

‘The song remains the same’: rebuttal to Sherblom’s re-envisioning of the legacy of the care challenge

Lawrence J. Walker^{*} and Jeremy A. Frimer
University of British Columbia, Canada

In the *Journal of Moral Education*, Sherblom (2008) examined several empirical and conceptual claims related to gender and morality and re-envisioned the legacy of Gilligan’s ‘care challenge’. He concluded that the moral and scientific legitimacy of the ethic of care has been established. However, his apologetic is flawed in major ways and scholarly integrity demands a rebuttal. This article exposes how Sherblom’s analysis misconstrues some of the empirical claims, fails to present relevant data, entails an incomplete reading of Kohlberg’s theory, imputes an impact on moral/character education that is unwarranted, disregards some significant problems in the conceptualisation of the ethic of care and draws conclusions that are indefensible. The primary claims of the care perspective have generally been discredited and Sherblom’s attempt to advance its legacy fails. The time has come to move beyond these notions of a gendered moral psychology.

Introduction

Gilligan’s (1982) landmark book, *In a different voice: psychological theory and women’s development*, prompted widespread interest and controversy in moral psychology and beyond with its provocative claims regarding gender and morality. Gilligan’s claims were twofold: first, that the morality of women differs qualitatively from that of men; and second, that dominant theoretical perspectives (notably Kohlberg’s) are insensitive to women’s ‘ethic of care’. Given the centrality of both gender and morality to our self-definition, it is incumbent upon us to examine the relevant empirical evidence and entangled conceptual issues with particular caution and scrutiny.

Gilligan and other care theorists have indeed made apparent contributions to our understanding of moral development with the broadening emphasis on care, response and interdependence; with the caution to better represent the experiences of females in psychological theories; and with the methodological innovation of

^{*}Corresponding author. Department of Psychology, University of British Columbia, Vancouver, BC, V6T 1Z4, Canada. Email: lawrence.walker@ubc.ca

accessing individuals' moral reasoning in the context of personally generated, real-life moral dilemmas. A quarter century after the instigation of Gilligan's 'care challenge' and with the accumulation of a now substantial body of research, the time is opportune for an assessment of the validity of her empirical and conceptual claims. Recent reviews of the extant evidence (Jaffee & Hyde, 2000; Walker, 2006), however, have failed to provide corroboration for Gilligan's primary claims of gender polarity in moral orientations and of gender bias in Kohlberg's model of moral development—and such has been the widely understood legacy of the controversy regarding gender and morality.

It is in that context that Sherblom (2008) attempts to 're-envision' the legacy of Gilligan's 'care challenge'. He focuses on what he contends are Gilligan's core arguments (as distinguished from her 'rhetorical excess', p. 82) and, in particular, examines three empirical claims and notes six conceptual ones that he believes demonstrate Gilligan's contribution to moral psychology and moral education. He concludes on the basis of his analysis that the moral and scientific legitimacy of the ethic of care has been established and that the enterprise has been 'far more successful in the debate than is often acknowledged' (p. 82).

Unfortunately, Sherblom's apologetic is badly flawed and scholarly integrity demands a rebuttal. In this article, we focus only on redressing Sherblom's most grievous errors. Interested readers are referred to Walker's (2006) chapter on gender and morality for a more even-handed and comprehensive discussion of the various conceptual and empirical claims, including many not addressed by Sherblom.

In this rebuttal, we argue that Sherblom's analysis misconstrues some of the empirical claims, fails to present the data most relevant to these claims, involves an incomplete and distorted reading of Kohlberg's theory, imputes an impact on moral/character education that is unwarranted, disregards some significant problems in the conceptualisation of the ethic of care and draws conclusions that are indefensible.

Our rebuttal will conclude that Sherblom's re-envisioning does not set aside previous findings regarding the absence of gender differences in moral reasoning and does not advance the legacy of the care perspective. Reminiscing back to one of Led Zeppelin's rock classics, *The Song Remains the Same* (Page & Plant, 1973)—gender remains an inconsequential variable in our understanding of the development of moral reasoning. Indeed, we will contend that it is time to move beyond the notion of a gendered moral psychology.

Gilligan's empirical claims regarding moral orientations

One basic area of contention pertains to just what Gilligan even claimed in the first place. As will be noted later, her writing was often inconsistent, vague and self-contradictory. However, in response to an explicit challenge to clarify her primary empirical claims, Gilligan (1986a) expressed them succinctly and without ambiguity:

- (1) that justice and care are distinct moral orientations—i.e. two frameworks that organize thinking about what constitutes a moral problem and how to resolve it, (2) that

most people in describing a moral problem and its resolution focus on one orientation and minimally represent the other, and (3) that the direction of focus is associated with gender. (p. 10)

Despite the clarity of this statement regarding gender differences in distinct moral orientations, Sherblom claims considerable variability in how it might be interpreted; in particular, regarding ‘how broadly this tendency is expressed—comprehensively in all one’s moral deliberations (the comprehensive claim) or more narrowly in how one interprets one’s own real-life moral contexts (the interpretive claim)’ (p. 84).

In his ensuing discussion, Sherblom frequently conflates the consistency claim with the gender difference claim, which leads to some confusion in his conclusions. These two issues—Do people show consistency in their moral orientation? Are there gender differences in moral orientations?—are appropriately separable; and so, to provide clarity in examining the empirical evidence regarding these claims, we will deal with the consistency issue first and defer discussion of gender differences to the subsequent section.

The claim of consistency in moral orientations

Gilligan’s (1982, 1986a, 1987) notion that the ethic of care and the ethic of justice are distinct moral orientations reflects her conceptualisation of these orientations as a dichotomy. She uses the classic face-vase illusion to analogise what she regards as a gestalt shift between fundamentally incompatible and mutually exclusive perspectives. Her contention is that these orientations entail deep-seated differences in conceptions of self, relationships, identity and early experiences of attachment and inequality (Gilligan & Wiggins, 1987). Gilligan’s conceptualisation of distinct moral orientations as being basic to our functioning implies that individuals should show a clear focus on one orientation or the other that generalises across moral contexts. Sherblom acknowledges that ‘her [Gilligan’s] language is sufficiently over-arching as to suggest something like the comprehensive claim’ (p. 84).

The claim of consistency in moral orientations across contexts has been examined with two general types of moral problems: standard hypothetical dilemmas and participant-generated real-life dilemmas. Walker (1991, 1995, 2006) and Jaffee and Hyde (2000) reviewed the evidence regarding this consistency claim, with unequivocal and easily summarised findings: minimal evidence of consistency in the use of a moral orientation across moral contexts exists; indeed, abundant evidence indicates that the *nature of the moral problem* under consideration influences which moral orientation will be voiced.¹ Sherblom is forced to acknowledge that the research findings are ‘clear and straightforward’ (p. 85) in indicating that the comprehensive claim fails.

This lack of generality seriously undermines Gilligan’s notion of a moral orientation as a distinctive framework for understanding and organising the moral domain. If most people use both care and justice reasoning to a substantial degree and their reasoning is largely influenced by the nature of the moral context, then the dispositional construct of *orientation* lacks validity.

Sherblom's tack at this point was to assert that Gilligan really did not intend to advance the comprehensive claim (despite his earlier acknowledgement to the contrary) and instead proffered a reworked claim—one that, in hindsight, he believes she meant or should have claimed (p. 85). This 'interpretive claim' is a narrow one, asserting that consistency in moral orientations need only be evident in reasoning about individuals' own real-life moral contexts but not in other contexts. Gilligan (1982) and Sherblom rail against hypothetical dilemmas and, instead, advocate reliance on personally generated real-life dilemmas in revealing moral orientations. However, no explanation is forthcoming as to why consistency in moral orientations should be evident only in reasoning about one's *own* actual moral problems, but not in reasoning about the moral problems of *others* (or even about hypothetical moral problems involving the self). The validity of the construct requires converging evidence of the generalisability of moral orientations across contexts and with multiple measures; without that evidence the notion is reduced to triviality.

This insistence on using only real-life dilemmas to assess moral orientations is belied by Gilligan's frequent reliance on responses to standard hypothetical dilemmas to provide anecdotal evidence of the ethic of care (e.g., Gilligan, 1982, Ch. 2, 3, 4, 6), by Sherblom's acknowledgement that people's interpretive frames do play a role in how they respond to hypothetical dilemmas (p. 86) and by his illustration that contrasting moral orientations can construe the same hypothetical dilemma differently (pp. 87–88). Furthermore, Gilligan (1986b) noted that Lyons' (1982) coding system for moral orientations, initially designed for real-life dilemmas, had been adapted by Langdale (1983) and Johnston (1985) for coding responses to hypothetical dilemmas and presented their findings approvingly. Adducing support for a theory using a particular methodology, only to then discount that methodology when it yields disconfirming evidence, is both incoherent and disingenuous. In advancing the 'interpretive claim', Sherblom is guilty of hypothesising after the results are known (HARKing), an insidious strategy that is at variance with scholarly integrity (Kerr, 1998, p. 209).

Bracketing for the moment the issue of the conceptual coherence of Sherblom's interpretive claim, let us nevertheless consider its empirical viability. Although Sherblom argued that consistency in moral orientations should be evident with personally generated real-life dilemmas and claims empirical support for this narrower interpretive claim (p. 94), he did not present the relevant data (previously reviewed by Walker, 1991, 2006). So what are the extant data regarding consistency in moral orientation use—'the focus phenomenon'—in the context of personally generated real-life dilemmas?

The initial challenge is determining what constitutes consistent responding. In reasoning through a moral dilemma typically an individual will express several distinct moral judgements, each of which can be scored as either care or justice reasoning. The question is whether or not individuals 'focus' on a single orientation. Given that random responding by an individual would be reflected in a pattern with each of the two orientations having roughly 50% of the reasoning and that perfect consistency would entail a pattern of 100% of reasoning for one orientation and 0%

the other, Walker *et al.* (1987) proposed a consistency criterion of 75% or more of reasoning reflecting one orientation in reasoning about a single moral problem; a criterion that was later adopted by Gilligan and Attanucci (1988).

Using this criterion, Gilligan and Attanucci (1988) reported that only 66% of their participants were consistent on a single real-life dilemma. Similarly, Walker *et al.* (1987) found that only 53% of their participants evidenced a predominant orientation on a single real-life dilemma. Pratt *et al.* (1988, Study 2) examined consistency in predominant moral orientation between two personally-generated, real-life dilemmas and found that only 60% used the same orientation, a level not significantly different from chance. Walker (1989) compared predominant moral orientation on real-life dilemmas generated at two different points in time and found only 50% consistency. Thus, even when relying on Sherblom's preferred paradigm of personally-generated, real-life dilemmas, there is negligible evidence of the focus phenomenon; indeed, low levels of consistency in orientation usage both within and across real-life contexts are the norm. Most individuals use a considerable mix of both orientations with no evident preference or focus. Even forgiving the method by which Sherblom adduced the narrower 'interpretive claim', the claim still has no empirical warrant. In conclusion, the validity of Gilligan's notion of distinct moral orientations cannot be substantiated.

The claim of gender differences in moral orientations

The question of consistency in moral orientations notwithstanding, the separate issue of gender differences remains open to inquiry. Gilligan's (1982) primary claim is that women's morality is qualitatively different—'in a different voice'—from men's. She characterised women's moral reasoning by an ethic of care and men's by an ethic of justice. These divergent moral orientations reflect a profound gender difference in life orientation. Gilligan (1982) was careful to qualify that the association between gender and morality is not absolute and Sherblom (p. 95) claims that Gilligan, in her later writings, retracted further from a categorical gender difference claim by avoiding over-generalised language.

However, contrary to Sherblom's assertion, Gilligan, in her later writings (Gilligan & Wiggins, 1987), postulated the origins of these orientations to be in young boys' and girls' qualitatively different experiences of attachment and inequality with their parents, implying a pronounced gender bifurcation. Her neo-psychoanalytic theorising regarding the origins of these orientations and her advocacy of the 'differences tradition' within feminism align with a strong gender polarity in moral orientations. In her 1982 book, Gilligan did not present any empirical research relevant to her claim regarding gender differences in moral orientations² but the book is replete with anecdotal examples. Strikingly, with the exception of five individuals cited in Gilligan's book who evidenced care and justice reasoning in some sort of tension, all of the 42 women voiced a univocal ethic of care and all 16 men voiced an ethic of justice. Gilligan's implication of a strong gender polarity in moral thinking is difficult to escape once illustrated thus.

Not surprisingly, Gilligan's claim was provocative. Numerous other researchers subsequently subjected her claim to empirical test, culminating in Jaffee and Hyde's (2000) review and meta-analysis of the 113 studies of gender differences in moral orientations: 73% of the studies that assessed care reasoning and 72% of the studies that assessed justice reasoning did not yield significant gender differences.³ In other words, there is no strong association between gender and moral orientations.

Homogeneity analyses indicated that effect sizes were systematically variable across studies and, in particular, that the type of dilemma used to assess moral orientation was a significant moderator variable. Jaffee and Hyde (2000) contrasted studies using standard hypothetical dilemmas with those using personally-generated, real-life dilemmas. For dilemmas with standardised content (including those specifically designed to elicit care or justice reasoning), effect sizes for gender differences on the care and justice orientations were found to be uniformly small or negligible ($-.20 \leq d \leq +.10$). In the face of this unequivocal evidence, Sherblom (p. 86) was forced to concede that Gilligan's claim of a comprehensive gender difference in moral orientations could not be supported. This failure to consistently find gender differences in moral orientations across contexts is an unmitigated refutation of Gilligan's primary claim.

On the other hand, Sherblom attests considerable support for his limited 'interpretive claim', based on Jaffee and Hyde's (2000) meta-analytic finding that, for studies involving participant-generated real-life dilemmas, effect sizes were larger than those for standard dilemmas (although still far from substantial, in the small-to-medium range; Cohen, 1988): females tend to use more care reasoning on these real-life dilemmas ($d = -.37$) and males to use more justice reasoning ($d = +.42$). To impart some practical meaning to these estimates of effect size, gender explains only 3.3% of the variability in care reasoning on real-life dilemmas and 4.2% of the variability in justice reasoning—hardly evidence of a 'different voice'.

The failure to find systematic gender differences in moral orientations on standard dilemmas coupled with some evidence of gender differences on real-life dilemmas suggest that a methodological artefact might be implicated. Walker (1986a) first suggested the role of idiosyncratic real-life dilemma content in this regard; that the occasional findings of gender differences on real-life dilemmas might be a function of the differing moral problems that men and women tend to encounter and choose to relate, rather than a dispositional difference in moral orientation. Walker *et al.* (1987) proposed that real-life dilemmas focusing on personal relationships (conflicts among people who have a significant, ongoing relationship) would more likely elicit care reasoning, whereas dilemmas focusing on impersonal relationships (conflicts among relative strangers or with institutions or generalised others) would more likely elicit justice reasoning; indeed, that is what the data of their study indicated (in accord with what has been found with standard dilemmas with varying types of content). Moral orientation is largely a function of the context and content of the dilemma (a pattern very much *unlike* that found with moral stage). Furthermore—and important for the issue at hand—these researchers found that, within types of real-life dilemma content, gender differences in moral orientations were *not* evident;

a finding that has been replicated several times (Pratt *et al.*, 1988, Studies 1 and 2; Pratt *et al.*, 1991; Walker, 1989). Sherblom failed to acknowledge the findings of these studies in his article. The apparent gender difference in moral orientations on real-life dilemmas is ephemeral and no support can be adduced for Sherblom's narrow 'interpretive claim'. Males and females reason about moral problems in the same way.

Gilligan and Sherblom have committed the fundamental attribution error in underestimating the role of situational factors in moral reasoning and overestimating the role of dispositional ones (Clopton & Sorell, 1993). The abundant evidence indicates that people do not consistently focus on a single moral orientation but, rather, that their orientation use is considerably a reflection of the nature of the moral problem under consideration.

The remaining issue concerns the occasional gender difference in the type of real-life dilemma recalled (women are sometimes more likely to recall personal-relationship dilemmas and men, impersonal-relationship dilemmas): does *moral orientation* influence the construal of the dilemma or does the *nature of the dilemma* influence the moral orientation used to solve it? The problem of teasing apart these causal possibilities is largely intractable. But what evidence that does exist pertaining to standard dilemmas with varying content suggests the latter—that the nature of the dilemma clearly influences the moral orientation. The data pertaining to self-reported dilemmas indicate that differing dilemma content (and consequently different moral orientations) arise when the life experiences of men and women differ considerably, but not otherwise. For example, Pratt *et al.* (1988), Walker *et al.* (1987) and Walker *et al.* (1995) found that gender differences in real-life dilemma content are more likely among samples of active parents (mothers and fathers tend towards more pronounced gender-role polarisation), but are not typically found among samples of children, adolescents and non-parent adults (males and females in these life phases have more similar social contexts), again pointing to the significance of contextual factors. Thus, no evidence indicates that men and women systematically construe the same moral issues differently.

In summary, Gilligan's and Sherblom's claim (p. 94) of gender differences in justice and care reasoning lacks scientific credibility—it cannot be supported by the available data.

The claim of gender bias in Kohlberg's model

Sherblom also revisits Gilligan's controversial claim of gender bias in Kohlberg's model. One of his main contentions is that early versions of Kohlberg's scoring manual downscored females, while acknowledging that the current version (Colby & Kohlberg, 1987) is not vulnerable to this allegation. He regards this as 'a smaller empirical claim Gilligan made against Kohlberg's method of analysis' (p. 89). Once again, Sherblom's 're-envisioning' does not correctly represent Gilligan's position. Her charge was not merely that Kohlberg's method of analysis is biased but rather that his entire conceptual framework is insensitive to females' 'different voice' on

morality, which results in their being falsely caricatured as morally deficient. Nor was Gilligan content to accuse only Kohlberg of pervasive bias; she (1982, 1986b) alleged the same of many influential developmental and personality theorists, including Freud, Piaget, Erikson, Levinson, McClelland and Vaillant—hardly an inconsequential claim.

Sherblom's conclusion that the allegation of gender bias had been established was based primarily on Kohlberg's (1984) acknowledgement of inadequacies in early versions of the moral stage coding system, in particular in confounding structure and content (cf. Colby, 1978); inadequacies which were addressed by the final Standard Issue Scoring System (Colby & Kohlberg, 1987). Incidentally, revisions to the coding system not only entailed increased differentiation of structure from content, but also entailed substantial stage redefinitions. Sherblom also based his conclusion on the finding of a single study (Holstein, 1976; discussed by Walker, 1984) in which the moral reasoning of some women was classified at Stage 3 with an earlier version of the coding manual but at Stage 4 when re-scored with a newer one.

Regardless of whether there were deficiencies in the development of the moral stage coding system, Sherblom's claim is well-suited to direct empirical scrutiny; however, he did not report the relevant data. First, he failed to report the results of Walker's (1984; updated in 1986b) meta-analysis of gender differences in moral stage, based on 152 independent samples, which indicated no significant differences, $Z=+1.08$, $p=.14$; with gender explaining an infinitesimal fraction ($1/2000^{\text{th}}$) of the variability in moral reasoning. Second, he did not report Thoma's (1986) meta-analysis of gender differences on the Defining Issues Test (a widely used measure derived from Kohlberg's model), based on 56 samples, which indicated a small gender difference favouring females, $d=-.21$.

Third, and most surprisingly, he failed to report the analysis which directly addresses his claim that gender differences favouring males are evidenced in earlier scoring systems in comparison to the current one. This omission is particularly negligent given that the analysis appeared in an article cited by Sherblom. Walker (1991) conducted a meta-analytic comparison of gender differences in moral stage between the earlier and current moral stage scoring systems and found *no* significant difference, $Z=-1.58$, $p=.11$; note that, although the effect is not significant, the trend is in the *opposite* direction to that claimed by Sherblom. Sherblom's conclusion is categorically at odds with the relevant empirical evidence. There are no data to support the claim that *any* version of Kohlberg's scoring system is biased against women.

Of course, Gilligan's challenge to Kohlberg's model was not only that his approach downscores the moral reasoning of women, but also that his approach undervalues the ethic of care, categorising such reasoning at lower stages. (For Gilligan, women's moral reasoning and the ethic of care are essentially synonymous but, as we have seen, this is an unwarranted assumption.) Gilligan (1986c) explicitly claimed that 'the primary use of the care orientation creates a liability within Kohlberg's framework' (p. 45). Sherblom failed to address this claim, despite it being explicitly stated as the title of the relevant section of his article ('Care reasoners were under-rated by Kohlberg's Moral Judgement Interview', p. 89).

This claim that individuals with a care orientation evidence lower stages of moral reasoning than those with a justice orientation has been addressed empirically. In the relevant studies (Pratt *et al.*, 1988, Study 1; Pratt *et al.*, 1991; Walker, 1989), both Kohlberg's moral stages and Gilligan's moral orientations were independently coded in participants' reasoning.⁴ We conducted a meta-analysis of the findings of the four independent samples in these studies (total $N=354$), testing Gilligan's claim that the care orientation would be associated with a lower level of moral reasoning than the justice orientation. The results of this meta-analysis did indeed reveal a significant effect, $Z=-2.09$, $p=.02$. However, the direction of this effect is *opposite* to that claimed by Gilligan and Sherblom: care reasoning was found to be associated with a *higher* level of moral development, as assessed by Kohlberg's model, than was justice reasoning.⁵ Thus, the evidence suggests that the primary use of the care orientation is an asset, not the alleged liability, within Kohlberg's framework.

In conclusion, although Kohlberg's model of moral functioning does suffer from a litany of conceptual and empirical limitations, as we have articulated in several publications (Boyes & Walker, 1988; Frimer & Walker, 2008; Walker, 2004a, 2004b, 2006; Walker & Frimer, 2007; Walker & Hennig, 1997; Walker & Pitts, 1998; Walker *et al.*, 1995), the evidence convincingly refutes the claim that gender bias is among them.

The claim of the scientific legitimacy of a gendered moral psychology

Sherblom's third empirical claim concerns the scientific legitimacy of the notion that 'the social and cultural organisation of experience, identity and values through the construction of gender has direct effects on moral development' (p.90). He repeatedly expresses this as an *empirical* claim that has now been established and has scientific legitimacy (pp. 81, 82, 90, 94). Curiously, he presents nary a single datum to substantiate the claim nor even suggests what sort of evidence would be relevant to it. In the absence of any empirical warrant or any idea of what would constitute as much, the purported claim of scientific legitimacy rings hollow.

Sherblom refers to three aspects of Gilligan's theorising that pertain to the relation between gendered aspects of psychological development and moral functioning: (1) self-definition as independent from others versus interdependent with others; (2) reason and objectivity versus empathy and subjectivity in moral decision-making; and (3) abstraction versus particularity in the conceptualisation of relationships. Again, Sherblom fails to present any empirical evidence of gender polarity on these psychological aspects of development and similarly does not present any evidence regarding the differential relationship of these purportedly gendered behaviours to moral functioning. This lacuna is conspicuous.

Regardless, Sherblom's main point on this topic speaks to Gilligan's conceptual contributions to our understanding of moral psychology and to the 'success' of this relational psychology. Sherblom faults Kohlberg for not responding to Gilligan's advocacy of a gendered moral psychology and castigates Kohlberg's conceptual framing for its privileging of impersonal and universal perspectives that are derived

from dispassionate reasoning. Once again, Sherblom's complaints are based on an incomplete reading of the relevant literature. In several of his later writings, Kohlberg (Kohlberg, 1986; Kohlberg & Diessner, 1991; Kohlberg *et al.*, 1990) explicitly addressed these issues. A complete explication of these writings is not possible in the context of this brief rebuttal; a note regarding how Kohlberg clarified his model to respond to various misinterpretations and misrepresentations will have to suffice.

For example, Kohlberg *et al.* (1990) elaborated his model to focus on *respect for persons* as the primary aim of morality—'an attitude that seeks to integrate the concerns for both justice and benevolence' (p. 153). The attitude of respect for persons entails several interrelated psychological postures that are relevant to Sherblom's critique, including the intention 'to promote good and prevent harm to the other' (p. 157), 'the seeking of consensus through dialogue' and open-mindedness (p. 153), 'identification and empathic connection with others' (p. 165), 'the intention to balance interests' through ideal reciprocal role-taking (p. 166) and the operation of universalisability. Sherblom's critique fails to address Kohlberg's clarification on this topic.

Perhaps the heart of this critique is Sherblom's claim that principled reasoning is impervious or insensitive to contextual factors. This, however, is a false dichotomy. No conflict exists between using moral principles and being contextually sensitive to morally relevant aspects of a situation (Friedman, 1987)—the critical determination concerns what is morally relevant. Striving to be principled helps to filter the context for what one should consider and what one should disregard when solving a moral problem. Without a principled stance, irrelevant context may become incorporated into a moral judgement. That is, the processes of ideal role-taking and universalisability help avoid the biasing impact of vested positions by evaluating the moral legitimacy of the interests of real people in real situations, a perspective that Gilligan is unwilling to adopt.

To summarise, given the absence of gender differences within Kohlberg's model and Sherblom's flawed and incomplete reading of its conceptual framing, Gilligan's gender critique remains unconvincing and without basis. Sherblom's assertion that the scientific legitimacy of a gendered moral psychology has been established is devoid of empirical warrant and similarly fails.

The claim of conceptual contributions and impact

Beyond the empirical claims with which we have already dispensed, Sherblom defends the legacy of the care perspective by asserting six conceptual contributions to moral psychology and noting the broader impact of the care perspective in moral education. He contends that the basic tenets of the care perspective have largely displaced those of Kohlberg's model (p. 82) and have become commonplace assumptions in moral psychology in particular (p. 81) and in the social sciences in general (p. 91).

Sherblom outlines three philosophical claims and three psychological ones. The first philosophical tenet is that the care perspective advocates moral values (such as

care and compassion) that he claims Kohlberg regarded as ‘not morally required’ (p. 92). As was argued in the previous section, this critique of Kohlberg’s model is based on an incomplete reading of his later work (e.g. Kohlberg *et al.*, 1990) where both care and justice concerns are necessarily integrated in the principled attitude of respect for persons. Interestingly, the empirical evidence accords with Kohlberg’s conceptual argument in that individuals who evidence high stage moral reasoning tend to use *both* justice and care orientations in their moral deliberations (Walker *et al.*, 1987).

The second philosophical tenet is that the care perspective emphasises ‘particularity over generalisability’ (p. 92). Again, as was argued in the previous section, principled moral reasoning is contextually sensitive to morally relevant aspects of particular situations. The care perspective’s emphasis on particularity over generalisability is philosophically problematic given its vulnerability to the familiarity and the here-and-now biases (Hoffman, 2000). These biases can be limited, however, when care is embedded in relevant moral principles that strive for universalisability. Counter to Sherblom’s contention, a more valid perspective would be one that entails both particularity *and* generalisability, rather than emphasising one over the other.

Sherblom’s third philosophical tenet is that the care perspective ‘legitimises affectively acquired knowledge such as empathic perspective-taking or other compassionate attention to the welfare of others’ (p. 92). This assumption adds nothing new, merely reiterating and reinforcing Kohlberg’s long-standing focus on both social perspective-taking and a psychological posture of active sympathy as integral to mature moral functioning (Kohlberg, 1984; Kohlberg *et al.*, 1990).

The first psychological tenet advanced by Sherblom is that the care perspective entails a relational psychology emphasising interdependencies in relationships rather than independent and autonomous moral decision-making. Sherblom’s characterisation of Kohlberg’s exemplar as ‘a lone moral decider, autonomous and objective’ (p. 92) is decidedly off-base. This intended critique fails to acknowledge the centrality in Kohlberg’s conceptual framework of consensus-seeking through dialogue (Kohlberg *et al.*, 1990), the well-developed communitarian nature of his theory (see Reed’s 1997 comprehensive analysis in this regard) and the collectivistic basis for the democratic communities that formed the thrust for his intervention efforts (Power *et al.*, 1989).

The second psychological tenet that Sherblom asserts for the care perspective is that it entails a ‘posture of openness, empathy, compassion and receptivity’ (p. 92). As argued before, Sherblom has misappropriated some of the psychological characteristics implicated by the Kohlbergian notion of respect for persons (Kohlberg *et al.*, 1990; also see Boyd, 1989, for an elaboration of the character traits associated with a principled respect for persons).

Sherblom’s third and final psychological tenet is methodological and claims that moral orientations are better discerned with real-life than hypothetical dilemmas. This assumption was fully addressed in a previous section of this rebuttal. We would contend that rather than favouring a particular methodology and discounting others,

the converging evidence from multiple and diverse research methodologies would better support the generality and validity of a psychological phenomenon.

In summary, Sherblom's claim of conceptual dominion of Gilligan's over Kohlberg's model has no credence. Furthermore, the assumptions of Gilligan's model remain lacking in empirical substantiation. Nevertheless, Sherblom claims that core aspects of the care perspective have been generally accepted by theorists in the character education, social-emotional learning and positive psychology movements, attesting to its success.

Gilligan's popularised notions of a gendered moral psychology have circulated widely in the humanities, social sciences and beyond, but the demonstration of a positive and direct impact proves very difficult for Sherblom to mount. For all of the three movements mentioned in this regard—character education, social-emotional learning and positive psychology—Sherblom concedes that none is explicitly based on psychological or philosophical frameworks (including Gilligan's). Instead, he argues that Gilligan's influence has been more implicit, claiming that all of these approaches 'resonate' in one way or another with the ethic of care and its relational psychology. Sherblom speciously assumes that the notion of care was introduced by Gilligan. In actuality, care has figured prominently in both Western and Eastern moral philosophies; witness the Aristotelian emphasis on care and responsibility as essential elements of morally virtuous action (Komter, 1995) and the Confucian emphasis on the prime virtue of benevolence and consideration of others (Li, 1994). Sherblom does not suggest how to tease out Gilligan's influence from that of the moral traditions of preceding millennia. Rather than appropriate credit to Gilligan, a more viable interpretation may be that these various movements have generally incorporated virtue theory, which has been long-standing in moral thought. Sherblom does not present any evidence of the substantive impact of Gilligan's model on moral/character education programmes.

Lingering issues

One of the reasons that the legacy of the care perspective in moral psychology and moral education seems so impoverished is because several important issues plague the approach. These lingering issues are highly pertinent to an evaluation of Gilligan's model, but are ones that Sherblom failed to address in his re-envisioning. These issues include: (1) Gilligan's disinterest in measurement issues, evident by her failure to develop a reliable and valid coding system for her moral orientations, and the lack of convergent validity among the various measures developed by other researchers; (2) Gilligan's conflicting definitions of what constitutes moral maturity; (3) the lack of empirical evidence regarding the neo-psychoanalytic constructs posited to explain the origin and development of moral orientations; and (4) numerous inadequacies to Gilligan's ethic of care, including the reification of traditional and restrictive gender stereotypes and the limited scope of moral responsibility. These issues are only mentioned briefly here; interested readers are referred to Walker (2006) for a more expansive discussion.

Conclusion

The controversy instigated by Gilligan's so-called care challenge has been helpful in broadening our conception of moral functioning, introducing new methodologies and involving more representative samples in research. However, the primary claims of the care perspective have generally been discredited and Sherblom's attempt to restore its legacy fundamentally fails.

A more objective review of the relevant evidence indicates that Sherblom's empirical claims for Gilligan's model cannot be sustained. The data indicated that individuals are not consistent in their moral orientation, even within the limited context of real-life dilemmas. The claim of gender differences in moral orientations does not accord with the evidence. The allegation of pervasive bias in Kohlberg's model against women and those with a care orientation has no empirical validity. The core assumptions of Gilligan's theory and the scientific legitimacy of her gender critique lack empirical warrant. There is no evidence that Gilligan's model has supplanted Kohlberg's and none of substantive impact on moral/character education programmes. Significant issues regarding moral orientations remain unaddressed, including their assessment, origins and development. The moral legitimacy of the care perspective is tenuous without an explication of moral maturity and a resolution of its ethical limitations. The time has come (again) to put to rest the distraction that is the gendered morality issue and to focus instead on more significant conceptual and practical issues that confront moral psychology and moral education.

Notes

1. The evidence suggests that the nature of the moral problem is somewhat predictive of the type of moral reasoning that people will bring to bear on it. Sherblom construes this to mean 'that context *alone determines* the moral reasoning used' (p. 87, italics added) which is, of course, a fallacious argument that no one has posited. He proceeds to argue and present anecdotal evidence (pp. 87–89) that people can, on occasion, reason about the same hypothetical dilemmas and similar real-life dilemmas in different ways. That has never been in contention and is irrelevant to the issue at hand.
2. In fact, Gilligan has authored only a single empirical study of moral orientations that has been published in a refereed psychology journal (viz. Gilligan & Attanucci, 1988). Gilligan's failure to present data to support her empirical claims has been roundly criticised (Sommers, 2000).
3. At this point in his article, Sherblom asserts that Jaffee and Hyde's 'meta-analysis definitively replaces Walker's earlier (1984) analysis...' (p. 86). This is an egregious mis-statement given that Walker's meta-analysis was of gender differences in moral *stage* and Jaffee and Hyde's meta-analysis was of gender differences in moral *orientation*. The respective meta-analyses address different claims advanced by Gilligan and examine entirely disparate bodies of research.
4. In these studies, moral orientation was assessed using Gilligan's construct in the context of real-life dilemmas (in other words, using precisely the methodology endorsed by Sherblom's narrow 'interpretive claim').
5. The issue of the relationship between moral orientation and moral stage has also been addressed by Skoe in two studies (Skoe & Diessner, 1994; Skoe *et al.*, 1996). In these studies, the care orientation was assessed by Skoe's Ethic of Care Interview, which typically involves both hypothetical and real-life dilemmas and which yields an index of care reasoning in terms of developmental levels, so it is unclear whether Gilligan would endorse this measure. A

meta-analysis of the findings across these two studies (total N=167) revealed a significant effect, $Z = -4.61$, $p < .0001$; indicating that, overall, higher levels of care reasoning are again associated with *higher* moral stage reasoning as assessed by Kohlberg's model; a finding again clearly divergent from the claims of Gilligan and Sherblom.

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