of poor quality of the recording or temporary malfunctioning of the recorder. Parts of Dilemma 1 were lost from 3 of the 8 tapes, parts of Dilemma 2 from 3 of the 8 tapes, parts of Dilemma 3 from 7 tapes, and parts of Dilemma 4 from 1 tape. In each case, enough of the response was saved to provide more than 5 complete responses to rate in each dilemma.

Transcripts of the interviews were prepared by one of seven typists, and then were reviewed and corrected for errors in transcription by one of the 3 interviewers. During this review, all references which might identify the respondent's gender or spouse's gender were removed. Corrected transcripts were then prepared.

All transcripts were then rated using the Rating Guide (Appendix C) developed for this study. All 80 transcripts

were rated by the primary investigator, and 52 transcripts were also rated by one of two other raters. As much as possible, husband-wife pairs were separated to avoid rating them consecutively. The first rater was an undergraduate trained by rating 4 transcripts from the pilot project twice each. In addition, 4 of the transcripts from interviews not included in the analyses were used for training. During the training process, the first rater and primary investigator met frequently to discuss the ratings each had done prior to the meeting. Readiness to proceed to analysis of actual data included in the study was determined subjectively by the primary investigator by considering the rater's apparent comprehension of the concepts of care and justice and the rating procedure.

Following the training period, transcripts were rated separately by the rater and primary investigator in batches of 3 or 4. After rating each batch, the rater and primary investigator met to review and discuss the ratings before doing another batch. The rating manual continued to be elaborated through the first 11 transcripts. The first rater rated a total of 27 transcripts, producing 85 separate scores (1 score for each dilemma, 3 or 4 for each interview). Correlation between the first rater and primary investigator for the 85 scores was .75,  $p < .0001$ .

The second rater was a graduate student already familiar with Gilligan's theories. The second rater was trained in a manner very similar to the first, however the first 11 transcripts rated by the first rater were used for training the second rater instead of the pilot and discarded data. At the same time, the primary investigator re-rated the same 11 transcripts, using the finalized manual. These second ratings, produced after the manual was complete, were the scores used in later analyses. The second rater and the primary investigator continued to meet and review transcripts which had been rated until 25 transcripts had been rated producing 89 separate scores. The correlation of 89 scores for the primary investigator and the second rater was .73,  $p < .0001$ .

After rating the 52 interviews included in the reliability trials, the primary investigator rated the final 28 interviews alone. The scores of the primary investigator were used in subsequent data analyses for consistency, because she was the only rater who had rated all transcripts.

In addition to the scores for each dilemma, the gender assigned by the respondent to the various characters in the dilemmas was recorded. This record was intended to provide information relevant to assessing the extent of the respondent's identification with the characters. This analysis was accomplished by noting whether the respondent

referred to the character as "he" or "she" or in a gender-neutral manner. Differences between the handicapped and non-handicapped group were measured by Chi-square analysis.

After rating each interview, the primary investigator recorded a guess as to the gender of the respondent as a check on the success of the attempt to disguise the gender of the respondent. The accuracy of these guesses was assessed by Chi-square analysis.

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	<u>Handicapped</u>	<u>Non-handicapped</u>
Dilemma 1	Kohlberg format low emotional appeal low personal relevance	Kohlberg format low emotional appeal low personal relevance
Dilemma 2	Kohlberg format high emotional appeal mod. personal relevance	Kohlberg format high emotional appeal low personal relevance
Dilemma 3	Gilligan format high emotional appeal high personal relevance	Gilligan format high emotional appeal low personal relevance
Dilemma 4		Gilligan format mod. emotional appeal high personal relevance

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Figure 1. Interview Structure

## CHAPTER IV

### RESULTS

#### Preliminary Analyses of Ratings

With a few exceptions, subject ratings of the level of emotional appeal, personal involvement, importance, difficulty, and the extent to which the dilemma was a moral problem were significantly correlated with each other (See Table 1, page 79). That is, the ratings for the level of personal involvement in Dilemma 1 were significantly correlated with the ratings for the level of emotional appeal, etc.

Ratings for each category (emotional appeal, personal involvement, etc.) for the first three Dilemmas were entered in five separate 2X2X3 mixed model analyses of variance with dilemma as the repeated variable. The independent variables were: Group (handicapped or non-handicapped), Gender (mothers or fathers), and Dilemma (Dilemma 1 = dilemma about child who saved money for camp, Dilemma 2 = modified Heinz dilemma, Dilemma 3 = handicapped child dilemma, a personal for the handicapped group, but imaginary for the non-handicapped group). Source tables for the analyses are included in Appendix D. A main effect for dilemma was found for each of the 5 rating categories.

Means were ordered in the predicted direction (low to high from Dilemma 1 to Dilemma 3) for each rating category except whether the dilemma was a moral problem (See Table 2, page 80). Post hoc Tukey pairwise comparisons showed significant differences between Dilemmas 1 and 2 for ratings of importance, difficulty, and the extent to which the dilemma was a moral problem. Differences between Dilemmas 2 and 3 were significant for ratings of personal involvement and for ratings of the extent to which the dilemma was a moral problem. Differences in ratings between Dilemmas 1 and 3 were significant for ratings of emotional appeal, personal involvement, difficulty, and importance.

Means for ratings of Dilemmas 3 and 4 were compared using five 2X2 (sex X dilemma) mixed model analysis of variance tests with dilemma as the repeated measure on the data from the non-handicapped parents only, since Dilemma 4 was not administered to the handicapped group. Dilemma 4 was the real-life parenting dilemma chosen by the parents of non-handicapped children. Ratings for Dilemma 4 were only compared to ratings of Dilemma 3, not to Dilemmas 1 and 2 because later analyses of scores from the non-handicapped group had been planned only for Dilemmas 3 and 4, not to compare Dilemma 4 with Dilemmas 1 or 2. Source tables for all comparisons are included in Appendix D,

Means and standard deviations are presented in Table 3, page 81. The comparison of interest for Dilemma 4 (the real-life parenting dilemma for parents of non-handicapped children) was to Dilemma 3 (the imaginary dilemma about a handicapped child for the non-handicapped group and the real-life dilemma for the handicapped group). A significant main effect for dilemma emerged for four of the five rating categories: personal involvement, importance, difficulty, and whether the dilemma is a moral problem. Level of emotional appeal was the only rating category not to reach significance. Only in the case of personal involvement was the mean for the third dilemma lower than for the fourth. Importance, difficulty, and the extent to which the dilemma was a moral problem all produced significantly higher means for the third dilemma than for the fourth among parents of non-handicapped children. There was no significant sex effect for any of the five ratings. A significant interaction of dilemma with gender was found only for personal involvement. The means for ratings of personal involvement for Dilemma 3 were 3.55 (SD = 1.00) for mothers and 3.90 (SD = .91) for fathers and the means for ratings of personal involvement on Dilemma 4 were 4.45 (SD = .69) for mothers and 4.00 (SD = 1.03) for fathers.

Dilemmas 2 and 3 were expected to elicit higher levels of personal involvement for the handicapped group than for the non-handicapped group. Ratings of personal involvement for the handicapped group in Dilemma 2 averaged 3.83,  $SD = .90$ , whereas the non-handicapped group averaged 3.43,  $SD = 1.28$ ,  $F(1,78) = 2.61$ ,  $p < .11$ . For Dilemma 3, the handicapped group's ratings of personal involvement averaged 4.40,  $SD = .84$ , but the non-handicapped group's averaged 3.73,  $SD = .96$ ,  $F(1,78) = 11.18$ ,  $p < .001$ .

Thus, the handicapped group rated themselves as being significantly more personally involved in the personal dilemma than the non-handicapped group was in the dilemma involving an imaginary handicapped child, a difference intended by the experimental design. The design also intended that both groups would find Dilemma 2 more emotionally compelling than Dilemma 1. Although Dilemma 2 was rated somewhat more emotionally compelling than Dilemma 1 (See Table 2, page 80), the difference was not significant. Thus the ratings confirm that the experimental design was reasonably successful in eliciting the desired levels of emotional appeal and personal involvement in the various dilemmas.

Correlations of the ratings with moral orientation reasoning scores on the dilemmas were low and non-significant. See Table 3, page 81, for correlations.

### Major Analyses

The following statistical hypotheses were tested:

(1) Mothers will score significantly higher than fathers on the first three dilemmas.

(2) Scores for parents of handicapped children will be higher in the second dilemma than in the first.

(3) Scores for parents of handicapped children will be higher in the third dilemma than in either the first or the second.

(4) Scores for the parents of handicapped children will be higher than scores for the parents of non-handicapped children in the second and third dilemma.

(5) Scores for mothers of non-handicapped children will be higher than scores for fathers of non-handicapped children in the fourth dilemma.

(6) Scores for the parents of non-handicapped children will be higher in the fourth than in the third dilemma.

(7) The scores of mothers of non-handicapped children on Dilemma 4 and mothers of handicapped children on Dilemma 3 will be significantly higher than scores for fathers of non-handicapped children in Dilemma 4 and fathers of handicapped children on Dilemma 3.

(8) Scores for the parents of non-handicapped children in the fourth dilemma will not differ from scores for the parents of handicapped children in the third dilemma.

In order to test hypotheses 1-4, each subject's moral orientation scores on the first three dilemmas were used as dependent variables in a 2X2X3 (Group by Gender by Type of Dilemma) mixed model analysis of variance with dilemma as the repeated measure. Means and standard deviations for all dilemma scores are presented in Table 5, page 83; the source table is presented in Table 6, page 84. Since parents of handicapped children responded to the first three dilemmas only, this first analysis omitted the scores on the fourth dilemma for the parents of non-handicapped children (the questions about their personal dilemma). The expected results were three main effects with the handicapped group, women, and the Gilligan-format dilemma all producing more care responses than the non-handicapped group, men, and Kohlberg-format dilemma, respectively.

The analysis indicated a significant main effect for dilemma,  $F(2,152) = 91.29, p < .0001$ , but no other significant main effects or interactions. Thus, the dilemmas produced significantly different levels of care and justice responses. The absence of a main effect for gender failed to support Hypothesis 1, the hypothesis that mothers would score higher than fathers overall.

Post hoc comparisons (Tukey pairwise analysis) of dilemma means indicated that scores on each dilemma were significantly different from each other score. Scores on

Dilemma 3 were significantly higher than scores on Dilemma 1 or Dilemma 2, and scores on Dilemma 2 were significantly higher than scores on Dilemma 1. Group means were 36.59,  $SD = 20.12$ , for Dilemma 1; 62.01,  $SD = 24.42$ , for Dilemma 2; and 80.06,  $SD = 19.72$ , for Dilemma 3.

Hypotheses 2-4 were tested by planned comparisons. For these planned comparisons, the scores of mothers and fathers were pooled. Weights for the comparison are shown in Figure 2 (page 88). The first comparison yielded a significant difference,  $F(1,152) = 31.22$ ,  $p < .001$ , supporting Hypothesis 2 that scores for parents of handicapped children would be higher in the second dilemma ( $M = 62.98$ ,  $SD = 23.80$ ) than in the first ( $M = 37.44$ ,  $SD = 20.81$ ). The second comparison yielded a significant difference,  $F(1,152) = 57.58$ ,  $p < .001$ , supporting Hypothesis 3. The scores for parents of handicapped children were higher for the third than for either the first or second dilemma (Mean for Dilemma 3 = 80.25,  $SD = 13.09$ ). However, the third comparison was not significant,  $F(1,152) = .13$ , n.s. Thus, Hypothesis 4, that scores for parents of handicapped children would be higher than scores for parents of non-handicapped children in Dilemmas 2 and 3 was not supported.

Scores on the third and fourth dilemmas for the non-handicapped group were compared by a 2X2 (gender by

dilemma) repeated-measures analysis of variance to test Hypotheses 5 and 6. Means and standard deviations are presented in Table 7, page 85; the source table is presented in Table 8, page 86. Two main effects were predicted. In addition to the main effect for gender, the fourth set of answers (personal dilemma, Gilligan style) was expected to produce more care responses than the third (imaginary dilemma, Gilligan style) for parents of non-handicapped children. No significant main effects or interactions were found, thus failing to support the hypothesis that parents of non-handicapped children would score higher on Dilemma 4 than on Dilemma 3 and the hypothesis that mothers in this group would score higher than fathers. Thus Hypotheses 5 and 6 failed to receive support.

In order to test Hypotheses 7 and 8, a 2X2 (gender by group) analysis of variance comparing the handicapped group's responses to the third set of questions (personal dilemma, Gilligan style) and the non-handicapped group's responses to the fourth set of questions (personal dilemma, Gilligan format) was calculated. A significant main effect for gender but not for group was expected. No significant main effect or interaction was found, thus failing to support Hypothesis 7 that mothers would score higher than fathers. Hypothesis 8 predicting no difference between

scores for parents of handicapped and non-handicapped children on the real-life dilemma was supported (See Table 9, page 87, for means and standard deviations).

### Supplementary Analyses

Although the protagonists in each of the Dilemmas were gender-neutral as presented, analysis of the interviews indicated that parents often assigned a gender to the protagonist. In Dilemma 1, Chris was assigned a male gender by 38 of the 40 parents of handicapped children and all 40 of the parents of non-handicapped children. In one case, the interviewer slipped and referred to Chris as "he" before the respondent assigned a gender. In the other case, the respondent noted that Chris' gender had not been stated in the story and referred to "he or she."

In the second dilemma, 16 parents of handicapped children assigned no gender to the handicapped child, 4 assigned a female gender, and 20 assigned a male gender. Only 1 of the parents of non-handicapped children assigned a female gender, 9 assigned a male gender, and 30 assigned no gender. There was a significant difference in the gender assigned by handicapped and non-handicapped parents,  $\chi^2(3; N = 80) = 10.24, p < .01$ . In 20 of the 24 cases where parents of handicapped children assigned a gender to the child in the story, the gender matched that of their

own handicapped child. This rate of concordance is higher than would be expected by chance,  $\chi^2 (2; N = 24) = 10.66, p < .01$ . A one-way analysis of variance comparing the handicapped and non-handicapped group's ratings of personal involvement in Dilemma 2 revealed no significant difference,  $F (1,78) = 2.61$ , although the mean for the handicapped group (3.83,  $SD = 1.00$ ) was higher than for the non-handicapped group (3.43,  $SD = 1.28$ ).

In the third dilemma, Kim was a female to 28 of the respondents, a male to 3 of the respondents, and had no gender for 9. In 13 of the 20 couples with a handicapped child, both husband and wife selected the same problem for the third Dilemma, but only 4 of the parents of non-handicapped children selected the same problem in the fourth Dilemma,  $\chi^2 (2; N = 40) = 8.28, p < .05$ .

Scores for husband-wife pairs were correlated for each of the dilemmas to determine whether husband-wife pairs would exhibit a high degree of similarity in their answers. This was done to explore the possibility that the use of husband-wife pairs may have been the reason no sex differences were found in the moral orientation scores in the present study. Correlations of husband and wife moral orientation scores were .09 for Dilemma 1 ( $N = 40$ ),  $-.05$  for Dilemma 2 ( $N = 40$ ), .07 for Dilemma 3 ( $N = 40$ ), and

-.14 for Dilemma 4 ( $N = 20$ ). None of the correlations were significant.

The rater was highly accurate in guessing gender, guessing correctly in 35 of 40 cases for the handicapped group and 37 of 40 cases for the non-handicapped group. This rate of correct guessing is significantly greater than would be expected by chance,  $\chi^2 (2; N = 80) = 51.20, p < .01$ .

Table 1.

## Correlations of Ratings within Each Dilemma

(N = 80)

---

Dilemmas 1 and 2

	<u>Emotion</u>	<u>Involvement</u>	<u>Importance</u>	<u>Difficulty</u>	<u>Moral</u>
Emotion		.6213***	.5177***	.3861**	.3202*
Involv.	.5829***		.3158*	.3416*	.2602
Import.	.1800	.1581		.4130***	.3413*
Diff.	.2314	.2495	.5576***		.3406*
Moral	.3436*	.2418	.6733***	.4523***	

Correlations above the diagonal line are Dilemma 1, below are Dilemma 2.

## Dilemmas 3 and 4

	<u>Emotion</u>	<u>Involvement</u>	<u>Importance</u>	<u>Difficulty</u>	<u>Moral</u>
Emotion		.5929***	.5864***	.5572***	.3941**
Involv.	.6486***		.5793***	.4179***	.2952*
Import.	.5700***	.7320***		.5902***	.3813**
Diff.	.3363	.4504*	.4516*		.4174***
Moral	.2469	.2894	.3498	.2631	

Correlations above the diagonal line are Dilemma 3, below are Dilemma 4.

---

\*  $p < .01$   
 \*\*  $p < .001$   
 \*\*\*  $p < .0001$

Table 2.  
Means and Standard Deviations for  
Ratings of Dilemmas 1 - 3

(N = 80)

---

	<u>Emotion</u>	<u>Involvement</u>	<u>Importance</u>	<u>Difficulty</u>	<u>Moral</u>
Dil. 1	M 3.69 <sup>c</sup>	M 3.34 <sup>c</sup>	M 3.69 <sup>bc</sup>	M 3.44	M 3.63 <sup>bc</sup>
	SD .88	SD 1.01	SD .89	SD .85	SD .91
Dil. 2	M 3.95	M 3.63	M 4.23 <sup>ac</sup>	M 3.95	M 4.22 <sup>ac</sup>
	SD 1.08	SD 1.12	SD .84	SD 1.16	SD .98
Dil. 3	M 4.11 <sup>a</sup>	M 4.06 <sup>a</sup>	M 4.44 <sup>ab</sup>	M 3.99	M 3.71 <sup>ab</sup>
	SD .90	SD .96	SD .79	SD 1.01	SD 1.14

---

a = Significantly different from Dilemma 1

b = Significantly different from Dilemma 2

c = Significantly different from Dilemma 3

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Table 3.  
Means and Standard Deviations for  
Ratings of Dilemmas 3 and 4  
(N = 40)

---

	<u>Emotion</u>	<u>Involvement</u>	<u>Importance</u>	<u>Difficulty</u>	<u>Moral</u>
Dil. 3	M 4.15	M 3.73*	M 4.35*	M 4.00*	M 3.83*
	SD .83	SD .96	SD .80	SD .99	SD .98
Dil. 4	M 3.85	M 4.23*	M 3.90*	M 3.48*	M 3.13*
	SD .77	SD .89	SD .90	SD .88	SD 1.18

---

\* Significantly different

Table 4.

Correlations of Ratings and Moral  
Reasoning Orientation Scores

(N = 80)

---

	<u>Dil. 1</u>	<u>Dil. 2</u>	<u>Dil. 3</u>	<u>Dil. 4</u>
Emotion	-.0018	-.0525	.1293	.1779
Involvement	.0962	.1173	.0718	.1264
Importance	.0387	-.0977	.1346	.1636
Difficulty	.1245	.1410	.1527	.1345
Moral	-.1119	-.0620	.0405	-.0014

---

Table 5.

Means for Moral Orientation Scores  
for Dilemmas 1 - 3

---

	<u>Dil.1</u>	<u>Dil. 2</u>	<u>Dil. 3</u>
H (N=40)	M 37.44 <u>SD</u> 20.81	M 62.98 <u>SD</u> 23.80	M 80.25 <u>SD</u> 21.34
N (N=40)	M 35.75 <u>SD</u> 19.63	M 61.04 <u>SD</u> 25.29	M 79.86 <u>SD</u> 18.22
M (N=40)	M 36.07 <u>SD</u> 22.64	M 66.11 <u>SD</u> 21.47	M 82.10 <u>SD</u> 17.74
F (N=40)	M 37.11 <u>SD</u> 17.92	M 57.92 <u>SD</u> 26.70	M 78.02 <u>SD</u> 21.55
H M (N=20)	M 39.59 <u>SD</u> 24.04	M 67.12 <u>SD</u> 19.91	M 81.06 <u>SD</u> 18.80
H F (N=20)	M 35.28 <u>SD</u> 17.35	M 58.84 <u>SD</u> 27.02	M 79.45 <u>SD</u> 24.08
N M (N=20)	M 32.56 <u>SD</u> 21.16	M 65.09 <u>SD</u> 23.39	M 83.14 <u>SD</u> 17.03
N F (N=20)	M 38.94 <u>SD</u> 17.94	M 56.99 <u>SD</u> 27.04	M 76.58 <u>SD</u> 19.21

H = Handicapped Group  
N = Non Handicapped Group  
M = Mothers  
F = Fathers

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Table 6.

Source Table for Moral Orientation Scores  
Comparing Dilemmas 1 - 3

(N=80)

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Between Subjects					
	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Group	1	107.96	107.96	.19	<.67
Sex	1	841.99	841.99	1.46	<.23
Group/Sex	1	58.56	58.56	.10	<.75
Error	76	43,750.01	575.66		
Within Subjects					
	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Dilemma	2	76,299.71	38,149.85	91.29	<.0001
Dilemma/Group	2	27.60	13.80	.03	<.97
Dilemma/Sex	2	853.58	426.79	1.02	<.36
Dilemma/Sex/ Group	2	635.85	317.93	.76	<.47
Error	152	63,520.67	417.90		

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Table 7.

Means for Moral Orientation Scores  
for Dilemmas 3 and 4

(Non-Handicapped Group only)

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	<u>Dilemma 3</u>	<u>Dilemma 4</u>
M (N=20)	M 83.14 <u>SD</u> 17.02	M 70.66 <u>SD</u> 25.45
F (N=20)	M 76.58 <u>SD</u> 19.21	M 72.04 <u>SD</u> 21.66

M = Mothers  
F = Fathers

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Table 8.

Source Table for Moral Orientation Scores  
Comparing Dilemmas 3 and 4

(N=40)

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	Between Subjects				
	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Sex	1	134.47	134.47	0.27	<.60
Error	38	18,715.13	492.50		
	Within Subjects				
	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Dilemma	1	1,449.08	1,449.08	3.66	<.06
Dilemma/Sex	1	314.42	314.42	0.79	<.38
Error	38	15,030.26	395.53		

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Table 9.

Source Table for Comparison of Moral Orientation Scores of Handicapped Group on Dilemma 3 with Moral Orientation Scores of Non-Handicapped Group on Dilemma 4

(N=80)

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	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Group	1	1,676.37	1,676.37	3.24	<.08
Sex	1	.35	.35	0.00	<.98
Group X Sex	1	60.53	60.53	0.12	<.73
Error	76	39,270.88	516.72		

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	<u>H1</u>	<u>H2</u>	<u>H3</u>	<u>N2</u>	<u>N3</u>
Hypothesis 2	-1	+1	0	0	0
Hypothesis 3	-1	-1	+2	0	0
Hypothesis 4	0	+1	+1	-1	-1

H1= parents of handicapped children, Dilemma 1  
H2= parents of handicapped children, Dilemma 2  
H3= parents of handicapped children, Dilemma 3  
N2= parents of non-handicapped children, Dilemma 2  
N3= parents of non-handicapped children, Dilemma 3

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Figure 2. Planned Comparison Weights

CHAPTER V  
DISCUSSION

Dilemmas

One of the major premises of the present investigation, the contention that different types of dilemmas would evoke different levels of care and justice responses, found strong support. The prevalence of care reasoning was greater in the second dilemma about whether to steal a drug to cure a handicapped child than in the first dilemma about whether Chris should give the money s/he has saved for camp to his/her parents. The proportion of care responses was also greater in the third dilemma (real-life for one set of parents and imaginary for the other) about caring for a handicapped child than in the second. Overall ratings of the dilemmas on level of emotional appeal, personal involvement, difficulty, importance, and whether the dilemma was a moral problem reflect the same ordering of means from low to high in order of presentation through the third dilemma. Thus, higher levels of care responses are found in the dilemmas which are rated higher in emotional appeal, personal involvement, difficulty, importance, and whether the dilemma is a moral problem.

A straightforward causal interpretation between the qualities of the dilemma and the types of moral reasoning found in the responses, however, is difficult to make because of the total absence of any correlations between moral orientation scores and ratings of difficulty, importance, personal involvement, emotional appeal, and whether the dilemma was a moral problem. It may be that the limited 5-point range of the rating scale was not sufficient to reveal a significant correlation. On the other hand, other unidentified variables may have affected both ratings and scores.

Scores for parents of non-handicapped children on the imaginary (third) dilemma were higher than expected, nearly equalling the scores of parents of handicapped children on the real-life dilemma (also third). In addition, the scores for parents of non-handicapped children on Dilemma 3, the imaginary dilemma, nearly equalled their scores on Dilemma 4, the real-life dilemma. Clearly something about the third dilemma elicited higher levels of care responses than were predicted. The parents of non-handicapped children reported higher levels of importance and difficulty for their imaginary (third) dilemma than for their real-life (fourth) dilemma and believed that the imaginary dilemma was more of a moral problem than the real-life dilemma. They reported lower personal involvement in the imaginary

dilemma than in the real-life dilemma, as would be expected, but a similar level of emotional appeal for both imaginary and real-life dilemmas. It seems likely that many parents consider at some point in their parenting career what it would be like to have a handicapped child, and how they would raise a handicapped child. For many, the concerns and fears raised by the possibility of having to deal with a handicapped child may be quite vivid.

For parents of non-handicapped children ratings of emotional appeal were not significantly different for the third and fourth dilemmas. In the same group, for the same dilemmas, levels of care reasoning also were not significantly different. However, ratings of personal involvement by parents of non-handicapped children were significantly higher for the fourth than for the third dilemma. This pattern of results for parents of non-handicapped children on the third and fourth dilemmas suggests that emotional appeal may be as important or more important than personal involvement in eliciting care responses. However, the absence of a positive correlation between the ratings of the third and fourth dilemmas for emotional appeal and scores on the dilemmas makes this interpretation less certain.

Another factor producing higher-than-expected levels of care reasoning by parents of non-handicapped children in

the third dilemma may have been the fact that so many of the parents imagined Kim (the child in the imaginary dilemma) as a girl. Could the response to a girl child elicit more care than the response to a boy child? This is an intriguing possibility, but one which must await further investigation.

The tendency of the parents of handicapped children to assign the same sex as their own child to the handicapped child in Dilemma 2 provides an indication that the parents were identifying with the story to some extent. In addition, the parents of handicapped children rated their personal involvement in the second dilemma higher than the parents of non-handicapped children, though not significantly so. Nevertheless, this identification with Dilemma 2 did not lead to significantly higher scores on Dilemma 2 for the parents of handicapped children than for the parents of non-handicapped children. This lack of significant differences in the scores of parents of handicapped and non-handicapped children on Dilemma 2 makes the general proposal that higher levels of personal involvement in a dilemma will cause an increase in the level of care responses even more difficult to defend.

Different types of dilemmas clearly elicited different levels of care responses. However, the reasons for these differences need further clarification. The findings of

the present study suggest that variables such as the personal relevance, difficulty, and importance of the dilemma may be important variables, as may whether the dilemma is perceived to be a moral dilemma. The higher-than-expected level of care responses by the parents of non-handicapped children to the imaginary dilemma and their ratings of that dilemma suggest that the emotional appeal of the dilemma may be an important variable to consider. On the other hand, other variables not investigated in the present study may have been decisive factors in eliciting differential responses to the different dilemmas. In any case, it is clear that the characteristics of the dilemma are at least as important, if not more important, than the gender of the respondent in determining the type of moral orientation which will be used. Further study is needed to define precisely the characteristics of dilemmas which elicit care or justice responses.

### Gender

The most surprising result in the study is the finding of no gender differences in any of the scores on any of the dilemmas. This result supports the findings of Ford and Lowery (1986), Friedman, Robinson, and Friedman (1987) and Walker (1989), but contradicts the findings of Donenberg and Hoffman (1988), Gilligan and Attanucci (1988), Langdale

(reported in Gilligan, 1986), and Lyons (1983). A number of differences exist between the studies which did find gender differences and those which did not. For instance, none of the studies which report gender differences indicate any attempt to blind the interviewers to hypotheses of the study, and two (Langdale, 1986; Lyons, 1983) report no attempt to blind raters. The present study is the only study of those reviewed to report the use of blind interviewers. The present study, the Walker (1989) study, and the Gilligan and Attanucci (1988) study used blind raters. (The Ford and Lowery study and the Friedman, Robinson, and Friedman study did not use interviews.) Although the rater was able to guess the gender of the respondent very accurately, quite often the rater was unsure as to the gender until the very last dilemma when personal details that suggested the gender of the respondent often emerged. (For instance the personal dilemma might be about whether to return to work or stay home with a young child suggesting a female respondent.) In addition, even though the rater could guess the gender, the element of uncertainty may have restrained any unconscious tendency to favor ratings in the expected direction. The finding of no sex differences in both studies which used objective rating measures (Ford & Lowery, 1986; Friedman, Robinson, & Friedman, 1987)

suggests that subjective rating measures may tend to produce findings in the "expected" or "desired" direction.

A second commonality among the four studies which have found gender differences is that three of the studies were completed under Gilligan's direct supervision. Thirdly, the three studies completed under Gilligan's supervision used subjects from a highly privileged (economically and educationally) and select segment of society, whereas the present study and the three other studies which found no gender differences used middle-class samples. It is difficult to formulate an explanation of exactly how socio-economic circumstances might affect the use of care and justice in a differential manner for men and women. However, it might be that privileged women are freer to develop their capacity for care more fully than middle-class women, or that men in privileged classes experience more pressure to conform to the justice orientation, or both. Such possibilities are merely speculation at the present time and await further investigation.

One difference unique to the present study which may have contributed to the finding of no gender differences was the fact that the mothers and fathers in both groups were unusually well matched on demographic variables. In our present society it is probably unusual to find a sample of 40 husband-wife pairs in which there is no significant

within-couple difference in age or level of education. This concordance occurred entirely fortuitously, but does raise the question as to whether age or level of education influence the choice of moral orientation. Donenberg and Hoffman (1988) report increasing levels of justice reasoning with age in their adolescent sample, but other studies of moral orientation (Friedman, Robinson, & Friedman, 1987; Gilligan, 1986; Gilligan & Attanucci, 1988; Lyons, 1983; Walker, 1989) have not addressed age differences. None of the studies noted above have addressed the effect of education on the choice of moral orientation.

Another factor which may have contributed to similar scores for mothers and fathers was the fact that so many of the parents chose the same real life dilemma, especially in the handicapped group. As Ford and Lowery (1986) suggested, men and women may generally tend to choose dilemmas with different characteristics (difficulty or importance in their study) when their choice of dilemma is left completely open. However, the present study, by restricting the parents' field of choice to a dilemma involving their children, greatly restricted the range of choices. The marked similarity between the mothers' and fathers' ratings of the dilemma characteristics and scores on the dilemmas may have been a direct result of this restriction of the

field of choice. Thus for studies of gender differences in moral reasoning where the design requires the subject to choose the dilemma, restricting the choice of dilemmas to parenting appears to produce the desired comparability in dilemma characteristics for men and women.

Finally, it might be hypothesized that the parents' scores were very similar because they come from married couples. Perhaps persons who emphasize care reasoning marry each other or stay married disproportionately, or perhaps married couples influence each other in their choice of approach to solving moral dilemmas. However, correlations between husbands and wives were all very low and non-significant. These low correlations do not support the hypothesis that married couples tend to reason similarly on these dilemmas.

The present study has joined the group of studies finding no gender differences in the use of care and justice reasoning. This finding of no difference emphasizes the need for continued study of the relationship between gender and moral reasoning orientation and the factors which affect that relationship.

### Reliability

Findings of the present study must be qualified because of the marginally acceptable levels of interrater reliability ( $r = .75$  and  $.73$ ) which were achieved. Certainly, considering the complex nature of the concepts involved, these levels of agreement should be considered acceptable. They are comparable to previous studies using similar methods. Lyons (1983) reported correlations of  $.70$ ,  $.71$ ,  $.74$ , and  $.82$  "after extensive training." Walker (1989) reported  $.77$  and  $.76$ , and Donenberg and Hoffman (1988) reported  $.88$ . Gilligan and Attanucci (1988) report interrater agreement averaging 80%.

The present study had several characteristics which may have made interrater reliability somewhat more difficult to attain. For instance, none of the previous studies reviewed which investigate similar hypotheses to the present study using the interview technique (Donenberg & Hoffman, 1988; Gilligan, 1986; Gilligan & Attanucci, 1988; Lyons, 1983; Walker, 1989) report that the interviewers were blind to the hypotheses of the study as they were for most of the interviews in the present study. The interviewers were unfamiliar with the care and justice orientations, and thus frequently failed to elicit clarifications which would have simplified the rating process. In addition, the subjects in the present study were middle class

or lower class socioeconomically, and may have been less articulate than the privileged groups studied by Gilligan and Attanucci (1988), Langdale (reported in Gilligan, 1986) and Lyons (1983), thus complicating the rating process.

Both of the students who worked on the reliability ratings remarked frequently on the difficulty of using the complex rating system, the mental effort required, and the amount of time (3-4 hours for one transcript) they spent doing the ratings. Initially the primary investigator also spent 3-4 hours on a transcript, but gradually became faster so that she finished some of the shorter transcripts near the end of the study in less than an hour. All three raters found it necessary to work in absolute silence or with a neutral background noise, and all three decided independently to do the ratings in only two or three places.

Some of the difficulties in using the rating system stem from an inherent contradiction of Gilligan's concepts of care and justice with the requirements of reliability. A basic requirement for rating system reliability is that the categories established in the rating system must be mutually exclusive (Carmines & Zeller, 1979). In other words care and justice would have to be clearly separable entities. It is clear, however, that to think of care and justice as clearly separable and mutually exclusive violates Gilligan's conception of the two approaches.

Gilligan (1987a) describes care and justice as being like an ambiguous figure, appearing one way in one observation, another way in a second observation. All three raters in the present investigation experienced this shift in perception more than once. We would bring our ratings to our discussion meeting, feeling sure of at least a few of the ratings. Then we would see a rating of which we had been quite sure a few moments ago marked in the opposite way by our partner. Instantly our perception would shift and we would see the opposite qualities just as clearly. Clearly a rating manual which attempts to adhere faithfully to Gilligan's concept and also to achieve interrater reliability is doomed to failure! In recent announcements of workshops about her method, Gilligan notes that "our method suggests a redefinition of the concepts of reliability and validity" (personal communication, February 17, 1989). Certainly a departure from traditional methods will be necessary.

### Future Directions

The present study has confirmed that characteristics of the dilemma may influence the type of moral reasoning and has begun the process of sorting out the specific characteristics of the dilemma which may lead to one type of moral reasoning over the other. Further research is clearly

needed to define which characteristics of the dilemma are most important in eliciting care and justice.

The present study has added another study with findings of no difference to the debate about whether men and women choose different orientations for reasoning about moral dilemmas. Further study of the influence of socio-economic status and demographic variables on gender differences in the use of care and justice is indicated. The study also has identified a potentially useful method to elicit spontaneous dilemmas with similar characteristics from both genders, namely to focus on dilemmas of parenting.

Finally, it has developed an alternative rating manual to that of Lyons (1983) or Argyris et al. (1987). Further investigation of the usefulness and appropriateness of this tool is indicated.

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APPENDIX A  
INSTRUMENTS

## Personal Data for Parents of Non-Handicapped Children

(Complete this portion in the first phone contact)

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. What are the ages of the children? \_\_\_\_\_

2. Are you the biological parents? \_\_\_\_\_

(Complete during or after the interview.)

Was the interview completed? \_\_\_\_\_yes \_\_\_\_\_no

Do they want a summary of the results \_\_\_\_\_yes \_\_\_\_\_no

(File separately without identifying subject number.)

## Personal Data for Parents of Handicapped Children

(Complete this portion in the first phone contact)

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. What is the handicapped child's name? \_\_\_\_\_

2. Are you the biological parents? \_\_\_\_\_

3. How long have you known about the handicap? \_\_\_\_\_

4. How old is the child? \_\_\_\_\_

(Complete during or after the interview.)

Was the interview completed? \_\_\_\_\_yes \_\_\_\_\_no

Do they want a summary of the results \_\_\_\_\_yes \_\_\_\_\_no

(File separately without identifying subject number.)

## Questionnaire for Parents of Handicapped Children

Subject Number \_\_\_\_\_

1. Age? \_\_\_\_\_ 2. Sex? \_\_\_\_\_ Male \_\_\_\_\_ Female

3. How long have you been married? \_\_\_\_\_

4. What is the last year of school you completed? \_\_\_\_\_

5. What is your job title? \_\_\_\_\_

6. Describe your job briefly. \_\_\_\_\_

7. Which category describes your family income most accurately?

\_\_\_\_\_ below \$10,000 \_\_\_\_\_ \$30-\$40,000 \_\_\_\_\_ \$60-\$70,000

\_\_\_\_\_ \$10-\$20,000 \_\_\_\_\_ \$40-\$50,000 \_\_\_\_\_ \$70,000 up

\_\_\_\_\_ \$20-\$30,000 \_\_\_\_\_ \$50-60,000

8. What is your race?

\_\_\_\_\_ Hispanic \_\_\_\_\_ Black \_\_\_\_\_ Caucasian

\_\_\_\_\_ Oriental \_\_\_\_\_ Other

9. What is your religious affiliation?

\_\_\_\_\_ Catholic \_\_\_\_\_ Protestant or non-Catholic Christian

\_\_\_\_\_ Jewish \_\_\_\_\_ Other \_\_\_\_\_ None

10. How many children do you have? \_\_\_\_\_

11. What are their ages? \_\_\_\_\_

12. What sex are they? \_\_\_\_\_

13. What is the name of your handicapped child? \_\_\_\_\_

14. What is his/her age? \_\_\_\_\_

15. What are his/her handicaps? \_\_\_\_\_

Please rate each of the problems you considered.

The level of emotional appeal for you

Chris' problem about money for camp:

Very High	High	Moderate	Low	Very Low
5	4	3	2	1

The problem about stealing a drug:

Very High	High	Moderate	Low	Very Low
5	4	3	2	1

The problem about your own child:

Very High	High	Moderate	Low	Very Low
5	4	3	2	1

Your personal involvement

Chris' problem about money for camp:

Very High	High	Moderate	Low	Very Low
5	4	3	2	1

The problem about stealing a drug:

Very High	High	Moderate	Low	Very Low
5	4	3	2	1

The problem about your own child:

Very High	High	Moderate	Low	Very Low
5	4	3	2	1

Importance of the Problem

Chris' problem about money for camp:

Very High	High	Moderate	Low	Very Low
5	4	3	2	1

The problem about stealing a drug:

Very High	High	Moderate	Low	Very Low
5	4	3	2	1

The problem about your own child:

Very High	High	Moderate	Low	Very Low
5	4	3	2	1

Difficulty of the problem

Chris' problem about money for camp:

Very High	High	Moderate	Low	Very Low
5	4	3	2	1

The problem about stealing a drug:

Very High	High	Moderate	Low	Very Low
5	4	3	2	1

The problem about your own child:

Very High	High	Moderate	Low	Very Low
5	4	3	2	1

Was it a moral choice or problem?

Chris' problem about money for camp:

Very High	High	Moderate	Low	Very Low
5	4	3	2	1

The problem about stealing a drug:

Very High	High	Moderate	Low	Very Low
5	4	3	2	1

The problem about your own child:

Very High	High	Moderate	Low	Very Low
5	4	3	2	1

## Questionnaire for Parents of Non-Handicapped Children

Subject Number \_\_\_\_\_

1. Age? \_\_\_\_\_

2. Sex? \_\_\_\_\_ Male \_\_\_\_\_ Female

3. How long have you been married? \_\_\_\_\_

4. What is the last year of school you completed? \_\_\_\_\_

5. What is your job title? \_\_\_\_\_

6. Describe your job briefly. \_\_\_\_\_

7. Which category describes your family income most accurately?

\_\_\_\_\_ below \$10,000      \_\_\_\_\_ \$30-\$40,000      \_\_\_\_\_ \$60-\$70,000

\_\_\_\_\_ \$10-\$20,000      \_\_\_\_\_ \$40-\$50,000      \_\_\_\_\_ \$70,000 up

\_\_\_\_\_ \$20-\$30,000      \_\_\_\_\_ \$50-60,000

8. What is your race?

\_\_\_\_\_ Hispanic      \_\_\_\_\_ Black      \_\_\_\_\_ Caucasian

\_\_\_\_\_ Oriental      \_\_\_\_\_ Other

9. What is your religious affiliation?

\_\_\_\_\_ Catholic      \_\_\_\_\_ Protestant or non-Catholic Christian

\_\_\_\_\_ Jewish      \_\_\_\_\_ Other      \_\_\_\_\_ None

10. How many children do you have? \_\_\_\_\_

11. What are their ages? \_\_\_\_\_

12. What sex are they? \_\_\_\_\_

13. Are any of your children handicapped? \_\_\_\_\_

Please rate each of the problems you considered.

The level of emotional appeal for you

Chris' problem about money for camp:

Very High	High	Moderate	Low	Very Low
5	4	3	2	1

The problem about stealing a drug:

Very High	High	Moderate	Low	Very Low
5	4	3	2	1

The imagined problem about a handicapped child:

Very High	High	Moderate	Low	Very Low
5	4	3	2	1

The problem about your own child:

Very High	High	Moderate	Low	Very Low
5	4	3	2	1

Your personal involvement

Chris' problem about money for camp:

Very High	High	Moderate	Low	Very Low
5	4	3	2	1

The problem about stealing a drug:

Very High	High	Moderate	Low	Very Low
5	4	3	2	1

The imagined problem about a handicapped child:

Very High	High	Moderate	Low	Very Low
5	4	3	2	1

The problem about your own child:

Very High	High	Moderate	Low	Very Low
5	4	3	2	1

Importance of the Problem

Chris' problem about money for camp:

Very High	High	Moderate	Low	Very Low
5	4	3	2	1

The problem about stealing a drug:

Very High	High	Moderate	Low	Very Low
5	4	3	2	1

The imagined problem about a handicapped child:

Very High	High	Moderate	Low	Very Low
5	4	3	2	1

The problem about your own child:

Very High	High	Moderate	Low	Very Low
5	4	3	2	1

Difficulty of the problem

Chris' problem about money for camp:

Very High	High	Moderate	Low	Very Low
5	4	3	2	1

The problem about stealing a drug:

Very High	High	Moderate	Low	Very Low
5	4	3	2	1

The imagined problem about a handicapped child:

Very High	High	Moderate	Low	Very Low
5	4	3	2	1

The problem about your own child:

Very High	High	Moderate	Low	Very Low
5	4	3	2	1

Was it a moral choice or problem?

Chris' problem about money for camp:

Very High	High	Moderate	Low	Very Low
5	4	3	2	1

The problem about stealing a drug:

Very High	High	Moderate	Low	Very Low
5	4	3	2	1

The imagined problem about a handicapped child:

Very High	High	Moderate	Low	Very Low
5	4	3	2	1

The problem about your own child:

Very High	High	Moderate	Low	Very Low
5	4	3	2	1

## Interview Schedule for Parents of Handicapped Child

I'm going to read you a story, and I'd like to know your answers to some questions about the story. There aren't any right or wrong answers to the questions I will ask. I just want to know your opinion.

Chris is a 14-year-old child who wanted to go to camp very much. Chris' parents promised that Chris could go if Chris could save up the money for it. So Chris worked hard and saved up the \$40.00 it cost to go to camp and a little more besides. But just before camp was going to start, Chris' parents had a change of mind. Some of the parents' friends decided to go on a special trip, and the parents were short of the money it would cost. So the parents told Chris to hand over the money Chris had saved. Chris didn't want to give up going to camp, so Chris thinks of refusing to give the money.

What did Chris do?

Why did Chris decide to do that?

What was the conflict for Chris in the situation?

In thinking about what to do, what did Chris consider?

Anything else Chris considered?

How did Chris decide what to do?

What made Chris decide to do that?

What were Chris' duties or responsibilities in the situation?

What were the duties or responsibilities of others in this situation?

Did Chris make the right decision?

Why/why not?

What was at stake for Chris in the decision?

What was at stake for others?

How do you feel about it?

Is there another way to see the problem? (other than the way you described it?)

When Chris thinks back over the problem, do you think Chris learned anything from it?

What did Chris learn?

Now I will read another story and I'd like to know your answers to some questions about this story, too.

A child was born with a severe handicap that would never get better without a certain medicine. There was only one drug that could be used to treat the handicap and it would completely cure it in one dose. Without the drug, the child would remain severely handicapped for life. The drug patent was owned by one inventor and that inventor was

out to make a lot of money. The inventor charged \$10,000 for a dose of the drug even though the inventor could make it very cheaply. The child's parents went to everyone they could think of and tried every legal means, but could only get together about \$5,000, which is half of what it cost. The parents told the inventor that their child needed treatment and asked the inventor to sell the drug cheaper or let the parents pay later. But the inventor said, "If I help you, everyone will want the drug cheaply and I will not recover my research and development money." The parents know where a small supply of the drug is kept. Having tried every legal means, the parents get desperate and consider stealing the drug.

What did the parents do?

Why did the parents decide to do that?

What was the conflict for the parents in the situation?

In thinking about what to do, what did the parents consider?

Anything else the parents considered?

How did the parents decide what to do?

What made the parents decide to do that?

What were the parents' duties or responsibilities in the situation?

What were the duties or responsibilities of others in the situation?

Did the parents make the right decision?

Why/why not?

What was at stake for the parents in the decision?

What was at stake for others?

How do you feel about it?

Is there another way to see the problem? (other than the way you described it?)

When the parents think back over the problem, did they learn anything from it?

What did the parents learn?

Now I have some questions that will call upon your own experience with (name)?

Have you ever had to make a difficult choice for (name)?

What was the choice?

What did you do?

Why did you decide to do that?

What was the conflict for you in the situation?

In thinking about what to do, what did you consider?

Anything else you considered?

How did you decide what to do?

What made you decide to do that?

What were your duties or responsibilities in the situation?

What were the duties or responsibilities of others in the situation?

Did you make the right decision?

Why/why not?

What was at stake for you in the decision?

What was at stake for others?

How do you feel about it?

Is there another way to see the problem? (other than the way you described it?)

When you think back over the problem, do you think you learned anything from it?

What did you learn?

When you first learned that (name) would be handicapped, how did you react?

What was your first concern?

What did you think about most?

What did you worry about?

What did you think was most important at the time?

Why was that most important to you?

Have your concerns changed from that time?

What are your biggest concerns now?

How (why) did your concerns change from then to now?

Why is (name) handicapped?

Why do you think it happened to you?

What do you want most for (name)?

Why do you think that's most important?

What else is important?

Has having (name) changed your life in any way?

How?

Did it change your thinking in any way?

Did you change any of your friendships?

Why?

Did it change any of your relations with your family?

Why?

If you could give one piece of advice to other parents with handicapped children, what would it be?

Why did you choose that piece of advice?

What do you want others to learn from your advice?

Interview Schedule for Parents of Non-Handicapped Child

I'm going to read you a story, and I'd like to know your answers to some questions about the story. There aren't any right or wrong answers to the questions I will ask. I just want to know your opinion.

Chris is a 14-year-old child who wanted to go to camp very much. Chris' parents promised that Chris could go if Chris could save up the money for it. So Chris worked hard and saved up the \$40.00 it cost to go to camp and a little more besides. But just before camp was going to start, Chris' parents had a change of mind. Some of the parents' friends decided to go on a special trip, and the parents were short of the money it would cost. So the parents told Chris to hand over the money Chris had saved. Chris didn't want to give up going to camp, so Chris thinks of refusing to give the money.

What did Chris do?

Why did Chris decide to do that?

What was the conflict for Chris in the situation?

In thinking about what to do, what did Chris consider?

Anything else Chris considered?

How did Chris decide what to do?

What made Chris decide to do that?

What were Chris' duties or responsibilities in the situation?

What were the duties or responsibilities of others in the situation?

Did Chris make the right decision?

Why/why not?

What was at stake for Chris in the decision?

What was at stake for others?

How do you feel about it?

Is there another way to see the problem? (other than the way you described it?)

When Chris thinks back over the problem, do you think Chris learned anything from it?

What did Chris learn?

Now I will read another story and I'd like to know your answers to some questions about this story, too.

A child was born with a severe handicap that would never get better without a certain medicine. There was only one drug that could be used to treat the handicap and it would completely cure it in one dose. Without the drug, the child would remain severely handicapped for life. The

drug patent was owned by one inventor and that inventor was out to make a lot of money. The inventor charged \$10,000 for a dose of the drug even though the inventor could make it very cheaply. The child's parents went to everyone they could think of and tried every legal means, but could only get together about \$5,000, which is half of what it cost. The parents told the inventor that their child needed treatment and asked the inventor to sell the drug cheaper or let the parents pay later. But the inventor said, "If I help you, everyone will want the drug cheaply and I will not recover my research and development money." The parents know where a small supply of the drug is kept. Having tried every legal means, the parents get desperate and consider stealing the drug.

What did the parents do?

Why did the parents decide to do that?

What was the conflict for the parents in the situation?

In thinking about what to do, what did the parents consider?

Anything else the parents considered?

How did the parents decide what to do?

What made the parents decide to do that?

What were the parents' duties or responsibilities in the situation?

What were the duties or responsibilities of others in the situation?

Did the parents make the right decision?

Why/why not?

What was at stake for the parents in the decision?

What was at stake for others?

How do you feel about it?

Is there another way to see the problem? (other than the way you described it?)

When the parents think back over the problem, did they learn anything from it?

What did the parents learn?

Now I'd like you to imagine that you have another child, a child who is handicapped. The child's name is Kim. Kim. Kim is mentally retarded and will never be able to walk or to live independently. I will ask you a set of questions, and I'd like you to respond thinking as best you can imagine about how you would react to the situation and what you would think.

Have you ever had to make a difficult choice for Kim?

What was the choice?

What did you do?

Why did you decide to do that?

What was the conflict for you in the situation?

In thinking about what to do, what did you consider?

Anything else you considered?

How did you decide what to do?

What made you decide to do that?

What were your duties or responsibilities in the situation?

What were the duties or responsibilities of others in the situation?

Did you make the right decision?

Why/why not?

What was at stake for you in the decision?

What was at stake for others?

How do you feel about it?

Is there another way to see the problem? (other than the way you described it?)

When you think back over the problem, do you think you learned anything from it?

What did you learn?

Now instead of an imaginary problem, I'd like you to focus on a real problem that you have had with one of your children. All parents have had the experience of being in a situation where they had to make a decision for their child, but weren't sure what they should do. Would you describe a situation when you faced a conflict and you had

to make a difficult decision for your child, but weren't sure what you should do?

What was the choice?

What did you do?

Why did you decide to do that?

What was the conflict for you in the situation?

In thinking about what to do, what did you consider?

Anything else you considered?

How did you decide what to do?

What made you decide to do that?

What were your duties or responsibilities in the situation?

What were the duties or responsibilities of others in the situation?

Did you make the right decision?

Why/why not?

What was at stake for you in the decision?

What was at stake for others?

How do you feel about it?

Is there another way to see the problem? (other than the way you described it?)

When you think back over the problem, do you think you learned anything from it?

What did you learn?

APPENDIX B  
GUIDE FOR INTERVIEWERS

## Guide for Interviewers

### Phone Contact to Set Up Interview

1. Have the phone contact form and pen or pencil.
2. Ask for handicapped child's name and use it for the rest of the questions.
3. Verify that the parents are both biological parents.
4. Verify that the parents have known about the handicap for at least one year.
5. Verify that the child's age is between 1 and 12.
6. For the parents of non-handicapped children, steps 2 and 4 should be omitted. In step 5, at least one of the children should be between 1 and 12.
7. If the child does not meet the criteria for the study, explain and thank the parent for his/her interest.
8. If the child meets the criteria, schedule the interview at a place and time agreeable to both you and the parents.
9. Be sure the parent understands that the interviews must be consecutive and that neither parent will be able to listen to the other's answers. Explain that children may not be present during the interview, because the parent will need to concentrate on the questions. If the child is not capable of interrupting the interview, an exception may be made.

10. Obtain clear directions to the house or other meeting place. Also obtain the mailing address so that the summary can be mailed.
11. The interviews will usually be about 1 hour long each, but be sure you have at least 3 hours available should it be needed. It is critical that you never rush the interview.

#### Before the Interview

1. Wear clean, conservative clothes. No sports clothes or "grubbies".
2. Take the proper interview schedule, three sets of questionnaires of the proper type (one spare), the tape recorder, two extra batteries for the recorder, 4 hours of tape, directions to the house, labels for the tapes, and two pens or pencils.
3. Two questionnaires should be numbered with the subject number. Use your interviewer letter followed by consecutive numbers starting with the number 1. For instance, if you are interviewer A, the first subject number will be A1, the second will be A2, etc.
4. Arrive on time. Call the parents if a problem arises. If possible arrange for another interviewer to complete the interview at the scheduled time if you are unable to keep the appointment.

5. If the parents have not arranged for privacy during the interviews, if one parent is not present (and will not return within one hour), or if a child capable of interrupting the interview is present, arrangements must be made to correct the problem before beginning the interview. You may suggest leaving the house and going to some other setting. If necessary, re-schedule.

#### During the Interview

1. Place the tape recorder as near the parent as possible. Set the recorder on "conference" with the volume on maximum. If a television, radio, or noisy air conditioner is nearby, request that it be turned off. Also consider more distant noise such as a lawn mower or music in the next room and whether it may affect the recording.
2. Read the story slowly and very clearly, being sure the parent hears all the relevant details.
3. Check the tape recorder occasionally to be sure it is running. If you lose part of a response while turning the tape over, ask the parent to repeat the answer.
4. Allow the parent all the time he/she needs to consider the response. Silence and patience are often quite effective in drawing out responses. Give the

impression that you have all the time in the world.

Never interrupt the parent.

5. Listen carefully to the parent's responses and show your interest in what they think. Phrases which encourage responsiveness include "I'd really like to know what you think.", "That's interesting.", "Could you explain to me. . .", and similar phrases.
6. Always read the story and the unindented questions in the interview exactly as printed. Follow-up (indented) questions may be modified where appropriate. If the parent has adequately explained his/her reasons for the response, a follow-up question may not be necessary. If the "Why/Why not?" choice does not seem appropriate, other probes may be used. Acceptable probes are phrased neutrally, so as not to suggest an answer to the parent. Examples of neutral probes include "Could you tell me a little more about that?", "Oh?", and "Go on." If you question the parent about a particular response, be sure to use the exact phrases and words chosen by the parent. Do not rephrase. You should continue to probe the parent's responses until he/she has given reasons for the moral choice. Explanations such as "It's just something inside me," or "That's just the way I was raised," are not really reasons and should be probed further.

7. Be careful not to refer to any of the genderless persons in the stories as he or she.
8. At any point where the subject seems to hesitate, you may reassure him/her that the question is difficult and that there are no right answers, but that you would like to know what he/she thinks.
9. If the parent asks for information beyond what is given in the story, you should re-read the relevant portion of the story, then explain that the story doesn't give the information the parent wants. You may also ask if knowing the answer would be important to the parent's decision and why.
10. If the parent reinterprets the dilemma, for instance, in the second story, insisting that the parents will be able to raise the money or that they will be able to talk the pharmacist into giving the drug, ask "But what if they can't get the money?" or "But what if they can't talk the pharmacist into giving the drug?" Use similar questions for other re-interpretations.
11. Have the parent complete the questionnaire after the interview is complete.
12. Ask the parents whether they would like a summary of the results of the study. If they would, make a note on the piece of paper with their address.

After the Interview

1. Following each interview, immediately label each tape with the subject number.
2. Turn in the respondents' names and address, completed questionnaires with subject numbers, and tapes with subject numbers attached. The subjects' names and addresses should be on a separate piece of paper so that it may be filed separately to protect confidentiality.
3. After the transcript has been typed, you will listen to the tape once more and proof the transcript for errors. Remove any references which identify the gender of the interviewee or the spouse.

### Rating Manual

To do a rating, you must allow at least two hours' time. You should do the ratings in a quiet room where you will not be interrupted. You will need two colored erasable pencils: red and blue. Read and study the entire rating manual before doing any rating. Rating should be done on a copy, not the original transcript.

As you read, consider each coherent distinct thought in the response individually. A distinct thought may be a sentence or a phrase, or occasionally may be more than one sentence. For instance, the sentence "I understand that they have a situation which is very hard on them, but they should still obey the law." contains two independent thoughts; (1) "I understand that they have a situation which is very hard on them," and (2) "they should obey the law". However, the sentence "Kids really do love their parents even though they act like they do not," only contains one coherent thought, because the phrase "even though they act like they do not" cannot stand alone and make any sense. A complete thought may, at times, be more than one sentence.

Consider whether the distinct thought is a moral statement or not. A statement should be considered moral if it considers conflicting values and makes choices among those values. Each time a distinct thought indicates that

the self is thinking about a conflict, making a choice, or giving reasons for a choice, the distinct thought should be considered a moral statement.

Terms which may be clues to moral language include words such as: desire, consider, choose, evaluate, commit, judge, act, resist, refuse, try, explore, found, abstain, feel, learn, realize, think, question, decide, want, know, believe, and similar words. It is not necessary to find any of these particular words, nor does the appearance of the words necessarily indicate moral consideration. Instead, the context of the story (i.e. related statements preceding or following, the general tone of the interview, any other evidence that appears to assist in clarifying the intent of the statement of interest) should be considered to help decide whether or not an individual statement is a moral statement. A conscious decision to do nothing should be considered an active choice and therefore underlined.

Do not underline details that seem unrelated to the moral conflict. These would be asides, disconnected thoughts, or stories which are not directly related to the larger conflict or the decision to be made. If the interviewee describes someone else's perception of or statements about the conflict, the statement should be underlined only if the interviewee indicates agreement or disagreement with the statement. For instance, the parent's description of

his/her spouse's attitude should not be underlined, unless he/she indicates agreement or disagreement.

Once you have identified a moral statement, you will need to decide whether the statement is a care or justice statement, or whether it is not clear what orientation is being described. Care approaches will be identified by their emphasis on issues of relatedness, mutual dependence, and the obligation to avoid hurt or selfishness. Justice approaches will be identified by their focus on abstract principles, rationality, and the tendency to distance oneself from the individuals involved in a dilemma. The last five pages of the manual clarify the care and justice approaches. Please carefully read and study these descriptions before doing any ratings. Be sure that you understand both concepts clearly.

Use a red pencil to underline care considerations. Use blue for justice. Be sure to consider the context for each statement (the statements preceding and following and any other relevant information) rather than individual words. If a statement is surrounded by another color, think carefully about whether the interviewee really is changing the point of view before marking a different color. Short statements which give no reason should not be underlined.

Similar words may be used in either care or justice considerations, but the underlying understanding of the

dilemma will be different in each approach as described on the last two pages of the manual. You will have to carefully consider all the information available to you and consider all the possible ways of interpreting each individual statement in order to correctly interpret this underlying meaning. Some statements will remain unclear even after careful consideration. These ambiguous statements should not be underlined.

It is not necessary to memorize the instructions. Refer to this manual as often as you need to as you make the ratings.

In summary, the procedure is to first read the whole interview for a general understanding. On the second reading, first identify each distinct coherent thought in the response. Then decide whether the coherent statement is a moral statement or not, using the guidelines from the manual. If it is not a moral statement, do not underline it. If it appears to be a moral statement, decide whether it is a clear care statement, a clear justice statement, or ambiguous. If it is ambiguous, do not underline it. If it is clearly an example of one approach, underline the care statements in red and the justice statements in blue.

Care

Concerned with the complexities of attachment within relationships, attempts to find a balance to meet everyone's needs

Vulnerability is connected with abandonment

Tolerance of exceptions to the rules

Greater use of innovation

Inattention to details of rules

Justice

Concerned with issues of fairness, individual rights, and adherence to standards or principles, principles may be in conflict

Vulnerability is connected with oppression & injustice

Tolerance of individual harm when necessary to allow adherence to principle

Greater regard for precedent

Elaboration of rules

Care

Trusts feelings, logic or reasoning may be used to identify individual needs or consequences for individuals

Strives to meet needs and to be inclusive

Interested in personal details about the individuals in a particular situation

Metaphor is network or web, connection

Organizing dimension is attachment/detachment

Greatest evil is hurt

Justice

Trusts logic, reasoning and logic focus on rules and principles, what is right or wrong

Strives for equity and consistency

Detached or impartial in decision making, personal details seen as irrelevant

Metaphor is hierarchy or balance, separation or individuality

Organizing dimension is inequality/equality of treatment

Greatest evil is injustice

Care

Moral question is "How to respond?"

Self perceives and responds, reliance on personal experience

Effort to reach understanding, argument should be avoided if possible, understanding is more important than agreement

Listening is important tool

Detachment is seen as a problem, not a virtue

Responsive

Decisions tentative

Justice

Moral question is "What is just."

Self judges, setting an example is a concern

Effort to reach agreement, through argument if necessary, or by appeal to authority

Respect is important tool

Care is seen as a mercy, a decision to modulate strict demands of justice

Active

Decisions final

Care

Assumes a basis for agreement and understanding which is unlearned and without structure

Happiness or emotional satisfaction are the goals

Considers special needs of the handicapped person

Relationships: Involve networks of relationships caring, responsiveness to needs

Justice

Assumes an external structure will be needed to reach agreement (e.g. logic, law, religious beliefs) Rules must be taught.

Independence and autonomy are the goals

Treat the handicapped person just like everyone else

Relationships: Involve hierarchies or authority, balance, tit for tat, role models

Care

Responsibilities: stem from relationships to others, vary according to the situation and person, awareness of need

Fairness: arises when each person's needs are met

Rights: derive from relationships, considers the context

Trust: being sure the person will react in a loving and caring manner

Justice

Responsibilities: stem from rules of conduct, agreements, or from position, are invariant among situations and persons, rules may need elaboration or exception for specific situations

Fairness: arises when each person is treated equally or according to rules or agreements

Rights: derive from rules and the obligation to treat persons equally

Trust: being sure the person will react in a fair and just manner, or will follow rules agreed upon

Decisions: made by becoming becoming involved with the feelings and needs of those involved

Decisions: made by distancing oneself from personal involvement, using logic

Selfishness: is a concern the interpersonal harm it wrong, a cause of will cause to persons

Selfishness: is a judged for injustice

Wrong: hurt, insensitivity, carelessness

Wrong: violation of principles or rules

Guilt: stems from causing hurt or damaging the relationship

Guilt: stems from violation of rules or principles

Key words: hurt, sacrifice, caring, relationship, selfishness, isolation, interdependence, need, response, acceptance

Key words: justice, rationality, rights, principles, independence, obedience, autonomy, fairness

### Care Statement Examples

1. Considering how one person's attitude will affect others.
2. Talking about what a person needs is nearly always care.
3. The need to "walk in someone's shoes" or to understand is care.
4. Concerns about the effect of certain actions on the whole family are care.
5. Considering the special circumstances relevant to a person's age, experience, knowledge is care.
6. Trying to make a choice for the child as the child would want the choice made is care.
7. Wanting to know more details or gather more information before making a decision is care.

### Justice Statement Examples

1. A concern with reputation or good name.
2. If a statement is supported because "That's the way I was raised." or a concern with teaching the child right from wrong.
3. Avoiding second thoughts, sticking to a course of action or decision regardless of consequences. Standing up for what one believes in.
4. Talking about something that would be "just as bad" as something else.

5. An attempt to "make it up", in other words to balance the scale or compensate.

6. "It's the Lord's will" and similar statements are justice.

7. Wanting to be an honest, upright, law abiding person.

#### Differentiating Care and Justice

1. Statements that talk about feelings of support, not being in it alone, knowing that others understand are care.

If they just acknowledge that others have had the same experience while focusing on fairness issues, that is justice.

2. A focus on consequences for the individual, such as a jail term if they steal and how that will affect the parent and the child, is care. If the jail term is considered deserved punishment for wrongdoing, that is justice.

3. When considering the best thing for the child, if the concern is the child's emotional wellbeing or individual needs and wishes or how others will react to the child, that's care. If the concern stems from the parent's position as the responsible person making judgements without reference to the child's reaction, that's justice.

This type of concern will often be unclear unless the additional elements indicating either care or justice are present.

4. If considering the child's trust or confidence in the parents, concern with the child's emotional state is care, concern with maintaining the child's obedience or respect is justice. This may also often be unclear.

5. Concern with consistency is care if the reason for the concern is to avoid confusing the child or a concern about the child's reaction. A concern with consistency, sticking with a decision, not changing or doubting a decision reflects justice reasoning if these other concerns are not present.

6. When considering their interaction with normal children, the concern is justice if the person is considering the normal children as role models or teachers. The concern is care only if the concern is for how the child will feel or react.

7. Wanting the child to listen in order to obey or follow rules is a justice concern. Wanting them to listen in order to understand is a care concern.

8. A concern with weighing options is justice. However, this must be differentiated from considering the consequences for individuals which is a care concern.

9. A concern with balancing various needs is a justice concern if the emphasis is on balance or fairness, care if the emphasis is on considering individual needs.

10. "Black and white" is justice. "Shades of gray" is care.

11. Loyalty is usually care unless the loyalty stems from a sense of duty, respect for the person, or the person's position.

APPENDIX D  
SOURCE TABLES FOR RATINGS  
OF DILEMMAS

Table 10.

Source Table for Ratings of Emotional  
Appeal on Dilemmas 1 - 3

(N = 80)

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Between Subjects					
	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Group	1	.02	.02	.01	<.91
Sex	1	.82	.82	.61	<.44
Group/Sex	1	.60	.60	.45	<.51
Error	76	102.23	1.35		

  

Within Subjects					
	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Dilemma	2	7.36	3.68	5.04	<.008
Dilemma/Group	2	.31	.15	.21	<.81
Dilemma/Sex	2	1.46	.73	1.00	<.37
Dilemma/Sex/ Group	2	.48	.24	.33	<.72
Error	152	111.07	.73		

---

Table 11.

Source Table for Ratings of Emotional  
Appeal on Dilemmas 3 and 4

(N = 40)

---

Between Subjects					
	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Sex	1	.80	.80	1.16	<.29
Error	38	26.20	.69		
Within Subjects					
	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Dilemma	1	1.80	1.80	2.97	<.09
Dilemma/Sex	1	.20	.20	.33	<.57
Error	38	23.00	.61		

---

Table 12.

Source Table for Ratings of Personal  
Involvement in Dilemmas 1 - 3

(N = 80)

---

Between Subjects					
	df	SS	MS	F	p
Group	1	8.07	8.07	4.99	<.03
Sex	1	3.27	3.27	2.02	<.16
Group/Sex	1	.42	.42	.26	<.61
Error	76	122.90	1.62		

  

Within Subjects					
	df	SS	MS	F	p
Dilemma	2	21.33	10.66	15.13	<.0001
Dilemma/Group	2	4.26	2.13	3.02	<.05
Dilemma/Sex	2	1.50	.75	1.07	<.34
Dilemma/Sex/ Group	2	3.81	1.90	2.70	<.07
Error	152	107.10	.70		

---

Table 13.

Source Table for Ratings of Personal  
Involvement in Dilemmas 3 and 4

(N = 40)

---

	Between Subjects				
	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Sex	1	.05	.05	.05	<.83
Error	38	38.90	1.02		
	Within Subjects				
	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Dilemma	1	10.00	10.00	7.66	<.009
Dilemma/Sex	1	6.40	6.40	4.90	<.03
Error	38	49.60	1.31		

---

Table 14.

Source Table for Ratings of Importance  
of Dilemmas 1 - 3

(N = 80)

Between Subjects					
	df	SS	MS	F	p
Group	1	1.07	1.07	.92	<.34
Sex	1	.82	.82	.71	<.41
Group/Sex	1	3.75	3.75	3.25	<.08
Error	76	87.77	1.15		
Within Subjects					
	df	SS	MS	F	p
Dilemma	2	23.91	11.95	25.44	<.0001
Dilemma/Group	2	2.86	1.43	3.04	<.05
Dilemma/Sex	2	.16	.08	.17	<.85
Dilemma/Sex/ Group	2	.98	.49	1.04	<.36
Error	152	71.43	.47		

Table 15.

Source Table for Ratings of Importance  
of Dilemmas 3 and 4

(N = 40)

---

Between Subjects					
	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Sex	1	.80	.80	.98	<.33
Error	38	30.95	.81		
Within Subjects					
	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Dilemma	1	4.05	4.05	6.17	<.02
Dilemma/Sex	1	.00	.00	.00	<1.00
Error	38	24.95	.66		

---

Table 16.

Source Table for Ratings of Difficulty  
of Dilemmas 1 - 3

(N = 80)

Between Subjects					
	df	SS	MS	F	p
Group	1	0.00	0.00	.00	<1.00
Sex	1	4.27	4.27	2.56	<.11
Group/Sex	1	6.02	6.02	3.61	<.06
Error	76	126.63	1.67		
Within Subjects					
	df	SS	MS	F	p
Dilemma	2	15.11	7.55	10.80	<.0001
Dilemma/Group	2	.53	.26	.38	<.69
Dilemma/Sex	2	.16	.08	.11	<.89
Dilemma/Sex/ Group	2	.51	.25	.36	<.70
Error	152	106.37	.70		

Table 17.

Source Table for Ratings of Difficulty  
of Dilemmas 3 and 4

(N = 40)

---

Between Subjects					
	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Sex	1	3.61	3.61	3.67	<.06
Error	38	37.38	.98		
Within Subjects					
	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Dilemma	1	5.51	5.51	7.94	<.008
Dilemma/Sex	1	.61	.61	.88	<.35
Error	38	26.38	.69		

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Table 18.

Source Table for Ratings of Whether  
Dilemmas 1 - 3 Were Moral Problems

(N = 80)

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Between Subjects					
	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Group	1	.15	.15	.09	<.76
Sex	1	1.43	1.43	.89	<.35
Group/Sex	1	3.01	3.01	1.86	<.18
Error	76	119.73	1.62		

  

Within Subjects					
	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Dilemma	2	16.16	8.08	11.42	<.0001
Dilemma/Group	2	1.18	.59	.84	<.43
Dilemma/Sex	2	6.05	3.02	4.27	<.02
Dilemma/Sex/ Group	2	1.19	.60	.84	<.43
Error	152	104.74	.71		

---

Table 19.

Source Table for Ratings of Whether Dilemmas  
3 and 4 Were Moral Problems

(N = 40)

---

	Between Subjects				
	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Sex	1	.00	.00	.00	<1.00
Error	38	67.95	1.79		
	Within Subjects				
	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Dilemma	1	9.80	9.80	16.23	<.0003
Dilemma/Sex	1	1.25	1.25	2.07	<.16
Error	38	22.95	.60		

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