

# The Measure of Moral Orientation: Measuring the Ethics of Care and Justice

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*This article reviews the history of the development of the Measure of Moral Orientation and reports on the psychometric properties.*

The purpose of this study was to develop an objective instrument that measured the ethics of care and justice, usually associated with the work of Gilligan and Kohlberg. The 89-item self-report inventory, designed to assess the moral orientation of college students, is reported on here. Research in the area of moral development has generated several theories. The most notable of those are by Kohlberg and Gilligan. The development of Kohlberg's original work was based on the acceptance of Piaget's notion of "morality as justice and (the notion of) moral development as a movement toward autonomy" (Kohlberg, Levine, & Hower, 1984, p. 339). This assumption—that the developmentally mature person is the one who works toward autonomy—was later to become a pivotal point of controversy in his theory.

Kohlberg defined moral maturity in terms related to abstract ethical principles of justice and equality. He wrote, "At heart, these are universal principles of justice, of the reciprocity and equality of human rights, and of respect for the dignity of human beings as individuals"

(Kohlberg, 1971, p. 165). In defining morality as an ethic of justice, the nature of moral problems is typically framed as a conflict of rights: the right to property versus the right to life, the right to privacy versus the right to choose. The view of the self in this conflict is an autonomous one, resulting in the decision maker acting in an objective manner, which ensures fairness (Brabeck, 1983).

Gilligan, however, saw morality in a different sense. Her work on defining and assessing the ethic of care has provided a novel and expansive view of moral judgment. Gilligan's work in the identification of this moral voice was rooted in the theory that women may conceptualize the world differently from men. Some people's moral reasoning, the theory went, is more contextual and subjective than it is abstract and objective. This ethic of care has as its criterion a concern for relationships and a commitment to do the least harm. Gilligan stated that women's "perception of self is so much more tenaciously embedded in relationships with others and [their] moral dilemmas hold them in a mode of judgment that is insistently contextual" (Gilligan, 1978, p. 53). The view of the self in the dilemma is that of connected and not autonomous; the very nature of moral dilemmas within this ethic of care reflects a threat to relationships, as opposed to conflicting rights within the justice ethic. Gilligan (1982) wrote that "it is precisely this dilemma—the conflict between compassion and autonomy, between virtue and power—which the feminine voice struggles to resolve in its effort to reclaim the self and to solve the moral problem in such a way that no one is hurt" (p. 71).

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To further clarify the differences between an ethic of justice-rights and an ethic of care-response, Lyons (1983) described the perspective of a justice-centered morality as the individual resolving conflicts through rules and principles that are developed by an understanding of one's roles and subsequent obligations. An example of this principle in action is the utilization of the Golden Rule (treat others as you wish to be treated) as a tool for resolving conflict.

On the other hand, Lyons (1983) described the morality of care as assuming a view of the decision maker as connected to others. Resolving moral conflicts requires a perspective of context: How should the conflicted one respond to someone on her or his own terms and in a way that causes the least pain or harm and maintains the relationship? The essence of contextual decision making is that the decision maker brings to the dilemma a history of experiences and personal truths, which makes objectivity unlikely.

Although the Moral Judgment Scale (Kohlberg, 1976) and the Defining Issues Test (Rest, 1976, 1979) are the most valid measures of the ethic of justice, Lyons (1983) developed an elaborate interview-based method of assessment grounded in the ethic of care. Lyons's assessment defined participants in relation to others: either separate-objective or connected-subjective. In addition, she asked participants to examine the reasons for making certain ethical judgments. Lyons found that there did seem to be "two distinct modes of moral judgment—justice and care—in the thinking of men and women . . . these are gender-related and . . . might be related to modes of self-definition" (Lyons, 1983, p. 127).

A major obstacle in attempting to assess the moral orientation of college students and its relationship to other variables is that there has not been a successful attempt to integrate these theories into one instrument that could objectively measure an individual's preference for either the care orientation or the justice orientation, or both. Without access to an instrument that incorporates both widely recognized constructs, an understanding of the moral development of both men and women at the college level is less than complete.

The purpose of this study was to develop an instrument that would be objective in nature and would measure college students' moral orienta-

tions for care, as defined by Gilligan, or justice, as defined by Kohlberg. Psychometric properties of this instrument are reported.

## METHOD

### Instrument Development

A series of 11 moral dilemmas that may be common to traditional-age college students was developed. The dilemmas were based on the first author's experiences working with college students. Each dilemma was a short story in which a young adult is placed in conflict. To evaluate the feasibility of the dilemmas and to develop response items, a group ( $n=28$ ) of undergraduate students was recruited, 23 women and 5 men. The students were divided into small groups of three to five members each. They were given the task of reading and discussing the dilemmas and were asked to explore the issues inherent in resolving the dilemmas. Their tape-recorded discussions were evaluated by the first author to develop response items to each dilemma. One dilemma was eliminated from the instrument; 10 were included. Seventy-nine response items were written for the 10 dilemmas.

Working definitions of the constructs of care and justice were developed using literature from Kohlberg and Gilligan, as well as a synthesis of their works (Langdale, 1986). Following are the operational definitions of the respective orientations: The ethic of justice-rights is characterized by objectivity, rationality, and separation. One who demonstrates an ethic of justice-rights treats people fairly by identifying and fulfilling rules, principles, rights, and duties. There is an assumption of reciprocity and a concern for equality. The sanctity of the individual is often valued above the relationship, and dilemmas are often conceptualized as a conflict over rights. The ethic of care is characterized by subjectiveness, intuition, and responsiveness. One who demonstrates an ethic of care responds to people in a way that ensures that the least harm will be done and that no one will be left alone. There is an assumption of connectedness and attachment and an understanding that everyone is different and may have a different reality. Decisions are contextual and relative to a particular situation. The relationship is valued above the sanctity of the individual.

Five raters, all of whom were university facul-

ty members in psychology or related areas, were asked to read each dilemma and rate each of the 79 responses as either a *care* or a *justice* item. Of the 79 response items, 73 received 100% interrater agreement. Two of the remaining 6 items were rewritten, and 1 item was omitted, leaving a total of 78 items. After reconsideration of the items about which there had been disagreement, the dissenting rater concurred with the majority ratings, thereby effecting consensus.

For each dilemma, response options reflecting either a care orientation or a justice orientation were presented. To each option, respondents answered either *strongly agree* (4), *somewhat agree* (3), *somewhat disagree* (2), or *strongly disagree* (1). A 4-point Likert scale was used to avoid central tendency errors (Bardo & Yeager, 1982).

A sample dilemma with sample response options follows:

**Roommate**

I have been living in the residence hall for a whole year. My roommate and I have become very good friends. The other day I was looking through my roommate's desk for a textbook. There on the desk was an envelope from the Student Health Center. I opened the letter and couldn't believe what it said: "The Students with AIDS Support Group will meet on Monday nights this quarter. We hope that you will be able to join us."

I know that I am not at risk of contracting this disease by casual contact.

strongly agree	somewhat agree	somewhat disagree	strongly disagree
a	b	c	d

This is a terrible disease; my roommate needs me and I will be there.

a	b	c	d
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I think I have a right to know about my roommate's condition, although my roommate does have a right to privacy.

In addition, as part of the instrument, a 12-item self-description questionnaire was developed that provided an assessment of the respondent's perception of himself or herself as caring or just. The same 4-point Likert scale was used by respondents to rate statements as to how closely they described their thoughts and feelings. Sample items follow: "I try to resolve problems in a way that does not violate the rights

of any of the people involved." "When solving problems, relationships are more important than the rights of individuals."

**Pilot Test**

The instrument was pilot tested on 64 undergraduates in two sections of an educational psychology class. Of the 78 dilemma response items, 37 were justice items and 41 were care items. Likewise, of the 12 self-description items, 6 items measured justice; 6 items measured care. Four scores—self-description of care, self-description of justice, care, and justice—were computed for each participant by summing the item responses for each of the respective scales. The higher the score, the stronger that orientation was.

Possible scores ranged as follows: self-description of justice (6 = low, 24 = high), self-description of care (6–24), justice (37–148), and care (41–164).

Coefficient alpha internal consistency reliability estimates were computed for self-care ( $r=.61$ ), self-justice ( $r=.62$ ), care ( $r=.84$ ), and justice ( $r=.73$ ). Citing Kelley's (1927) well-known criterion, Thorndike (1951) suggested that a reliability coefficient of .40 to .50 is sufficient if an instrument is to be used to evaluate or describe a group. Likewise, Mehrens and Lehmann (1984) pointed out that the reliability of a measure used for research purposes does not have to be as high as the reliability of a measure to be used in making decisions about individuals. Based on these references, the estimates of reliability obtained in the analysis of the pilot test were regarded as more than sufficient.

Corrected item-total correlation coefficients were computed for each item. Based on these correlations, one justice item was eliminated from the instrument and eight others were revised.

To evaluate the convergent and discriminant validity of the instrument, Pearson product moment correlation coefficients were computed for the four scales. The intercorrelation between justice and care ( $r=.22$ ) was low enough to suggest that the Measure of Moral Orientation Scale does measure the two different constructs, thus verifying discriminant validity. The relatively low correlation between care and the self-description of care ( $r=.54$ ) and between justice and the self-description of justice ( $r=.33$ ) (convergent validity) supported the need for the revisions to the instrument.

## FIELD TEST

### Participants

Participants in the field test of the Measure of Moral Orientation were 366 college students at a major state university. Of the 366 participants, 190 (51.9%) were men and 176 (48.1%) were women. Ages ranged from 17 (2.5%) to 36 (0.3%), although the majority of the students fell into the group usually associated with the traditional-age student (18–22 years old). The most frequently represented intended majors were engineering (38%), business (21%), education (17%), and liberal arts (14%).

### Procedures

An informed consent form, a brief personal data sheet, the Measure of Moral Orientation, and items from the thinking-feeling scale of the Myers-Briggs Type Indicator were administered to the participants in their respective classes by one of the researchers. On the average, participants completed the entire packet of instruments in 35 to 45 minutes. If a respondent answered fewer than 88% of the items that made up a particular scale, then the data for that particular scale were treated as missing. Missing data were minimal; only seven cases were missing from all scales.

## DATA ANALYSIS

To determine the psychometric properties of the Measure of Moral Orientation, the following analyses were completed.

## Internal Consistency

An estimate of internal consistency reliability, Cronbach's coefficient alpha, was computed for each of the four scales of the Measure of Moral Orientation as well as the thinking-feeling scale of the Myers-Briggs Type Indicator. The resulting alpha coefficients can be found in Table 1. The alpha coefficients for the four scales of the Measure of Moral Orientation were consistent with those obtained in the pilot study: .59 (self-care), .60 (self-justice), .84 (care), and .73 (justice). The estimates of internal consistency obtained for the Measure of Moral Orientation were comparable to or better than those reported for other instruments assessing moral development (cf. Kurtines & Greig, 1974). Estimates for the thinking-feeling scale of the Myers-Briggs Type Indicator were consistent with published reports for that instrument (Myers & McCaulley, 1985).

## Convergent Validity

To establish convergent validity, relationships between justice, self-justice, and thinking and between care, self-care, and feeling were explored. Pearson product moment correlation coefficients reflecting these relationships are reported in Table 1.

As presented in the table, the correlations between justice and self-justice ( $r=.22$ ) and between thinking and self-justice ( $r=.31$ ) were statistically significant. The correlation between justice and thinking ( $r=.09$ ), although statistically significant, was less than expected. The correlations between care and self-care ( $r=.32$ ), between feeling and self-care ( $r=.34$ ), and between

**TABLE 1**  
Reliability Estimates and Intercorrelations Among Scales of the Measure of Moral Orientation and the Thinking-Feeling Scale of the Myers-Briggs Type Indicator

Scale	Care	Justice	Self-Care	Self-Justice	Feeling	Thinking
Care	.84					
Justice	.17**	.73				
Self-Care	.32***	-.01	.59			
Self-Justice	-.08	.22***	-.44***	.60		
Feeling	.36***	-.13**	.34***	-.33***	.76	
Thinking	-.38***	.09*	-.34***	.31***	-.92***	.85

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

care and feeling ( $r=.36$ ) were all statistically significant.

### Discriminant Validity

Discriminant validity (i.e., the probability of an instrument's discriminating between dissimilar traits) was established by computing the Pearson product moment correlation coefficients between scales measuring different constructs by common methods: between justice and care ( $r=.17$ ), between self-justice and self-care ( $r=-.44$ ), and between thinking and feeling on the Myers-Briggs Type Indicator ( $r=-.92$ ). The correlation matrix appears in Table 1. Because of the nearly perfect negative correlation between the thinking and feeling scores, the decision was made to use only one of the two scores from the thinking-feeling scale. Because the reliability estimate of internal consistency was higher for the thinking scale ( $r=.85$ ) than for the feeling scale ( $r=.76$ ), and because the thinking scale correlated more highly with the criterion of care ( $r=-.38$ ), the thinking score was used as the sole covariate in all analyses.

Because the correlations between different traits were relatively low, the scales were viewed as independent of each other, and the instrument viewed as accurately discriminating between unlike scales (see Table 1).

## DISCUSSION

The Measure of Moral Orientation was designed to remedy some of the problems associated with measuring moral development. It is grounded in a very important assumption: that two distinctly different moral voices exist. Previous instruments measuring moral development have assumed either a justice-centered morality or an ethic of care. If there is agreement that these two voices exist, then it is necessary and desirable to provide instrumentation that adequately measures the presence and the preferences of both orientations.

The Measure of Moral Orientation seems to be a psychometrically sound way to assess the moral voice of a traditional-age college student population. With this easy-to-administer and easy-to-score objective measure, both the justice and the care orientations of college students can be determined. Being able to measure both con-

structs is valuable from practical, research, and theoretical perspectives.

From a practical perspective, the immediate utility of the Measure of Moral Orientation in assessing gender differences and moral orientation is apparent. The results of the Measure of Moral Orientation can be shared with students who seek self-knowledge about their perception of their world and the daily dilemmas that engulf them. It can be used in group settings to explore differences in decision-making and problem-solving styles. It can also be used in mediation and conflict resolution to discover new approaches to old problems.

From a research viewpoint, the Measure of Moral Orientation can be used to explore relationships between moral voice and other noncognitive variables of interest to educators and psychologists.

From a theoretical perspective, a novel approach to defining moral maturity is needed. An understanding of moral maturity should be broadened to encompass an ability to sustain concerns in both care and justice perspectives. As Brell (1989) said, "Only by combining the justice and caring approaches can we sufficiently broaden the score of morality" (p. 98). It can be argued that what is needed is a caring sense of justice—one in which responsibility to others and self is equally as important as an obligation to the principles of equality. To capture this new morality, increasing sophistication in assessing moral development is essential. The Measure of Moral Orientation, assessing both care and justice, should be a very useful tool.

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