

Newsworthy Moral Dilemmas: Justice, Caring, and Gender

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Gilligan (1982) put forth a care moral orientation based on women's responses to moral dilemmas. We tested in 2 studies Gilligan's predicted gender differences and the effect of dilemma content on moral orientation. We used real-life dilemmas consisting of the Baby M surrogate motherhood case and the Kimberly Mays case where babies were switched at birth; these dilemmas had the advantage of being standardized across all participants, and of being more involving than hypothetical dilemmas. The Baby M dilemma elicited primarily justice responses while the Kimberly Mays case elicited care responses; yet in both these dilemmas, when compared to men, women scored higher on care, and lower on justice. Additionally, moral orientation was related to specific resolutions of the dilemmas. Thus both genders were flexible in their use of justice and care orientations depending on the dilemma, with gender differences still apparent within dilemmas.

Can the bond formed in pregnancy between biological mother and infant supersede the bond of a legal contract? Should the ties of love between a daughter and her father of thirteen years be broken for the sake of blood ties? These are the moral questions that may have arisen for individuals who faced the controversies of the Baby M surrogate motherhood case and the childhood custody case of Kimberly Mays in the late 1980s and

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early 1990s. Both of these real events evoked justice considerations of laws and contracts, pitting them against caring considerations of relationships and love. Along with possible moral questions, these events also elicited psychological questions related to moral orientation in reasoning: Are there gender differences in the moral orientations women and men use when thinking about these events? Do these different real-life dilemmas themselves evoke specific orientations toward justice or caring? We will demonstrate the importance of both gender and dilemma content in determining the use of different moral orientations, making use of the unique moral and psychological questions presented by the events of Baby M and Kimberly Mays.

A Morality of Justice

Psychology originally focused on abstract notions of rights and justice in regard to the development of moral judgment. Following Piaget's (1932/1965) stage approach, Kohlberg (1976) created a system of moral reasoning with justice at its pinnacle. He arranged a system of morality based on six stages within three levels. The levels represented "three different types of relationships between the *self* and *society's rules and expectations*" (p. 33, emphasis in original). In the preconventional level, moral reasoning is based on the possibility of rewards and punishments. In the conventional level, it is based upon the individual being a member of society, and thus includes relationships and conforming to the rules of society for the sake of society. In the postconventional level, reasoning about moral judgments are held apart from the authority of different groups and their norms, and are based upon the realization that rules and laws are for the sake of the individual, and not vice versa. Hence, moral reasoning in this system is based upon abstract principles and individual rights (Kohlberg, 1981).

A Morality of Care

Gilligan (1977, 1982) challenged the universality of Kohlberg's theory, criticizing it as being incomplete in its description of moral development. Evoking real-life dilemmas rather than relying solely on abstract, hypothetical dilemmas, she described another perspective in moral reasoning, one of care and responsibility, which was typical of women (Langdale, 1986). She argued that the traditional theories of development in psychology, including theories of moral development, are biased against women because they were constructed and tested based upon the experiences of men.

Gilligan (1982) then made the claim that when researchers formed moral developmental theories based on the experiences of women instead of men, “the moral problem arises from conflicting *responsibilities* rather than from competing *rights* and requires for its resolution a mode of thinking that is contextual and narrative rather than formal and abstract” (p. 19, emphasis added).

Gilligan (1982) developed a theory using examples of women and men from interviews in order to illustrate the ethic of care, and contrasted it with the ethic of justice. While Kohlberg’s theory of moral development places importance on abstract principles such as justice and rights, Gilligan’s theory centers around how people grow in their concepts of responsibility, and what it means to care.

Just as Kohlberg’s phases of justice morality move from an egotistical morality, through social conformity, to an understanding of the universal worth of humankind, Gilligan’s phases of care morality recognize care first as a selfish concept, next defined by conformity to the traditional ideal of feminine unselfishness, and lastly as a universal ethic. However, while the justice morality is couched in terms of rights, the morality of care instead uses language of responsibility. Gilligan (1982) believed that the ethic of care was a moral construct separate from that of justice, and that a complete view of moral development needed to include both concepts of justice and care.

In sum, the morality of care focuses on an individual’s relationship to others, and how to best empathize with and care for other people, as well as caring for the self. Gilligan (1982) claimed that this theory of morality was formed on the basis of observed gender differences on how women and men talked about experiences of moral conflict.

Gender Differences: Empirical Findings

Since the arrival of this idea of the morality of care, controversy has ensued as to the theoretical and methodological soundness of the concept (Kerber *et al.*, 1986). The idea was criticized not only for lacking sound empirical backing (Greeno & Maccoby, 1986), but for the problematic methodology in the formation of the theory (Luria, 1986). Most of the debate centered around two predictions of gender differences—namely, differences in stage level between genders using Kohlberg’s justice measurement of morality, as well as differences in the use of justice and care (see Brabeck, 1983 and Walker, 1991 for reviews). Gilligan (1982) predicted gender differences in moral orientations because of the different developmental paths the two genders experience in society: the separation and

later attachment that men undergo to find their identity contrasted with the identity centered around relationships and connection that is experienced by women. Gilligan stated that “just as the conventions that shape women’s moral judgment differ from those that apply to men, so also women’s definition of the moral domain diverges from that derived from studies of men” (1982, p. 73). In other words, societally-imposed differences in gender-related experiences affect one’s propensity toward a moral orientation of justice or of care.

There has been limited evidence for gender differences in the use of the two separate moral orientations of justice and care, with women tending to be more care oriented and men being more justice oriented (Gilligan & Attanucci, 1988; Langdale, 1986; Lyons, 1983; cf. Mennuti & Creamer, 1991). Differences in use of justice versus care have been linked not only to gender, but sex-role orientation as well, with women who had a more feminine ideal self being more care oriented (Pratt & Royer, 1982). For example, Lyons (1983) conducted a longitudinal study of both males and females, and found that in constructing, resolving, and evaluating their own real-life dilemmas, women focused on care more frequently than rights, and men used rights more frequently than care. However, in the majority of studies showing gender differences, it is clear that both genders use *both* orientations—there is no support for a “pure” justice or care orientation.

Despite limited support for gender differences in moral orientation, Rothbart, Hanley, and Albert (1986), in a follow-up to Lyons’ (1983) study, failed to find gender differences of the same magnitude. As with Lyons’ study, Rothbart et al. allowed participants to construct and resolve their own dilemmas. Additionally, these researchers included Kohlberg’s Heinz dilemma to measure justice morality, and constructed another dilemma based on intimate relationships in order to measure care morality. Using these three dilemma types—personal, justice, and care, Rothbart et al. found that although women were more care oriented than men, both women and men used predominantly justice oriented responses to solve the dilemmas. Furthermore, dilemma content was a stronger predictor of moral orientation than was gender.

Other researchers have found parallel evidence for the strength of dilemma content over gender in the prediction of moral orientation (Brownfield, 1986; Pratt, Golding, Hunter, & Sampson, 1988; Walker, 1991; Yacker and Weinberg, 1990; but see Mennuti & Creamer, 1991). In general, when participants describe a personal dilemma, dealing with people with whom the participants have a continuing, significant relationship, responses are oriented toward care, but when participants describe an impersonal dilemma, dealing with people with whom the participant does not know well, then the responses tend toward justice. When allowed to construct

their own dilemmas, men tend to create dilemmas with more justice content, and women create dilemmas with more relational content. Thus, gender differences in justice versus care moral orientation may center around the choice of dilemma content rather than specific moral orientation, with both genders using both justice and care content at least some of the time.

The possibility of differences in dilemma content was not overlooked by early proponents of the care moral orientation. Originally, Gilligan (1977, 1982) and Haan (1975) both predicted that gender differences would be more apparent in personal dilemmas, in comparison to hypothetical ones. This prediction was explained by the fact that the hypothetical dilemmas that are presented in studies are often themselves justice-based or worded in an abstract manner, whereas personal dilemmas, dealing with real-life events, better reflect the conflicts of care that women face daily.

Research comparing personal with hypothetical dilemmas have used dilemmas constructed by the participants themselves. However, one weakness in these studies has been differences in content across these personal dilemmas. As Ford and Lowery (1986) pointed out,

it is difficult to guarantee the equivalence of subject generated dilemmas . . . To sort out the influence of the content of the dilemmas, and concentrate on the issue of subject identification of care or justice issues, it would seem necessary to present standardized dilemmas that are equated or balanced for the extent to which the content is embedded in justice or care contexts (p. 782).

Thus, while previous research has suggested that moral orientation is influenced by dilemma content, in most of this research the dilemmas are chosen by the participants themselves. Although Ford and Lowery's solution of standardized, imaginary dilemmas would remove the confound of differing dilemma content, these dilemmas would still be abstract and far-removed from participants. An alternative solution would be to present women and men with personally irrelevant dilemmas that had involving, real-life content. By confronting participants with this type of standardized dilemma, one could more clearly test whether men have a justice orientation and women a care orientation. Using such a dilemma has three advantages: first, it avoids the problem of comparing men's orientation in hypothetical dilemmas to women's orientation in real-life, personal dilemmas; second, it sidesteps any influence that the self-selection of dilemma might have; and lastly, these dilemmas would be more involving than hypothetical standardized dilemmas.

More specifically, our solution to this dilemma over dilemmas is to tailor experimental moral conflicts after real-life, well-known public events. The result is a dilemma that is not personal to the participants, and thus not varying in content, that also escapes the danger of being too abstract to engage the participants' interests.

Two such real-life dilemmas received extensive media coverage in the United States in the late 1980s and early 1990s. These were especially relevant to the debate between the moralities of justice and care—the Baby M. surrogate motherhood case, and the custody conflict over Kimberly Mays in Florida. These real-life dilemmas are described in detail below. Far from being hypothetical, these two real-life dilemmas involved the lives of real people, diverting Gilligan's (1977) critique of hypothetical dilemmas, that “divest the moral actors from the history and psychology of their individual lives and separate the moral problem from the social contingencies of its possible occurrence” (p. 511). Both of these unquestionably real dilemmas involved questions of conflicting claims of justice, as well as care in relationships. This present study is unique in that it uses these involving, real-life dilemmas that are at the same time more standardized than the personal dilemmas that have been generated by participants themselves in past studies.

The Present Studies

We presented participants in two different studies with the Baby M scenario, with the addition of the Mays custody battle in Study 2. We sought to test whether there would be gender differences in orientation preference. Consistent with Gilligan's (1982) point of view, we predicted that, although both genders should tend to use both justice and care in solving these dilemmas (Gilligan & Attanucci, 1988; Lyons, 1983; Walker, 1991), women should tend to endorse an ethic of care, while men should tend to support the ethic of justice in the resolution of these cases. Additionally, we tested whether or not justice and care were separate dimensions, or on different ends of a continuum. We also sought to test the relationship between preference for justice or care, and specific dilemma resolution. Thirdly, the addition of a different dilemma in Study 2 provided an opportunity to directly test the effect of dilemma content on moral orientation. We predicted that while the Baby M. scenario should primarily evoke considerations of justice, the custody battle over Kimberly Mays should primarily evoke considerations of relationship and caring.

Study 1 examined participant's reactions to the Baby M case, and whether this case elicited more agreement with a justice or caring orientation. Our primary predictions were that women would be more care-oriented, while men would be more justice-oriented. A justice perspective in the Baby M case would relate to individuals presupposing the legitimacy of the surrogate contract and the commitment to abstract principles such as the meaning of contracts and laws regulating reproductive behavior. On

the other hand, a stress on caring would indicate a focus on the responsibility and care among the people involved, and an emphasis on the belief that decisions in cases such as Baby M should be based on the strength of the relationships among the people involved. In addition to measuring agreement with justice and care moral orientations, we also asked subjects to imagine themselves as a judge in the Baby M case, and indicate what decision they would come to regarding which set of parents should obtain custody. We predicted that dilemma resolution would be related to predominant moral orientation, with individuals who preferred a justice morality giving custody to the Sterns, while individuals who preferred a caring morality giving custody to Mary Beth Whitehead.

STUDY 1

Method

Participants. Participants were 242 undergraduate students (100 males and 142 females) in an introductory psychology class at the University of Florida. Ethnicity information was not collected from these participants, but at the time of the study the subject pool ranged from between 12% to 16% non-European-American. The participants had not yet received any instruction in moral development. The mean age was 18.0 years.

Procedure. As a continuing series of classroom demonstrations, students were invited to participate in the study at the end of a lecture, but were told that participation was voluntary. Approximately 75% of the class participated.

Participants were given a sheet describing the Baby M case (see Appendix A). After reading the Baby M scenario, participants were asked the following two questions:

1. (Justice Orientation) One school of thought advocates that contracts and contract laws are a necessary part of solving bio-ethical conflicts such as the Baby M case. This school argues that the situation should be solved through the legislation of laws, and the use of legal contracts. Do you agree or disagree? Why?
2. (Caring Orientation) On the other side of the controversy is the position that says caring human relationships are the most important factors in making the decisions that result from these reproductive technologies. Such a position maintains that decisions should be based on the strength of the mother-infant bond that results from carrying the fetus, and the relationships among the baby, the birth

mother, the birth father, the surrogate family and the adoptive family. Do you agree or disagree? Why?

Participants answered on a 8-point Likert scale (0 = "I disagree," 7 = "I agree"). Participants were then asked to justify their answer with a brief sentence or two. This served as a paper-and-pencil measurement of Justice and Caring Orientations.

Next, participants were asked to resolve the Baby M dilemma through a paper-and-pencil role-playing task. In this task, participants were told to indicate what course of action they would have taken, had they been the judge hearing the case. They were given the following options, which, excepting the final alternative, represent a continuum of preference anchored with a strong preference for Whitehead, through ambivalence, to a strong preference for Sterns.

I would give the baby to the birth mother (Whitehead) and her husband.

I would give the baby to Mary Beth Whitehead and her husband, but arrange visitation for the Sterns.

I would work out joint custody between both families.

I have no idea what I would do.

I would give the baby to the Sterns, but arrange visiting rights for Mary Beth Whitehead and her husband.

I would give the baby to the genetic father and his wife (the Sterns).

Something not listed above.

Results

Moral Orientation. A mixed-model 2(Gender) X 2(Moral Orientation) ANOVA revealed a strong preference for Justice Orientation ($M_{Males} = 5.48$, $M_{Females} = 5.06$) over Caring Orientation ($M_{Males} = 2.59$, $M_{Females} = 3.18$) across both genders, $F_{Justice}(1, 240) = 119.1$, $p < .0001$, $\eta = .58$, and there was no main effect for gender ($F < 1$). Additionally, the predicted crossover interaction of preference for orientation was significant, $F(1, 240) = 5.34$, $p < .05$, $\eta = .15$, with females scoring higher on Caring Orientation and lower on Justice Orientation than males. This interaction is consistent with Gilligan's (1982) assertion that females prefer Caring Orientation and males are more comfortable with Justice Orientation.

Justice Orientation and Caring Orientation were strongly negatively correlated ($r = -.51$, $p < .001$), suggesting that, with this dilemma, these two orientations represented opposite ends of a single dimension.

Moral Decision. Table I indicates participants' preferred decisions in the role playing task. There was a strong preference for awarding custody, either sole or primary, to the Sterns. Of the 242 subjects, 200 (82.6%)

Table I. Decision for Custody of “Baby M”: Study 1

Decision	Count	Per Cent
Sterns	144	59.5
Sterns w/Visitation	56	23.1
Joint Custody	9	3.7
Whitehead w/Visitation	5	2.1
Whitehead	10	4.1
Other	6	2.5
Don't Know	12	5.0

decided to give sole or primary custody to the Sterns; only 15 (6.1%) preferred the Whiteheads.

To what extent was moral orientation related to the subsequent Solomonic decision participants made? We calculated a repeated measures ANOVA of Justice and Caring Orientations, by role-playing decision. The results are displayed graphically in Fig. 1. On the abscissa we have ordered the decision choices in order of preference for Whitehead through ambivalence to a preference for Sterns. (We excluded participants who responded with “Don't Know” or “Other,” which included only 8% of the responses.)

Figure 1 illustrates a striking interaction between the endorsement of moral orientations and participants' resolution of the custody battle. The greater the endorsement of Justice Orientation, the more likely subjects were to award custody to the Sterns. Conversely, the greater the endorsement of Caring Orientation, the more likely subjects were to award custody to Mary Beth Whitehead ($F(4, 236) = 20.19, p < .001, \eta = .45$).

Discussion

Individuals prefer justice over care in this dilemma based on the Baby M controversy. Although the overall preference is for justice, there was a modest gender difference in moral orientation, with women more than men preferring a care orientation, and men more than women preferring justice.

There also was a negative correlation between justice and care, showing that, at least with the Baby M dilemma, justice and care appear to be complementary orientations. Thus there is reason to believe that justice and caring orientations, at least as measured here, represent opposite ends of a single dimension of moral orientation. The lack of independence of these two orientations might signal an incompatibility between the two. These two types of reasoning would be incompatible to the extent that 1) concerns about fairness and the use of contracts might override concerns

Moral Orientation by Decision

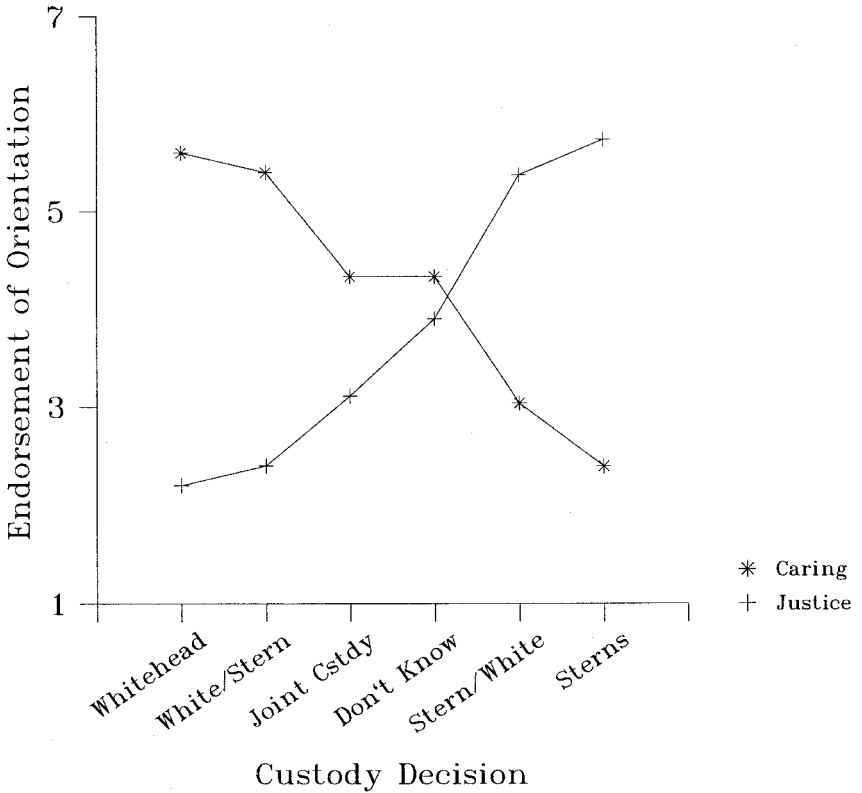


Fig. 1. Endorsement of Caring and Justice Orientations by custody decision, Study 1.

about relationships between individuals, and 2) the two moral orientations might lead to different decisions in this case in particular.

Although Study 1 shows a possible gender difference in care vs. justice, the use of only one particular dilemma leaves a question unanswered: Do individuals always prefer justice to care, or does the specific content of the dilemma elicit its own dominant moral orientation? In order to perform a more direct test on the effect of dilemma content on moral orientation, we repeat the basic design of the first study, but add another moral dilemma vignette that we hypothesized might prime issues of caring more than the Baby M dilemma does. The new dilemma is based, like Baby M., on a

well-publicized child custody issue, this time involving Kimberly Mays, a 10-year old Florida girl raised by parents who turned out not to be her biological parents.

We predicted that this dilemma, referred to as the Kimberly Mays case, would elicit care concerns more than the Baby M dilemma for various reasons. Firstly, with Kimberly Mays, there existed a long-term relationship Kimberly Mays had had with her father before the discovery that he was not the biological father, while in the Baby M situation there was a shorter relationship between Whitehead and the child. Additionally, there was no contract between the Twiggs and Mays regarding the eventual custody of Kimberly Mays, while with Baby M, there was an agreement between Whitehead and Stern saying that Baby M would be given to the Sterns. Therefore we believed that participants would use care more than justice when reasoning about the Kimberly Mays dilemma, but still retain the gender differences of women more than men valuing care, and men more than women valuing justice.

STUDY 2

Method

Participants were 111 undergraduate students (54 females, 57 males) enrolled in an introductory psychology class at the University of Florida. Again, there were between 12% to 16% non-European-American students, with a mean age of 18. They were given course credit in exchange for their participation.

In this experiment, participants were randomly assigned either to the “Baby M” vignette from Study 1, or the new vignette about Kimberly Mays/Twigg (see Appendix B). In this vignette, Mr. Mays had developed the close connection to and human relationship with his child, but the Twiggs could lay claim to custody of Kimberly based on the extreme likelihood that she was their biological child (an argument with excellent legal status in Florida). In some ways, Mr. Mays’ “claim” to Kimberly was less legitimate than Mary Beth Whitehead’s claim was to Baby M, as he was not Kimberly’s biological father. Thus, we argue that a decision based on “caring” favors custody for Mr. Mays, the parent-in-deed, over custody by the Twiggs, the parents-in-biology.

As in the previous study, materials were distributed in a group-fashion as part of a class demonstration. After reading the vignettes, participants were asked to make a decision about who should have custody of the child.

In both conditions, they then read a brief description of the two moral orientations, and rated each on a 0–7 scale.

Results

Moral Orientation. To test whether the two vignettes differed in the moral orientation they elicited, we coded the five alternatives from 1 (most care-oriented) to 5 (most justice-oriented), with 3 representing complete joint custody (see Table II). We then subjected this variable to a 2 (Vignette) X 2 (Gender) between subjects ANOVA. A large effect of vignette emerged, $F(1,102) = 176.12, p < .001, \eta = .80$, with Baby M participants scoring very high on the justice end of the index ($M = 4.43$), and the Kimberly Mays participants scoring closer to the caring end ($M = 2.22$), $\eta = .80$. There was no effect of gender, and no interaction, both F 's < 1 .

To test for a replication of the findings of Study 1, we subjected the ratings of Justice and Caring orientation in the Baby M participants to a 2 (Moral Orientation) X 2 (Gender) mixed model ANOVA; the pattern of means are displayed in Fig. 2. Once again Justice Orientation was more highly endorsed ($M = 6.29$) than Caring Orientation ($M = 4.63$), $F(1,57) = 12.45, p < .005, \eta = .42$. There was no effect of participant gender, $F < 1$, but there was evidence of a Gender X Orientation interaction, $F(1,57) = 3.66, p = .06, \eta = .25$. Similar to Study 1, the pattern of means shows that both genders endorsed Justice over Caring, and women scored lower than men in Justice, but higher than men in Caring.

Table II. Participant Gender and Custody Decisions for Both Vignettes; Study 2^a

Custody Decision Endorsed					
Baby M Vignette					
	Whitehead	Whitehead/Stern	Joint	Stern/Whitehead	Sterns
Males	1	1	0	6	18
Females	0	1	1	14	14
Kimberly Mays Vignette					
	Mays	Mays/Twigg	Joint	Twigg/Mays	Twigg
Males	4	12	2	3	0
Females	3	19	4	3	0
Index Value	1	2	3	4	5

^a Decisions with one name indicate sole custody, decisions with two names indicate primary custody for the first name, and visitation rights for the second. For Baby M vignette, $\chi^2(4) = 5.44, N = 56$ ns. For Mays vignette, $\chi^2(3) = 1.11, N = 50$, ns. Lower N on both vignettes due to choices of "Other/Don't Know". Index value increases as preference for a "justice" outcome increases (see text).

Moral Orientation by Gender: Baby M

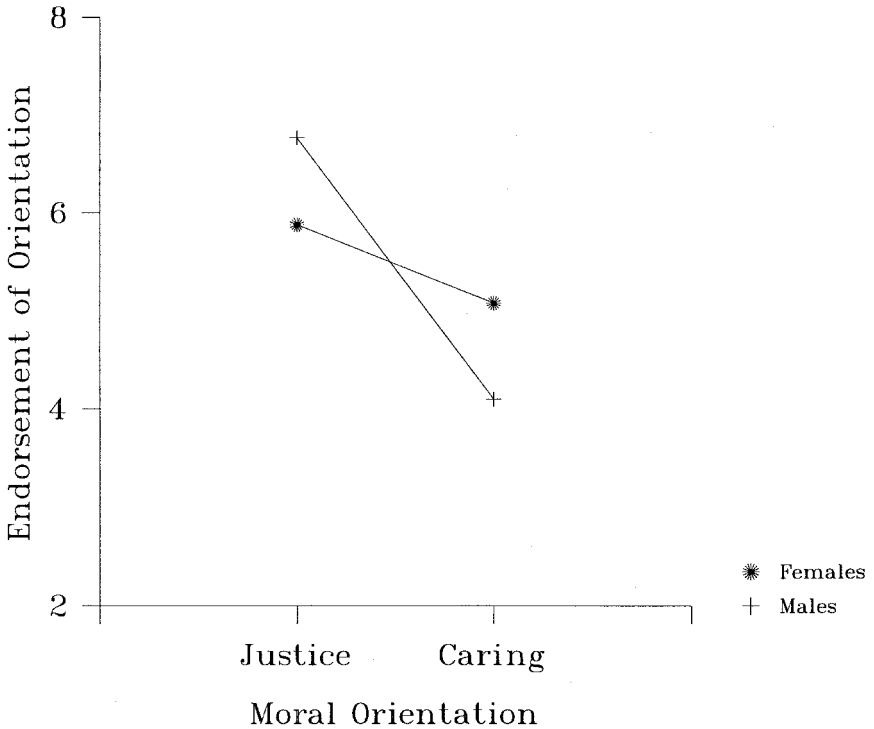


Fig. 2. Endorsement of Caring and Justice Orientations by gender: Baby M, Study 2.

A very different pattern emerges for the Kimberly Mays vignette (see Fig. 3). For this vignette, participants were more likely to endorse a Caring orientation rule ($M = 6.84$) than a Justice-oriented one ($M = 3.78$), $F(1,50) = 25.11$, $p < .005$, $\eta = .58$. Although there was not a main effect of participant gender, $F(1,50) = 1.68$, *n.s.*, there was evidence of an interaction between moral orientation and gender, with women scoring higher on Care Orientation and lower on Justice Orientation than men, $F(1,50) = 3.26$, $p = .08$, $\eta = .25$.

To test for overall gender differences in this study, we collapsed across vignettes and calculated a 2 (Gender) X 2 (Moral Orientation) mixed model ANOVA on endorsement of orientation; the pattern of means are displayed in Fig. 4. Across vignettes, neither moral orientation was preferred, $F <$

Moral Orientation by Gender: Mays/Twigg

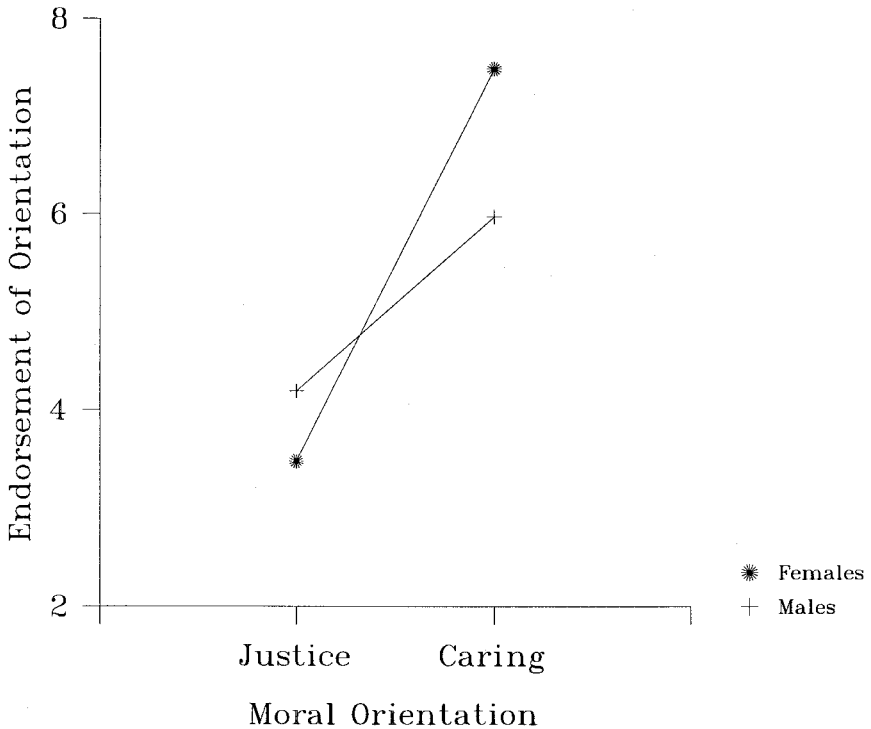


Fig. 3. Endorsement of Caring and Justice Orientations by gender: Mays/Twigg, Study 2.

1, and men and women overall endorsed orientations at the same rate, $F(1,109) = 1.18$, *ns*. However, a significant interaction emerged, with males preferring Justice Orientation overall, and females preferring Caring Orientation overall, $F(1,109) = 6.06$, $p < .025$, $\eta = .23$.

Custody Decisions. Analyses were also done on the participants' custody decisions. The pattern of choices are displayed in Table II. Once again, the Baby M vignette elicited primarily pro-Stern choices. There was not a significant gender difference in the pattern of choices, $\chi^2(4, N = 56) = 5.44$, *ns*.

The Kimberly Mays vignette evoked primarily pro-Mays choices, although there was a significantly greater preference for some kind of joint

Moral Orientation by Gender: Both Vignettes

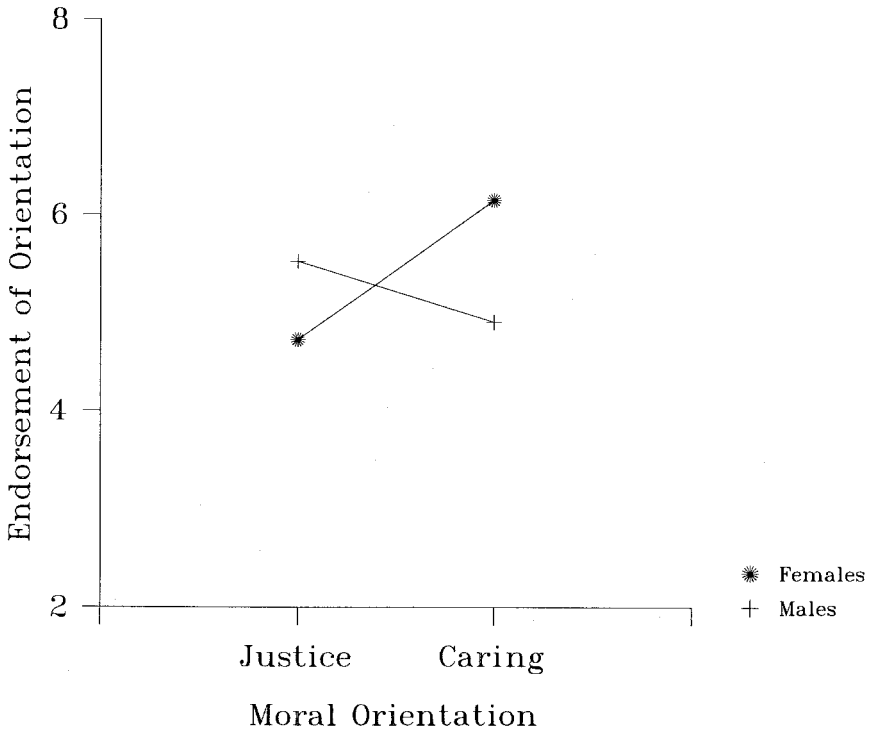


Fig. 4. Endorsement of Caring and Justice Orientations by gender: Both vignettes combined.

custody. There were no gender differences in the pattern of decision choices, $\chi^2(3, N = 50) = 1.11, ns$.

Moral orientation and decision choice were also related in both vignettes (see Table III for means). Looking first at the Baby M. dilemma, a repeated measures ANOVA of Justice and Caring Orientations by role-paying decision showed no significant main effects for custody decision to either the Whiteheads or the Sterns, $F < 1$, but revealed the expected significant main effect for Justice Orientation, $F(1,54) = 6.45, p < .015, \eta = .33$. Most importantly, there was a Decision \times Orientation interaction, with Caring Orientation linked to giving full or partial custody to Whitehead, and Justice Orientation linked to a preference for the Sterns, $F(4,54) = 9.39, p < .0005, \eta = .64$ (see Fig. 5).

Table III. Moral Orientation and Custody Decisions for Both Vignettes: Study 2^a

Custody Decision Endorsed					
Baby M Vignette					
	Whitehead	Whitehead/Stern	Joint	Stern/Whitehead	Sterns
Justice	.95	2.46	6.92	5.40	7.11
Caring	8.91	7.48	8.91	4.93	3.69
Kimberly Mays Vignette					
	Mays	Mays/Twigg	Joint	Twigg/Mays	
Justice	1.99	1.61	3.41	6.35	
Caring	5.02	7.86	7.39	4.83	

^a Decisions with one name indicate sole custody, decisions with two names indicate primary custody for the first name, and visitation rights for the second. For Mays vignette, there were no participants given sole custody to the Twiggs.

The Kimberly Mays vignette showed a similar pattern (see Table III). There were no significant effects for custody decision to either the Twiggs or to Mays, $F(3,48) = 1.39$, *ns.*, and there was the expected main effect for Caring Orientation, $F(1,48) = 12.85$, $p < .001$, $\eta = .46$ (see Fig. 6).

Discussion

The addition of a different real-life dilemma allows us to see the effect that dilemma content has on moral orientation. When individuals are faced with the Baby M. vignette, they prefer justice to care; alternatively, when faced with the Kimberly Mays dilemma, they prefer care to justice. Additionally, as in Study 1, participants' solutions to the dilemmas are related to their moral perspective toward the dilemma. A morality of care is associated with favoring either Whitehead in the Baby M case, or Mays in the Kimberly Mays case, while a morality of justice favors the Sterns and the Twiggs. Clearly, specific dilemmas evoke different perspectives on morality, and these perspectives are related to specific solutions to these dilemmas.

In spite of the important role of dilemma content on moral orientation and solution, gender differences still appear across vignettes in preferences for justice or care: women are more likely than men to endorse care, and men are more likely than women to endorse justice, regardless of the primary orientation elicited by the dilemma. Thus participant gender as well as dilemma content are factors in predicting moral orientation.

Moral Orientation by Decision: Baby M

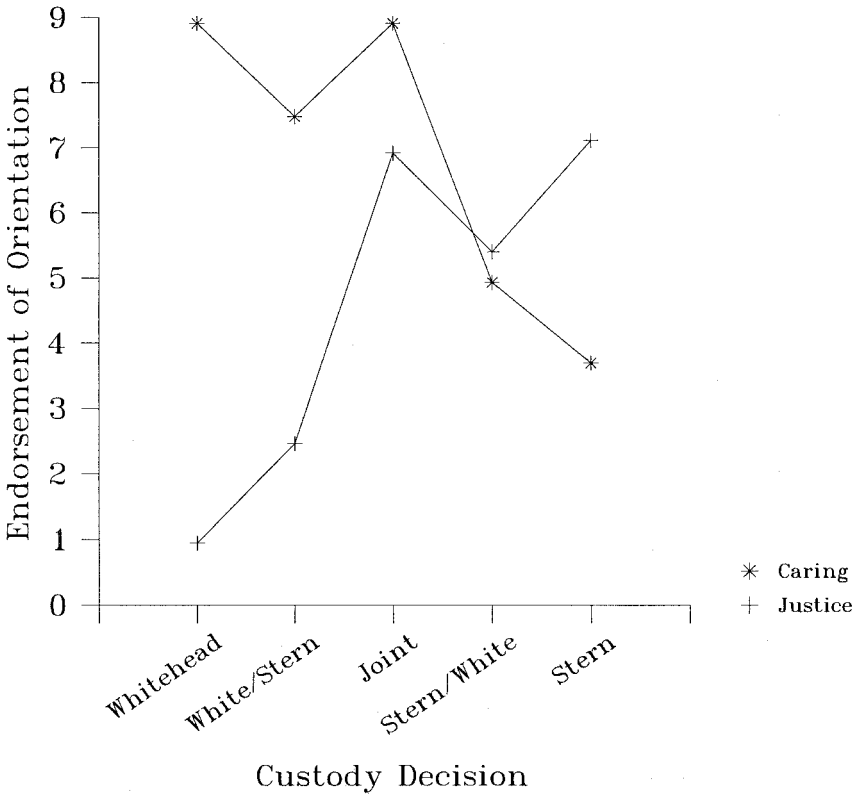


Fig. 5. Endorsement of Caring and Justice Orientations by custody decision: Baby M, Study 2.

GENERAL DISCUSSION

Employing real-life dilemmas has the advantage of standardization across participants without compromising participant involvement. By using a direct manipulation of moral dilemma within Study 2, and having real moral dilemmas that were at the same time separate from the lives of the decision-makers across the two studies, we were able to further elaborate on the relationship of both dilemma content and gender on moral orientation.

Consistent with previous research, dilemma content proves to be a better predictor of predominant moral orientation than participant gender.

Moral Orientation by Decision: Mays/Twigg

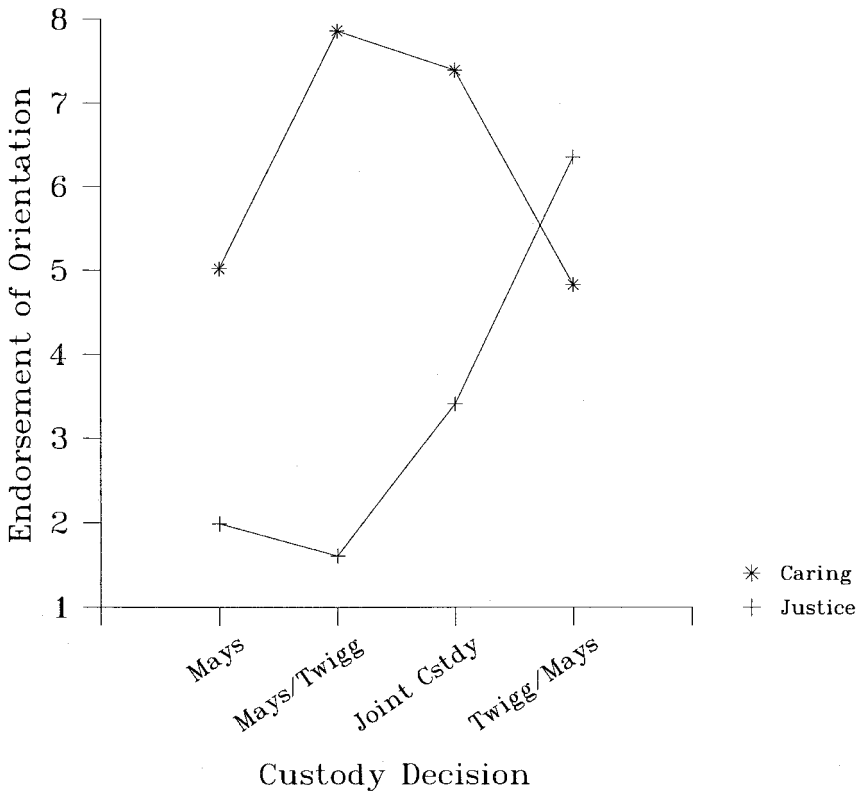


Fig. 6. Endorsement of Caring and Justice Orientations by custody decision: Mays/Twigg, Study 2.

In addition, we found modest, but reliable and replicable gender differences in the use of justice or care, with men endorsing more justice reasoning than women, and women endorsing more care reasoning than men. Moral orientation was also found to be related to dilemma resolution, with each dilemma having a specific justice and care solution.

Gilligan's (1977, 1982) original assertion that gender differences would be most apparent in personal dilemmas is evident in the present results: in these standard dilemmas modeled after current events, which were neither hypothetical nor personal, the moral orientation used was determined first by dilemma content, next by gender.

That these predicted patterns of gender differences were still apparent, across studies, despite the strong effect of dilemma content, demonstrates the soundness of the relationship between gender and moral preference. However, participants were flexible: although women used more care morality than men, and men more justice morality than women, both women and men in our United States sample preferred justice in the Baby M dilemma, and care in the Kimberly Mays case. Despite preference for one or another type of moral orientation, participants did not exclusively use one orientation over another, but a mixture of both. Previous research has shown that women and men use a combination of justice and care when solving moral dilemmas (e.g. Mennuti & Creamer, 1991). However, even in the use of this mixture of two moral orientations, our studies found that women were consistently more care oriented than men, and men more justice oriented than women, despite the content of the dilemma.

The strong relationship between moral orientation and dilemma resolution is consistent with reviews of previous studies (Brabeck, 1983; Walker, 1991). Because of the correlational nature of these present studies, there are two possible explanations for this effect. One interpretation is that participant's moral orientation determined the particular dilemma resolution they chose. On the other hand, participants may have resolved the dilemma first, and then endorsed the particular moral perspective that justified their decision (Kunda, 1990). Further studies measuring participants' moral orientation before their exposure to a dilemma would more thoroughly pinpoint the causal direction of this effect.

Additionally, although our results suggest a moderate but reliable gender difference between United States men and women in their preferences for kinds of moral orientation and choice, we do not conclude that these differences represent essential differences between all men and women (as Chodorow, 1978, does). To make this claim, evidence of a relative preference for caring over justice among women (and its reverse among men) would be needed across a variety of countries and cultures, where justice and caring may have greater or lesser prominence in everyday moral reasoning. Instead, we argue that moral orientation is closely connected to patterns of socialization, ideology, and values within cultural and gender contexts. Gender differences in the United States, we argue, come about by the same process that leads to cross-cultural differences (Miller & Bersoff, 1992).

The flexibility in moral orientation that our participants showed is in concordance with Gilligan's (1982) description of how men and women mature in their morality by integrating both justice and care into their moral perspective:

Thus, starting from very different points, from different ideologies of justice and care, the men and women in the study come . . . to a greater understanding of both points of view and thus to a greater convergence in judgment. Recognizing the dual contexts of justice and care, they realize that judgment depends on the way in which the problem is framed (p. 167).

These present studies suggest that Gilligan was correct in her predictions of gender differences in moral orientation, with women reasoning slightly higher in care and lower in justice when compared to men. However, consistent with her assertion of the importance of both orientations for a mature morality, both genders use a combination of justice and care. Dilemma content is an important factor in whether individuals prefer justice to care. Thus, when women and men are faced with moral problems in everyday life, the type of moral reasoning they use, and the resolutions that they come to, depend not only upon their gender, but the types of conflict situations that they face. Does the conflict involve contracts, such as the Baby M case? Or does the conflict include extended close relationships, such as the Kimberly Mays custody issue?

As women and men mature, they are faced with more complex moral dilemmas in the real-world. Not only will they be asked to resolve hypothetical dilemmas or personal conflicts, but they will also form opinions about current events, such as the Baby M. case, and face the moral questions that these events raise. The manner in which they reason about these events will be determined not only by their gender and gender-related life experiences, but by the nature of the dilemma and the surrounding events.

APPENDIX A: BABY M SCENARIO

Surrogate Motherhood

The desire to bear a child is a deep and natural one, and for the 3.5 million infertile American couples, their inability to reproduce is often a source of sorrow. Unfortunately, adoption is not an easy alternative today. Because of the availability of legal abortions and because an increasing number of unwed mothers are choosing to keep their babies, there are fewer babies available through adoption agencies.

Under these circumstances, it's not surprising that when the wife is infertile, some couples are turning to "surrogate mothers," women who will bear the husband's baby for a fee, and give it up to the birth father and his wife for legal adoption. A broker, usually a lawyer, puts a potential surrogate mother in touch with a couple, and if the couple and the surrogate agree, they sign a contract specifying in detail the surrogate's responsibilities

for care for her health during the pregnancy, the transfer of legal custody, the fee paid to the surrogate, etc.

About a year ago, the issue of surrogate motherhood made headlines throughout the country, and worked its way through the courts. The case is as follows:

One couple, the Sterns, wanted to have a baby. Mrs. Stern, a physician, had a mild case of multiple sclerosis, which might be worsened by a pregnancy. In addition, a pregnancy, the recovery period, and its attendant health problems would interfere with her career. Together, the Sterns decided to have a baby through the means of surrogate motherhood.

The Sterns hired a lawyer, who located a woman willing to bear a child for the Sterns. The technique of surrogating is as follows. The male (in this case Mr. Stern) donates his sperm in a laboratory or clinic, where it is carefully frozen. Later, this sperm is defrosted, and implanted inside the surrogate mother where, if all goes well, an ovum is fertilized. Genetically, the child is the product of the father (Mr. Stern) and the surrogate mother. The surrogate that the lawyer located was named Mary Beth Whitehead.

Mary Beth Whitehead was married to another man (Mr. Whitehead), and they both agreed to her being a surrogate mother. The Sterns agreed to pay all medical expenses associated with the pregnancy, as well as \$10,000, in return for Mary Beth Whitehead's carrying the baby. The lawyer worked as an intermediary between the two families, received a fee, and wrote up a contract specifying that the child would go to the Sterns upon birth.

Unfortunately, when the baby was born (a little girl), Mrs. Whitehead and her husband decided that they did not want to give the baby up, and so they kept the child. Not surprisingly, a court battle ensued, with both the Sterns and the Whiteheads trying to keep custody of the child, nicknamed "Baby M" by the press.

APPENDIX B: KIMBERLY MAYS DILEMMA IN STUDY 2

Child Custody Decision

Recently, two different families learned that the daughters that they had raised from birth were not their own, but each other's. What happened was this: Ten years ago, two baby girls were born at a Florida maternity hospital on the same day. One child was born to the Mays' family, one was born to the Twiggs. Either through intentional baby-switching by the hospital staff, or a mix-up in the nursery, the Twigg baby went home with the Mays' family, and the Mays' daughter went home with the Twiggs.

The baby the Twiggs took home, Arlena, was diagnosed at birth as having a congenital heart defect, and was not expected to live to maturity. The Twiggs, while looking for biological donors to treat her condition, discovered that neither the Mr. or Mrs. Twigg matched Arlena's body tissues, which demonstrated conclusively that Arlena was not their biological child. Arlena died in childhood.

The Twiggs began a search, which led them to Kimberly Michelle Mays. Kimberly Mays, whose mother had since died, was her father's only child; they live together here in Florida. Kimberly is 10 years old. Kimberly Mays was the only other white child born on the same day as Arlena at the same hospital. She bore a substantial resemblance to Mrs. Twigg, and the Twiggs repeatedly encouraged Mr. Mays to have Kimberly undergo genetic testing, to determine the actual biological parents. The Twiggs are very eager to have Kimberly join their family—they have several other children as well.

Mr. Mays was very reluctant to have Kimberly undergo genetic testing. Eventually he allowed the tests, by making the agreement that, no matter what the outcome of the genetic tests, the Twiggs would not pursue custody of Kimberly. The Twiggs, wanting to know for sure if Kimberly is actually their daughter or not, finally agreed to this. The genetic tests indicate with 99.9% certainty that Kimberly Mays is the biological child of the Twiggs, and not of the Mays' who raised her.

Suppose that Mr. Mays and the Twiggs had not made an agreement not to seek custody, and you were the judge having to decide who should have custody of Kimberly. Your job, in part, is to weigh the legitimate claims of both parties—The Twiggs, who have lost, and then re-found their biological daughter, and Mr. Mays, who has loved and raised an only child for the past 10 years. Before you make your decision, you should know that both the Twiggs and Mr. Mays appear to be very good parents, and both families have enough money to meet Kimberly's needs.

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