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HIM VS. HER IN THE ETHICAL FOG: GENDERED NAVIGATION OF AMBIGUOUS MORALITY

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Abstract

Moral uncertainty refers to a state when the individual is not sure about the moral rightness of a certain action or choice in a given situation. Moral confusion arises when one has to face opposites of a moral code, e.g. mercy versus fairness, or fidelity versus integrity. It has become a subject of significant academic study in both philosophical and psychological fields of study as it explains the process by which people are steered through ethical dilemmas in instances where conflicting moral values are involved. While understanding this topic using philosophy as the base, psychology provides insights into the emotional and cognitive processes that actually take place when making the moral decision. For example, a doctor may undergo moral uncertainty in choosing between respecting a terminally ill patient's wish to discontinue life support or to continue treatment which is in line with their professional duty and the family's expectations. Both of the options carry equal ethical weightage which leaves the doctor confused as to which course of action is definitely 'right'. The paper endeavours to look at gender variations in reaction to moral dilemmas by relying on the available empirical evidence and theoretical research. Using a process dissociation analysis, Gawronski et al. found that men are more likely to respond to classic moral dilemmas with a greater extent of utilitarianism and women respond with stronger levels of empathic and self-conscious moral feelings, such as guilt and empathy. These studies show that women focus on the care-based ethical perspective, whereas men focus on norm and justice-based decision making. But these differences are usually mitigated by contextual and social influences like culture, social framing and task structure. Furthermore, there is now emerging evidence to

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suggest that most gender-related differences in moral reasoning are based on affective processing and socially constructed roles but not on innate cognitive abilities. The study aims to examine how men and women deal with morally ambiguous situations by comparing philosophical concepts of moral pluralism and moral luck to psychological concepts of empathy, cognitive dissonance and emotional intelligence. Using a combination of philosophical thinking and psychological understanding, this paper is based on three in-depth qualitative interviews examining moral uncertainty across dilemmas such as passive euthanasia, whistleblowing, AI driven shifts in locus of control, abortion and white lies.

Keywords: Moral Ambiguity, Moral Judgement, Moral Decision-Making, Ethical Dilemmas, Gender, Empathy, Utilitarianism, Deontology, Moral Reasoning, Justice-Based Ethics, Cognitive Dissonance, Care-Based Ethics

INTRODUCTION

Despite how we imagine, the world may not neatly fit well into black and white, where we make decisions every day that are affected by moral ambiguity. The decisions are not only a test of our values but they show the real depth and situational reliance of ethical choices. There are not many instances where a line is drawn between good and bad, and something that might seem unethical might, in fact, turn out to be compassionate, brave, or resilient in some other respect.

Philosophers always tried to determine the nature of what is morally right and psychologists aimed at explaining how people make moral decisions in real life. The point of convergence between the two fields thus offers a more all-inclusive perspective-philosophy offers the mechanisms upon which to challenge the question of what should be, and psychology investigates the processes through which this should be the case. Moral uncertainty within this intersection provides a good stalking ground to the relationship between cognition, emotion and circumstance. It replaces the emphasis on constant ethical norms with the internal struggle people face when challenged by the opposing values. Moral uncertainty happens in cases when a certain action can be perceived as right by an

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individual and wrong by another, and it represents the co-existence of various moral systems.

Gender as a variable has a great influence on this dilemma and decision making. There is an increasing literature that suggests that the way men and women solve their moral problems differs; this may not be due to the differences that men and women have in cognition, but the difference may be in the processing of emotions, socialization and ethical orientation. Whereas women can solve such predicaments by applying an ethic of care, which focuses on empathy and relationships, men can use an ethic of justice, which focuses on justice and principles.

The study aims at discussing the grey areas in moral decision-making, those vague locations where moral confidence fails and people have to depend on emotion, situation, and thinking to make their decisions. With this discussion, the investigation attempts to depict how morality is not a good and bad but a continuum of motivations and consequences and contextual nuances. What appears wrong in solitude like a lie, or disobedience, and disloyalty can become a higher moral good when one observes it in perspective.

To enhance this insight, the research takes a methodological approach of qualitative analysis incorporating literature review, case study, and semi-structured interviews, and thus examines actual and hypothetical moral dilemmas in a variety of spheres. The discussed areas include ethical controversies of abortion, spousal relationship sustained for the betterment of children, the phenomena of transference and countertransference in the therapeutic process, whistleblowing, euthanasia, harmless lying, and business ethics. In both cases, the conflict between the normative principles on morality and situational compassion is evident. As examples, the abortion issue revolves around the incompatibility of individual autonomy and the sanctity of life; whistleblowing involves the conflict between organizational loyalty and loyalty to one's own values; and euthanasia involves the dilemma of professional ethical compliance v/s suffering alleviation. Such situations are lived in, as opposed to being abstract dilemmas only, and would have a problem with affective intuition and moral reasoning.

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Existing research as we shall see provides an understanding of this phenomenon. The effect of gendered moral orientations on moral reasoning care versus justice and the effect of emotion, cognition, and social framing on moral responses have been studied by scholars like Gilligan and Kohlberg, as well as Gawronski and Ward, respectively. The general results of their empirical research led to one point which they conclude: moral judgment is not purely a process of rationality, but a process deeply bound up in terms of empathy, identity, and context.

However, these differences are impermanent. These tendencies are dependent on variables such as circumstance, culture, and societal framing. While existing research focuses either on moral dilemmas or emotions, this research focuses on how moral uncertainty differs as a function of gender or social situations. The paper highlights how emotion, thought and gender play a dynamic role within moral judgment, and that morality unfolds in the shades of grey where what appears to be wrong may rightly be the most human choice after all.

REVIEW OF LITERATURE

In *'A social-cognitive approach to defining gender differences in negotiator ethics, The role of moral identity',* Jessica A. Kennedy, Laura J. Kray, and Gillian Ku examine how moral identity shapes gender-based differences in ethical decision-making during negotiations stress that research on gender differences in moral reasoning has evolved from initial justice-versus-care discussions (Gilligan, 1982) to dual-process models that differentiate affective deontological responses from cognitive utilitarian responses. Previous meta-analyses indicated negligible gender differences in care-based and justice-based reasoning; however, recent evidence suggests that men and women primarily differ in their emotional responses to harm rather than in cognitive assessments of outcomes. Greene's (2007) dual-process model posits that deontological judgments stem from affective aversion to causing harm, whereas utilitarian judgments arise from deliberative, outcome-focused reasoning. Extending this framework, Friesdorf, Conway, and Gawronski (2015) used process dissociation across 40 studies (N = 6,100) and found that men showed a stronger overall

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preference for utilitarian over deontological judgments (d = 0.52). However, this difference was driven largely by women's stronger deontological tendencies (d = 0.57), while gender differences in utilitarian inclinations were negligible (d = 0.10). Overall, gender differences in moral judgement appear rooted in affective sensitivity to harm rather than cognitive processing differences. These findings highlight affective, not cognitive, sources of gender differences; however, the heavy reliance on hypothetical dilemmas limits how well these results generalise to real-world moral behaviour.

'Moral Uncertainty' is the study authored by William MacAskill, Krister Bykvist, and Toby Ord and published in the Oxford University Press which suggests that moral uncertainty occurs when agents are aware of all empirical facts, but they do not know the correct moral theory to be applied to what they should do, such as the global poverty debate and climate policy. Previously available solutions to this were weak or simple, which involved following the most probable theory, or the solution most likely to be correct- methods which fail to consider the variation in the strength of moral reasons and the consequences of a serious moral mistake. MacAskill, Bykvist and Ord make a contribution to the field by suggesting an information sensitive framework that categorizes moral theories according to their measurability (ordinal, interval, ratio) as well as whether or not they can be compared intertheoretically. Where such comparisons can be made, they justify Maximising Expected Choiceworthiness (MEC) as the rational answer; where they cannot, they use social choice instruments and normalisation techniques in order to evade distortions such as fanaticism. Although influential, their account has shortcomings in terms of the comparability of moral theories, consistency of giving credence's to moral claims, and the capability of formal models to represent the moral reasoning in reality.

'Moral Uncertainty Attitudinal Ambivalence: Moral Uncertainty for Non-Cognitivists' is an article by Nicholas Makins (2021) which provides a new twist to the discussion of the topic of moral uncertainty, suggesting that non-cognitivists can re-conceptualize moral doubt as an attitudinal ambivalence, a psychologically recognized state of having

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conflicting evaluative attitudes. This step is a direct answer to the argument of Michael Smith that non-cognitivism is fundamentally unable to represent the three defining characteristics of a moral judgment, certitude, importance, and robustness, since the attitude of desire has no more than a strength and an extension in time. Rather than altering non-cognitivism with the addition of elements of the belief (Lenman; Ridge) or the multiplication of non-cognitive attitudes (Sepielli; Staffel through the Schroderian being for), Makins refers to empirical studies to demonstrate that attitudes are complex enough to support levels of confidence. Ambivalence therefore provides a naturalistic and theoretically economical explanation of moral hesitation and at the same time, without forsaking basic non-cognitivist commitments. The question of how agents ought to reason and behave when they are in ambivalence, however, remains open in the account, as does whether all types of moral uncertainty are amenable to this model, and in particular, whether all cases of credence that are theory-level.

Monica Bucciarelli has written an article titled *'Moral dilemmas in females: children are more utilitarian than adults'* which highlights that the research in gender and morality has mainly been influenced by a long-standing debate in Kohlberg-Gilligan debate which challenged the applicability of traditional theories of moral development-constructed on male sample-in explaining the moral thinking of women. Models developed by Piaget and Kohlberg at an early stage focused on the principles of justice based on universalistic ideas, whereas Gilligan maintained that women tended to reason on the platform of ethics of care, which demonstrated androcentric and sexist biases in the models. Her critique gave rise to decades of empirical study to empirically test gender differences in moral development and was the source of feminist intervention into moral psychology.

The study *'Dealing with Moral Uncertainty: Do Logical Properties Help?'* written by Wulf Gaertner (2021), is one of the rising bodies of literature on moral uncertainty, which is an area of interest that is focused on how agents ought to behave in cases of uncertainty concerning which theory of morality is right despite having all empirical information. Other previous attempts, like

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My Favourite Theory (MFT) and Maximising Expected Choiceworthiness (MEC), are based on credences, or subjective probabilities, to moral theories. Nevertheless, researchers are becoming more and more aware that these credences are not philosophically grounded since one is not able to provide meaningful justifications of numerical probabilities by normative principles. To overcome this constraint, Gaertner suggests a two-step based decision-making approach based on the social choice theory. To begin with, general logical properties are used to evaluate moral theories: in particular, coherence, simplicity, scope, and action-guidance. Second, one of the shortlisted theories, the agent uses substantive ethical guidelines, such as equal treatment or respect of persons to choose a guiding principle that should be used in the case under consideration. This framework builds on the previous works by providing a non-probabilistic alternative that is transparent, though subjective scoring of structural and ethical measures is a limitation.

In *In a Different Voice* Gilligan's (1982) talks about the fundamental critique of traditional moral development frameworks proposed that women's moral judgments stem from an ethic of care based on relational awareness, empathy, and contextual sensitivity, as opposed to the abstract, principle-based justice orientation typically associated with men. Instead of framing gender differences as inadequacies, she reframed them as distinct moral modes influenced by upbringing and emotional attunement. This perspective has helped us understand gendered patterns in moral sensitivity and conflict resolution. However, when it comes to explaining how people actually respond in messy, ethically tense, high-stakes situations where the pull toward justice and the pull toward care collide, Gilligan's framework doesn't offer enough empirical clarity. More recent research on moral ambiguity needs to address this gap.

In *Moral Emotions and Moral Behavior* authored by Tangney, Stuewig, & Mashek (2007) Tangney et al. (2007), they argue that moral feelings such as empathy, shame, and guilt, play a prominent role in influencing how people act. Their work shows that shame often leads to defensiveness and pulling away, whereas guilt and empathetic concern reliably support prosocial actions. The

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authors emphasize on how strongly emotions shape moral judgment, particularly in situations that require us to be sensitive to others. They also reinforce gender patterns, noting that women undergo more guilt and empathy, which can influence their moral judgement. While the review is comprehensive and elaborate, it doesn't explore how these emotions intertwine with moral doubt itself- for example, whether shame or empathy increases or decreases ambivalence in ethically uncertain situations for both the genders.

Emotion and Reasoning in Moral Judgment, authored by Greene et al. (2001) introduced the dual-process model. Using fMRI evidence, they illustrated how two distinct systems guide our moral decision making. According to their research, impersonal utilitarian decisions rely more on deliberate, cognitive reasoning, whereas emotion dominated, personal quandaries activate intuitive emotional processes. Their findings offer an important window into how these competing systems shape our moral judgments, especially in moments of pressure or conflict. The model highlights certain gender patterns reported in research—for instance, men showing a more pronounced tendency toward controlled, analytical reasoning, and women often focusing on emotional and relational cues. However, Greene et al.'s study does not explore whether these gendered patterns arise from biological differences, from socialization and gender norms, or from an interaction of the two.

Haidt (2001), in *The Emotional Dog and Its Rational Tail* states that when it comes to making moral decisions, our gut reaction is the driving force, and reasoning serves to defend, or justify, these pre-existing intuitions. Haidt's theory demonstrates the interplay of emotions, cultural norms and social influences in the way we perceive moral dilemmas. His analysis presents empathy as a static value but something that gives rise to ethical sentiments. It may well be, as the social intuitionist model suggests, that men go towards more rule-based gut reactions and the empathy-based guidance is shown by women which is centered in the care-based ethics. The model, though a new way to see moral thought, doesn't give us a clear sense of what happens when our gut reactions don't agree, and doesn't account for

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the role that gender plays in the strategies we use to calm down internal disputes.

Empathy and Morality by Decety & Cowell (2015) gives us a more nuanced understanding, outlining the impact of affective empathy, cognitive empathy, and empathic concern in the way we reach our moral judgements, each one playing a unique and distinguished role. Empathy is quite selective and depends heavily on our group identity, social distance, and our developmental stage. They suggest that the person's decision-making may be influenced by how much empathy they show, but is not in any way guaranteed, and they do not take a closer look at how empathy copes with moral ambiguity.

In the *Cognitive Dissonance Theory,* Harmon-Jones and Mills (2019) brought a new perspective to the cognitive dissonance theory, stating that people look for harmony by rationalizing, rephrasing or changing their attitudes in response to the discomfort that arises when they're faced with conflicting thoughts, actions or values. Well-known as a component of moral decision-making, moral dilemmas are a natural place for this theory to apply. As people with a high degree of empathy might be more aware of the distress they feel in situations with questionable morals, Harmon-Jones and Mills' theory also quietly nods towards gender studies. But a gap exists in the literature where we don't know if men and women employ dissonance-solving strategies that differ from one another.

The study is based on three qualitative in-depth interviews to dig deep into our sub-themes and get real life insights through the eyes of the experts which include Ms. Vibha Chopra (Executive coach and corporate trainer), Dr. Himalaya Baldev (Orthopaedic Emergency Trauma, Joint Replacement and Arthroscopy Surgeon), and Dr. Freyana Shinde (Clinical Psychologist).

MORAL UNCERTAINTY AND PASSIVE EUTHANASIA

According to Dr. Himalaya Baldev, ethical ambiguity and confusion in relation to terminal care is fundamentally shaped by family systems rather than an individual alone. Decision making with respect to passive euthanasia is determined by caregiving roles, financial situations,

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emotional bonds and the anticipated guilt over the medical reality. Families tend to struggle less with the medical facts and more with who will carry the emotional burden of the decision. When speaking about gender differences, male members center their decisions around prognosis and medical certainty, adopting outcome-based reasoning. Comfort, suffering, dignity and emotional continuity of the patient is what female members base their decisions on. This creates moral tension and confusion, not because one group lacks empathy, but because both express empathies differently.

When it comes to the acceptance of medical finality, it occurs at different emotional timelines for the genders. Dr. Himalaya Baldev notes that men generally experience acceptance and closure earlier on especially once medical clarity has been established. Women take much longer to process irreversibility and participate in hope-seeking behaviours, aimed to ensure that 'everything that was possible' has been done. Hope-seeking is an emotional and moral strategy which could include religious, holistic and unconventional interventions conducted when prognosis is poor. It suggests moral uncertainty in tough situations of decision making, driven by guilt and doubt. It functions as a safeguard to moral regret over rejection of medical reality.

He highlights that men usually emphasize decision finality to reduce the patient's prolonged suffering. Once they are convinced that recovery is not likely, they prioritize decisiveness as a means to reduce chaos and ambiguity. They perceive extended treatment in situations of poor prognosis as prolonging distress rather than preserving life. Decision making powers in situations of moral uncertainty lie with family members who hold authority: eldest children, spouse or the financial provider. While one member may formally decide, end-of-life choices are the result of collective moral negotiation. Gender based expectations are intensified during such periods. Women are required to maintain emotional stability while processing grief simultaneously. Men are expected to be decisive and strong, often suppressing their vulnerability. Women report greater levels of guilt, self-doubt and rumination after decisions to withdraw treatment are made. They question whether some additional time,

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resources, and better treatment could have reversed the outcome. Men usually experience grief after the moral burden of decision making has passed.

Based on his clinical observations, a lot of families associate emotional pain with moral failure and therefore believe that pain is equal to wrongdoing. The outcome of this conflation is long-term treatment despite a low medical benefit, which unintentionally intensifies patient suffering. Moral ambiguity arises when families struggle to know what constitutes relinquishment and surrender and this need to avoid guilt may prolong suffering by the patients, highlighting a tragic paradox of moral decision making. Even when clinicians are sure of prognosis, the families might expect miraculous results, dramatic medical turnarounds and life-threatening medical reversals propagated by their cultures. These stories bring about moral pressure to pursue treatment even when it becomes counterproductive.

According to Dr. Baldev, the emotional strength of accepting the fact that a condition cannot be reversed is more difficult to women, who are relational oriented and care giving individuals. Emotional ambiguity could still exist even after official consent. This constant skepticism is morally conscientiousness and not indecisiveness. Men tend to become more emotionally detached when a decision has been made so as to maintain internal stability. By closing they are able to cope with grief without going through moral confusion repeatedly. This does not mean that one is less emotionally rich, but it is simply another way of coping. It is observed that the more the decision maker is viewed to be isolated, the more the moral distress. Shared decision-making helps to reduce the long-term guilt and regrets in both genders. When the duty is shared the level of ethical load becomes acceptable.

The differences between the genders are also relative, rather than absolute. Responses are influenced by the age, education level, caregiver's role, and the emotional closeness to the patient. Gender is a factor in the computation of moral uncertainty, not its occurrence and conflict of the morals is evident in both men and women using different emotional and cognitive processes.

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Dr. Baldev emphasizes that the main ethical dilemma is between life and dignity. Women are anchored in relational continuity and emotional safety. Male morality is rooted in decisiveness, realism and reduction of long-term suffering, and efficient usage of resources. End-of-life care ethical decision-making is a process that takes time and tends to change with emotional preparedness. Acceptance is a slow and gradual process; it is not a one-time event. Clarity of ethics usually comes once there is emotional reconciliation.

Moral Uncertainty, Artificial Intelligence, and the Shift in Locus of Control in Corporates

Ms. Chopra outlines a sharp change in people's feeling of control and responsibility in the decision-making processes, which is caused by the growing use of artificial intelligence. She states that decision making has certainly shifted to a shared or externally located control rather than the internally located process whereby individuals thought, analyzed and took ownership towards their decisions. In modern environments, people actively use AI systems despite the initial consideration when they want to be sure that they are thinking or perceiving correctly or responding correctly, especially those that are moral and ethical.

She stresses that this change goes beyond the efficiency-related or technical decisions to the ethically ambiguous and high stakes cases. People tend to be susceptible to AI at the time when moral deliberation is needed rather than take a moment to think about the challenges that a person encounters. Hence, moral autonomy is undermined and decisions feel externally validated rather than owned. The psychological sense of responsibility changes and the individual no longer take accountability for the outcomes of their acts.

Ms. Chopra claims that the power that artificial intelligence has been given is the key to this shift. Since AI is seen as undergoing training as conducted by learned experts, the results are laden with a tacit legitimacy. In situations where there is uncertainty or ambiguity, human beings tend to follow AI-generated reactions, which creates the perception of diffusion of moral responsibility and creates a sense of decision-making as a group process and not an individual act of ethical responsibility.

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In this wide change in locus of control, Ms. Chopra recognizes gender distinctions in managing moral ambiguity and dependence on AI. She notes that women often apply intuition, affective clues, and relational factors in the process of moral deliberation. However, they are frequently suppressed in a business environment where rationality and fact-based reasoning take precedence. As a result, women can turn to external validation, which in this case is AI-created feedback, to justify those decisions that they have internally accepted as intuitive but feel hard to argue they have control over.

Ms. Chopra states that men are more likely to use empirical data, findings and task-focused arguments in dealing with moral uncertainty and are more concerned with outcomes rather than emotional or relationship implications. They can suppress emotional signals to be seen as strong and decisive, using artificial intelligence as an external reference that serves as a guide and supports outcome-based thinking and overcomes ethical uneasiness. This makes the decisions rational and evidence-based thus limiting the moral reflection about self.

Although these differences exist both women and men externalise moral authority. Women demand logical justification of intuitive decisions they are not comfortable to claim, and men use artificial intelligence to support data-driven decision-making and avoid emotional discomfort. Artificial intelligence, in both instances, plays the role of legitimizing agents, resolving decisions in terms of organisational expectations and minimizing individual responsibility to make ethical judgements.

Another risk that Ms. Chopra identifies with AI is the possibility of feeding back instead of questioning the views of its users. The AI interactions tend to reinforce beliefs and emotional interpretations but they do not give corrective feedback, interpretation in the context, and challenge in ethics. This validation effect has the capacity to create false moral certitude where validation is confused with veracity. The lack of challenge, human judgement, and emotional basis restrains the individual ability to reflect on ethics and relies more on external confirmation.

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This has a direct impact on moral uncertainty in the context of organisational settings. By claiming that the validation is the correct answer, employees can employ AI to excuse compliance or silence, or ethically dubious choices, and consider compliance as the right one. Ms. Chopra emphasizes that AI does not help people to have a deeper understanding of morality or make judgements that are reflective. Rather, it tends to support already held beliefs hence internal moral agency is undermined. Such a process adds to an erosion of moral accountability in the corporate settings that are already being marked by uncertainty, authority, and power distance.

Moral Uncertainty and Whistleblowing

Ms. Chopra has initiated the context of whistleblowing in a moral grey area that is framed less by ethical clarity and more by organisational power, psychological safety and perceived risk. Moral uncertainty becomes acute when individuals realize that something is wrong yet they are not sure what to do. This hesitation does not happen due to ethical apathy but from the fear of committing errors which are irreversible. Whistleblowing-related hesitation has been found to be greatly contributed by fear of being judged and isolated by others. This uncertainty is compounded by the existence of ambiguous reporting structures where one is uncertain of whom to address or whether his or her issues will be addressed in a fair manner. Ms. Chopra also emphasizes that past experiences have the influence in the development of the whistleblowing behaviour, and that a person who has been previously punished because of being honest is more likely to develop paralysis of morals when confronted by ethical issues in the workplace.

One of the main conflicts that have guided the decisions of whistleblowing is the issue of loyalty. People often find it hard to be loyal to their organisation, team or leadership and at the same time be loyal to their values. It is even more fraught when the issues of career advancement, job stability, and group performance are concerned. There is a tendency amongst the employees to be torn between ethical integrity and professional survival which leads to long-term ethical stress and action postponement. Such inside struggles place the act of whistleblowing in

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the crossroads of both values and survival and thus, it is not a strictly moral act.

The mid-level staff members are a group facing particularly high degrees of moral uncertainty regarding whistleblowing, according to Ms. Chopra. This is because they occupy structurally weak positions (being accountable to both senior leadership and junior employees). The dual pressure creates ethical ambiguity and uncertainty when wrongdoing is recognised. They face a two-sided dilemma:

1. speaking up can lead to strained relationships with seniors, stall career growth and cause misalignment with organisational goals
2. staying silent can lead to compromised integrity and values, moral distress and self doubt

This contributes to ethical paralysis, where actions could be delayed despite awareness of wrongdoing.

Moral uncertainty and moral risk are even more pronounced for women (due to socialisation tendencies of prioritising harmony over confrontation), junior employees and individuals belonging to marginalized communities. According to Ms. Chopra, the nature of perceived risk changes with hierarchy, but the risk is always there.

Gender makes the whistleblowing behaviour more difficult in subtle ways. Ms. Chopra observes that women can voice up sooner because of the enhanced communication expertise and being more sensitive to the interpersonal and ethical upsets. Nevertheless, women are also prone to bury dissent even more because of the social conditioning and fear of being labeled as such. Men, conversely, tend to be socialized to speak up and defend themselves but most of them have a big economic burden to shoulder as the breadwinners. The sense of this responsibility adds up to the perceived cost of whistleblowing which results in a delay in action despite the ethical awareness. What came out of this is a compounding gendered paradox in which both men and women are affected by moral uncertainty in varying ways, according to socialisation, responsibility, power, and structural limitation.

In general, the analysis of Ms. Chopra makes whistleblowing a highly contextual practice

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that is rooted in organisational structures of power, identity and risk. The moral ambiguity about whistleblowing exists not due to the unawareness of ethical behavior but is perpetuated by the culture that punishes any opposition to it and rewards compliance. This framing supports the importance of interpreting the act of whistleblowing in a way that is more of a failure of the whole organisational culture and structure, as opposed to a single failure of morality.

MORAL UNCERTAINTY AND ABORTION

Moral uncertainty concerning abortion manifests primarily as emotional strain over ethical confusion. Clients are aware of the choices that are in line with their values and circumstances. The uncertainty or distress arises not from confusion about what is right or wrong, but from the emotional weight and baggage of the responsibility, societal judgement and the possible consequences attached to the choices and decisions they make. The client's emotional readiness and life situations determine their moral reasoning. Decisions are predominantly based on their emotional, financial, relational and physical readiness. The moral evaluation of their judgement is situational rather than ideological, rooted in the present rather than relying on abstract, metaphysical doctrines.

When women believe they have autonomy over their decisions, especially when they are not coerced by partners, family members or institutions, emotional relief is the dominant emotion- even if the decision may itself be painful. However, distress intensifies when abortion is perceived through the viewpoint of moral absolutism (actions are judged as universally right or wrong), leaving barely any space for context or emotional reconciliation.

Gender differences take the form of lived involvement, which takes priority over an abstract moral stance. Based on the interviewee's clinical experiences, men primarily tend to rely on socially accepted opinions until they are personally involved. This causes their reasoning to be more pragmatic (focused on timing, stability and readiness) and suppressing emotional complexity. Women, in contrast, face heightened moral uncertainty due to social stigma, scrutiny and various identity implications which add deeper emotional and

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societal layers to their decision-making processes.

Moral Uncertainty and Harmless Lying

Based on the interviewee's clinical experience, the evaluation of a harmless lie is based on outcomes rather than the intention. The moral weight of such a lie is commonly assessed on its psychological consequences rather than its ethical purity. If speaking in the context of caregiving (mental illness, geriatric care, terminal diagnoses), withholding sensitive information may be seen as an act of compassion that protects emotional stability. Clients consider the recipient's emotional capacity and whether they possess resources to process the distressing information.

Based on the interviewee's observations, there are certain gendered patterns in how clients navigate such dilemmas. Women are more likely to engage in harmless lying to preserve relational harmony as they internalise responsibility for others wellbeing. They do, however, experience guilt or anxiety afterwards. Men may initially support harmless lying but turn to closure and disclosure once the ambiguity associated with the lie becomes difficult and complicated to tolerate. They are likely to compartmentalise after the decision is made.

Clients experience less moral anxiety from the act of lying itself, but more from managing the emotional aftermath. When individuals are faced with two morally opposing, uncomfortable opinions, they have a tendency to choose the one that minimizes psychological harm, even though it may temporarily compromise ethical transparency.

Moral Uncertainty, AI Reliance, and Shifts in Locus of Control in Clinical Practice

Clients are increasingly basing their decisions on AI when it comes to seeking clarity, validation, and emotional regulation. Some may use AI as a screening tool before they enter therapy, often arriving with self-diagnosis and psychological terminology given to them by AI. While this may help reduce their emotional chaos and normalize their experiences for the time being, it erodes their self-trust and signifies the shift towards an external locus of control.

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The interviewee, based on her clinical observations, states that persistent dependence on AI reduces an individual's tolerance for ambiguity, decision making and personal responsibility in ethical decision making. A regulated and limited use of AI may be helpful for mild to moderate concerns, but in severe cases (addiction, compulsive behaviour), AI engagement is advised against as it reinforces patterns of avoidance and validates distress, without a sense of accountability.

In such situations, therapy helps in restoring an internal focus of control through interpersonal sharing, reflective exercises and journaling. Clients depend on AI not just for advice but to navigate morally ambiguous situations where the uncertainty causes is intolerable for them. Excessive reliance impairs their ability to navigate complexity and develop independent moral judgement.

CONCLUSION

The paper attempted to address the question of how people deal with moral uncertainty and whether gendered patterns are significant in determining how people act on ethically ambiguous scenarios. Basing the conclusions on philosophical theories of moral pluralism and moral luck as well as psychological concepts of empathy, cognitive dissonance and emotional intelligence, the conclusions support one key argument: moral judgement in everyday situations is not a rational endeavour but a highly rooted process intertwined with affect, identity, social conditioning and one's structural situation.

There was a pattern throughout the qualitative interviews and literature synthesis. The reasoning of women was more inclined to foreground the relational accountability, empathy, and future emotional outcomes, which was not common in men who tended to use outcome-oriented reasoning, decisiveness and norm-based reasoning. These patterns were however, not necessary and fixed. Instead, they were mirror reflections of socially acquired orientations and expectations on roles and affective sensibilities, which are elicited differently, based on circumstances, power relations, and stakes at play. In issues like abortion, whistleblowing, euthanasia, harmless lying, and the use of AI to aid in decision-making, the two genders showed a similar level of moral concern and ethical

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awareness, only to differ in the way they thought, said, and acted on that concern.

The results dispute dichotomous approaches to gendered morality. The information indicates that moral uncertainty as such is a common human experience, and gender moderates the directions by which individuals strive to find solutions to it. Moral paralysis was frequently aggravated by emotional ambivalence, moral regret, fear, perceived responsibility and organisational or familial pressures, much more so than the ethical dilemma itself. This was particularly noticeable where there is a hierarchy of power (mid-level corporate jobs), systems of care, and new technologies like artificial intelligence. Moral agency is further complicated by the diffusion of responsibility and external validation systems.

Another important contemporary issue that is raised in the study is the increasing externalisation of moral authority. As people become more prone to trying to confirm their decisions through institutional norms, social requirements, or AI-generated feedback, the tendency to rely on the self-made ethical decision-making process is quantitatively replaced by the one that is externally approved. The move has the threat of undermining moral autonomy, loosening ambiguity toleration, and diffusion of individual responsibility- especially in stakes-based organisational and medical situations.

Theoretically, the study is a continuation of previous models of moral judgement using a combination of philosophical uncertainty and psychological processes that you experience in the real world. It upholds dual-process, social-intuitionist explanations and also proves that there is a necessity to maintain structures that explain the ambivalence, relational context and identity-based pressures in moral judgment. Practically, the results highlight the need to create organisational, clinical or social environments where reflective ethical dialogue, shared responsibility and psychological safety of decision-making would be facilitated.

To conclude, morality does not work in the regime of right and wrong but exists in a spectrum of conflicting values, emotions and situational pressures. Gender does not define

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the ability to act morally but tends to define the perspective through which the ethical tensions can be perceived and addressed. The need to acknowledge and sanction these different moral ways is not only vital to the development of academic knowledge but also the creation of more human, more inclusive and more ethical decision-making systems within an ever more complex world.

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