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The Liberation of Caring; A Different Voice For Gilligan's "Different Voice"

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Recent literature portrays caring as a psychological, social, and ethical orientation associated with female gender identity. This essay focuses on Gilligan's influential view that "care" is a broad theme of moral development which is under-represented in dominant theories of human development such as Kohlberg's theory. An alternative hypothesis is proposed portraying care development as a set of circumscribed coping strategies tailored to dealing with sexism. While these strategies are practically effective and partially "liberated," from the moral point of view, they also reflect the debilitating influences of sexist socialization even at the highest level. Gilligan and her colleagues seem to misidentify these inadequacies of mature care. This alternative hypothesis is briefly related to the critical and feminist tradition. Then it is supported with Gilligan's own research and interpretive text.

A compelling vision of "caring" and its role in women's development has evolved in psychology and gender studies (e.g., Miller 1976, Chodorow 1978, Gilligan 1982, Noddings 1985). Gilligan's "different voice" conception of "care" as an ethical orientation and its contrast to the patriarchal preference for individual rights and justice has had a powerful impact on many fields, including philosophy. It has garnered an enthusiastic international following.

Many of Gilligan's supporters, however, are careful to note the formative nature of her account and its potential dangers. As some put it, "Gilligan has helped show that there is some gender difference here, centered around the relational and nurturent orientations of women. Now we must clarify what it is." Gilligan sometimes qualifies her own views similarly (Gilligan 1982, 3, 126). Feminist analysis warns that attempting to distinguish woman's care-taking strengths from her socialized, servile weaknesses flirts with sexism itself. It runs the risk of transforming victimization into virtue by merely saying it is so, of legitimizing subjugation to gender in a misguided attempt at self-affirmation. This seems a typical pitfall for oppressed groups, especially in "personal consciousness-raising" approaches to liberation.

In this essay, I will pose a different voice for Gilligan's "different voice," an alternative hypothesis of what the caring difference might be. On this hypothesis care is not a general course of moral development, primarily, but a set of coping strategies for dealing with sexist oppression in particular. In the spirit of care, this hypothesis is designed to "satisfy everyone," including proponents and critics on each side. Foremost, it seeks to preserve care's strengths and the strengths of women's development. Yet in doing so, it pares back some of care's presumed critical relevance to "justice theories" of develop-ment, making room for their virtues while deflecting much unnecessary controversy detrimental to care.[1] The alternative hypothesis also seeks to affirm feminist worries regarding care without threatening Gilligan's main insights or care's research potential.

I

THE TWO ALTERNATIVES

(1) Care As Moral Development: *Gilligan's voice*

Gilligan portrays care as both a general orientation toward moral problems (interpersonal problems) and a track of moral development. As an orientation or focus, care expresses an empathetic sense of connectedness to others, of being in-relation with them, actually or potentially. As a track of development, care evolves from an egocentric form of self-care, through a more conventional sort of do-gooder care. It moves on, finally, to a self-chosen, self-reflective, and self-affirming form of mature caring (Gilligan 1982, Ch. 3 and 4).

At level I of this development, care is self-concerned and self-protective out of a sense of vulnerability. The caring individual seeks above all to avoid hurt and insure psychological survival. With increasing self-confidence and a sense of competence to relate effectively, she sees this protective orientation as selfish and irresponsible. Care then evolves into a more conventional form of caring for others that is socially effective in its adherence to accepted norms. At this second level, the caring person seeks the support and approval of others by living up to their expectations and serving their needs altruistically. On the one hand, this leads to psychological denial and the rationalization of care's slavishness, according to Gilligan. On the other, it breeds a conflicting sense of being put upon and of allowing it to happen, of using the guise of altruism and martyrdom to mask indirect self-interest. With the confidence to face this conflict, and oneself, however, the caring individual moves to level III. Here she recognizes that self-concern is self-responsible, that an adult must balance care for others with care for self as the contexts of her various relationships require.

At both transition points in the care sequence, crises of vulnerability can lead to nihilism and despair, confusion and retreat from care, rather than development. That is, women progress and regress in care, rather than following an invariant, progressive sequence.

Care is defined by theme rather than gender, according to Gilligan (1982, 2). Yet care also is the dominant, spontaneous expression of a "relational social perspective." Since a relational perspective arises spontaneously from the formation of female gender identity and role, care will be the female ethic of choice. (Males characteristically evolve a "separational" or individualistic social perspective, by contrast, and prefer a rights and justice ethic.) In addition, since the most prominent theories of moral development favor the theme of justice, since they "listen to male voices" primarily, these theories tend to discriminate against female development. They under-represent, distort and under-value its "different voice" of caring (Gilligan, 1982, Ch. 3 and 4).

(2) Care as Subjugation and Liberation

The alternative "Care as Liberation" hypothesis portrays care primarily as a sexist service orientation, prominent in the patriarchal socialization, social conventions, and roles of many cultures. This care theme is seen best at Gilligan's level II which is dominated by "stereotypical feminine virtues" such as "gentleness and tact," and an overriding desire "not to hurt" or disappoint anyone, as Gilligan puts it (1982, 76, 65). Here women "seek survival by trying to satisfy male expectations and find male approval in hopes of male support (1982, 66-67, 72, 78).

On the liberation hypothesis, the focus of such a care theme can be adjusted by adult women to handle crisis of hurt, domination, and rejection usually brought on by males in women's daily lives and relationships as clearly reflected in Gilligan's key studies (1982, 2, 3). Such crises engender various responses, each of which has pros and cons. Care "development" or care *levels*, then, actually represent circumscribed coping strategies, of special use to women for facing crises of sexism. While these strategies may be ordered by coping effectiveness, they do not evolve from each other developmentally for the most part. They do not represent general systems of moral competence of the sort that cognitive stages do in classic theories of moral development.

Let us reconsider Gilligan's three levels of care through the lens of this alternative hypothesis. Care at "level I" now becomes primarily a coping strategy for facing hurtful rejection and domination, not for orienting to moral issues generally. It copes with its context, sensibly, by "seeking survival" through self-protection (1982, 75-76, 110-111). Yet the effectiveness of this strategy, its "sense of isolation, aloneness, powerlessness," as Gilligan puts it, can often lead to resuming the conventional, slavish approach of level II care. In Gilligan's research, such coping requires psychological denial and

rationalization when used as a strategy adopted by adult women (1982, 80-85). Level II's slavishness is especially difficult to live with if one has reflected at all on one's role and treatment in sexist relationships as Gilligan's respondents have. We would not expect this reflective conflict to arise in the well-socialized girl.

To deal with these inner conflicts of level II coping, while facing additional domination and rejection by men, various strategies recommend themselves. Level III, where the balance between care for others and care for self is struck, is not the obvious alternative. One might revert to "level I," self-protectiveness again. Gilligan describes an assertive mode of this strategy which involves "deliberate isolation." Here one sees oneself as "a loner" who is self-sufficient and unfettered to a degree (1982, 75, 89). This form of self-protection would be especially effective in dealing with "level II" aversion to slavish care and internal "level I" problems of powerlessness and isolation. Yet in addressing these problems in this way, one identifies with one's victimized retreat from care, mistaking it as one's self-affirming strength.

A like strategy of "care" would involve what Gilligan terms "moral nihilism" (1982, 123-126). In its less despairing form, it is a more affirmative approach to self-interest than self-protection is—if nothing is really right or wrong, then "why care?", "why not be selfish?"

Of course, one may not have the self-confidence for such self-affirmation, nor the luck of finding those modes of self-affirmation that "work for you." In this context, one may fall into moral confusion and hopelessness. Gilligan describes this "development" as well—"I'm still in love with him, no matter what he has done, and that really confuses me . . . I can't get him out of my mind" (1982, 124). Such regression in caring can also result from the servile strategy of trying level II "service orientation" over and over again, despite its failure. Gilligan terms these sorts of phenomena "cycles of repetition" and the "psychology of passivity," though she does not apply these descriptions to level II.

When considering the basis of this reinterpretation thus far, three features of Gilligan's account are key. First, care is depicted as progressing and regressing, alternately, not necessarily as evolving in order of levels. Second, Gilligan does not claim, nor offer evidence, that lower levels of care generally occur earlier in development. And finally, Gilligan's studies do not observe any one respondent traversing all three levels of care in order, or otherwise. Therefore, the seemingly undevelopmental disorder or variability of care fits here.

There are, however, more effective coping strategies which care might try. Through the self-confidence gained by surviving abandonments and hurt, and reflectively learning their lessons, women may emerge to "level III" care. In this explicit "consciousness-raising" strategy, a woman seeks the "middle path" between self-protection and slavishness. She balances self care with care for others more evenly. "Level III" care is clearly a more subtle and effective path for the sexist realities a woman faces than "level II" coping. It shows significant

insight into the validity of benevolent virtues and compassionate response, along with acknowledgment of their dangers. Here a woman learns where she can exercise her strengths, interests, and commitments within the male power structure and where she would do better to comply with that structure. A delicate contextual balance must be struck to be effective here.

Since this approach carries forward some of the aversive "service orientation" of level II, its internal effectiveness is enhanced by rationalization, as it was at level II. Likewise, since the slavishness of this orientation is now more reflectively recognized than at level II, effective rationalization must take a far more reflective and legitimating form. Thus in this "level III" coping strategy, a woman takes personal responsibility for compliance. She portrays it as adult and self-chosen in its selectivity, and even virtuous in this selectivity. Furthermore, she abstracts and generalizes the strategy as a legitimate and even preferred ethic—a carefully balanced, caring-for-others-in-general ethic—from which males could learn much. She distinguishes such a service orientation from slavish level II conventionalism by recasting the limits of her social and moral power as the very power to be limited, to be tentative, contextual, and morally balanced in her exercise of power. Gilligan emphasizes the peculiar virtues of such contextualism and tentativeness in level III care (1982, 54-55, 95, 100-102, 165-167).

PARTIAL DEVELOPMENTS

As should be apparent, support for this alternative "different voice" will derive from Gilligan's own text. The "care as liberation" hypothesis proposes that Gilligan's observations and interpretations of care may not best support her overall position that care constitutes moral development. At the least, they lend comparable support to the view that care is primarily a form of coping with sexism. Before we detail this support, a few reflections on the significance of this hypothesis are in order. We will begin with its relation to Gilligan's conception of moral maturity, to possible (sexist) biases in her interpretive theorizing, and to the non-developmental strengths of care she uncovers.

While the highest level for care shows a degree of cognitive liberation from sexist oppression, its "consciousness-raising" may not see through many sexist aspects of its own ethic. In this regard it is morally defective and incomplete rather than mature or adequate. Level III care does not accurately identify the causes of its "sense of service" in the sexist nature of social institutions and sexual politics primarily. Rather it "progressively" personalizes and legitimizes responsibility for this orientation as a desirable form of "taking control of one's life" and "taking responsibility for oneself," of learning to feel "adult" and "good about oneself" (75-78, 82-85, 91-94).

Unfortunately, Gilligan's descriptions of care maturity at level III appear to reflect and legitimate this process. They portray only the effectiveness of care,

not the inadequacies of self-alienation involved. These descriptions actually may compound the problem by portraying care's consciousness-raising approach to liberation as a *spontaneous* or *natural* development reflective of female gender. By making this approach dependent on *personal* confidence, psychological *self*-awareness, and on moral *self*-control and *self*-responsibility, Gilligan seemingly weakens the key connection her account draws between relational orientation and female gender identity.

In an account of care's progressive struggle with sexism, level III care might be faulted for its lack of political sense or institutional focus out of which a sense of solidarity with other women and a need for cooperative social action might derive. Care's almost total lack of social-institutional focus at level III certainly raises questions about its general moral adequacy. The attempt to balance serving others with self care at level III does not solve the problem of slavishness. It merely tempers and accommodates to it in a morally questionable way. This accommodation is then intellectualized, especially in Gilligan's descriptions of level III, by portraying it as a necessary complement to "male-oriented" justice (1982, 100). (Marx described a similar tendency of crude communism to *universalize* private (alienated) property, including women as male property, in a misguided hope of moralizing it.) By contrast, a truly liberated ethic for women (and other oppressed groups) might speak in a truly new voice, expressing themes of unfolding, liberated experience. In so doing it might not promote either responsive responsibility or demand for individual rights in themselves or in combination. Hopefully this view of care addresses feminist concerns and those of critical theorists. Obviously it is framed primarily from the perspective of socialist feminism though it hopes to accommodate radical and liberal feminist perspectives as well in the particular context it addresses.

At the same time, there can be no doubt that it is psychologically and morally better for women to cope with oppression in these caring ways than not at all. To be able to handle a circumscribed range of moral problems through a particular set of orientational strategies surely shows moral skill. Coming to certain valid moral beliefs and insights, working out one's caring stance on key interpersonal situations clearly, represents a moral advance in some cognitive-psychological domain. And of course, it is morally better that people see through oppression part way than not at all. This is true even when they deceive themselves when doing so; after all, self-deception is a skill of sorts in certain contexts. When such moral progress is accompanied by increased self-awareness and confidence, learning to take control of one's life and responsibility for oneself, additional moral progress is likely to result. These are all moral developments in women's conceptual orientations which Gilligan has uncovered perceptively and ordered artfully. Gilligan has detailed women's moral *socialization* well also, it appears.

Still, the evolution from somewhat duped and debilitated in some domain to somewhat disabused and functional in that domain differs from steadily progressive development in general competence. In this latter process we primarily move from fairly competent to progressively more so. Circumscribed moral coping skills tailored to gender-specific and oppressive contexts differ from broad systems of cognitive moral competence. Such systems organize and process the fundamentals of social experience for all, at the most basic level, while recognizing that much of our most salient experience is not of this sort.

Theories of human development in moral cognition, such as those of Piaget and Kohlberg, seek to chart the progression of such basic meaning and reasoning systems. As a result, care coping and its struggle for liberation need not be covered by the classic theories of moral development Gilligan criticizes. Nor do these theories discriminate against care when leaving such phenomena out. Likewise, such theories need not, and should not, cover the so-called "justice focus" that Gilligan associates with male gender preferences, nor any other "macho" ethic there may be. This is so even when such orientations primarily speak to male experience and reflect patriarchal competencies in sexist society.

The theories of Piaget, Kohlberg, and especially Freud should be criticized for *bias*, patriarchal and otherwise. However, where justice bias in basic cognitive *structure* is found, it will not likely discriminate against care orientation, as Gilligan describes this phenomenon. And when such biases are removed, such caring is not likely to be better represented in these sorts of human developmental theories.

"Slave Morality" and Other Ideologies

The "Care as Liberation" hypothesis utilizes the speculative conceptual models and political jargon of critical theory for two reasons. First, it seeks to emphasize the uncanny relationship between care maturity, as Gilligan portrays it, and the "slave morality" phenomenon long recognized in this tradition. Second, it seeks to show how Gilligan's own critical approach to exposing patriarchy in classic moral development theory might apply to her own view. It does this, in part, by applying the sort of analysis Gilligan offers of level II caring to her level III of caring.

Gilligan's critique, after all, tries to show how males "rationalize" their gender-identity needs through moral (justice) orientations. They claim such needs as their just due. Patriarchal theories then further "rationalize" this rationalization by abstracting and legitimizing it at its "highest" level as a generally applicable form of moral competence. The "Care as Liberation" hypothesis builds on Gilligan's own observations of how women rationalize their moral victimization at level II. It suggests how care theory may further "rationalize" this circumscribed sort of rationalization by abstracting and

legitimating it (at its "highest" level) as a generally applicable form of moral competence. In offering this analysis I do not assume that women or victims of oppression generally suffer more "ideological distortion" *overall* than those who oppress them, far from it. Rather this analysis posits partial distortions of one sort, in relation to one sort of coping, and only to a degree.

The "slave morality" phenomenon, as we know, was identified most vividly in the spread of Christianity among poor and oppressed peoples. As Nietzscheans observed, for example, the Christian message of "love as service" appeals by transforming vices of subservience into virtues of redemption. "Bear your cross, be humble, meek, patient, and long-suffering for His sake. Love and give even to those who abuse you, asking nothing for yourself, and all will be given to you." Such a message appeals even more when it prescribes such virtues and distributes such burdens to all, as is especially notable in Christianity. Marx identified this ideological "opiate" in secular ideals as well, including ideals of communism. As noted, he predicted that proletarians, victimized by private property, would misconceive their liberation in the ideology of equal property, equal distribution of wealth. In this way they would at least share their victimization "after the revolution." For Marx, Nietzsche, and others, truly liberating moral revolution (or development) is not found in such selective validation of servitude as one climbs out of it. It does not consist in balancing or equalizing servitude. Rather, moral adequacy is found in a radical transformation of our understanding of human welfare and mutuality. Of course, this transformation need not overturn enduring virtues of the Feminine, noted by Radical feminists and Gilligan as well.

While the "Care as Liberation" hypothesis is not dependent on such speculative positions, nor the often slanted or over-generalized observations that accompany them, it benefits from what commonsense plausibility they have.[2] (See Nicholson (1983) for a very interesting analysis in a related tradition.)

It is important to recognize, however, that challenges to the moral and psychological adequacy of care and coping, from a critical theory perspective, are somewhat secondary to the intent of this hypothesis. The "slave morality" analysis applies only to one aspect of the "consciousness-raising" component of level III care. The heart of "care as liberation" distinguishes care as socialization and skillful coping from care as general moral development. In this way, as noted, it preserves many of care's psychological strengths while fending off damaging counter-criticisms from classic theories of moral development. There is no dispute, I take it, that Gilligan's contrast between care and justice, female relationality and male individuation, captures gender *socialization* by and large. Nor is there likely to be dispute that effective coping, for either gender, *might* vary these themes in ways that Gilligan's care levels depict. Rather the current Kohlberg-Gilligan dispute, for example, is over whether these levels are "cognitive-developmental." It is over whether they spon-

taneously evolve in a way that expresses holistic cognitive systems and their inherent processes of constructional self-transformation. Care need not enter this cognitive-developmental domain, nor theoretical controversy, to make its contribution.

It also is important to recognize that the explicitly feminist analysis of care coping I offer, while important in its own right, may be one aspect of a broader view concerning "response to authoritarianism." Care levels bear a strong resemblance to patterns of attitudinal assimilation and accommodation commonly observed among poor and oppressed groups, or in oppressive situational contexts. Taking the levels in order, their "oppression focus" may be rendered in commonsense terms: Level I—Protect yourself against harm from those in power. Ensure your psychological survival in the face of ongoing domination through strategies of self-protection and self-concern. Level II—To overcome ongoing powerlessness, play the roles those in power set for you. Serve and sacrifice to gain their approval and support thereby participating in their power and avoid harm. Be circumspect in pursuing your true interests, or even in recognizing them. And maintain a sense of fulfillment and self-esteem in expressing the competencies of pragmatic service. Level III—With the partial success of strategy II, and where otherwise possible, acknowledge your (non-threatening) true interests. Ferret out spheres of power for pursuing these interests within the gaps of the established power structure. Embrace the competencies of those oppressed roles one cannot avoid. Identify with them and use them with one's "true" competencies as a source of evolving strength and pride.

Social scientists have observed this sort of pattern in the orientation of inmates in prison camps as associated with a related phenomenon, "identification with the aggressor" (Bettleheim 1943; A. Freud 1946; Sanford 1955), Kohlberg has observed it in the prison communities he has studied (Kohlberg, et al 1975; Jennings, et al 1983, 1983a). There also are anecdotal accounts (novels, films, documentaries) of this pattern in blue collar orientations toward authoritarian management and in "third world" orientations toward the "economic imperialism" of industrialized nations.

In this context, it is notable that Gilligan portrayed care levels only in the responses of women facing the oppressive machinations of sexist institutions and relationships (1982, 71-72, 107-108). In particular, Gilligan's respondents faced threats of male rejection and abandonment in love relationships due to unexpected pregnancies. They consciously saw their abortion decisions as severe crises for these relationships and themselves.

Again, the "Care as Liberation" hypothesis is not dependent on the sorts of global and anecdotal observations cited above, though it benefits from their strongest and most shared insights. This hypothesis can and will be supported from Gilligan's own account of care and its relation to the field of moral development.

II

WORKING HYPOTHESIS

Since "care as liberation" is a working hypothesis designed for comparison with Gilligan's "different voice," its supporting case must be framed relative to Gilligan's as well. It must "argue" that Gilligan studies (a) socialization, reflective consciousness-raising, and coping more than moral development, (b) gender-based coping more than a care theme of coping which women happen to prefer, and (c) coping with oppression and especially sexism rather than more general coping with moral issues. The fact that this hypothesis derives its case from Gilligan's own text reflects Gilligan's own acknow-ledgment that care is influenced by socialization and coping with sexism. As noted, however, her account opts for the dominance of moral developmental processes in care's evolution, viewing other factors as secondary. This may be a function of the Kohlbergian framework from which her work stems. The "Care as Liberation" hypothesis questions this interpretation based on the nature of Gilligan's reported observations and research methods. Thus, while it poses different themes for care, it does so in Gilligan's own voice. (It is best thought of as part of an internal debate which Gilligan might have with herself, or which supporters might have among themselves, regarding how to voice the caring they hear.) We begin with points (b) and (c) above.

Women and Sexism

It is easy to misunderstand Gilligan's claim that the "different voice" is characterized by theme, not gender (1982, 2). Care is not a theme that all women must prefer, or that all women have been observed preferring. Neither is it a theme males cannot adopt. However, it is the theme that Gilligan considers characteristic of women, not men. This is so, in the first instance, because Gilligan claims to have found an "empirical association" of this sort. But more important, it is so because Gilligan claims to have identified the apparent cause of this association, the relational orientation built into female gender-identity. Gilligan's research is aimed at uncovering this distinctively gender-based causal relation. Likewise, her research with colleagues and stu-dents is focused on the gender difference issue (Lyons 1982, Langdale 1983, Johnston 1985).

> The different voice I describe is characterized not by gender but theme. Its association with women is an empirical observation; and it is primarily through women's voices that I trace its development. But this association is not absolute, and the contrasts between male and female voices are presented here to highlight a distinction between two modes of thought and to

focus on a problem of interpretation rather than to represent a
generalization about either sex. (1982, 2)

In presenting excerpts from this work, I report research in
progress whose aim is to provide, in the field of human develop-
ment, a clearer representation of women's development which
will enable psychologists and others to follow its course and
understand some of the apparent puzzles it presents, especially
those that pertain to women's identity formation and their
moral development in adolescence and adulthood. (1982, 3)

Notice the apparent inconsistency of aims in these two self-reflections, given
that Gilligan's interpretations are illustrated with her research findings.

These findings were gathered at a particular moment in history,
the sample was small, and the women were not selected to
represent a larger population. These constraints preclude the
possibility of generalization and leave to further research the
task of sorting out the different variables of culture, time,
occasion, and gender. Additional longitudinal studies of
women's moral judgments are needed in order to refine and
validate the sequence described. (1982, 126)

    Gilligan's research and account of care development, to which the last
citations refer, is characterized by gender rather than theme. Chapters three
and four of Gilligan's book, which encompass care levels, refer only to
Gilligan's abortion study. This study sampled women only, in order to discover
how women in particular think about moral issues, construct moral categories,
and define moral language. Quite understandably then, Gilligan faults
Kohlberg's all-male sampling because he was not researching *male* develop-
ment, but, supposedly, human development.

To derive developmental criteria from the language of women's
moral discourse, it is necessary first to see whether women's
construction of the moral domain relies on a language different
from men and one that deserves equal credence in the defini-
tion of development. This in turn requires finding places where
women have the power to choose and thus are willing to speak
in their own voice. (1982, 70)

Moreover, Gilligan's interpretive analysis of findings from this study focuses
on gender difference by organizing the various caring themes of self-survival,
feminine virtue and conformity, moral nihilism, and shared (caring) respon-
sibility together under gender.

Yet, in addition, Gilligan characterizes her chosen moral issue, as in the abortion study, as focusing on problems of passivity and dependence that have been "most problematic for women," and as requiring a resolution of the conflict between sexist conventions of femininity and women's conception of adulthood (1982, 69, 71). The subject of the study was designed to focus on "how women deal with such choices," "bring(ing) to the core of feminine apprehension . . . that sense of living one's deepest life underwater" (1982, 71).

There is not only a clear emphasis here on gender, then, but a head-on confrontation with sexism. Moreover, this confrontation occurs in an especially sexist context, a sexist crisis. While Gilligan makes the crisis nature of the abortions study clear (1982, 72, 107), she does not make clear how much the crisis is one of sexism itself. However, Gilligan emphasizes from the start the role of sexism in women's spontaneous and distinctive moral judgment more generally. Care orientation is introduced with illustrations from female respondents which show "a sense of vulnerability that impedes these women from taking a (moral) stand, what George Eliot regards as the girl's 'susceptibility' to adverse judgments by others, which stems from her lack of power and consequent inability 'to do something in the world' " (1982, 66). As Gilligan puts this point further: "When women feel excluded from direct participation in society, they see themselves as subject to a consensus or judgment made and enforced by men on whose protection and support they depend and by whose name they are known" (1982, 67). Gilligan illustrates her point vividly, through a respondent.

> As a woman, I feel I never understood that I was a person, that I could make decisions and I had a right to make decisions. I always felt that that belonged to my father or my husband in some way, or my church, which was always represented by a male clergyman. They were the three men in my life: father, husband, and clergyman, and they had much more to say about what I should or shouldn't do. They were really authority figures which I accepted. It only lately has occurred to me that I never even rebelled against it, and my girls are much more conscious of this, not in the militant sense, but just in the recognizing sense. . . . I still let things happen to me rather than make them happen. . . . (1982, 67)

Again, characterizing women's moral judgment *as a whole*, Gilligan notes that,

> The essence of moral decision is the exercise of choice and the willingness to accept responsibility for that choice. To the extent that women perceive themselves as having no choice, they correspondingly excuse themselves from the responsibility that decision entails. Childlike in the vulnerability of their

> dependence and consequent fear of abandonment, they claim
> to wish only to please, but in return for their goodness they
> expect to be loved and cared for. This, then, is an "altruism"
> always at risk, for it presupposes an innocence constantly in
> danger of being compromised by an awareness of the trade-off
> that has been made. (1982, 67)

More significant, then, is a continuing emphasis on the sexism problem throughout Gilligan's discussion and her excerpts from respondents. This continuing emphasis is found even when Gilligan's deliberate emphasis is elsewhere. When Gilligan and her respondents speak of relationships, over two chapters, there is scarce mention of the relational network of siblings and friends that supposedly defines care's relational orientation. One would expect some emphasis on a close female friend or two in an open-ended interview about one's abortion decision. While there are some abstract generalizations about caring for "others," or for a "future child," in this text, the only actual ongoing relationships emphasized are with "the boyfriend" or "lover." Moreover, the egregiously sexist nature of these relationships and of women's situations in them (especially regarding abortion) are emphasized in each case.

In discussing level I of care, for example, Gilligan notes that as a general phenomenon, "Relationships are for the most part disappointing" (1982, 75). A respondent illustrates this point, "the only thing you are ever going to get out of going with a guy is to get hurt" (1982, 75). Gilligan then notes that "as a result, women sometimes choose isolation to protect themselves against hurt" (1982, 75). Yet whether women choose isolation or not, the overall orientation of self-care at level I is self-protective, not merely self-concerned (75-77). And what women are protecting themselves against primarily, in the responses that Gilligan cites, are the threats posed by characteristically sexist rejection in love relationships, and in social responses to the abortion crisis.

Gilligan's respondent Betty, for example, had her first abortion after being raped. Afterwards she felt "helpless and powerless to obtain contraception for herself because she did not have any money and she believed she needed her parents' permission; she also felt powerless to deal with her boyfriend's continuing harassment. In the end, she gave in to his assurance that he knew what he was doing and would not get her pregnant, influenced by her belief that if she refused, he would break up with her" (1982, 109). She became pregnant again because "no one was willing to help." "After I went to bed with him he just wanted me to do everything he wanted to do . . . (disregarding) the fact that I wanted my freedom." Thus Betty becomes preoccupied with her own needs, as Gilligan puts it, "to ensure her own survival in a world perceived as exploitative."

At care level I, a woman's thinking "focuses on taking care of herself because she feels all alone. The issue is survival." Gilligan continues, "In this mode of understanding, the self . . . is constrained by lack of power that stems from

feeling disconnected" (1982, 75). It is notable that Kohlberg's stages also trace an egoistic "concern for self" at his level I (stages 1 and 2). However, this egoism simply expresses self-interest, not protection against hurt and threat, especially not hurt or threat that puts one's very survival at stake. Presumably this is because Kohlberg and other moral developmentalists are trying to tap general competence in responding to the broad spectrum of moral problems, not to especially oppressive or threatening ones. However, adolescents and adults are observed to retreat to this egoistic level functionally, when faced with oppressive crises and threats (as in a prison environment). In this regard it is important to note in the above citations (and those following) how often the self-protective response of self-concern at level I seems to follow, not precede, the level II concern with "maintaining one's love relationship." It is important to note how often this concern sets care up for its fall. (This ordering of concerns, by levels, is not what we would expect in a developmental sequence.)

We see this regressive "retreat from care," from hurt in love relationships, in the reaction of moral nihilism and confusion which is the corollary to self-protection in Gilligan's account.

> Lisa, a fifteen year old, believing in her boyfriend's love, acceded to his wish "not to murder his child." But after she decided not to abort the child, he left her and "thus ruined my life. . . ."I don't know what to do with my boyfriend gone. I'm still in love with him, no matter what he has done, and that really confuses me, because I don't know why I still do. . . . "I can't get him out of my mind." (1982, 123-124)

We see a similar reaction in a woman already working out of such reactions near the highest level of care.

> Sarah (a third respondent) had discovered the first pregnancy after her lover left her, and she terminated it by an abortion which she experienced as a purging expression of her anger at having been rejected. Remembering the abortion only as a relief she nevertheless describes that time in her life as one in which she "hit rock bottom." Having hoped to "take control of my life" she instead resumed the relationship when the man reappeared. Two years later, having again "left my diaphragm in the drawer," she became pregnant. Although initially ecstatic at the news, her elation dissipated when her lover told her that he would leave her if she chose to have the child. (1982, 90-91)

Level II care is said to show a general concern for serving others' needs sacrificially and thereby winning their approval. It tries to go along with shared norms and values which define the expectations others have of you. In this respect, it seems akin to Kohlberg's conventional stage 3 in which respondents

play their "good boy"/"good girl" roles as others expect of them. Gilligan faults Kohlberg's system for classifying women's judgment at such a childlike level of care (1982, 70).

However, in the excerpts Gilligan cites from respondents, the orientation of level II is tailored much more to serving "the boyfriend's" needs and sexist expectations in particular. A secondary focus is on living up to peculiarly sexist conventions of love relations, marriage, and family. There is an emphasis here, as we saw above, on "trying to please" out of the "vulnerability of dependence" and "fear of abandonment," and in the "expectation of being loved or cared for." The prescribed manner of pleasing invokes peculiar "feminine stereotypes" such as "deference to male judgment and strength," and "gentleness and tact" (1982, 69, 79, 80). None of these key features of Gilligan's "altruism at risk" are key to Kohlberg's "good girl" orientation at conventional stage 3.

Consider the type of conventionality care espouses. Gilligan notes that respondents in her abortion study get pregnant in hopes of "making the baby an ally in the search for male support and protection or, that failing, a companion in male rejection" (1982, 72). Pregnancy is also seen as "the perfect chance to get married and leave home" to overcome a sense of "powerlessness and disconnection" (1982, 75) or as a way "to concretize our relationship" (1982, 88) or "put the relationship to the ultimate test of commitment" (1982, 72, 119). Yet abortion also is seen as a way to overcome this sense of powerlessness, to "continue the relationship [with the lover] and not 'drive us apart.' " "Since I met him he has been my life. I do everything for him, my life sort of revolves around him" (1982, 81).

Gilligan observes that her respondent Ellen "considered herself 'fairly strong-willed, fairly in control' . . . until she became involved in an intense love affair . . . entertain[ing] vague ideas that 'some day I would like a child to concretize our relationship.' Abjuring, with her lover, the use of contraceptives . . . she saw herself as relinquishing control, becoming instead 'just simply vague and allowing events to just carry me along' " (1982, 87-88). Even in evolving out of level II, as Gilligan sees it, a woman "struggles to free herself from the powerlessness of her own dependence" when "pregnant by the same man" who made her have the abortion that kept them together (1982, 81).

Aside from relationality, which defines the caring perspective overall, "not hurting" is its dominant orientation. Yet when Gilligan introduces this "common thread" in her initial excerpts from women's judgment, the thread that particularizes these concerns is "not hurting boyfriends." As one respondent puts it, "Not hurting others is important in my private morals. Years ago I would have jumped out of a window not to hurt my boyfriend. That was pathological. Even today, though, I want approval and love. . . ." As another respondent put it, "My main principle is not hurting people . . . I'm afraid I'm heading for some big crisis with my boyfriend someday, and someone will get hurt, and he'll get more hurt than I will" (1982, 65).

III

SOCIALIZATION AND REFLECTION

The above citations and the way they are cast, I believe, are representative of Gilligan's first two levels of care. Yet Gilligan's depiction of level II care also includes a more general "caring for others" emphasis alongside the focus on "serving males." In recent writings (Gilligan 1987, Gilligan and Wiggins, 1988) an emphasis has been placed on caring in mother/daughter relations. These emphases in care could challenge the hypothesis that care coping is tailored to sexism. However, I believe that the discussions of care and mothering are highly speculative rather than merely interpretive in a social scientific sense. They concern a global "care orientation" that is very difficult to tie to care *levels* and the actual interview data from which they derive. This is why I have relied so heavily on Gilligan's original, book-length account of care in these discussions. And, of course, the "care as liberation" hypothesis does not claim that care *only* involves coping with sexism.

Moreover, the emphasis on care in general, at level II, is precisely what we should expect if care truly is conventional at this level, as Gilligan claims. The key is that care fits traditional sexist socialization here, socialization in "service orientation" or service ideology, or a coping strategy based on this theme. Obviously the effectiveness of such a socialized conventional ideology depends on its somehow rationalizing the subservient role of women relative to men in society. And there is little dispute, I take it, that this socialized ideology does so in part by generalizing women's service orientation to others as a whole. Gilligan acknowledges this tendency by citing the Broverman stereotypes of gentleness, tact and other care-taking traits as "female stereotypes" (1982, 79). These socially approved and fostered traits are to characterize woman's character, her moral self-concept and orientation to others generally, in sexist society. As Gilligan also notes, this very same rationalization, viewing oneself and one's activities as *generally* altruistic, is used explicitly by women at level II. Here it handles inner conflict with the slavishness of conventional care. These are signs of care's strategic and partially reflective quality at level II, as well as its more dominant socialization influence.

Therefore, if sufficient reason can be offered for preferring a socialization and reflection explanation for care over a cognitive-developmental account, the "Care as Liberation" hypothesis is supported. This will be our final task regarding the first two levels of care and, eventually, the third level. Since level III is more complex, it will have to be addressed at more levels. And, since it is a primarily "self-chosen" orientation, rather than a conventional one, we will emphasize the contrast between its reflective, "consciousness-raising" character, and the nature of cognitive-developmental processes. This approach will be clarified briefly at the outset.

While level III care copes with sexism in particular, it also retains the generalized focus on "caring for others" begun at level II. The "Care as Liberation" hypothesis holds three factors responsible for this trend. First, there is the lingering influence of conventional care at this level. This is shown by the continuation of a basic service theme from level I, now applied to oneself as well as others, combined with the failure to notice key deficiencies of this theme during reflection. Second, there is the "slave morality" phenomenon, providing a more elaborate version of level II rationalizing. It "legitimizes" caring service by generalizing its apparent virtues ideologically.[3] Third, there is the influence of truly liberated "consciousness raising" or insightful reflection. In this process, some women uncover many of the morally valid and virtuous components of benevolence, as Gilligan recounts. These components properly express benevolence toward others in general. However, on the "Care as Liberation" hypothesis, Gilligan's account of level III overrates the fullness and adequacy of these discoveries. It also overrates their cognitive developmental form.

To support the role of these three factors at level III, our analysis should identify six features of care here: (1) the significant role of sexist socialization influences; (2) the superior role of reflection; (3) the peculiarly personal, insightful, or otherwise non-generalizable form of that reflection; (4) its social-ideological character; (5) its moral defects, and the defective way that it is personalized and legitimized; (6) the relative lack of evidence for cognitive-developmental processes there, or their significant influence. Since Gilligan cites very few level III respondents, it is difficult to draw extensive support for these features from the text. However, they all receive some support in the citations that follow, especially when considered in the context of Gilligan's research approach. The moral defects of mature care, suggested earlier, are elaborated in detail elsewhere (Puka 1988). The contrast I will outline between Gilligan's research and the approach of cognitive-developmentalists she criticizes is elaborated elsewhere as well (Puka 1990).

The task of our analysis is made easier by the fact that socialization, reflection, and cognitive-developmental processes exert very different degrees of influence on us. As shown in the research literature, and by common observation, socialization plays the dominant role in shaping our motivations, values and ideologies. On this same basis we can assume that the power of female socialization in sexist "service orientation" is great. Gender studies, as a field, has greatly bolstered that assumption. Reflective learning and insight are a powerful factor in forming moral ideologies among adults, where the effects of earlier socialization are weakened or overcome. (The work of Perry (1964) provides excellent evidence for this, which Gilligan countenances greatly in defining level III. This evidence is supported, despite appearances to the contrary, by Belenky, et. al. in *Women's Ways of Knowing*.) The power of reflection here is greatly increased, we commonly observe, when com-

pounded with the social reinforcements of one's reflective peers. In these contexts, the burden of proof is on the moral developmentalist (*any* moral developmentalist) to show that the processes she posits exist at all, and can compete with these others for influence.

Importantly, cognitive-developmental processes arise in the same form across the broad range of social interactions. They operate and evolve by inherent "principles" of cognitive construction, such as integration and differentiation. They form a holistic system for organizing moral experience and affording basic but general competence in facilitating moral judgment. Such cognitive-moral processes will use experience and learn from it. Perhaps they will encompass some reflective processes at the highest developmental levels. But they will not be determined by the peculiar shape of one's experience and socialization or the particular styles and discoveries of personal insight. Thus, for example, coming to believe in one's subservient roles and traits as a woman is not something we would expect to evolve in this way. This ideology is too particularized, too dependent on particular interpretations of fact and value, and on partisan social interests, to arise without being taught or "discovered" by intellect. It is also regressive, presumably, rather than developmental. In the same way, coming to adopt a distinctively feminist perspective or liberal ideology is not likely to be natural and basic to women's cognitive development.

Thus to support the dominant roles of socialization and reflective coping in care, we will merely note their robust role in Gilligan's account and in her research. At the same time, we will cite the weakness of her grounds for conceiving care as cognitive-moral development. Let us begin with the reflective peculiarities of level III, the ways care rests on certain reflective insights into particular sorts of experience, and into oneself.

Raising Consciousness

Gilligan first characterizes the transition to level III care in the responses of Sarah. Here Gilligan aims to show "how closely her transformed moral understanding is tied to changing self-concept" (92). When asked to "describe yourself to yourself," Sarah answers quite self-consciously,

> I have been thinking about that a lot lately, and it comes up different than what my usual subconscious perception of myself is. Usually paying off some sort of debt, going around serving people who are not really worthy of my attention, because somewhere in life I think I got the impression that my needs are really secondary to other people's, and that if I feel, if I make any demands on other people to fulfill my needs, I'd feel guilty for it and submerge my own in favor of other people's, which later backfires on me, and I feel a great deal of resentment for other people that I am doing things for, which causes friction

and the eventual deterioration of the relationship. And I start
all over again. How would I describe myself to myself? Pretty
frustrated and a lot angrier than I admit, a lot more aggressive
than I admit. (92-93)

Notice that the process of actual self-reflection (and even the awareness of
that process) figures into what Gilligan sees as transformation in Sarah's level
of care. As Sarah also notes, "I am suddenly beginning to think . . . the things
I believe and the kind of person I am are not so bad . . . I am a lot more
worthwhile than my past actions have led other people to believe . . . you
realize that that is a very usual way for people to live—doing what you want
to do because you feel your wants and your needs are important" (93-94). At
earlier levels, women could self-reflect when asked, but they do not report
actually doing so "a lot lately."

Notice also that this process of self-reflection uncovers socialization into an
explicitly sexist "service orientation," into "going around serving people," as
a respondent puts it (92). "Somewhere in life I think I got the impression that
my needs are really secondary to other people's." "I am beginning to think that
all these virtues aren't really getting me anywhere" (93). It also uncovers the
"cycle of repetition" and "psychology of passivity" rationalized previously—
"And I start all over again." Sarah's usual subconscious perception of herself
did not reveal these psychological phenomena.[4]

Sarah's explicit process of consciousness raising regarding her approach to
sexist relationships is especially clear in the following passages from Gilligan:

For Sarah, facing a second abortion, the first step in taking
control is to end the relationship in which she has considered
herself "reduced to a nonentity," but to do so in a responsible
way. Recognizing hurt as the inevitable concomitant of rejec-
tion, she strives to minimize that hurt by dealing with her lover's
needs "as best I can without compromising my own. That's a big
point for me, because the thing in my life to this point has been
compromising, and I am not willing to do that anymore." (95)

As Gilligan concludes from this case, in Chapter 3,

Thus, release from the intimidation of inequality finally allows
women to express a judgment that had previously been with-
held. What women then enunciate is not a new morality, but a
morality disentangled from the constraints that formerly con-
fused its perception and impeded its articulation. (95)

Yet later, picking up the case again, Gilligan notes that in becoming "tired of
always bowing to other people's standards," Sarah "draws on the Quaker
tradition" in which "your first duty is to your inner voice." ". . . when the inner

voice replaces outer ones as the arbiter of moral truth, it frees her from the *coercion* of others (118). As Gilligan continues,

> Reiterating with more confidence and clarity her discovery of an inner voice, she says that her decisions previously "were based elsewhere, I'm not really sure where . . ." . . . the integration of this insight into Sarah's life, the completion of the transition precipitated by the crisis, entailed a long and painful process that lasted for most of a year. Through this experience, she became more reflective: "I see the way I am and watch the way I make choices, the things I do." And she is now committed to building her life on a "strong foundation" of "surprisingly old wisdoms" with respect to her work and her relationships. (122)

Sarah moves on to level III once she starts "watching herself," and "listening" to the "inner voice" she has "discovered after a long and painful process in which she became more reflective." These sorts of reflective responses are offered by Gilligan's other level III respondents as well, such as Diane:

> It is part of a self-critical view, part of saying, "How am I spending my time and in what sense am I working?"

> When I am dealing with moral issues, I am sort of saying to myself constantly, "Are you taking care of all the things that you think are important, and in what ways are you wasting yourself and wasting those issues?"

> The only way I know is to try to be as awake as possible, to try to know the range of what you feel, to try to consider all that's involved, to be as aware as you can be of what's going on, as conscious as you can of where you're walking. (99)

Gilligan shows how heavily level III care relies on reflection by stressing the contextualism of level III thought. This is gauged by Perry's levels of intellectual judgment. In the transition to level III, Gilligan tells us, women start breaking down their absolute equations between selfish and bad, altruistic and good, and start making judgments relative to situational contexts. They tentatively seek out the shades of moral gray in moral reality, as they perceive it (102-104, 166). At level III, this contextualism reaches fruition.

Perry's levels of intellectual development arose primarily from the reflective struggle of college students to deal with conflicts between the theories and belief systems they were exposed to in class. They chart reflective or meta-cognitive orientations and the way they change. These are orientations to our beliefs, values, and ethical systems themselves, rather than to moral problems and social interactions. When Gilligan asks women for self-descriptions relative to moral choice and gets the sort of responses cited above, she is getting

at such meta-cognition. The same is true when she asks respondents to define morality itself and elicits responses such as "trying to uncover a right path to live and always in my mind is that the world is full of real and recognizable trouble and is heading for some kind of doom" (99).

By contrast, classic moral development approaches focus on first-order questions of what to do about this or that problem. They encompass only that reflection which we can assume will evolve inherently in anyone as a normal part of trying to deal with socio-moral problems in a basically competent way. For the most part, reflective processes (and their insights) seem determined by particular types of education, exposure to ideologies and culture-specific styles of thinking, as well as the luck of discovery. At level III, as noted, these processes are intermixed.

Social Learning and Moral Ideology

To distinguish the phenomenon of moral development from socialization and personal experience, researchers have evolved a variety of empirical and interpretive methods. Their research interviews feature a standard variety of moral dilemmas accompanied by challenging probe questions. Together these are designed to assure the existence of stable cognitive systems underlying the gamut of moral beliefs and ideologies, and expressed in them. By testing the limits of moral competence, these research probes uncover the stability of these systems, including their resistance to strong situational pulls from the environment on the one hand, and also their capacity to address varied moral situations consistently on the other. Such cognitive competence would differ from the particular skills or *beliefs* we show in performing particular kinds of tasks. Cognitive systems which show such general competence and stability, which take a holistic organizational form, are unlikely to be determined by the varying schedules of situational reinforcement. These include reflective self-reinforcement. Yet moral ideologies and skills, by contrast, seem to arise primarily in this way.

Cognitive developmental researchers also measure the transformation of cognitive systems at regular intervals to chart the mechanisms of change. In this way, they can better distinguish inherently constructional processes from shaping due to socialization, personal experience, or reflection.

By contrast, Gilligan's research uncovered care using open-ended interviews. Here respondents emitted only those dilemmas they found personally salient. Alternatively, a single, real-life dilemma was used, such as abortion. This approach does not focus on general moral competence.[5] Rather than challenging care responses to see if stable cognitive systems lay beneath, Gilligan's interview "follow(s) the language and logic of the person's thought," only "asking questions in order to clarify the meaning of particular responses"

(2). This may very well clarify moral ideology or socialization rather than cognitive-moral competence.

Gilligan's largest study (s=144) was cross-sectional. It did not chart the evolution of care longitudinally at regular intervals. Her other two studies (s=25, s=21) involved only a single follow-up interview (2-3). On this basis, Gilligan gained little empirical sense of what prompted change in care when change occurred. Gilligan never actually observed women go through the levels of care, as noted. But even more important, her writings do not illustrate the holistic structure or functioning of care levels in any *one* respondent. Rather Gilligan reconstructs the care sequence of development *conceptually* in her book, by glimpsing a small interval of development in 8 respondents (108). Care at each level, and as a general orientation, is presented as a reconstructed composite of responses across respondents.

Furthermore, Gilligan's abortion study, so key to defining care levels, pulled for unusual responses. As noted, it utilized a dilemma which all involved considered a desperate personal crisis for respondents (108). In fact, Gilligan's developmental analysis of these responses was termed "magnification of crisis." This indicates Gilligan's stated belief that care development is a form of "response to crisis" in particular (107). As Gilligan sees it, we will move up care levels only if we have sufficient self-confidence and sense of control over our lives when facing crisis. Where we meet rejection and hurt with vulnerability and despair, we will likely regress (76-78, 82, 123-126). It is unclear how much these psychological states or processes involve cognitive systems at all, much less morally competent and self-constructional ones. In any event, these sorts of processes are highly vulnerable to socialization influences and peculiarities of personal experience. Gilligan does not try to distinguish aspects of cognition that succumb to this vulnerability from those which do not. This is especially problematic in the abortion context where ideological positions on the issue are so prominent in social experience.

On the contrary, "No claims are made about the origins of the differences described" in Gilligan's account, differences in moral theme or self/other perspective or gender. Rather, the account acknowledges the shaping influence on care of social status and power, traditional gender stereotypes, sexual politics, and bad experiences in love relationships. Feelings of loneliness and depression play a role too (2-3).

Finally, Gilligan reports great changes in care during a mere one-year interval. Out of 21 respondents in the abortion study, 8 developed and 4 "got worse" between pre-test and post-test (108). Such a degree of change is unheard of where the inherent, constructional processes of cognitive development are at work (e.g., integration, differentiation, equilibration). Yet while change of this sort would be expected in moral ideology or reflective beliefs, especially during personal crises, Gilligan never poses such interpretations of her results. She also does not try to distinguish functionally regressive change

in care performance from regression in the cognitive-developmental organization of care competence.

Against these observations of socialization and personal reflection in care stand Gilligan's few remarks on how women "construct" care levels, on how one level is a more "differentiated and comprehensive" transformation of the level before (73, 76, 78). These are key cognitive-developmental catchwords. The "Care as Liberation" hypothesis acknowledges that Gilligan has uncovered some strands of cognitive structure in care. However, there is no indication in her account that these strands are sizable or that existing theories of development cannot encompass them under other moral themes. Gilligan's remarks are so sparse, when seen in relation to any standard cognitive-developmental account, that they are best viewed as suggesting a different sort of account. Otherwise, they bear serious deficiencies.[6]

CONCLUSION

"Care as Liberation" is meant to be a working hypothesis. Its degree of support is to be compared with Gilligan's "Different Voice" interpretation of what her observations indicate. In providing this support, I have attempted to illustrate care's primary concern with women confronting sexism, and the primary role of socialization, personal reflection and coping involved. I hope it is obvious how much this discussion and the "care as liberation" hypothesis extend the feminist potential of care, and of Gilligan's voice.

NOTES

1. Gilligan's sweeping criticisms of Piaget, Erikson and especially Kohlberg have reduced the credibility of care unnecessarily. (Gilligan 1982, 12-22, 31, 45, 59, 66, 99, 104), (Kohlberg 1984, 338-370), (Broughton 1984).

2. The hypothesis borrows explicitly from "radical therapy" notions of "abstraction" and "personalization" in the ideological rationalization process. Some observers may find them questionable. However, these powerful notions might also have been derived from Gilligan's own consideration of how "abstraction" and "impersonality" enter patriarchal morality. Likewise the slave morality or "resentment" phenomenon can be identified in ideologically neutral terms.

3. Again, while some women learn the lessons of sexist abuse at levels I and II and face the inadequacies of their coping strategies and rationalizations, they mistakenly personalize responsibility for failure. As they evolve a more balanced and selective approach to care coping, they rationalize its lingering limitations through the ideology of selective generalization and equalization of (slavish) care. Thus, care at level III still constitutes service orientation, service to others generally, but now not to the extent that oneself is left out.

4. I believe we would term these realizations especially insightful—psychologically and interpersonally insightful—and recognize that they are tailored to the issue of sexism

primarily. We should not expect "the average woman" across cultures to come up with such distinctive ways of thinking simply because she takes a relational perspective and is therefore concerned with not hurting others.

5. Gilligan used Kohlberg dilemmas in some studies, but primarily for purposes of comparing justice reasoning with the alternative care orientation her interviews uncovered. Gilligan criticized Kohlberg's dilemmas and probe questions for discriminating against care orientation (Gilligan 1982, 100, Gilligan and Belenky 1979).

6. Since Gilligan did not observe development over a significant length of time in these studies, she could only conceptualize how each level of care *might* have been constructed from another, not how they actually appeared to be. Such a constructional analysis might easily be provided of any two conceptually related ideologies, one of which is more conceptually sophisticated than the other. In addition, Gilligan does not actually explicate the difference between levels and transitions, showing how the latter stabilize into holistic equilibrated systems. She does not actually trace each key component of care from one level to the next, showing how it is transformed and reintegrated with each other (and with new cognitive differentiations) to form a functioning whole. Even the three defining features of care—its moral theme of helping and not hurting, its relational perspective, and its notions of responsibility to others—are not depicted at all three levels. Level I seems to lack all of them. The remaining two-level sequences might just as well be conceived as a bi-modal phenomenon, rather than a developmental sequence. Finally, key features of care that distinguish each level pop in or out of the care "sequence" without clearly being transformed, differentiated, or reintegrated in cognitive organization. Among these are, (1) "survival orientation," which disappears at level III, (2) the "concern for good," of level II, which is later *replaced* by the "concern for truth," and (3) the need to be "honest with oneself" in level II-III transition which does not appear to evolve from, or evolve into, any concern like it. (For a more detailed analysis of these points see Puka, 1990) The greatest deficiencies in Gilligan's account, however, were noted earlier. Gilligan's approach to research and interpretation simply does not provide for crucial distinctions between socialization, consciousness-raising, and cognitive development.

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