

No Man's Land: Exploring the Space between Gilligan and Kohlberg

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ABSTRACT. The Kohlberg Gilligan Controversy has received intermittent but inconclusive attention for many years, perhaps reflecting the difficulty of bridging the two positions. This article explores the published evidence for Gilligan's claims of gender difference, gender identity difference, and role of caring in people's ethics. It seems that the evidence for pronounced gender differences in ethical attitudes within business is weak, even if gender identity is used instead of physical gender. The main propositions of Care Theory and recent advances in its thinking are discussed. Special focus emerges on the notion of Attachment which seems to be the Care Theory ingredient both most able to survive critical scrutiny and most promising for bridging the divide between the Kohlberg and Gilligan paradigms. The Social Bonding Model and other possible bridge building conceptual structures are introduced. Finally, Max Weber's division between ethics of conviction and ethics of responsibility provides an overarching perspective both of the gap still to be bridged and the need to keep trying to bridge it.

KEY WORDS: attachment, care theory, corporate culture, cross-cultural studies, gender identity, Gilligan, Kohlberg, social bonding model

Introduction

The first purpose of this article is to evaluate the accumulated published evidence for Gilligan's (1977) critique of Kohlberg's Cognitive Moral Development (hereafter CMD) paradigm (Kohlberg, 1969, 1976, 1986). The second purpose is to identify perspectives that link her approach and his. The article is organized in sections as follows: The first section describes Kohlberg's model and attests its

support and influences. The second section describes the original Gilligan critique and the evidence since published thereon. The third section refines the critique using the filter of gender role identity to see if it produces sharper ethical gender polarization than physical gender. The fourth section places Gilligan within the early development of Care Theory. It is contrasted with the ethics of right and justice Gilligan attributes to males. The fifth section selects the notion of attachment from the Care Theory mix and sees if it explains anything in cross-national or cross-corporate studies. The sixth section maps the space between CMD & Care Theory and considers the significance of recent work in the latter, and the last section offers some unifying and possibly reconciling perspectives in conclusion.

Kohlberg's CMD describes six stages in an individual's potential moral evolution. Amoral and immoral individuals are off the scale altogether. At stage 1, an individual behaves ethically only to the extent s/he fears punishment for wrongdoing. At stage 2, fear is supplemented by pleasure as good behavior is rewarded, as well as bad behavior being punished. At stage 3, the "need to belong" is the drive which ensures good behavior by compliance with the group's norms. There will be membership of different groups in different strengths, only a few of which will shape the individual's moral identity. At stage 4 the group has extended to become all of society, that is, the country, race, or homeland. At stage 5 the individual has thought out his/her own moral views and come to adopt utilitarianism or social contractarianism as a dominant moral philosophy. At stage 6 the individual arrives at deontological positions guided by an overarching moral principle such as the Golden Mean or the Categorical Imperative. Each stage is meant to be not only a

chronological and a developmental evolution from the previous one but also to be morally superior to it. Kohlberg has been criticized for lacking empirical evidence for the existence, let alone the primacy, of his stage six (Meiland, 1980).

The dominance of Kohlberg's CMD is evidenced by its major role in sourcing such subsequently conceived ethical models as: Ferrell and Gresham's (1985) "Contingency Framework for Ethical Decision Making in Organizations;" Trevino's (1986) "Person-situation Interactionist Model;" and Hunt and Vitell's (1986) "General Theory of Marketing Ethics." Studies by Derry (1987), Dukerich et al. (1986), Trevino and Youngblood (1990), Weber (1990, 1993), Goolsby and Hunt (1992), Ponemon and Gabhart (1994) and Snell (1996) and others, in a wide range of organizational settings, have provided general empirical support for the first four stages of Kohlberg's CMD paradigm.

Gilligan's different voice

Gender plays a fundamental role in ethical thinking, Gilligan asserts (1977, 1979, 1982), and she rejects Kohlberg's taxonomy as exclusively male-oriented. Gilligan (1982) illustrates how women emphasize the notion of "caring" in the cognitive handling of ethical dilemmas whereas male values center on a "justice" concept.

She says (1982, p. 19)

This conception of morality as concerned with the activity of care centers moral development around the understanding of responsibility and relationships, just as the conception of morality as fairness ties moral development to the understanding of rights and rules.

Males' moral development is claimed to be based on individuality whereas females' is based on connectedness (Gilligan, 1977). She asserts that females are mis-scored on Kohlberg-type scales, thus causing women to manifest lower scores. Gilligan attributed this to the tests' inherent male bias, which regards the care focus of CMD stage 3 as only half way to the alleged moral maturity of CMD stage 6 deontology.

However, others have argued that, at every educational level, women may be found to operate on a

higher ethical plane than males (Rest and Narvaez, 1994). While Gilligan asserts that females may be underscored on what she calls male-oriented ethics, there is some evidence (cited next) that they out-score males nevertheless.

Although Rest (1979, 1988), Derry (1989) and Harris (1990) and Pennino (2001) all reported gross mean "P" scores for females were higher than the mean "P" scores for males, no statistically significant correlations were found between gender and "P" scores. Rest (1986, p.116) concluded "while males and females may indeed have different social experiences, the resulting development of *justice reasoning* is remarkably similar." Daniel et al. (1995) found that gender differences in moral reasoning did not exist between male and female Hawaiians. Harris (1990) found, that with the exception of the self-interest construct, females, as a group, are not different from males in their degree of tolerance/intolerance to fraud, coercion, influence dealing, and deceit (1990, p. 744). Thoma (1986) meta-analyzed 56 samples reported as answering the Defining Issues Test and said gender differences accounted only for 5% of the scores' variance compared with 53% for age and education. Colby et al. (1983) validated the CMD on females and found that gender differences in scores disappeared when occupation and education were controlled. Pennino (2001) also did not find any difference between the moral reasoning of men and women. Forte (2004) is the latest study of managers to support the no significant gender difference view.

Early research on the CMD did indeed report stage 3 was modal for females, stage 4 for males (Holstein, 1969; Kohlberg and Kramer, 1969, Poppen, 1974). Gilligan (1977) argued that care orientation's emphasis on maintaining relationships led to Kohlberg ranking it as only stage 3. She presented an alternative paradigm for women in which progress was from a first stage of self-concern through a family centered unselfish stage two to a self-others balance in maturity. Her approach is part of a wider paradigm known as Care Theory which is elaborated in the fourth given below.

Murphy and Gilligan (1980) did a longitudinal study of undergraduates that showed a pattern of regression on age for the CMD, but the "regressors" would become "progressors" if evaluated against a standard of commitment to relativism instead of

absolute principles of justice. That is, if stage 3 became stage 4, 5, or 6, regression would be progression! However, as shown in the preceding paragraphs, Gilligan's assertion of gender differences in CMD studies show slightly "higher" results for females, so there is no imbalance to rectify after all. However, she also asserts the sourcing of female ethics in Care Theory and of male ethics in justice and rights. This qualitative difference has had rather less empirical study, but there has been enough to be worth reporting below.

The evidence for Gilligan's assertion of a radical gender difference in moral orientation has largely been anecdotal, narrative and phenomenological, following her own methodological preference. Guided interview and questionnaire based studies have not offered much support for the gender difference assertion. Exceptions, in studies of accountants, have been Shaub (1989, 1994) Clarke et al. (1996), and for bank customers, Ndubisi (2006).

Jaffe and Hyde (2000) point out the gender effect in previous studies on orientation was bigger when orientation was a categorical outcome, instead of a continuous one. So if 51% of someone's remarks are care and 49% justice, then s/he is shown as care oriented while someone the other way round is shown as justice oriented. When categorical outcomes are converted into continuous scores in order to compute an effect size, the transformed scores can magnify effect size relative to that obtained with continuous measures of the same constructs.

In sum, the evidence suggests that though real quantitative scoring differences between males and females can be identified on reported tests, they are barely significant, apt to be exaggerated by the research method itself and are not necessarily tightly correlated with justice or care as core values.

Gender role identity

Although Gilligan (1982) claims that females have a care orientation and males typically emphasize the importance of rights, justice, and obligations in the resolution of conflicts, she also stresses that both males and females are capable of considering both perspectives. However, one perspective or orientation predominates.

Gilligan accepted the possibility of justice oriented females and care oriented males. In a modified Gilligan view then, only men strongly identifying with their gender roles would be justice rather than care oriented and vice versa for females.

Skoe's (1994) findings indicate that both the care and justice aspects of moral development are related to identity for both men and women students. Women had a stronger relationship between identity and care than that between identity and justice. The study also found no significant effect arising from physical gender alone.

Spence's theory (1984, 1993) is that the firm sense of gender identity most people develop in early childhood remains a central part of their self-image throughout their lives. People tend to use those gender congruent characteristics they possess to verify and maintain their gender identity and to dismiss the importance of those gender congruent characteristics they do not possess or to discount the gender incongruent characteristics that they do possess. Using Spence's theory, McCabe et al. (2006) found no gender differences in ethical perceptions but that instrumentality and expressiveness correlate through gender identification with masculinity and femininity, respectively, and also with gender egalitarianism of outlook. In short, psychological gender identity has only slightly more explanatory power than physical gender itself has.

Several studies have demonstrated the association of gender role identity with moral orientation, but in none of these were there any significant reasoning differences (Abaris, 1990; Hagar, 1990; Stookey, 1995; Wark and Krebs, 1996).

Pratt et al. (1988) found gender differences to be quite marked between active parents though not between non-parents, but other studies found not even those age moderated gender differences in moral orientation (Craft, 1992; Galotti et al., 1991; Garrod et al., 1990; Pratt et al., 1991)

Gilligan thinks people prefer either care or justice reasoning so a high level of consistency by an individual in manifesting this preference is expected. Gilligan and Attanucci (1988) reported two-thirds of participants showing only one orientation during discussion of a self-generated moral dilemma, Langdale (1986) reported 87%. Other researchers have not been able to replicate these results (Krebs et al., 1994; Pratt et al., 1988; Walker et al., 1987;

Wark and Krebs, 1996). There is thus little evidence, show Jaffee and Hyde (2000), to support the claim of orientation consistency and virtually no evidence on the extent to which moral orientations develop over time. This contrasts so strongly with the evidence for the CMD that they revive the question Puka (1991) asked: whether CMD really needs to further reconcile with or embrace Care Theory at all.

Care theory

The mainstream tradition in ethical philosophy has been to consider rational thinking about a supposed *a priori* moral law self-evidently more valid than passionate attachment and engagement, but strong feminist critiques of the sexism inherent in such philosophical privileging of a predominantly male mind set have been published by Baier (1985, 1987), Young (1987), Friedman (1987), Held (1987a, b) and Okin (1989) Seidler (1989), and Ruddick (1994). More recent feminist work (Acker, 1991; Court, 1994; Davies, 1992; Gherardi, 1994) has sharply questioned the traditional binary opposition of a rational public masculine world against an affective private feminine one.

The early descriptions of the ethic of care contrasted care with principled thinking, as “to care is to act not by fixed rules but affection and regard” (Noddings, 1984, p. 245). Later, some critics have argued that the ethic of care has to be guided by principles and ideals in order to be extended to strangers (Flanagan, 1991; Hoffman, 2000).

Engster (2005) quotes a strong characterization of care by Tronto (1993, p. 103) as

...everything we do to maintain continue and repair our world so that we can live in it as well as possible. That would include our bodies, our selves and our environment, all of which we seek to interweave in a complex, life sustaining web.

This scope of this view of care is expanded by Schwarzenbach (1996, p. 102) thus,

all those rational activities (thinking about particular others and their needs, caring for them, cooking their meals etc) which go toward reproducing a particular set of relations between people over time – in the best understanding – my thesis runs – relations of *philia*.

Schwarzenbach (1996) distinguishes caring from productive labor as the latter is done in order to contribute to sustaining life and relationships while caring is about ends not means, about the sustenance of relationships themselves. Caring for self is also legitimate say Gilligan (1982), Tronto (1993) and Slote (2000), though this obviously becomes self-indulgence when in excess. Caring is neither a positive nor negative attribute but instead forms part of a subjectively experienced relationship, which may be used both to control and/or to empower others (Chodorow, 1978; Court, 1994).

Care theory believes people are *primarily* relational not individual or free. Held (1993, p. 195) asks what if the paradigm in western philosophy of economic man were replaced by the mother and child as the primary social relation. Tronto (1993, p. 8) asserts the traditional liberal moral viewpoint requires such disinterest as to be beyond any attachment, engrossment and emotion and such disinterest is well-symbolized in the icon of blindfolded justice. Commitment to others, to community, or to locality is seen as compromising rational judgment (Wood, 1994, p. 43). An ethic of care, however, makes ignoring others a kind of evil (Tronto, 1993, p. 130). It has expanded so far in feminist studies that it has been applied even to agricultural policy (Curry, 2002). Care Theory has caring and attachment as foundational in sharp contrast to their quarantined position in the CMD inside stage 3.

Gilligan (1982) claimed that just as the ethic of justice constitutes a developmental sequence, the ethic of care does so as well. She proposed that care development would entail three main levels of care with two transitional ones from (1) initial self-concern, through (2) exclusive other-oriented concern to (3) the balanced concern for both self and others. Pivotal for the development of care is a growing understanding of responsibilities in the context of more differentiated dynamics between self and other. Gilligan herself withdrew from studying development (Gilligan et al., 1990), but Skoe (1993) continued that work by constructing and validating the developmental measure of care-based moral reasoning, the Ethic of Care Interview (the ECI hereafter). The ECI consists of a self-generated real-life conflict and three standard interpersonal dilemmas surrounding (a) unplanned pregnancy, (b) marital fidelity, and (c) care for a parent. These dilemmas

were included in the measurement to show usual real-life situations of interpersonal concerns, where helping others could be at the price of hurting oneself (Skoe and Marcia, 1991). Recent research from the 1990s onwards has established the Gilligan stages but only with cross-sectional data (for a review, see Skoe, 1998). Levels of care reasoning have been found to be positively correlated with such developmental indexes as age and identity development (Skoe and Diessner, 1994; Skoe and Marcia, 1991; Skoe and von der Lippe, 2002), justice development (Juujarvi, 2006a, b; Skoe and Diessner, 1994), complexity of reasoning (Skoe et al., 1996), role-taking (also Skoe et al., 1996), and women's gender roles (Skoe, 1995). Only one longitudinal study to date (Juujarvi, 2006a, b), however, has lent support to the existence of Gilligan's developmental stages.

Finally, it may be worth mentioning that not all feminist writers on ethics are Care Theory supporters. For example, Eagly and Diekmann (2006) theorize that any gender gaps in attitude or behavior are traceable to the gender division of labor rather than to any intrinsic or stereotypical attributions.

Attachment

While it is likely that secure attachment and positive shame anticipate prosocial behaviors, it is entirely possible that children with insecure attachment can develop sound moral identities. Perhaps unresolved attachment needs provide a developmental impetus to care for others in a compensatory manner. In either case, attachment implies a universal basis for understanding human relatedness and the moral boundaries that constrain adaptive individual and collective behaviors. (Reimer, 2005, p. 266)

In the above quotation the field of "caring about" is argued to be capable of extension beyond close family to any human being. It is easier, perhaps, to limit such extension to one's race, nation, or cultural boundary. Bell (1993, p. 138) argues that the nation is the furthest out community with which most individuals can feel any sense of solidarity and therefore ethical obligation, although it may be said that in this he is echoing popular assumptions rather than encapsulating clearly established facts. It is pertinent to review the evidence for differences in

ethical attitudes across national cultures, with special reference here to business ethics, to see if attachment is or is not a necessary ingredient of observed ethical behavior.

Many researchers have been found that culture may have an impact on ethical reasoning (e.g., Husted et al., 1996; Ponemon and Gabhart, 1993). Some researchers have found a similarity among different countries (Eynon et al., 1996; Hill et al., 1998; Ho, 1997; Kracher et al., 2002; Ponemon and Gabhart, 1993; Thorne, 1999; Thorne et al., 2003). The evidence that cultural differences are sourcing ethical ones is thus mixed but differences seem more marked for studies of accountants in different cultures than for other kinds of people. This may be an artifact of the tendency for accounting academics to prefer to research accountants' ethics rather than those of other managers, but it also suggests that accountants' ethics have different profiles from those of other business practitioners.

Of all cultural differences between East and West the most discussed is *guanxi*. *Guanxi* is said to have re-emerged in China after the Cultural Revolution "as the necessary method to obtain information, scarce goods and services" (Brunner et al., 1989, p. 12). It is of course about attachment, even if not care of a wider kind. It is therefore an important test of the necessity of some form of attachment to the sustenance of ethical behavior.

There is anecdotal evidence that the reforms in China, designed to concentrate wealth among the most entrepreneurial sectors of the economy, have brought out further egoism, opportunism, and instrumentality (Cheng, 1993; Kohut, 1994; Mosher, 1994). A survey of social attitudes in the Shanghai area conducted as early as the late 1980s (Chu and Yu, 1993) revealed that Confucian values had been eroded considerably by the rapid growth of China's market economy and the rise of the private and "quasi-private" sectors. In a comparative study of hypothetical ethical decision-making among Americans and mainland Chinese, Erdener (1997) found that the Chinese placed significantly more weight on short-term profit and significantly less weight on loyalty and personal relationships. The degeneration of a system of moral norms, which are either substituted by lower moral standards or not replaced at all, represents a state of anomie or normlessness (Merton, 1964), or social alienation (Blauner, 1964,

p. 24). Individuals lose the motivation to contribute to collective goals or to act ethically (Cohen, 1993). In the uncertain political environment, they learn, instead, to “make hay while the sun shines.” Thus the moral effect of modernization in China might be seen as a regression from CMD stage 3 to stage 2, a regression that would not be exposed by the DIT which combines both those stages into a single factor. It may well be that discussion of *guanxi* and ethics is a discussion of historical rather than current business realities in China, notwithstanding the continuing discourse on it as a continuing key to western understanding of Chinese attitudes. A case perhaps, of the emperor’s (previously) new clothes.

Swaidan et al. (2006) found no explanatory relationship between gender and consumer ethics within immigrant populations in the USA, but did find adaptability across cultures included ethical adaptability, with the *less* adaptable being the less tolerant of unethical behavior. This is a quite important finding for this discussion. It implies a possible stubborn attachment to one’s original culture makes for higher ethics in an immigrant setting when compared to a more flexible and adoptive stance. It is thus an example of the possible explanatory power of attachment itself.

Kohlberg and Diessner (1991) applied the CMD to the notion of attachment, but conceived of it as a process of identification at first to a parent then later to “admired others,” which facilitates the creation both of the contents and of the motivation of the moral self. This is a rather idiosyncratic issue of the notion of attachment and is not pursued further here.

Does familiarity breed attachment within a business organization to the point where it facilitates better ethics? Kelley et al. (1990) suggest that employees after 3–5 years on a job may experience work frustration, which may cause them to compromise their ethical values to advance their careers. Harris (1990), on the other hand, found that managers employed by an organization for at least 10 years, were less tolerant of fraudulent practices than other employees. A study of top managers’ perceptions of moral issues in stakeholder relations found that younger respondents, respondents with lower income, and respondents with shorter managerial experience have less positive attitudes toward moral issues in stakeholder relations; whereas older respondents, respondents with

the highest income, and respondents with longer managerial experience, have more positive attitudes toward moral issues in stakeholder relations (Kujala, 1995, p. 70). Here again, it seems that attachment (to a firm) does play a role in assessing ethics.

The Social Bonding Model has an explicit place for attachment, as well as for its three other elements: commitment, involvement, and belief. Attachment and involvement were significant predictors of rule breaking in a Sims’ (2002) 200–employee South Florida sample. The Social Bonding Model was developed by Hirschi (1969) who proposed that the greater the social bond, the greater the likelihood of conformity to society’s expectations. Attachment determines whose interests will be regarded as mattering and even whose norms will be internalized (Hirschi, 1969, p. 18). “Commitment,” however, means caring about what would be lost if they were to break the rules. ‘Involvement’ means involvement in activities to an extent that leaves little time to rule break. ‘Belief’ means belief in society’s norms. Hollinger (1986) suggested operationalizing such attachment by measures of job satisfaction. No gender differences were found but job dissatisfaction did play a big role in predicting rule breaking intention and tolerance. This result supports both the role of attachment itself and of the other attributes to which it is (perhaps inextricably) linked.

Vidaver-Cohen (1998) plausibly asserts that top management sets the moral tone for the organization and is primarily responsible for establishing and maintaining the moral climate of the organization. This was already believed in Renaissance Europe and is a primary theme of such Elizabethan dramas as the *Duchess of Malfi*, *King Lear*, and *Hamlet*. According to D’Aquila (1997), managers, especially top managers, set the tone of the organizational climate to such an extent that senior employees might gravitate to the perceived ethical climate type of their ethical tendency, since members of a corporation that do not fit tend to move to a corporate environment within which they feel comfortable. Victor and Cullen (1987, 1988) studied the link between corporate ethical standards and organizational behavior. Using their specially designed instrument and factor analysis, they classified organizations into categories of distinct ethical climate types (Caring, Law and Code, Rule, Instrumental, and Independence). They also found that climate

types influence managerial behavior and that climate types influence what ethical conflicts are considered and the process by which the conflicts are resolved.

Derry (1989, p. 859) having found no moral reasoning differences between males and females, conjectured that if general differences exist between men and women, they do not carry over into strong organizational cultures where both women and men are trained to think and judge as corporate members. In other words, strong corporate cultures make any pre-existing gender difference ethics converge, as far as people in business roles are concerned. Because of the strength of such corporate organizational acculturation in causing convergence between male and female ethical stances, the business arena may not be altogether suitable for shedding further light on the rival claims of Kohlbergian justice and Gilliganesque care to general universalizability. However, strong corporate acculturation is itself facilitated by, and results in, a type of attachment. Of the whole Gilligan thesis and its Care Theory context, it is the notion of attachment which best survives critical scrutiny in business settings.

Recent developments in care theory

Caring involves respect for the recipients of care as equals rather than as pitiable victims or ignorant lesser beings, claims Engster (2005). Examples of the latter problem are especially strong in social work. For example, mothers who resist social work care too strongly run the risk of being positioned as pathological. Deference to care workers ensues from this, and dependence on the care workers is encouraged. Moreover, caring talk foregrounds a particular, needy, often sentimentalized image of the child and discloses how care discourse can be used as a mechanism of control, even oppression, quite as readily as more traditionally masculine discourses (Marks, 1997, p. 96).

However, caring does not mean, or even necessarily include, schmaltzy over-indulgence of spoilt offspring by co-dependent mothers, but it simply requires that one is feeling bonded or attached. Dalley (1992, p. 8) importantly distinguishes "caring for" from "caring about." The former has to do with the tasks of attending to another person and is the work of the caring professions. The second is just

about feelings. Caring for can involve emotional distancing. For example, Menzies Lyth (1988) shows how nurses use a range of devices such as reification, thoughtlessness, and ward rotation to avoid getting too stressed by proximity to illness, distress, and death of their patients. This is the opposite of the attachment that caring about involves and yet is clearly still caring.

From another direction altogether, Care Theory has received a small boost to its momentum on the way to becoming a general paradigm. Li (2002) claims there are strong similarities between the idea of "jen" in Confucian ethics and care theory generally. Neither depends on general rules like Kantianism or utilitarianism and both believe in gradations of care and love as being legitimate. He concedes Star's (2002) point that Confucianism is a virtue ethic, but adduces Slote (1998, 2000) to argue virtue ethics are only a subset of care ethics.

Engster (2005) attempts to ground a general paradigm on the basis of care theory by extending the work of such writers as Fineman (2004) and Kittay (1999) who had grounded their assertion of a general duty of care on our general inter-dependency. They in turn had developed their view from Goodwin (1985), Kittay (1995), and Clement (1996)'s earlier grounding of a general care duty in our condition of general vulnerability to others. Baier (1985) said what makes us human is the care we receive from others and that all unhealthy and sociopathic behavior could be traced back to a deficiency of care. Kittay (1999) asserts that society would cease to exist altogether if nobody cared for anyone else, the implication being that care is a general *duty* because society must self-evidently be sustained. Fineman (2004, p. 48) agrees and focuses on "caring for" rather than caring about in her assertion: "It is caretaking labor that produces and reproduces society."

Held (1993, p. 195) says social contract theories of a Rawlesian or Hobbesian type which begin with independent man in a state of nature are wrong, since such a state of nature is quite impossible and therefore cannot validly serve as a starting point for any theory, positive or normative, of human nature, inasmuch as any so called independent men would have begun life as babies dependent on mothers. Folbre (2001) applies similar criticisms to market and contractualist based morality paradigms, saying that productive labor and entrepreneurs first have to be

bred and raised, and someone has to care enough to make that happen. Finally from this perspective, Kittay (2001, p. 535) says the duty to care should be seen as a “categorical imperative...derivable from universalizing our own understanding that were we in such a situation, helpless and unable to fend for ourselves, we would need to care to survive and thrive.” Engster (2005) wonders if there exists a basic human right to obtain care when it is needed, on the grounds that the such a right is a pre-requisite of human survival, survival being taken to be a self-evident basic good. From here he ingeniously proceeds to make Care Theory’s particularity and relativism into a general theory in the following manner. Because resources of money, time and energy are limited, care effort has to be allocated according to some sort of priority schema, and it is reasonable and efficient for us to care more for those especially dependent on us such as our intimate family. This includes a primary duty to care for ourselves enough to prevent us becoming an unnecessary burden on others. This “universal principle of partiality” is the core of Engster’s general care theory project. It means each person should care primarily for her/his intimates and dependants because generally that will distribute care resources most effectively across society. As for those left out and uncared for by their intimates, they become the responsibility of everyone, though he does not say how resources can consistently, fairly or effectively be allocated to such unfortunates whose numbers may be rather large and increasing over time. This general theory of care is strongly idealistic, but it is certainly logical and internally coherent and does provide a basic toolkit with which to tackle other paradigms from Kohlberg to contractarianism and so to move Care Theory off the back foot where personal and particularized feelings have been defensive against the lofty claims of impartial reason. This is quite a notable step, and we can expect the next few years to see major advances in the attempts to build general theories of morality that attend to the criticisms rival schools have long made of each other. Any such development would resonate across business ethics studies, and could unsettle the view expressed at the end of the previous section that business acculturates both genders so strongly that gender differences converge. More radically, such a development could provide an interesting alternative

perspective to CSR from that provided by stakeholder theory and contractarianism, neither of which have a great role for caring as a driving force.

Conclusions

Kohlberg et al. (1983) and Higgins (1989) claim CMD encompasses care as well as justice. Colby et al. (1983) argue care, relation, and trust are elements in each of the Moral Judgment Interview (MJI) scoring schemes often used in earlier CMD research. Others argue that since care reasoning can be elicited by the MJI dilemmas, a separate theoretical and psychometric structure is unnecessary (Walker et al., 1987; Wark and Krebs, 1996). Gilligan’s contention that care and justice represent distinct moral perspectives is still just a contention, while her attribution of the former to males and latter to females has not yet received any significant empirical support, as shown in previous sections. Reed (1997, pp. 254–255) goes as far as to claim that “Gilligan and Kohlberg and their colleagues now offer conceptions of moral maturity that are for all practical purposes indistinguishable” because he claims to see in Kohlberg’s later writing an idea of benevolence at stage 6 that is akin to balanced care at Gilligan’s mature stage. This is not echoed by any other later writers cited in the journals reviewed for this article except for Jorgensen (2006) who does say the distance is not very great between the final Kohlberg stage and the final Gilligan stage. In the Kohlberg one, “universalizability and reversibility constitute self-conscious validity checks on one’s reasoning” (Kohlberg, 1986, p. 490). In the Gilligan one, caring “becomes universal in its condemnation of exploitation and hurt” (Gilligan, 1982, p. 74). Jorgensen is still going too far, for all that is similar here is the identification of universality rather than universalizability of both writers’ characterization of the perspectives achieved at the final stages of their respective models. To put it more plainly, what is similar in their final stages is only that those stages are both final. It is surely inherent in the final stage of any psychological paradigm of development that the perspective should more general and less particular than the perspective of earlier stages.

A large body of research on real-life morality has validated that people use both ways of moral rea-

soning in resolving real-life conflicts. Further, it seems that the most important determinant of moral reasoning is the content of the moral dilemma, rather than the gender of respondents (for a review, see Jaffee and Hyde, 2000). Johnston (1988) found boys would not use care orientation unless they believed the relationship between the characters could be salvaged. More recent research has shown that pro-social dilemmas that involve concerns about others' welfare tend to invoke care-based arguments, whereas anti-social dilemmas that involve transgressions and temptations tend to invoke justice-based arguments (Haviv and Leman, 2002; Juujarvi, 2005; Wark and Krebs, 1996, 1997, 2000). The Kohlberg level of justice reasoning for real-life moral dilemmas tends to vary according to the type of dilemma (Haviv and Leman, 2002; Krebs et al., 1991; Wark and Krebs, 1996, 1997). Antisocial dilemmas especially tend to invoke low-stage moral judgments (Haviv and Leman, 2002; Wark and Krebs, 1996, 1997). Some studies (Juujarvi, 2006a; Linn, 1995) have further found that complex real-life dilemmas involving conflicting rights or social pressure against one's own moral values – akin to Kohlberg's hypothetical dilemmas – invoke high-level justice reasoning. Very recently, Juujarvi's (2006b) results (using Skoe's ECI) show that antisocial temptation and transgression dilemmas tended to invoke lower levels of care reasoning than conflicting-demands and social-pressure dilemmas. Participants reporting temptation dilemmas had the least developed care reasoning. The results suggest that subjects identified at different care levels perceive different types of real-life moral conflict, and that the function of care reasoning varies according to the type of moral conflict. These studies suggest that the employment of care or justice reasoning is much more to do with the dilemma or situation in which judgment is to be called for than to do with the *ex ante* mind set of the person approaching the situation. This would perhaps explain why abortion dilemmas invoke care in Gilligan's main work while the DIT invokes justice reasoning and support for Kohlberg's CMD. The gender difference and the ethical framework differences may well be primarily explained by the dilemmas themselves rather than by the conditioning of the subjects interviewed.

Jorgensen (2006) evidences Kohlberg (1978)'s recognition of moral judgment as only one element

in moral behavior, albeit the most influential one. Moral behavior is situational and Kohlberg (1986, p. 500) saw Gilligan's care perspective as enlarging the social cognitive domain of morality rather than rejecting the distinctive justice domain within moral judgment. In other words, she focuses on behavior which Kohlberg admits is generally situational, whereas he focuses on judgment which is said to be cognitive and general, and indeed *a priori* in that it is brought to behavioral situations as a ready made tool for use in those situations.

Strike (2000) says moral capacities such as empathy and sympathy occupy a space between rights and Care Theory because, while they depend more on attachments than principles, they are evoked by characteristics of others that are not rooted in group membership or shared identities. In other words, empathy could be evoked by strangers one has not preciously cared about. For Kohlberg, such triggers of universality were a crucial element of ethics. That is, he followed the western liberal tradition of seeing a principle as needing to be universal in order to have any meaning at all. However, the previous section described recent attempts by Care Theory supporters to ground it too in universal principles. It can therefore be said to have dealt with its earlier (apparent) problem of appearing indifferent to strangers.

Wright (2004) attempts to show Habermas (1993), a strong supporter of Kohlberg, can be read to have successfully integrated the care and justice perspectives. The key element is alleged to be Habermas's characterization of most of life's moral decisions taking place in the particular and familiar contexts where conventional levels of moral development suffice to generate moral behavior. The need for transcending context and particularity only arises in new circumstances for which conventional norms are not adequate. Then those norms have to be questioned which can only be done from post-conventional levels of development in these rare and exceptional instances (Habermas, 1993, p. 12). Otherwise Care Theory, in its earlier pre-principled form, works. Benhabib (1992) finds the Habermas position here traditionally male in its erection of an impartial public domain, albeit only for exceptional cases. She echoes Gilligan in positing an alternative universalist paradigm of moral deliberation which requires respect for the worth of every human and for their viewpoints and an acceptance of those norms

that have been established through deliberation in practical discourses (Benhabib, 1992, p. 185). Wright thinks Habermas (1993, p. 11 and p. 23) can be read to echo just such a perspective when he writes about existential, political, and practical discourses. Wright says these discourses amount to a universalism which involves reciprocal perspective taking among free and equal moral agents through dialog so as to avoid surreptitious privileging of individual viewpoints (Habermas, 1993, p. 52). Wright does, however, contrast Habermas's "arrogant perception" in such reciprocation with Lugones (1987) "loving perception," the difference between where the pivotal viewpoint in such empathy games ends up being positioned, in me (arrogant) or you (loving). Even so, given the importance of Habermas and the Critical Theory movement that follows him, his reconciliation in one particular aspect of care and justice perspectives is of interest to this present exploration.

To return to the original questions, the article would answer them as follows.

Are gender differences significant in moral orientation as between care and justice? Hardly at all, it seems, and what differences do exist, within a business context, are far outweighed by other explanatory factors.

Do females show a care orientation significantly greater than males do? Only when then there is strong gender identification, and even then, it is not a primary partitioning factor. What seems more important is whether a specific ethical dilemma or decision is better solved by an individual with a justice or a caring orientation. Managers, for instance, may need a justice orientation as their decisions involve and impact many stakeholders. This could be because the interests of the group often take precedence over individual priorities in corporate organizations (Pennino, 2001, p. 128).

Does Care Theory ignore the importance of universal ethical principles and does CMD ignore the importance of attachment/care so much that it cannot explain failures to translate beliefs into behaviors? No but they do not digest them well. Both Care Theory and CMD fail in any aspiration either may have fully to explain the moral orientation and development of individual ethical action. CMD stage 5 and stage 6 are not empirically well-supported as the end points of moral "growing up." Care theory in its earlier form, sees stage 3 as superior to the other CMD stages and implicitly supports ethical relativism inasmuch as all

ethical judgments are seen as care and context dependent. In its more recent generalist form, Care Theory remains context dependent but makes such dependence a universal principle that can and should include strangers. CMD does not look at the abortion decision at all, the key focus of much of Gilligan's work. Care Theory has only recently begun to discuss the problem of particularity as a problem: it is "better" to care for the many in a society or just the few friends and relatives (especially blood relatives) that your heart can accommodate.

Gilligan notes Kohlberg's commitment to the principle that ethics are universally applicable (Gilligan, 1998, p. 132) and to a second principle that ethics cannot be a neutral study. He said "To know the good is to choose the good" (Kohlberg, 1981 quoted in Gilligan, 1998, p. 127). Neither of these principles is universally supported, and they are in a certain amount of mutual tension too. The espousal of the Kohlberg paradigm as the dominant one within the business ethics field encourages support for the first principle but not necessarily the second. This is especially so when there is far from general agreement that the CMD stages really are sequential or that they constitute a ladder of ascending moral worth. Gilligan especially queries both of these and we have not found empirical or theoretical reasons to reduce the importance or strength of her queries.

A productive perspective is provided by Weber (1926) who argued all activity can be subordinated to two basically different ethical principles: ethics of conviction and ethics of responsibility. The former concerns belief about general issues including all this affecting oneself directly, while the latter concerns issues affecting one's near relations, dependents, and oneself. The former may affect one's political voting intentions, the latter what one is prepared to do in order to ensure the mortgage is paid. Conviction resonates with justice, responsibility resonates with care. This does not mean that ethics of conviction connotes lack of responsibility, or ethics of responsibility a lack of conviction. Christ, acting in accordance with the ethics of conviction, is content to "do good" and to leave the consequences of his action up to God. Man, on the other hand, *when* he acts in accordance with the ethics of responsibility, will hold himself responsible for the foreseeable consequences of his own actions (Blum, 1944, p. 46 quoting Weber, 1926, p. 57, italics mine).

Weber claims that though there will be moments in the life of every great man when he acts according to a principle regardless of its effects and implications, the consistent pursuit of the ethics of conviction leads to detachment from this world (Blum, 1944, Footnote 7). This implies the inadequacy of an ethics of conviction, including most “justice” “orientations” as a framework for handling daily life include daily business life.

If you consider Tolstoy's challenge, ‘If science will not, who can answer the question: How should we behave, how should we orient our lives?’ Only a major prophet or a Messiah could answer it. If no such man exists or if he exists but no longer has any disciples, surely you cannot substitute for him thousands of professors, salaried and privileged minor prophets, to play his role in their classrooms. By making such a substitution, you would merely keep the younger generation from realizing that the major prophet, for whom so many of them long, does not exist. The craving of a deeply religious person can never be satisfied if he is deceived about the fundamental fact that he must live in a godless, prophetess world. Professors masquerading as prophets only encourage this deception. (Weber, 1922, p. 547)

Neither Kohlberg nor Gilligan can be said to have masqueraded as prophets, and neither preached how life should be lived. Both believed they had a certain amount of valuable insight into the ethical dimension of how life actually is lived. Both were right. Neither was conclusive.

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