

THE RELATIONSHIP AMONG NORMAL AND
EMOTIONALLY DISTURBED STUDENTS'
STAGES OF MORAL JUDGMENT
AND EMPATHY

By

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TABLE OF CONTENTS

Chapter	Page
I. INTRODUCTION	1
Statement of the Problem	3
Significance of the Problem	4
Theoretical Foundation	6
Moral Development and Empathy in Normal Children	9
Moral Development and Empathy in ED Children	9
II. REVIEW OF THE LITERATURE	11
Kegan's Model	13
The Impulsive Stage	17
From the Imperial to the Interpersonal Stage	19
Successful Evolutionary Functions	23
Moral Development	24
Cognitive Conflict Intervention	25
Moral Development and Empathy	26
Moral Reasoning in Emotionally Disturbed Children	29
Empathy in Emotionally Disturbed Children .	33
Summary	35
Research Hypotheses	38
III. METHODOLOGY	39
Sample	39
Instruments	40
Selection of the Sociomoral Reflection Measure	41
Validity	41
Reliability	44
Administration and Scoring	46
The Selection of the Hogan Empathy Scale .	47
Validity of the HOGAN EM	48
Preliminary Research	52
Reliability of the EM	56
Administration and Scoring	56
Research Design	57
Procedure	58
Statistical Procedure	60

Chapter	Page
IV. RESULTS	63
Research Design	63
Descriptive Data	63
Subjects	63
Dependent Variables	64
Data Analysis	67
Summary	77
V. DISCUSSION	79
Summary of the Investigation	79
Conclusions	83
Recommendations	88
Practical Implications	90
SELECTED BIBLIOGRAPHY	93
APPENDIX A - SAMPLE OF SRM RESPONSES FROM THE ED POPULATION	103
APPENDIX B - MORAL JUDGMENT SCALES AND EMPATHY SCALES CONSIDERED FOR RESEARCH	106
APPENDIX C - PRELIMINARY RESEARCH ON THE HOGAN EMPATHY SCALE	110
APPENDIX D - HOGAN EMPATHY SCALE	116
APPENDIX E - SOCIAL REFLECTION QUESTIONNAIRE	120
APPENDIX F - PARENTAL LETTERS OF PERMISSION	129
APPENDIX G - PUBLISHERS LETTERS OF PERMISSION	132
APPENDIX H - MEMO TO SED TEACHERS FOR TEST ADMINISTRATION TRAINING	135
APPENDIX I - CORRESPONDENCE WITH ROBERT HOGAN	137

LIST OF TABLES

Table		Page
1.	Descriptive Statistics for Social Reflection Questionnaire and Hogan Empathy Scale	66
2.	Error Correlation Matrix for MANOVA	68
3.	Univariate F-Test Results	70
4.	Roy-Bargman Stepdown F - Tests	72
5.	Global Stage Ratings for SRM	73
6.	Newman Keuls: Means and Mean Differences for Social Reflection Measure	75
7.	Newman Keuls: Means and Mean Differences for Hogan Empathy Scale	76

CHAPTER I

INTRODUCTION

In the current literature, it is noted that moral reasoning skills and empathic concern (or the ability to take the other person's role) may be the necessary components in achieving psychological growth and maturity. Kegan (1982) has proposed a model of self development based on the notion that becoming a mature person requires increasing moral judgment skills and perspective taking ability.

According to Gibbs, Widaman, and Colby (1982):

Moral judgment may be thought of as synonymous with sociomoral reflection. Sociomoral refers to a Kohlbergian (and Piagetian) emphasis on socialization as the context for defining what is morally right and good. Reflective thinking assumes justifying a decision through reflection upon it (at least in some minimal sense). Reflective sociomoral thinking inextricably entails prescriptive decisions and evaluations referring to socially good and right action such as helping a friend, saving a life, or not stealing from others. (p. 23)

Kegan (1982) defines an empathic person as one who is able to "...coordinate his/her needs (which it has separated itself from) with other people's needs" (p. 170). The empathic individual has "...mutually reciprocal one-to-one relationships, acknowledges and cultures the capacity for collaborative self-sacrifice in mutually attuned interpersonal relationships, and orients to an internal state via shared subjective experience, feelings, and mood" (p. 164).

Kegan (1982) also suggests that children who are emotionally disturbed (ED) may be delayed in acquiring skills in these areas of personality development. Wood and Lakin (cited in Knoblock, 1983) examined ways in which the population of ED students were identified in the literature and found little detail about the specific behaviors of the groups studied. It may be groundless to propose there are meaningful distinctions among the designations "emotionally disturbed," "behaviorally disordered," "emotionally handicapped," "acting out," "mentally ill," and "child in conflict" (Zionts, 1985, p.9).

For purposes of this study, ED children are those who have been evaluated and placed in classes for Socially and Emotionally Disturbed students, in accordance with guidelines for Pennsylvania Public Schools. Students have been identified, evaluated, and placed in classes specifically designed to meet their needs through

psychological evaluations, psychiatric evaluations, and consensus of the multi-disciplinary team representing the district in which they are enrolled.

Statement of the Problem

The problem to be examined in this study is to investigate the relationship between two stages of Kegan's (1982) proposed model of human development and Kohlberg's stages of moral judgment for children classified as emotionally disturbed (ED) and normal (school aged children who have not been placed in remedial or special education classes). According to Kegan (1982), children functioning on or at the imperial stage of development will score within the instrumental orientation (stage 2) range on Kohlberg's moral judgment scale. A child who scores within the imperial stage of development is independent, competitive, and self-interested. This individual understands how other people feel, and accommodates their needs and expectations when it is beneficial to do so. This is manifested through a tit-for-tat exchange mentality and the person lacks empathy. Children functioning on or at the interpersonal stage of Kegan's (1982) model will score within the interpersonal concordance orientation (stage 3) on Kohlberg's moral judgment scale. A person functioning at the interpersonal level is able to "...coordinate needs, become mutual, empathic, and oriented to reciprocal obligation" (Kegan, 1982, p. 191).

In view of the research findings indicating that a correlation between levels of moral judgment and empathy is valid, coupled with Kegan's theory of self development, which suggests children functioning on the imperial stage will match Kohlberg's instrumental stage, and those who function at the interpersonal stage will match Kohlberg's interpersonal concordance orientation, certain questions may be raised.

Is there a significant difference between 9, 11, and 13-year-old normal and ED students' levels of moral reasoning and empathy? Do normal as well as ED students who are 9, 11, and 13 years of age demonstrate consecutively higher levels of moral reasoning and empathy? Do normal children demonstrate higher levels of moral reasoning and empathy when compared to ED peers?

Significance of the Problem

In the area of special education, current methods of diagnosing emotional disturbance do not include examination of levels of moral development or empathic capacity. The issue has been raised, "Value systems, ethical behavior, and moral attitudes capabilities, have been ignored in both the diagnosis and the treatment of disturbed/disturbing students" (Zionts, 1985, p. 111). Morse (cited in Zionts, 1985) suggests some students who are labeled disturbed may be value-deviant (demonstrated through behavior which is socially unacceptable within the residential community).

When a person scrutinizes values, he/she realizes to use moral values in an appropriate manner, one must be able to choose among socially acceptable alternatives. If a child has not reached a stage of development enabling him/her to make those choices, perhaps low empathy and underdeveloped moral reasoning skills are the underlying reason.

If ED subjects have not evolved to a level that is equivalent to that of their peers, a psycho-educational evaluative battery could include psychometric devices such as a moral reasoning scale and an empathy scale. These scales would identify a referred student (a child who has been referred for an evaluation due to unacceptable behavior and/or suspected emotional disturbance) who has low empathy in relation to his/her peers and underdeveloped moral reasoning skills. The educational intervention could provide a setting in which he/she could be taught to take the other person's point of view and increase his/her level of moral reasoning to match that of normal same-aged peers. Educational training programs have been developed which focus on role playing exercises that increase one's ability to empathize with others, and increase one's level of moral reasoning ability through resolution of moral dilemmas (Blatt, Colby, & Speicher, 1974; Scharf, McCoy, & Ross, 1979).

Theoretical Foundation

Kegan (1982) has proposed a model of self development, based on a theory that "...being human is represented by two ideas, constructivism and developmentalism" (p.8). According to Kegan (1982), constructivism refers to the concept "that persons or systems constitute or construct reality" (p. 8). Developmentalism is a theory implying "that organic systems evolve through eras according to regular principles of stability and change" (p. 8). Kegan (1982) incorporates both ideas within the model, referring to it as a third tradition, "constructive-developmental" (p. 4). The theory attends to the development of the activity of meaning-constructing. The model consists of six stages; Incorporative (0), Impulsive (1), Imperial (2), Interpersonal (3), Institutional (4), and Interindividual (5). These are based on an underlying structure theorizing that people mature psychologically by learning to understand themselves and others through social interaction (Kegan, 1982). According to Kegan, people are always involved in social relationships. Resolving a structural crisis brings one to an integrated and diversified platform from which to relate to other people (Swanson, 1983).

Kegan's theory is a culmination of the developmental stages of Jean Piaget (1936), Lawrence Kohlberg's (1958) study of moral reasoning, and the psychoanalytic object-relations theorists (Epstein, 1983). According to Kegan's

proposed model "...people synthesize and extend their views, culminating in a unification consisting of the individual's affective, cognitive, and moral reasoning" (Epstein, 1983, p.365). As a person moves from stage to stage, he/she leaves a comfortable state, an "embeddedness" in culture, and experiences fear as segments of the "self" are relinquished, harmonizing with the world as "objects" (Lederer, 1984, p.178). "The objects are interacted with and become a part of a new balance" (Lederer, 1984, p.178). At the heart of each change is the person's need to be dependent and independent. Thus, as a person obtains higher levels of development, "...oscillation from the dependence-independence continuum takes place" (Lederer, 1984, p. 178).

Two of Kegan's proposed stages are the imperial and the interpersonal. For purposes of definition, a person functioning in the imperial balance is characterized by "...self-containment, taking command of his/her impulses, and independence" (Kegan, 1982, p.162). At this time a child comes out of an "undifferentiated adhesion" ((Kegan, 1982, p. 162) from his parents and takes charge of his impulses in all areas of his life. A person functioning at the interpersonal level values human relationships, operates from a foundation of generalized caring, and is empathic (Kegan, 1982). Implications are that a person functioning at the imperial level has not yet developed a capacity for empathy, or perspective taking, while the person functioning

at the next evolutionary stage, the interpersonal, has developed that capacity.

Research addressing Kegan's proposed stages is not yet available. Literary reviews of the book, The Evolving Self; Problem and Process in Human Development (Kegan, 1982) call for research supporting the validity and reliability of the proposed model (Epstein, 1983; Lederer, 1984; Swanson, 1983). Development of increasingly complex and mature moral judgment along with empathy lie at the core of Kegan's theory of growth in the individual. One must closely examine these components in order to establish the validity of the model. The research concerning chronological age and stages of moral reasoning refers to Kohlberg's model (cited in Kegan, 1982). Kegan's model corresponds to Kohlberg's stages of moral development. Kegan talks about the problems people encounter in relationships with other people, including same aged peers in terms of remaining entrenched in the imperial or interpersonal stage. If, as studies indicate, an ED child is embedded in the imperial stage, and his/her peers have evolved to the interpersonal stage, this child could encounter many problems in an educational setting. That inability to understand or relate to the other person's point of view is considered crucial in mature social relationships.

Moral Development and Empathy in Normal Children

Research addressing the relationship between moral development and empathy has been conducted in normal children (Eisenberg-Berg & Mussen, 1978; Kalliopuska, 1983; Keasey, 1971). Findings indicate there is a positive relationship between moral reasoning and empathy, suggesting one's ability to empathize is related to increasingly higher levels of moral judgment.

The current literature supports Kohlberg's theory which suggests that moral development evolves in stages and becomes increasingly complex and mature with increased chronological age (Arbuthnot & Faust, 1981; Gibbs, Widaman, & Colby, 1984; Kohlberg, 1981, 1958; Sullivan, McCullough, and Stager, 1970). Arbuthnot and Faust's (1981) review of the research data suggests: 1) 5-8 year-olds function within Stage 1; 2) 9-11 year-olds have an equal distribution between Stages 1 and 3, the majority of which function within Stage 2; 3) 12-14 year-olds function within stage 3 with the exception of a few in Stage 1, more in Stage 2, and some in Stage 4.

Moral Development and Empathy in ED Children

The age norms discussed with respect to stages of moral reasoning do not necessarily apply to ED individuals. Research findings indicate children who have emotional

problems have not developed moral reasoning skills which match those of their peers (Campagna & Hunter, 1975; Chandler, Greenspan, & Barenboim, 1974; Feigenberg, 1979; Gardner, 1983; Kohlberg, 1969; Nucci & Herman, 1982). Studies also indicate ED children show significantly less empathy than their normal peers (Anderson-Young, 1978; Tamulevich, 1979).

CHAPTER II

REVIEW OF THE LITERATURE

Constructive-developmental psychology is an established approach to human development. A recent model of self evolution has been proposed by Kegan (1982) presenting an extension to cognitive-developmental theory for which Piaget and Kohlberg have been credited (Swanson, 1983). Kegan's (1982) theory is based on two major ideas, both of which served as cornerstones for Piaget and Kohlberg's interpretation of human personality and moral development; constructivism "...that persons or systems constitute or construct reality" (Kegan, 1982, p.8) and developmentalism "...that organic systems evolve through eras according to regular principles of stability and change" (Kegan, 1982, p.8). Fingarette (1963) theorized that people are fundamentally a product of personal experience. This theory is derived from "...philosophy, theology, literary criticism, and psychology" (Fingarette, 1963, p.62). Kegan (1982) suggests the evolution of the activity of meaning is the "...fundamental motion in psychology" (p. 15). The way in which a person makes meaning from his/her world is the essence of being human.

Epstein (1983) interpreted Kegan's model:

The development of meaning follows the form of a helix, consisting of an upward spiral of periods of stable organization....which alternate with periods of instability and reorganization.... periods of transition leave the individual feeling vulnerable....each personification of development resolves a conflict between the human need for dependence and autonomy, with the balance in successive stages shifting from one end of the continuum to the other. (p. 365)

In Kegan's model there are six stages of human personality development. They are the incorporative, impulsive, imperial, interpersonal, institutional, and interindividual (Lederer, 1984). Research addressing Kegan's stages is not yet available. The literature calls for research supporting the validity and reliability of his model (Epstein, 1983; Lederer, 1984; Swanson, 1983). For purposes of this study, two stages, the imperial balance, and interpersonal balance will be examined. In order to establish the validity of the model, an investigation of the relationship among normal and emotionally disturbed (ED) students' stages of moral judgment and empathy will be conducted. Kegan's (1982) model suggests disturbed children may be delayed in moral reasoning skills and empathic capacity. The literature covered will address this. The

target population consists of normal children and ED children who are 9, 11, and 13 years of age.

The following review of the literature begins with a discussion of Kegan's model. After the core of the model is presented, the structural components of the impulsive, imperial, and interpersonal balances, including transitional features for achieving higher stages of development are described. Moral development and increasing empathic ability are what appear to facilitate growth from one stage of development to the next. A discussion of moral development, empathy, and the established relationship between them in normal children precedes a review of the literature of the same components in ED children. Finally, the review of the literature returns to the focus of the study, which is to validate the imperial and interpersonal stages of Kegan's (1982) model.

Kegan's Model

Kegan's (1982) model of human development corresponds to Kohlberg's stages of moral judgment with the exception of Kegan's first stage (stage 0). Birth serves as the transition to the incorporative stage. The person functioning within the incorporative balance (stage 0 - has no Kohlberg equivalent) relies on innate reflexes which provide signals that nourishment is required. These signals prompt the person to demand that caretakers fulfill needs.

Caretakers are viewed as an extension of the child (Kegan, 1982).

The infant moves into the impulsive balance (Stage 1 - Kohlberg's Punishment and Obedience orientation) where he/she is totally "...embedded in impulses and perception" (Kegan, 1982, 135). The child has "...no objects (someone separate from one's self) outside of the self" (Kegan, cited in Lederer, 1984, p. 178). As the person develops and moves from this balance into the next one, the imperial balance (Stage 2 - Kohlberg's Instrumental orientation), he/she begins to view "...parts of the former self including parents and other caretakers" (Lederer, 1984, p.178) as no longer extensions of one's self. The person begins to think of others from a perspective of whether or not they meet his/her needs. "In this sense the human has moved from inclusion (the initial identity with the world) to the first autonomy (knowing its needs and making imperious demands to have them met)" (Lederer, 1984, p.187). Growth progresses to the interpersonal stage (Stage 3 - Kohlberg's Interpersonal concordance orientation); away from a demanding identity to the opposite extreme with a primary desire to be accepted by the peer group as the "object" to relate and conform to. Kegan (1982) suggests, some people do not evolve beyond the interpersonal stage in the course of a lifetime. Those who surpass the interpersonal stage achieve an institutional balance (Stage 4 - Kohlberg's Societal orientation). This

move goes from dependence upon relationships, to a separate self who has relationships. "At this stage loyalties to systems, parties, causes, and/or organizations may be chosen. Once chosen, they are steadily adhered to, regardless of unpopularity or contradictory evidence" (Lederer, 1984, p. 179). Theoretically a few people achieve an interindividual balance (Stage 5 - Kohlberg's Principled orientation), allowing themselves to question rather than accept the establishment. The capability for intimacy "...a readiness to be open" (Lederer, 1984, p.179) is present.

Kegan's (1982) "...evolutionary or meaning--constitutive" (p.42) stages which are the focus of this study are the imperial balance, which is characterized by "overdifferentiation," and the interpersonal balance, described as "overincluded" (Kegan, 1982, p. 162). These "balances" (Kegan, 1982, p.42) are on opposite ends of a continuum between autonomy and dependence . The factors which appear to have the most influence in assisting the individual to outgrow the imperial balance, and grow into the interpersonal balance are the development of empathy and moral reasoning. In the imperial stage, one perceives an individual who lacks empathy, and in the interpersonal stage the individual becomes empathic to the point of over concern. When describing his model, Kegan (1982) emphasizes what the individual's "embeddedness culture" (p.116) requires for transition from one stage of development to the

next, which is a higher, more mature stage or balance. The model provides speculative insight concerning clients described as experiencing psychological and behavioral problems; Kegan (1982) describes changes in patients whom he has had in psychotherapy (Swanson, 1983).

The picture Kegan (1982) paints points to possible developmental delays in attaining increasing stages of meaning making through moral reasoning skills and empathic capacity. Perhaps this is why Kegan (1982) argues the need for psychotherapy is not emotional disturbance, but instead is a crisis state. A constructive-developmental interpretation for therapeutic purposes is that distress is caused by shifts and changes in interactions between an individual and others, especially of "structural crises" (Swanson, 1983, p. 369). Appropriate therapy is one in which the therapist "offers company" (Kegan, 1982, p. 282) in the client's dealing with stress and offers support (Swanson, 1983).

Within the literature is the statement:

Value systems, ethical behavior, and moral attitudes have been identified as essential to the definition of school citizenship. Moral development, or the ability to reason and possession of decision-making capabilities, have been ignored in both the diagnosis and the treatment of disturbed/disturbing students (Zionts, 1985, p. 111).

Morse (cited in Zions, 1985) agrees, suggesting disturbed may be a synonym for value-deviant. If a child has not reached a stage of development enabling him/her to make those choices, perhaps low empathy and underdeveloped moral reasoning skills are the underlying reason.

The Impulsive Stage

Kegan (1982) speculates that emotionally disturbed children may be delayed in moral reasoning and empathic capacity compared to their normal same-aged peers. Though the imperial and interpersonal stages of development are the primary investigative focus, it is possible that some emotionally disturbed children function at the impulsive stage (Stage 1) which corresponds to Kohlberg's punishment and obedience orientation. Gibbs and Widaman (1982) explained, "...at Stage 1 human relations are construed unilaterally: sequences of observable, absolute one-way actions of one person upon another person underlie justifications" (p. 24). The understanding of human social motivation "...is read from a one-way action or anticipation" (Gibbs & Widaman, 1982, p. 24).

Gibbs and Widaman (1982) defined aspects of Stage 1:

Aspect 1: Edicts of Unilateral Authority. This is an appeal to an authority figure such as a parent, spouse, or God. It also refers to authority via the law or the Bible.

Aspect 2: Immediate or Physical Status. This refers to the most salient role or status of the person or persons involved.

Aspect 3: Maxim-Like Rules, Prescriptions, or Proscriptions. These are flat assertions that are decreed in absolute terms. On the Life norm, saving a stranger's life is not important because "you should never go near strangers." The adverbs always, and never facilitate these assertions. The rules aspect is rigid, narrow, and constraint oriented.

Aspect 4: Unqualified Positive or Negative Labels or Affective States. This facet of Stage 1 thinking consists of the use of gross undifferentiated labels (e.g. good/bad/, nice/mean, or right/wrong) or affective terms (e.g. happy/sad). The labels represent statuses which will come to exist as consequences of one's action; the eventuation of these labels may be either favorable or unfavorable.

Aspect 5: Punitive Consequences. This aspect consists of the evaluation of the importance of normative values by the criterion of whether or not one is punished for violating them. Usually the anticipation of punitive consequences is expressed in the future tense suggesting that the punishment is inevitable or unavoidable. The punitive event is usually represented physically (spanked, beat up, killed), or at least

figuratively (get found out, punished, sent to jail).

(p. 26-27)

From the Imperial to the Interpersonal Stage

The imperial balance is an over-differentiated stage of development in which self-concept is formed. "Self-esteem, competence, self-display, and personal aggrandizement" (Kegan, 1982, p.161), are emphasized during this time. One's insight concerning socialization at Stage 2 is immature.

The imperial stage is embedded in abiding disposition, needs, interests, and wishes; "...the culture of embeddedness is role recognizing culture: School and family are institutions of authority and role differentiation, as are a peer gang which requires role-taking" (Kegan, 1982, p. 164). The imperial balance is a stage of development during which a child struggles for independence for the purpose of taking control of his/her own life. During the impulsive stage parents were depended upon to fill needs and control the child's behavior. The imperial child's parents can recognize this maturity through respecting "personal space" (Kegan, 1982, p. 162), or setting up a schedule for paying a weekly "allowance" (Kegan, 1982, p. 162). At this stage children involve themselves in many rituals with rules that allow them to engage in well defined roles. They come to know what to expect from each other when they engage in these games and seemingly bazaar procedures and thus learn to understand different points of view (Kegan, 1982).

Stage 2 has been categorized into six features or aspects of reflective and justificatory sociomoral thought by Gibbs and Widaman (1982):

Aspect 1: Quid Pro Quo Deals of Exchanges. This is comprised via appeal to "tit-for tat" exchanges or deals with others. Straightforward deals and transactions with others are often made.

Aspect 2: Strict Equalities or Inequalities. This is totally egalitarian. It applies to instances of pragmatic role-taking. Inequalities are foreseen and challenged.

Aspect 3: Concrete rights of Freedoms (from constraints). This pertains to requests to not hamper or constrain. Unconstrained freedoms are viewed as concrete rights. Freedom from interference is also emphasized.

Aspect 4: Contingent preferences or dispositions. This refers to justifications in which the prescription of a norm is incidental to the person's wishes, desires, or inclinations.

Aspect 5: Pragmatic Needs. This consists of justificatory appeals to assumed or probable pragmatic needs or practical necessities. The needs justification is sometimes expressed in a beginning role-taking appeal.

Aspect 6: Calculative Advantages or Disadvantages. The appeal to anticipated benefits or liabilities subsequent to certain behaviors is the primary consideration. Advantages may take the form of appreciating the possibility of new opportunities. (p. 28-29)

Transition (TR) 2/3 encompasses not only individualistic but also possibly mutual and empathic elements. Aspects of this range include exchanges and relationships, freedoms (normative expectations), contingent dispositions or preferences, needs (empathic role taking), and calculating advantage or disadvantages (Gibbs & Widaman, p. 27-30).

"Reflective sociomoral idealism first emerges at Stage 3, the interpersonal, as one concurrently joins one's own perspective with another's" (Gibbs & Widaman, 1982, p. 127). Mature moral judgment requires the person to surpass limitations of time and space, as well as unanticipated occurrences of relationships. People act morally due to "...an underlying, stable caring for other persons and relationships as values in their own right" (Gibbs & Widaman, 1982, p.24).

Gibbs and Widaman (1982) described Stage 3 through 6 aspects:

Aspect 1: Relationship-Based Values or Mutualities.

This consists of appeals to reciprocity, through mutualistic and emotionally interpenetrative sentiments which manifest themselves once there is an overall understanding of interpersonal relationships.

Aspect 2: Empathic Role-Taking or Intrinsic Concern.

This is comprised of empathic concern pertaining to another's welfare. It includes attachment and compassion, expressed in terms of role-taking appeals to be forgiving and understanding of others.

Aspect 3: Normative Expectations. Normative

expectations refer to expected role conduct in social settings and to the consequences when those expectations are violated. This aspect plays a very important role in the Stage 3 viewpoint of the world.

Aspect 4: Underlying Prosocial or Antisocial Intentions or Personality.

This covers appeals to social decrees of sympathy and sacrifice. Judgments of antisocial intentions such as inhumane, selfish, and greedy are used as characterizations reflecting underlying motivational features of personalities. It is important to demonstrate loving behavior, and to act out of love.

Aspect 5: Generalized caring or valuing. This aspect takes prosocial or normative prescriptions beyond the context of a particular relationship or role. One views human life as precious and more important than conforming to societal expectations. One would break the law in order to save a dying person.

Aspect 6: Intrapersonal Approval or Disapproval. The importance of given normative values is supported by references to conscience, self-esteem, or self-disapproval for misconduct. (p. 29-30)

Successful Evolutionary Functions

There are three functions for the stage to make a successful evolution. Function 1 confirms demonstrations of "...self-sufficiency, competence, and role differentiation" (Kegan, 1982, p. 164). Function 2 conflicts with function 1 by causing the person to begin to take peers and family members perspectives into account. The child is expected to honor any commitments which have been made. These commitments are not based totally on self interest. They are based on taking other people's needs into consideration. Function 3 is "...continuity (staying put for reintegration); family and school permit themselves to become secondary to relationships of shared internal experiences" (Kegan, 1982, p. 164). Establishing a friendship with a peer who has many of the same personality traits and characteristics is a healthy way for a child to

evolve from the imperial to the interpersonal stage (Kegan, 1982).

Age norms for Kegan's proposed model have not yet been established. However, in a study conducted by Gibbs, Widaman, and Colby (1982) subjects ranging from fourth grades (approximately 9.8 years of age) through adulthood (approximately 37.8 years of age) demonstrated consecutively higher levels of moral reasoning on the Sociomoral Reflection Questionnaire. Subjects involved in the study were enrolled in normal classes and by the time students had reached the fourth grade most of them had entered the imperial stage (2) of development. Students enrolled in ninth grade had mostly reached the interpersonal stage (3) of development.

Moral Development

The evolution of moral reasoning constitutes moral development. "Development refers to a progressive change towards some more complex level, a change usually of an irreversible nature" (Downey & Kelley, 1978, p. 63). Teachers and students in educational settings must apply moral reasoning skills daily. "Resolution of moral problems helps students understand and develop positions on the norms and mores that regulate most societies" (Zionts, 1985, p. 115). For instance, a teacher observes one student teasing another because of a perceived weakness or inadequacy. "A teacher applying moral development would try to help the

aggressor take the perspective of the other student (take-role), or initiate a discussion about being fair to others" (Zionts, 1985, p. 115).

Stages of moral development encompass an individual's concept of relationships and contracts or bargains between one's self and others. Approaches for initiating behavior and the capacity to view things in their true relations or relative importance through "dispositions, needs, attitudes, and claims" (Gibbs & Widaman, 1982, p. 24) call for insight into human motivation.

Cognitive Conflict Intervention

One special intervention technique indicated by research is teaching moral reasoning through a cognitive conflict approach (Zionts, 1985). The central purpose of employing this type of intervention is enabling students to advance to a higher stage of moral reasoning through resolving moral dilemmas. Paolitto (1977) suggests the teacher's job is to "(a) create conflict--the type of conflict which facilitates cognitive structural change in students'--and (b) stimulate students' ability to take the perspective of others beyond themselves" (p. 75). At the core of implementing a moral development program is teaching students ways to achieve advanced stages of reasoning that change current perspectives (Zionts, 1985).

Moral Development and Empathy

"There is a relationship between role taking and moral development" (Zionts, 1985, p. 147). Studies addressing the relationship between moral development and empathy have been conducted by Eisenberg-Berg and Mussen (1978), Kalliopuska (1983), and Keasey (1971). Zionts (1985) argues, "Inherent in the ability to progress past Stage 1 is the individual's growing expertise to role take or to take another's perspective" (p. 147). Kohlberg's (1978) research suggests perspective taking links cognitive and moral development together. Selman's (1977) research indicates empathic capacity is imperative for attainment of increasing levels of moral development.

Eisenberg-Berg and Mussen (1978) hypothesized that "...affective role-taking or empathy (matching one's own feelings with the corresponding feelings of someone else) is a significant antecedent of helping behavior and of level of moral judgment in children" (p. 185). The researchers selected 72 9th, 11th, and 12th grade normal students, then administered an affective empathy questionnaire (Mehrabian & Epstein, 1972), and two 91-item Q-sorts devised by Block (1965). The Q-sorts addressed "...child rearing practices" (Eisenberg-Berg & Mussen, 1978, p. 185) of mothers and fathers. Helping behavior was assessed through offering participants a chance to volunteer assistance in a future project conducted by the researcher.

The assessment measure for determining the level of prosocial moral reasoning, consisted of four moral dilemmas constructed by Eisenberg (1977) "...in which the needs, wants, and/or desires of another person conflicted with those of another person in a context in which authorities, laws, punishment, and formal obligations were irrelevant or deemphasized" (p. 185). Participants in the original experiment were paid, and volunteers received no funds for helping the interviewer several weeks later with a boring hour-long project. Helping behavior was determined by comparing scores of those who did and did not volunteer for the follow-up project. Findings were that empathy was significantly related to moral reasoning for both sexes and to helping for males.

Eisenberg-Berg and Mussen (1978) found:

Maternal child-rearing practices were related to sons' empathy: mothers of highly empathic boys were nonpunitive, nonrestrictive, egalitarian, encouraged their offspring to discuss their problems, and set high standards for their sons. Females' empathy was not associated with parental socialization practices. (p. 185)

Kalliopuska (1983) studied correlations between empathy and moral judgment with 342 9-12 year-old children. Subjects completed two Kohlberg dilemmas and an empathy scale (Mehrabian & Epstein, 1972). With respect to moral judgment,

the girls' points did not differ significantly from those of the boys. In empathy, the girls' mean was statistically significantly higher than the boys. Changes in moral judgment showed the 9-yr.-olds differed significantly from both the 11-yr.-old and 12-yr.-old children, and 10-yr.-olds differed statistically significantly from the 11-yr.-olds and the 12-yr.-olds. With respect to empathy, the 9-yr.-olds differed from the 11-yr.-olds and the 12-yr.-olds, and the 10-yr.-olds from the 11-yr.-olds. The empathy scores increased with chronological age, the highest scores being at age 11 for both boys and girls. Hogan and Dickstein (1972) obtained similar research results and concluded that individuals who demonstrate well developed moral judgment skills incorporate socially acceptable mores, are empathic, and independent. An intuitive approach for solving moral problems is used more often than a rational approach.

Keasey (1971) speculated higher stages of moral development are related to degree of social participation. According to Keasey (1971), "If moral development is primarily a process of restructuring modes of role taking then, as Kohlberg (1969) suggested, the fundamental social inputs stimulating moral development are role-taking opportunities" (p. 218). Keasey examined the possibility that a precondition for role-taking could be involvement in clubs and other social organizations. Greater degrees of involvement in social activities could facilitate more role-

taking opportunities. Keasey hypothesized greater amounts of social participation would correlate with more advanced moral development. Results indicated children who were popular and/or occupied leadership roles among their peers were at higher stages of moral development than children who did not take such roles. The relationship held for both sexes, regardless of whether opinions were ventured by self report, peers, or teachers.

Not all research has supported the relationship between moral judgment and empathy in both sexes. Fisis (1978) investigated the relationship of cognitive and affective variables to moral judgment in adolescents. When classified by sex, it was found that the correlation of .64 for empathy and moral judgment was significant for males at the .05 level, but no significance was found for females.

Moral Reasoning in Emotionally Disturbed Children

Research findings also suggest that disturbed students may be at a lower stage of moral development than their nondisturbing peers (Campagna & Hunter, 1975; Chandler, Greenspan, & Barenboim, 1974; Feigenburg, 1979; Fodor, 1972; Gardner, 1983; Hains & Miller, 1980; Nucci & Herman, 1982; Zionts, 1985).

Feigenburg (1979) used the Circle Test of Honesty as a prescreening device for candidates for ED classes. Findings were that children with emotional problems severe enough to

need psychological examination lacked the moral judgment the average child possessed.

Twenty-one sociopaths and 23 normal working-class individuals were evaluated for moral reasoning skill development. Subjects were equated for age, IQ, and socioeconomic status. The normal subjects demonstrated significantly higher levels of moral reasoning than the sociopaths (Campagna & Hunter, 1974).

Nucci and Herman (1982) hypothesized that behaviorally disturbed (BD) children would discriminate among three classes of social actions viewed by normal children as distinct. The categories were "... (1) the moral (actions having intrinsic effects upon the rights or well-being of others), (2) the conventional (actions whose propriety is determined by social consensus), and (3) the personal (actions whose propriety is a matter of individual prerogative)" (p. 411). Researchers concluded BD children discriminate among actions in the moral, conventional, and personal domains. The difference between the normal and BD subjects was that behavioral disturbance does effect discriminations. The normal children identified all moral transgressions as wrong. Hitting and sharing were not considered to be transgressions by significant numbers of BD children. A number of BD subjects offered that hitting portrayed was not very bad (a) "because she wasn't really hurt," or (b) "she must have done something to deserve it"

(p. 423). BD children used different criteria to judge moral actions viewed as most wrong. Implications were that BD children do not use reflective thinking for making decisions concerning seriousness of moral transgressions. BD children also demonstrated tendencies to behave in socially appropriate ways due limitations established by adults. Moral reasoning skills concerned with justice were less developed in BD subjects than normal peers. Kohlberg (1969) and Piaget (1932/1948) conducted research which supports these findings.

Gardner (1983) presented a detailed account of research concerning a combination of intervention strategies drawn from behavior modification, Kohlbergian moral education, and philosophies of Plato, Kant, and Rawls. Gardner used pre and post measures consisting of Kohlberg's Standard Moral Judgment Interview, Forms A & B (administered orally), Chandler's Perspective-Taking Task, which measures nonegocentric thinking through a series of pictures that portray an emotion-laden interpersonal situation, and three academic tests. For data analysis the author ran t-tests on the Moral Judgment pre- and post-test mean change scores. Stage scores were weighted and averaged to yield a moral-maturity score (MMS). The MMS ranges from 100 (Stage 1) to 500 (Stage 5). The mean pretest-to-post-test change in Moral Maturity Score was 56 points. A t-test for paired observations indicated that this change score was

significant at the .05 level of significance. The 1978 pretest mean was 179 and the 1979 post-test mean was 235. On the pre-test five students used a high percentage of Stage-1 and Stage-2 reasoning (at least 25% of their responses fell at these two stages); only two students exhibited a high percentage of Stage 3. On the post-test, five of the seven students used a high percentage of Stage-2 and Stage-3 reasoning. No one used a high percentage of Stage 1. According to Gardner, age--appropriate reasoning for early adolescents is Stage 2/3.

Gardner's first year follow-up interviews indicated four of the seven students had continued to grow in moral reasoning; three had regressed. By the second-year interviews all but two had surpassed their 1979 post-tests. Of the two who did not, both maintained one half stage growth, a significant gain from that of their 1978 pretests. Data clearly indicated students who had been in the experimental classroom continued to grow in moral reasoning and at an age-appropriate level. Behavioral and academic gains were made also.

Gardner (1983) reported successful remediation:

Within one year's time, four of the seven students did return to a regular junior-high school, and three of those four adjusted to that system without major incident. The following year two more students returned successfully. The student who did not enter a regular

school created his own successful educational experience by taking courses at the local community college. (p. 161)

Other research yielding comparable results has been conducted with juvenile delinquent populations (Fodor, 1972; Hains & Miller, 1980). Intervention strategies using moral dilemmas and cognitive conflict approaches (Paolitto, 1977), along with other techniques for rehabilitating delinquent youth were recommended by Denno (1970).

Not all research findings indicate ED children are developmentally delayed when compared to their peers. A study by Gerrity (1979) indicated there was no significant statistical difference among the principled moral reasoning scores of learning disabled, ED, basic, and mainstreamed high school students.

Empathy in Emotionally Disturbed Children

A number of studies concerning the relationship between ED and normal childrens' empathic development have been conducted. Researchers have examined students' empathic development in many ways, through role playing (Selman & Byrne, 1974; Walker, 1980), teachers' ratings of students' (Hogan, 1969), and psychometric instruments (Chandler, 1973). The majority of studies available in the literature support the contention that "...persons with problems in the moral and cognitive stages also appear to have difficulties in relating to peers" (Zionts, 1985, p.147).

Tamulevich (1979) investigated empathy and locus of control in normal and ED children. Findings were that behaviorally aggressive ED children were less empathic, but not more externally oriented compared to the other ED children. Normal children who were rated as more socially competent than their peers had greater empathic ability and more internal locus of control beliefs.

Another supportive study was conducted for the purpose of examining the relationship between role-taking abilities in normal and ED children, using Chandler's role taking task (Chandler, Greenspan, & Barenboim, 1974). When role-taking ability in ED and normal children was measured, results indicated the ED group was delayed in role-taking ability. Findings support the contention that ED children are delayed in role-taking ability when compared to normal peers.

Anderson-Young's (1978) study supports previously discussed developmental delays in empathic capacity when ED children are compared to normal peers. Seventy-six ED children from 3 to 12 years of age were compared to normal children. The ED children demonstrated low empathy compared to normal peers within each age group.

When ninety 11 to 13-year-old delinquent and nondelinquent boys were administered Chandler's role taking task and the Peabody Picture Vocabulary Test, findings supported developmental delays in role-taking ability. The

delinquent groups had not obtained role-taking ability equivalent to the non-delinquent groups (Chandler, 1973).

Not all research supports the notion that disturbed and value deviant people are delayed in empathic capacity. Kendall and Deardorf (1977) investigated empathy and socialization in delinquent and nondelinquent juveniles through scores on measurements of empathy (Hogan, 1969) and socialization (Gough, 1960). Results did not yield significant differences on empathy scores, but did show significantly different scores on the socialization measure. Implications were that delinquent juveniles were not delayed in empathic abilities compared to nondelinquent juveniles.

Summary

The review of the literature presented in this chapter contains a discussion of Kegan's (1982) proposed model of self development. The model consists of six stages or balances which progress in the form of a helix, as the individual moves back and forth on a continuum between autonomy and dependence. After the core of the model was described, the structural components of the impulsive, imperial, and interpersonal balance were presented. According to Kegan's (1982) model, as the person matures he/she develops increasingly complex levels of moral judgment and empathy through social interaction. For purposes of this study, the imperial balance and interpersonal balance are focused upon because the imperial

stage is heavily characterized by autonomous behavior and the interpersonal stage is equally weighted with dependency. Therefore, a review of the literature explored moral development, empathy, and the established relationship between them in normal children. In consideration of Kegan's speculation that people can remain embedded in a stage of development after their same aged peers have evolved to a higher stage, a review of the literature concerning moral development and empathy in ED children was the final component of the chapter.

Kegan's (1982) model not only speculates trends in a normal sense, it deals with possible developmental delays in which people become embedded at certain stages of growth. The primary purpose of this study is to examine the relationship among normal and ED children's levels of moral reasoning and empathy, in an attempt to discover if ED children demonstrate lower stages of development when compared to their same aged peers.

The research findings discussed in this literature review clearly indicate the existence of an increasingly complex relationship between moral reasoning and empathy. Research also suggests developmental delays in ED children in these crucial areas, as discussed in Kegan's (1982) model. At the present time, Kegan's (1982) proposed model has not been validated through research. Therefore, the research findings of this study may help determine the

validity of the imperial and interpersonal stages of Kegan's (1982) model.

At the present time there are many unanswered questions about "emotionally disturbed" students who are presently enrolled in school systems throughout the country. Why does the number of ED special education classes increase every year. There is a great deal of speculation concerning how the term ED should be defined. What does the label ED mean? Why do procedures for identification and placement in ED classes vary depending on which state, county, city, and school district a troubled child finds him or herself enrolled in. Are moral values and empathy emphasized and taught in regular classroom settings? Is it possible that Kegan's (1982) speculated stages of development can provide answers to these questions? This "helix" incorporates developmental balances with painful states of psychological crises, presenting a different explanation for emotional disturbance than others offered in presently used models. If Kegan's theory is validated through research, an entirely new approach can be embarked upon and emotional disturbance may be viewed in an entirely different light. This model offers hope to troubled children, distraught parents, and frustrated teachers. If a child's moral judgment and empathic abilities are delayed and instruments can measure those components, intervention strategies can be successfully employed.

Research Hypotheses

Hypothesis 1. There will be a significant difference between 9, 11, and 13-year-old normal and ED childrens' scores when the construct of moral reasoning and empathy is formed as a measure of moral reasoning and empathy.

Hypothesis 2. Normal as well as ED 9, 11, and 13-year-old children will demonstrate consecutively higher scores on measures of moral reasoning and empathy when the construct is formed.

Hypothesis 3. Normal 9, 11, and 13-year-old children will demonstrate significantly higher scores than ED children on measures of moral judgment and empathy.

CHAPTER III

METHODOLOGY

Sample

The sample groups for this study were selected from York, Adams, and Franklin Counties in south central Pennsylvania. A total of 126 9, 11, and 13 year-old students participated in the study. Normal students (those not placed in a special education program) were selected through random sampling from three Catholic Schools in York City. A total of 63 normal students were divided into three groups of 21 students each. The 63 ED students were selected from 17 classes for Socially and Emotionally Disturbed students in from York, Adams, and Franklin Counties. A total of 63 ED students were selected without randomization due to limited availability. The population used for the normal and ED sample is from the same geographic area. Ethnic groups and socioeconomic status are similar for both normal and ED students.

One limitation of the study was that written parental consent was required for all subjects participating. The normal students were selected through randomization. Some of

them were not allowed to participate because their parents refused to sign the consent form.

The primary limitation of this study is the lack of random selection for participating schools in reference to the normal population. The four participating schools (one for the preliminary research on the empathy scale, and three for the final data collection) were selected on the basis of the willingness of the Catholic Diocese and school principals to cooperate. Willingness to participate in a project that required students to reveal aspects of their personalities suggests flexibility and an openness to new and innovative psychometric instruments. These characteristics may be atypical of administrators and teachers and may not be representative of the normal population of school personnel. Although the researcher approached the public schools for permission to conduct the study, permission was denied.

Instruments

Two instruments were used in this study to measure the two dependent variables, moral judgment and empathy. They are the Sociomoral Reflection Measure (SRM) (Gibbs & Widaman, 1982) and the Hogan Empathy Scale (EM) (Hogan, 1969). The SRM is a production task measure of moral reasoning in which subjects express their thoughts concerning possible resolutions to moral dilemmas using paper and pencil. The second instrument used in the study,

the Hogan Empathy Scale (EM) (Hogan, 1969) is also a pencil and paper test that is designed to assess students' abilities to take the other person's point of view, particularly in a moral sense. Both instruments can be administered individually or in a group setting.

Selection of the Sociomoral Reflection Measure

In order to validate Kegan's (1982) model, an instrument which provides clear stage classifications for Kohlberg's model is required. The SRM is a simplified, group administrable equivalent to the Moral Judgment Interview (MJI) (Kohlberg, 1958) which was designed to provide clear stage classifications. A number of alternative moral judgment tests which do not make these demands have appeared in the literature. These tests (Carroll, 1974; Hogan & Dickstein, 1972; Maitland & Goldman, 1974; Rest, 1979) are based on recognition tasks of one sort or another. On closer examination, they were rejected because they do not meet the researcher's criteria for this study (see Appendix B).

The Sociomoral Reflection Measure does meet the criteria required for stage classification and has been shown to be valid and reliable, as well as equivalent to the MJI. It is available in two forms, A and B. For this study form A was used.

Validity

Two types of validity were examined, concurrent and construct. Concurrent validity was determined by assessment

of the SRM's correlation with the Moral Judgment Interview (MJI) (Kohlberg, 1958). Each of 55 subjects were interviewed with the MJI and completed the SRM in writing. Answers to the MJI were recorded verbatim by interviewers. Distribution of protocols was counter balanced by sex, order of administration, and type of form (A or B). Opposite forms (A or B) for the SRM and MJI were given to each participant. The MJI protocols were rated by authors of the SRM and psychology graduate students who had been trained in administration and scoring of the MJI at a Kohlberg Moral Judgment Scoring Workshop.

Concurrent validity for the SRM and MJI was significant. The highest obtained scores on the SRM and MJI were 400 (Stage 4) and 424 (Transition from Stage 4 to Stage 5), respectively. Modal Stage (most frequently represented among protocol responses) concordance between the SRM and MJI was 75.4%. One-hundred percent of the modal discrepancies were within one stage. The correlation coefficient was .85 and when age was partialled out, it was .50, $t(52) = 3.92$, $p < .01$ (McNemar 1962, pp. 165-167).

Exact global stage score (which is a the most prevalent stage) concordance between the tests was 38.6%. Concordance within one-third of a stage was 78.9%. In 71.4% of the cases on disagreement, the SRM global rating was slightly higher. Construct validity was assessed through correlation of the SRM with age, socioeconomic status, and level of education.

Pre and post administration was used to determine sensitivity to intervention with groups of normal and delinquent adolescents. The construct validity was well supported. Significant correlations were found for the construction and reliability samples. The correlations for the construction sample were .65 for age, .89 for grade level, and .37 for SES. The $p < .01$ for all correlations. For the reliability sample correlations were all significant ($p < .01$). Correlations were .73 for grade level, .23 for SES, and .71 for age. An analysis of variance and covariance was conducted on the SRMS scores for the construction and reliability samples. The analysis of covariance scores for the construction sample showed a significant main effect for grade, $F(6,2172) = 119.48$, $p < .01$, accounting for 58% of the variance. The SES accounted for 17.0% of the variance, $F(1,172) = 211.17$, $p < .01$. The only significant interaction effect was SEX X FORM with males who yielded higher scores on Form A, $F(1,171) = 7.13$, $p < .01$. The effect accounted for less than 6% of the variance and was not used with the reliability sample. When main effects were replicated, grade was significant, $F(2,94) = 54.97$, $p < .01$, and accounted for 47.8% of the variance. Also, SES was significant and accounted for 5.2% of the variance, $F(1,94) = 11.97$, $p < .01$.

Other evidence of construct validity was found through moral development training with groups of high school students enrolled in social studies classes. The control

group was not given any intervention training, but the experimental subjects were. A one-way analysis of covariance was performed on post test group SRMS data, using age, SES, and pretest SRMS as covariates. A significant group effect, $F(6,155) = 2.17, p < .05$ was found. Thirty-three percent of the experimental subjects advanced by one modal stage, but 20% of the control subjects advanced also. The difference was nonsignificant, Chi-Square (1) = 1.11, $p < .30$.

Moral judgment training for a delinquency intervention project yielded significant gains for low stage scoring participants. A large number of experimental subjects (87.5%) who had evidenced Stage 2 as their modal stage on the pretest, advanced to Stage 3 on the posttest. The results were also significant with respect to SRMS for the Stage 2 sample, ($F(2,15) = 4.82, p < .05$). Part of the control subjects (14.3%) advanced also (Chi-Square (1) = 11.5, $p < .01$).

Another measure of construct validity of the SRM was given by testing groups of delinquents and nondelinquents. The SRMS index yielded significant differences between the delinquent and nondelinquent samples, $F(1,255) = 35.96, p < .01$.

Reliability

The types of reliability which were examined were inter-rater, test-retest, parallel form, and internal consistency. Inter-rater scoring reliabilities for raters

were acceptable. The reliability coefficients for the raters ranged from .76 to .98 on SRM scores. Modal stage agreements which were exact ranged from 71% to 85%. Exact global stage agreement ranged from 54% to 93%.

"Test-retest and parallel form percent agreements, mean discrepancies, and correlations were also computed to assess the successive testing and cross-form stability of the SRM" (Gibbs, Widaman, & Colby, 1982, p.903). The test-retest and parallel form administrations were two weeks apart and one day apart, respectively. Test-retest and parallel form protocols were scored blind. Exact modal stage concordance ranged from 71% to 81%. Coefficients for parallel form ranged from .81 to .95. Coefficients for test-retest ranged from .79 to .93. Exact global stage concordance for test-retest ranged from 53% to 63%. Exact global stage concordance for parallel form ranged from 41% to 52%.

Internal consistency of the SRM was composed of component stage scores for the eight norms. The norms are: life, affiliation, law, legal justice, conscience, family affiliation, contract, and property. The modal stage for the construction sample was 65%. The modal stage for the reliability sample was 58%. The degree of covariation among the norms was .96 (Cronbach's coefficient alpha) for the construction sample and .85 for the reliability sample.

The SRM was normed with subjects ranging from grades

four through college. This is a very versatile test with respect to age range.

Administration and Scoring

Testing time was approximately 45 minutes to an hour. Administration time varied because each dilemma question was read orally by the examiner. Administrative requirements for the SRM state, "For group administration to subjects younger than 12, it is advisable to read the instructions, dilemmas, and each question aloud This procedure may also be necessary for subject populations with reading problems" (Gibbs & Widaman, 1982, p. 58).

In order to score the SRM, the examiner must take a self-training course through the book, Social Intelligence: Measuring the Development of Sociomoral Reasoning (Gibbs & Widaman, 1982). After training one's self to administer and score the measure, each protocol requires approximately 30 minutes for scoring. Each subject receives a social reflection maturity score, a modal stage score, and a global stage score. Overall SRM stage scores are the average stage which is calculated by scores on eight sociomoral norms (i.e. affiliation and life), or subscales. The SRM yields two primary stage ratings. The Modal Stage is the stage most frequently used on dilemma responses (Stage 1, 2, 3, or 4). The Sociomoral Reflection Maturity Score (SRMS), is a numerical score somewhat like the MJI's MMS (Moral Maturity Score), which extends from 100 to 400. SRMS data are

represented by a 10-point global stage scale (SRMS ratings 100 through 125=Stage 1; 126-149=Transition 1(2); 150-174=Transition 2(1), etc.

The Selection of the Hogan Empathy Scale

The second instrument used in this study was the Hogan Empathy Scale (Revised) (EM) (Hogan, 1969). This scale was selected for a number of reasons. According to Hogan (1969), "Empathy, seen as an everyday manifestation of the disposition to adopt a broad moral perspective," to take "the moral point of view," also becomes important within the context of research in moral development (p. 307). By taking the moral point of view, a person is said to consider the consequences of his actions for the welfare of others (Baier, 1958). In its social implications, this resembles Mead's (1934) notion of taking the role of the generalized other. For purposes of this study, a scale that measures empathy according to Hogan's (1969) definition is the most appropriate one available in the literature. According to a recent review of empathy scales by Chlopan, McCain, Carbonell, & Hagen (1985), the EM has excellent validity and reliability. The reasons for rejecting the other available measures (Chapin, 1942; Dymond, 1949; Kerr & Speroff, 1954; Mehrabian & Epstein, 1972; Walker & Foley, 1973) are discussed in Appendix B.

Kegan (1982) defines an empathic person as one who is able to "...coordinate its needs (which it has separated

itself from) with other people's needs" (p. 170). The empathic individual has "mutually reciprocal one-to-one relationships, acknowledges and cultures the capacity for collaborative self-sacrifice in mutually attuned interpersonal relationships, and orients to an internal state via shared subjective experience, feelings, and mood" (p. 164). A review of the literature and an extensive search through available psychometric devices for the measurement of empathy according to Kegan's (1982) definition was fruitless.

Validity of the HOGAN EM

The original 64 item self-report measure was constructed through response comparison of groups according to high and low empathy scores. Hogan used items from the MMPI and CPI for the empathy scale. After determining the scale's reliability and validity, Hogan demonstrated its applicability to moral behavior by correlating scores with socially condoned behavior and several valid and reliable personality tests.

The empathy criterion was constructed using 14 laymen and 9 graduate psychology students. Empathy was defined as: "The consensus of dictionaries is that empathy means the intellectual or imaginative apprehension of another's condition or state of mind without actually experiencing that person's feeling" (Hogan, 1969, p. 308). Both groups were also given the full California Q sort (100 items), and

asked to describe their conception of a highly empathic person by selecting items chosen for content directly relevant to empathy. The laymen and psychologists individual Q-sorts were intercorrelated, and the mean interjudge coefficients were .53 and .51 respectively; estimated reliabilities of the total composite from the Spearman-Brown correction were .94 and .90 respectively (Block, 1961, p. 37). A coefficient of .93 was obtained for interjudge agreement between the two groups. The findings suggest people share a common definitions of empathic behaviors. A correlation from descriptions of "a good man" in a general moral sense and "a mentally healthy man" was obtained using the same procedure, with different groups of subjects. The "good man" yielded a correlation mean of .62, and a reliability coefficient of .94. The "mentally healthy man" average correlation was .65, reliability was .95, and the correlation between the composite description of the empathic and the mentally healthy man was .51. "This indicates an empathic disposition leads to effective social functioning, which in turn facilitates mental health" (Hogan, 1969, p. 308).

Another group of 7 psychologists described their conceptions of a highly empathic person using the previously described procedure. The Q-sort descriptions were intercorrelated and coefficients ranged from .59 to .78. The estimated reliability was .94. This composite description of

a highly empathic man became the empathy criterion. The following five items were described as characteristics of an empathic person (Block, 1961):

1. Is socially perceptive of a wide range of interpersonal cues.
2. Seems to be aware of the impression he makes on others.
3. Is skilled in social techniques of imaginative play, pretending, and humor.
4. Has insight into own motives and behavior.
5. Evaluates the motivation of others in interpreting situations.

The five items chosen as least characteristic of a highly empathic person were:

1. Does not vary roles; relates to everyone in the same way.
2. Judges self and others in conventional terms like "popularity," "the correct thing to do," social pressures, etc.
3. Is uncomfortable with uncertainty and complexities.
4. Extrapunitive; tends to transfer or project blame.
5. Handles anxiety and conflicts by, in effect, refusing to recognize their presence; repressive or dissociative tendencies.

A sample of 211 subjects were observed by 8-10 skilled individuals, who recorded observations on the Q-sort. The Q-

sort description of each subject was correlated with the empathy criterion. The average correlation between the scale and empathy ratings was .62.

The empathy scale was developed through an item analysis of responses of subjects who had been ranked from high to low by trained raters, and then assigned to one of three groups. From empathy ratings, subjects were placed into high (27%), middle (46%), and low (27%) subgroups.

According to Hogan (1969):

The responses of the high and low subgroups were compared with 957 true-false items in the California Psychological Inventory (CPI) (Gough, 1964), the Minnesota Multiphasic Personality Inventory (Hathaway & McKinley, 1943), and an IPAR pool of items, using the chi-square of Fisher's exact statistic to evaluate differences. From these two analyses, the 64-items (32 true, 32 false) were selected for the scale. (p. 310)

A further check of the scale's validity was provided.

Five groups of subjects were rated by the assessment staff at IPAR for social acuity defined as:

The ability to respond intuitively and empathically to others and to group situations. A person high on this variable would be described as insightful, perceptive, and discerning, as having the knack of "sizing up" social situations and of making sound and dependable evaluations of people. He will be receptive to nuances

and subtleties of behavior which might escape the notice of others, and will possess a flair for interpreting and integrating his observations (p. 310).

The reliability of social acuity ratings for these samples ranged from .52 to .77. The Spearman-Brown formula was selected to estimate the reliability of the composite ratings in which coefficients ranged from .68 to .86. The correlation between EM scale scores and rated social acuity in the samples used to develop the scale was .58.

Another check for validity when used with younger subjects was employed. The scale was administered to 121 junior high school students (51 boys and 70 girls) in the 13-15 year age range. Two teachers were given the definition of social acuity, and were asked to rate the five most and five least socially acute boys in their classes. The same procedure was used with the girls. T-tests indicated significant differences between scores of the most socially acute and least socially acute boys and girls.

Preliminary Research

For this study, the EM was piloted with a group of 27 9 and 10-year-old students at a Catholic School in York County. The purpose of the preliminary research was to determine whether the scale is appropriate to use with that age group. The norms for the EM address students from 13 years of age through adulthood. Prior to administration of the instrument the researcher used two readability formulas,

the Harris-Jacobson formula (1974) and the Fry Readability Scale, Extended Version (1977) and established a readability equivalent of 4th grade (See Appendix C). The experimenter read each statement orally and students marked their answers as true or false. The readability formulas indicated that certain words on the empathy scale were above a 4th grade reading level. The experimenter used a dictionary to define those words in simpler terms and made a list prior to the administration. These words were defined for the students as they appeared in the statements. Students were also allowed to ask for definitions of any words they did not understand. A follow-up discussion was held and students convinced the examiner that they did understand the content of the statements. The classroom teacher was present during the administration and expressed no concerns about students' abilities to comprehend the meaning of the statements.

The Hogan Empathy Scale has a scoring system with a range of 1-38 points. The highest score possible is 38. The range of scores from the pilot study was 10-24 points, with an average score of 18.59.

The results of the pilot study had several implications. It appears that 9 and 10-year-old students can read and comprehend statements presented on the Hogan Empathy Scale. One concern about the Hogan Empathy Scale is that it is a self report which offers people the opportunity to express their perceptions of ability to take the other

person's point of view. This may be conducive to wishful thinking on their part. Students may want to be empathic in their behavior, but may not necessarily follow through with it in relationships with others. The classroom teacher of the students involved in the study expressed this concern when asked for an opinion about practical uses of the instrument.

The researcher used Webster's Thesaurus (1976) and a dictionary to define unknown words and find synonyms expressing unknown words in simpler terms. The defined words were placed on a list. This list was used during administration of the empathy scale when the final research project was underway.

Another check of the EM validity was conducted with a sample of 429 nondelinquent subjects. The socialization (So) subscale from the CPI and EM were administered. Those with low scores for both socialization and empathy were placed in one group, and low socialization-high-empathy subjects were placed in a second group. Using the entire CPI, a scale by scale comparison of the two groups was made. When average scores for the two groups were plotted on a CPI profile, the profiles were different. The low-So-high empathy profile is favorable. The group characterized by low scores on both So and empathy appeared to have social adjustment problems and tendencies toward socially unacceptable behavior.

A group of inmates ($n = 92$) at a state prison and a group of military officers ($n = 100$) filled out a 39-item empathy subscale taken from the CPI. Significant differences were obtained ($p < .01$) on their total empathy scores.

In order to check interpersonal meaning of the EM, 103 fraternity men were given an adjective check list. Each member was described by five of his peers on the 300-word Gough Adjective Check List (Gough, 1960; Gough & Heilbrun, 1965). A composite description of each person was obtained. From 33 adjectives with correlations significant at or above the .05 level, those 10 with the most positive, and the 10 adjectives with the most negative correlations were selected. Positive correlations were pleasant (.32), sociable (.26), charming (.28), sentimental (.26), friendly (.27), imaginative (.26), dreamy (.27), discreet (.25), cheerful (.26), and tactful (.24). Negative correlations were cruel (-.37), unemotional (-.23), cold (-.29), unkind (-.23), quarrelsome (-.27), hard-hearted (.23), hostile (-.24), argumentative (-.21), bitter (-.24), and opinionated (-.21).

The EM was also correlated with measures of personality including the CPI, MMPI, Myers-Briggs Type Indicator (Myers, 1962), and the Study of Values (Allport, Vernon, & Lindzey, 1951). Correlations between the empathy scale, the Ego Strength Scale (Barron, 1955), the Manifest Anxiety Scale (Taylor, 1953), and Edward's Scale for Social Desirability

(Edwards, 1957) were run also. The EM's relation to authoritarian tendencies and acquiescence was determined by correlating it with the California F Scale ($r = -.52$) (Adorno, Frenkel-Brunswick, Levinson, & Sanford, 1950). Last of all, the scale was correlated with the Dogmatism Scale ($r = -.31$) (Rokeach, 1960). Findings were that correlations between the empathy scale and personality measures showed several moderately large coefficients concerning well developed social and interpersonal skills, as well as extroversion.

In a revised scale, 38 of the original 64 items are found of the CPI. The revised scale correlated above .90 with the 64-item version (Greif & Hogan, 1973).

Reliability of the EM

With a sample of 50 college undergraduates, the reliability of the EM estimated by a test-retest correlation after a 2 month interval, was .84. Applying the KR-21 formula to the scores of 100 military officers yields an internal consistency estimate of .71.

Administration and Scoring

The EM is a pencil and paper test which can be administered individually or in a group setting. Administration takes approximately twenty minutes. Subjects mark 38 statements true or false. For this research, items were read aloud by the examiner.

Gough (1975) included the following administration requirements:

If questions arise about the definition of a word, the examiner may answer them... No rigorous conditions need be established in order to achieve valid and useful test results. This has been tried under nearly every conceivable condition--formal testing sessions, informal sessions, take-home plans, mail-out mail-back, and so on. Insofar as could be determined from the accuracy of the profiles obtained and from the indicators in the test of reliability and dependability, satisfactory results were the rule under every condition. (p. 6).

Scoring is a matter of allocating one point for each answer according to whether or not it matches the true or false designation on the answer key. Items are balanced so that one-half of the statements are true and one-half are false. The scoring range is 1-38 points. There are no designated ranges for determining low, medium, or high empathy. The individual's level of empathy can best be determined by comparing his/her score to peer group means.

Research Design

To explore the relationship between levels of moral reasoning and empathy among 9, 11, and 13-year-old students as well as normal compared to ED educational placement, the causal comparative design was utilized for this study. This

design was selected because the author had no control over the variables used. No treatment was given because the purpose of this study was to determine if there is a relationship between the variables and among the students involved in the study. Six groups were formed, and each group was assigned 21 subjects. Groups selected represented 9, 11, and 13-year-old normal and ED children. Group 1 was composed of 9-year-old normal and ED children (21 of each); Group 2 was composed of 11-year-old normal and ED children (21 of each); and Group 3 consisted of 13-year-old normal and ED children (21 of each).

Procedure

The students in schools used for the study were tested during the regular school day under the direction of the experimenter. All normal subjects in participating school districts were tested in classrooms after being divided into three groups, consisting of 21 students each. Administration took about one and a half hours per group. The Hogan Empathy Scale was completed first, and the Sociomoral Reflection Measure followed for all groups. The examiner read all items on the empathy scale as well as the moral dilemmas orally during administration of the instruments. The experimenter also defined any words contained in the instruments upon student request. This procedure is permissible according to the directions provided in test manuals of both instruments. The content of the dilemmas was not discussed in groups so

that students would make independent decisions concerning justificatory responses.

The primary limitation to the procedure was that special administration requirements became necessary for the ED population. A portion of the ED sample was tested by the experimenter and a portion of the sample was tested by teachers assigned to classes for socially and emotionally disturbed (SED) children. The experimenter trained 17 SED teachers to administer the instruments and travelled to those classes in order to assist them with the administration procedure. The EM was administered to groups (approximately three to six students per class participated) using the same procedure as the normal students. Students who were able to write their own answers on the SRM followed the same procedure as the normal students. Students who do not have the spelling and writing skills necessary to put them in sentence form gave their answers orally and the examiner and SED teachers wrote them verbatim. Another procedural limitation was that time constraints made it impractical to counterbalance administration.

A second limitation is the use of SED teachers and a school psychologist for administration of the moral judgment and empathy scales. Although training sessions for administration of the instruments were held (one session in each county), the school psychologist was not present for administration of all instruments. Due to the nature of the

population, the 17 SED classes were spread over a large geographical area in south central Pennsylvania. It was not practical for the school psychologist to be present during each administration of the instruments. The SED teachers who did administer the instruments were able to elicit scorable responses on the moral judgment scale that were consistent with the types of answers given to the school psychologist. The EM consists of statements which are either marked true or false. Both scales can be administered by a classroom teacher as long as administration procedures outlined by the scoring manuals are followed.

Statistical Procedure

The statistical procedure used in the study was a 3x2 between subjects factorial MANOVA. The two independent variables were age group (9, 11, and 13-year-olds) and educational placement (normal or ED). The two dependent variables were outcome scores on Hogan's Empathy Scale and the Sociomoral Reflection Measure. The power of the test was .80 for a large effect size. Statistical significance was set at the 95 percent confidence interval. The significance of F was $p < .05$.

The MANOVA was chosen for statistical analysis for several reasons. The purpose of a MANOVA is to determine whether the IVs (grade placement and educational placement) significantly affect the linear combination of DV means (scores on the empathy scale and moral reasoning scale). A

MANOVA indicates differences in groups. According to the literature there are group differences in stages of moral reasoning and empathy through increased chronological age as well as educational placement (normal or ED). A MANOVA is used when more than one dependent variable is required. However, the DVs must be interrelated. The review of the literature has established that empathy and moral reasoning are related. The factorial MANOVA was chosen because a different linear combination of dependent variables is formed for each main effect and interaction, thus effects for grade placement, educational placement, and Educational Placement X Grade Placement were determined. If a main effect of IVs is shown, the proportion of variance in the linear combination of DV scores is attributed to action of the IV(s), through a strength of association test. The univariate F test can also be used to identify the importance of contributing DVs (Tabachnick & Fidell, 1983).

The assumptions required for the MANOVA include randomization, normality, homogeneity of variance, and independence. The sampling distribution was random for normal but not ED children. The Bartlett test of sphericity was used to indicate homogeneity, and the determinate was checked to see if the normality assumption was met. The independence assumption was met as scores were not related (each person received one score on each of two instruments).

Practical limitations include a sample of at least 20 subjects per cell to insure normality, and checking data for outliers (no data was discarded). It is assumed that the interrelationships among all DVs are linear within each cell.

CHAPTER IV

RESULTS

Research Design

This study was concerned with existing conditions of scores on moral reasoning and empathy scales which are ex post facto variables; therefore, the procedure for a causal-comparative research design was employed for the investigation. The fixed categorical independent variables were educational placement, normal and emotionally disturbed, and chronological age (9, 11, and 13-year-olds). The dependent variables were scores on the Sociomoral Reflection Questionnaire (SRM) and scores on the Hogan Empathy Scale (Hogan EM). According to the review of the literature, the dependent variables form a construct of moral reasoning and empathy. Results were analyzed for significance by examination of the multivariate F , univariate F 's, and Roy-Bargman stepdown F 's.

Descriptive Data

Subjects

Subjects for the testing of the hypothesis were selected from a population of $N = 126$. Selection for the sample was based on classification of normal (those students

not enrolled in any special education classes in the York Area Catholic Schools) students selected from random samples from three parochial schools, and ED (students who have been identified, evaluated, and placed in classes specifically designed to meet their needs through psychological evaluations, psychiatric evaluations, and consensus of the multi-disciplinary team representing the district in which they are enrolled) students from York, Adams, and Franklin counties in Pennsylvania.

Emotionally disturbed students were not selected through randomization due to limited numbers of children in the area who are currently placed in special education settings. Sixty-three students classified as normal, consisting of 21 9-year-olds, 21 11-year-olds, and 21 13-year-old students were selected and no cases were discarded because all assumptions were met. Sixty-three students classified as ED, including 21 9-year-olds, 21 11-year-olds, and 21 13-year-olds were selected, and no cases were discarded as all assumptions were met. Results yielded as sample of $N = 126$ from which six groups were formed (21 subjects per group).

Dependent Variables

Variables for the dependent construct were obtained from scores on two instruments, Sociomoral Reflection Questionnaire (SRM) and the Hogan Empathy Scale (Hogan EM). The SRM was scored by classification of answers according to

stage of moral development in the examiner's manual Social Intelligence: Measuring the Development of Sociomoral Reflection (Kegan, 1982). Point values were assigned to stages of moral development and an overall rating score between 100 and 400 points was assigned to each subject. The higher the score, the higher the level of moral development. Each score fell within a stage of moral development between stages one and four, including transitional stages (i.e. Stage 1(2) indicating a transitional stage which is primarily stage one, but the subject is in transition toward stage two). The Hogan EM was scored according to the number of "true" and "false" responses concerning statements designed to demonstrate the ability to take the other person's point of view. Higher Scores indicated higher levels of empathy. Scores were entered into an IBM computer for analyses utilizing the MANOVA procedure of the Statistical Package for the Social Sciences - X (SPSS-X, 2.2+). Dependent measure means and standard deviations for the six groups are noted in Table 1.

Table 1

Descriptive Statistics for Social Reflection Questionnaire
(SRM) Scores

Dependent Variable	Group	Mean	Standard Deviation
Sociomoral Reflection Questionnaire (SRM)	Normal		
	9 years	182.143	21.357
	11 years	227.667	38.654
	13 years	288.238	13.630
	Emotionally Disturbed		
	9 years	146.048	22.308
	11 years	168.190	23.832
	13 years	186.190	24.716
Empathy	Normal		
	9 years	19.048	2.854
	11 years	20.143	3.229
	13 years	21.667	3.568
	Emotionally Disturbed		
	9 years	17.476	4.167
	11 years	18.571	3.867
	13 years	19.143	3.626

The number of subjects in each cell is 21

Data Analysis

A 3X2 Multivariate Analysis of Variance (MANOVA) was used to analyze the scores obtained on the SRM and the EM. Dependent measure means and standard deviations for the six groups are noted in Table 1. As presented in Table 2, an examination of the error correlation matrix revealed that within cells correlations were not within the limits of $<.3$ and $<.8$. Correlations within these limits indicated the construct of moral reasoning and empathy was not formed. Therefore, data analysis of the MANOVA was not incorporated into research findings for this study. When the construct for the MANOVA did not form, the researcher examined univariate F tests and Roy-Bargman Stepdown F-tests. All assumptions for univariate tests were met and data analysis was performed from examination of those statistics. Cell sizes, which exceeded 20 subjects met the assumption of normality. Linearity was not assumed because the procedure is based on correlation which assumes a linear relationship exists between variables. Post hoc comparison tests for significant univariate F's ($p <.05$) were conducted with the Newman Keuls procedure (see Table 6).

Table 2

Error Correlation Matrix for MANOVA Procedure

	SRMS	EMPATHY
SRMS	25.20755	
EMPATHY	.02056	3.40774

SRMS (SOCIAL REFLECTION QUESTIONNAIRE)

EMPATHY (HOGAN EM)

Hypothesis 1. There will be a significant difference between 9, 11, and 13-year-old normal and ED childrens' scores when the construct of moral reasoning and empathy is formed. Examination of the analysis of Educational Placement X Age Group revealed a significant univariate difference for the SRM ($F(2, 120) = 18.47, p < .01$), as reported in Table 3. Additional analysis using the Roy Bargman Stepdown-F test yielded significance also ($p < .01$), as indicated in Table 4. The eta squared procedure was employed in order to determine strength of association for the SRM. Table 5 lists SRM scores and global stage ratings. Educational Placement X Age Group indicated that the SRM accounted for 7% of the variance in scores. No significant difference was found for the empathy variable.

Post-hoc comparisons for the SRM were conducted with the student Newman Keuls procedure which is less conservative. Experimentwise error rate was set at $p < .05$. The student Newman Keuls procedure indicated SRM scores for normal 13-year-olds ($M = 288.23$) were significantly higher than scores obtained by 11-year-olds ($M = 227.66$), and SRM scores for normal 11-year-olds were significantly higher than scores obtained by 9-year-olds (182.14). SRM scores for ED 13-year-olds ($M = 186.19$) were significantly higher than

Table 3

Univariate F-Test Results

Variables	Univariate	F
Educational Placement by Age Group		
Social Reflection Questionnaire		18.47634 *
Hogan Empathy Scale		1.38395
Main Effect Age Group		
Social Reflection Questionnaire		88.51019 *
Hogan Empathy Scale		2.29019
Main Effect Educational Placement		
Social Reflection Questionnaire		215.11185 *
Hogan Empathy Scale		14.17168 *

* $p < .01$

scores obtained by 11-year-olds ($M = 168.19$), 11-year-olds SRM scores were significantly higher than 9-year-olds (146.04).

Hypothesis 2. Normal as well as ED 9, 11, and 13-year-old children will demonstrate consecutively higher scores when the construct of moral reasoning and empathy is formed. Examination of the effect for age group revealed that the 9, 11, and 13 year-old students had significantly higher levels of moral judgment according to increased chronological age. Univariate F 's supported the variable of moral judgment ($F(2, 120) = 88.51, p < .01$), as the primary contributor for significance. The Roy-Bargman Stepdown F -Test supported the variable of moral judgment as the primary contributor for significance ($p < .01$). The univariate strength of association, eta squared, for moral judgment, indicated that age accounted for 32% of the variance in scores. The post hoc procedure discussed under hypothesis 1., applies to the effect for age group. The SRM scores obtained by the normal population were significantly higher as normal students progressed in chronological age from 9 to 11-years of age, and from 11 to 13-years of age. Significant differences were also obtained among the ED population according to increased chronological age. No significant difference was found for the empathy variable.

Table 4

Roy-Bargman Stepdown F - Tests

Variable	Stepdown-F	Sig. of F
Educational Placement by Age Group		
Social Reflection Questionnaire	18.47634	.000 *
Hogan Empathy Scale	.94740	.391
Main Effect Age Group		
Social Reflection Questionnaire	88.51019	.000 *
Hogan Empathy Scale	.80957	.447
Main Effect Educational Placement		
Social Reflection Questionnaire	215.11185	.000 *
Hogan Empathy Scale	4.26025	.041 **

* $p < .01$ ** $p < .05$

Table 5

Global Stage Rating Educational Placement and Age Group

Protocol Rating

Educational Placement	Age Group	SRM	Global Stage
Normal	9 years	182	2
	11 years	227	2/3
	13 years	288	3
Emotionally Disturbed	9 years	146	1/2
	11 years	168	2/1
	13 years	188	2

for significance. The Roy-Bargman Stepdown F-Test supported the variable of moral judgment as the primary contributor for significance ($p < .01$). The univariate strength of association, eta squared, for moral judgment, indicated that age accounted for 32% of the variance in scores. The post hoc procedure discussed under hypothesis 1., applies to the effect for age group. The SRM scores obtained by the normal population were significantly higher as normal students progressed in chronological age from 9 to 11-years of age, and from 11 to 13-years of age. Significant differences were also obtained among the ED population according to increased chronological age. No significant difference was found for the empathy variable.

Hypothesis 3. Normal 9, 11, and 13-year-old children will demonstrate significantly higher scores than emotionally disturbed children on measures of moral reasoning and empathy. Examination of the effect for educational placement revealed that normal 9, 11, and 13-year-old students had significantly higher levels of moral judgment and empathy than their emotionally disturbed same aged peers. Univariate F 's supported the variable of moral judgment ($F(1, 120) = 215.11, p < .01$), as reported in Table 4. Univariate F 's supported the variable of empathy ($F(1, 120) = 14.17, p < .01$), as reported in Table 4. The Roy-Bargman Stepdown F-Test supported the variable of moral judgment as the primary contributor ($p < .01$), and the

Table 6

Newman Keuls: Means and Mean Differences for
Social Reflection Measure

Emotionally Disturbed Students'

	13-years (186)	11-years (168)	9-years (146)
13-years (186)	-	18*	40*
11-years (168)		-	22*
9-years (146)			-

* $p < .05$

Normal Students'

	13-years (288)	11-years (227)	9-years (182)
13-years (288)	-	61*	106*
11-years (227)		-	45*
9-years (182)			-

* $p < .05$

Table 7

Newman Keuls: Means and Mean Differences for
Hogan Empathy Scale

Normal Students'

	13-years (21)	11-years (20)	9-years (19)
13-years (21)	-	1	2*
11-years (20)		-	1
9-years (19)			-

$p < .05$

Summary

Although the construct of moral judgment and empathy was not formed, a review of the results indicate significant differences as reflected by univariate effects with respect to several generated hypotheses. A main effect from Educational Placement x Age Group was reflected through an analysis of the independent variables. A review of the results indicate a significant difference between levels of moral judgment in normal and ED students, ages 9, 11, and 13 as measured by the SRM. Post hoc comparisons were made with the Newman Keuls procedure. Post hoc follow up results for the procedure indicated normal 9, 11, and 13-year-old children obtained significantly higher scores on the SRM measure with increased chronological age. The ED post hoc comparisons indicated 9, 11, and 13-year-old children obtained significantly higher scores on the SRM with increased chronological age. Normal 13-year-olds obtained significantly higher empathy scores than normal 9-year-olds (see Table 7).

An examination of the effect for age group indicated a significant difference between age groups, concerning stages of moral judgment. Moral judgment scores were increasingly higher according to chronological age among both normal and emotionally disturbed students. SRM scores were the primary contributors toward the significant difference, and no

significant differences were found between age groups, as measured by the scores on the EM.

A review of the results indicate findings that reflect a significant difference between normal and ED students performance on the moral judgment instrument as well as the empathy scale. A significant effect was evidenced on the educational placement variable. Normal students yielded significantly higher scores on both measurements than their emotionally disturbed 9, 11, and 13-year-old peers.

CHAPTER V

DISCUSSION

Summary of the Investigation

According to current literature, moral reasoning skills and empathic concern (or the ability to take the other person's role) may be the necessary components in achieving psychological growth and maturity. Kegan (1982) proposed a model of self development based on the notion that becoming a mature person requires increasing moral judgment skills and perspective taking ability. Kegan (1982) also suggests children who are emotionally disturbed (ED) may be delayed in acquiring skills in these areas of personality development.

The purpose of this study was to investigate the relationship between two stages of Kegan's (1982) proposed model of human development and Kohlberg's stages of moral judgment for children classified as ED and normal. According to Kegan (1982), children functioning on or at the imperial stage of development will score within the instrumental orientation (Stage 2) range on Kohlberg's moral judgment scale. Children functioning at or at the interpersonal stage

of Kegan's (1982) model will score within the interpersonal concordance orientation (Stage 3) on Kohlberg's moral judgment scale. Both models suggest the latter stage is characterized by development of empathy, or the ability to take another person's role (Kegan, 1982).

In view of the research findings indicating that a correlation between levels of moral judgment and empathy is valid, coupled with Kegan's theory of self development, which suggests children functioning at the imperial stage will match Kohlberg's instrumental stage, and those who function at the interpersonal stage will match Kohlberg's interpersonal concordance orientation, hypotheses were formulated:

1. There will be a significant difference between 9, 11, and 13-year-old normal and ED childrens' scores on measurements of moral reasoning and empathy.

2. Normal as well as ED 9, 11, and 13-year-old children will demonstrate consecutively higher scores on measurements of moral reasoning and empathy.

3. Normal 9, 11, and 13-year-old children will demonstrate significantly higher scores on measurements of moral reasoning and empathy when compared to their ED peers.

This is a significant problem because current methods of diagnosing emotional disturbance do not include examination of levels of moral development or empathic capacity (Zionts, 1985). Some students who are labeled

disturbed may instead be value-deviant (Morse, cited in Zions, 1985). Inherent in the examination of these values is the fact that, to attain or possess values in a discerning manner, one must be able to choose among the alternatives available. If a child is developmentally delayed compared to his/her same aged peers, and peers demonstrate ability to interact in a discerning manner, perhaps low empathy and underdeveloped moral reasoning skills are the underlying reason.

If ED students have not evolved to a level of psychological development that is equivalent to their peers, they could be identified through psychometric devices such as a moral reasoning scale and an empathy scale. These scales would identify a student with low empathy and underdeveloped moral reasoning skills in relation to his/her peers. The educational intervention could provide a setting in which he/she could be taught to take the other person's point of view and increase his/her level of moral reasoning to match that of normal same-aged peers. Educational training programs have been developed which focus on role playing exercises that increase one's ability to empathize with others, and increase one's level of moral reasoning ability through resolution of moral dilemmas.

Criterion measures included the Sociomoral Reflection Questionnaire (SRM) and the Hogan Empathy Scale (EM). Initially, preliminary research was conducted with 27

students using the EM. This was done in order to insure that 9 and 10-year-old children understood statements on the scale. After completion of preliminary research, 126 students participated in the research project. Sixty-three normal and 63 ED students ages 9, 11, and 13 (21 subjects per group) were administered both criterion measures. The 63 normal students were randomly selected. The 63 ED students were selected according to availability (meeting the age criteria) from 17 classes for Socially and Emotionally Disturbed (SED) children. Instruments were administered to the normal population, at three schools, in group settings. Each participating SED class provided approximately three to six students for the project. The EM was administered in group settings within the SED classrooms. The SRM was administered to groups, and in some cases individually within the SED classrooms. Some SED students did not have the writing skill development required to fill out the scale. In those cases they verbalized their answers and the researcher or the SED teacher wrote them verbatim.

Multivariate Analysis of Variance (MANOVA) was used to analyze the data. The analysis was designed to detect differences between scores on measurements of moral judgment and empathy among 9, 11, and 13-year-old normal and ED students.

Conclusions

The following conclusions are indicated within the limits and findings of this study. Findings of this investigation partially support Kegan's (1982) proposed imperial and interpersonal stages of human development. The global stage ratings according to age group and educational placement are listed in Table 5. The average scores for the normal population indicated 9-year-olds achieved a global rating of Stage 2 (imperial stage), 11-year-olds were transitional between stages two and three (Major-Minor Transition 2/3), and the 13-year-olds received global ratings of Stage 3 (interpersonal stage). The average mean scores for the ED population indicated 9-year-olds achieved global ratings which were transitional between Stage 1 (impulsive stage) and Stage 2 (Major - Minor Transition 1/2). Their answers were primarily scored at Stage 1. Eleven-year-olds were transitional between Stage 2 and Stage 1 (Major-Minor Transition 2/1), and 13-year-olds received global ratings of Stage 2.

Multivariate Analysis of Variance (Manova) was used to analyze the data. The construct of moral reasoning and empathy was not formed. Univariate F tests and Roy-Bargman follow-up procedures were used also. The Newman Keuls procedure was employed for post hoc analysis. There was a significant effect for Educational Placement X Age Group. The significant contributing variable was moral judgment

(SRM). Significantly higher scores on the moral judgment scale (SRM) were obtained by normal and ED students according to increased chronological age (9, 11, and 13-year-olds). As predicted, the normal and ED 11-year-old students obtained significantly higher scores than 9-year-old students on the SRM, and normal and ED 13-year-old students obtained significantly higher scores than 11-year-old students on the SRM. Significantly higher scores were obtained by the normal sample on the moral judgment scale as well as the empathy scale, compared to the ED sample.

According to Kegan (1982), increased empathic ability coupled with consecutively higher levels of moral maturity enable the individual to evolve from the imperial to the interpersonal balance on the continuum of human development. Research results from this study indicate the primary contributor to evolution from the imperial (Kohlberg's Stage 2) to the interpersonal (Kohlberg's Stage 3) balance for the normal population is moral maturity. Kegan (1982) suggests increased chronological age influences development of moral reasoning skills and empathic capacity. Results of this study support that hypothesis primarily with respect to the moral judgment variable. The EM scores of the normal 13-year-old students were significantly higher than the EM scores of the normal 9-year-olds. This lends some support to the hypothesis. There were no significant differences among any of the ED age groups' EM scores. The disturbed students'

did not demonstrate significant differences in empathic abilities with increased chronological age.

Finally, Kegan's (1982) model speculates that children with emotional problems are developmentally delayed in both areas. Research findings from this study support that speculation. The primary contributing component is the moral judgment score, and the secondary contributing component is the empathy score. Research findings from many studies support these hypotheses (Campagna & Hunter, 1975; Chandler, Greenspan, & Barenboim, 1974; Feigenberg, 1979; Gardner, 1983; Kohlberg, 1969; Nucci & Herman, 1982; Selman & Byrne, 1974; Tamulevich 1979).

This information raises several questions as to why the construct of moral reasoning and empathy did not form. The Hogan Empathy Scale has received more support through literature reviews concerning the ability to take the moral point of view, than any other available measure. The validity and reliability studies that were conducted (Hogan, 1969) when the instrument was developed are considered thorough and acceptable after being scrutinized and compared to other measures in the literature (Chlopan, McCain, Carbonell, & Hagen, 1985). If this is a true measure of empathy via the moral perspective, why was there no correlation between that scale and the SRM? Though the instrument was primarily used with adults, Hogan (1969)

included a sample of 7th grade students in the validity and reliability study.

Preliminary research was conducted for this project, because age norms for 9, 11, and 13-year-old children were not established by Hogan (1969). Students as young as 9 years of age were able to comprehend the statements on the scale when meanings of unknown words were defined for them. The researcher discussed the scale with students participating in the preliminary study, as well as students participating in the final administration of the instrument. Normal as well as ED students consistently told the examiner the statements were easily understood. Follow-up discussions about statements on the scale were held and the examiner was convinced that 9-year-old children did comprehend the intentions of the items. Follow-up discussions with participating students teachers from the pilot study and SED classes consistently supported childrens' understanding of the statements.

How valid is a student's perception of his/her ability to take another person's point of view on a self reported instrument? Is it possible that some students answers were based on wishful thinking? Perhaps students answered statements according to what they would like to do, or what they think others believe, rather than what they do in reality. Many students marked "true" on the statement, "Before I do something I try to consider how my friends will

react to it." Discussions with SED teachers about using the empathy scale raised questions concerning students' perceptions of their behavior. A number of SED teachers suggested their students would like to consider how others will react, while their behavior in school does not demonstrate consideration for other peoples' reactions.

Discussion with the teacher of students participating in the pilot study which consisted of normal 9 and 10-year-old students raised similar types of questions. The teacher was given a copy of the EM. When the researcher asked for opinions concerning comprehension of the statements, the teacher suggested some students might employ wishful thinking and would answer statements according to a desire to behave in empathic ways, but in reality their behavior would not match their answers.

Is the EM more appropriate for individuals above the age of 13? Although a sample of junior high school students was used and significant differences were found among their scores, the other subjects used in the validity and reliability study were adults. Subjects used to define empathy for the selection of items for the scale were adults. Perhaps the scale is not appropriate for administration to elementary school students. The EM scale was administered to 13-year-old students for this study, and their average score was only two points higher than the 9-year-old average score.

After a thorough examination of available empathy scales which have been accepted as valid and reliable in the literature, the EM was selected for this study. The researcher was unable to find an empathy scale measuring the interpersonal characteristics which facilitate maturation according to Kegan's (1982) model. Research findings suggest that such a scale could be developed and used for children within this age range. Perhaps an empathy scale for children in an age range from kindergarten through junior high school could be developed which would be more compatible for use with the SRM. This instrument could be developed in such a way that classroom peers and/or classroom teachers could have some input along with the student being evaluated for empathic development. Another possibility is to design the instrument in a similar fashion to the moral judgment scale which presents dilemmas about other peoples problems. The student would project his/her perceptions of others' onto the empathy scale and might be more revealing than a scale relying on self-reported empathic concepts.

Recommendations

1. Replication of this study is needed to provide information regarding scores on the Social Reflection Questionnaire of ED students. The SRM reliability and validity studies were conducted with normal populations in school settings. Only sixty-three 9, 11, and 13-year-olds (21 subjects per age group) were sampled for this study.

Replication using the SRM with the same age groups could provide more information concerning responses and ratings of stages of moral development.

2. Replication of this study is needed to provide information regarding scores on the EM with children within the age range of 9 to 13 years.

3. After thoroughly investigating available measures for empathy, only two scales were found which have withstood literary criticism for validity and reliability. Only one scale, the EM, defines empathy as "the ability to take the moral point of view" (Mead, 1938). Findings of this study show no correlation between EM and SRM. Kegan (1982) defines empathy in terms of reciprocity, normative expectations, generalized valuing of human life, and role-taking perspectives. An empathy scale could be developed for children between the ages of 5 and 15 years of age which defines empathy in conjunction with moral development.

4. ED teachers as well as school psychologists can be trained to administer and score the SRM. Intervention strategies can be based upon stages of moral development in which the child currently functions.

5. Intervention strategies based on increasing levels of moral judgment and empathy are published and accessible to ED teachers and school psychologists. They consist of introducing cognitive conflicts via moral dilemmas, dialogue, role-taking, and moral interchange. Workshops can

be held to train school psychologists and ED teachers to use those interventions with disturbed students.

Practical Implications

Evidence, such as the results of this study offer support for Kegan's (1982) model of self development. According to Kegan (1982) increased levels of moral judgment and empathy are the primary components which enable people to evolve from one stage of development to the next. Findings of this study suggest that moral judgment becomes more mature with increased chronological age. This is applicable to normal and ED children. Kegan (1982) suggests disturbed children are developmentally delayed in moral judgment and empathy when compared to their same aged peers. The findings of this study support his speculation.

Normal children who are 9 years of age function at Stage 2, the imperial balance. A person functioning at this level of development is autonomous, views personal relationships in terms of tit for tat exchanges, and interacts according to what he/she construes as advantageous in terms of personal gratification. ED children who are the same age function in a Transitional Stage 1/2. This TR 1/2 balance is primarily a Stage 1 orientation (impulsive) and life is viewed through a punishment and obedience orientation. Empathy is not evident in children who function at that level of development.

Normal children who are 11 years of age function in the Transitional 2/3 Stage of development, which is primarily imperial, but shows signs of empathic development. ED children who are the same age are Transitional 2/1 in their Stage of moral development. The primary emphasis at this stage is instrumental, but they are partially guided by a punishment and obedience orientation.

Normal children who are 13 years of age function in Stage 3, the interpersonal balance, which enables them to take the other person's point of view, and engage in reciprocal relationships. They have developed empathy and operate from a base of genuine concern and caring for others in personal relationships. The 13 year old ED children function in Stage 2, the imperial balance, and lack the mature moral reasoning skills of their normal same aged peers.

This information has two-fold practical implications. First of all, the Social Reflection Questionnaire appears to be a valid and reliable instrument for detecting what stage of moral development children in the 9 to 13 year age range have obtained. It reveals patterns of thinking in such a way that students under consideration for ED placement can be viewed according to where they function in relation to normal same aged peers. If a developmental delay in this area is noted as part of the evaluation process, and the child is placed in an ED program, suggestions for

intervention can be geared toward assisting the child in maturation. Intervention strategies such as cognitive conflict through resolution of moral dilemmas can be implemented, along with role-taking activities.

The second practical implication of this study is the use of an empathy scale to help identify how much empathy the ED child has developed in relation to same aged normal peers. The Hogan Empathy Scale may not be the appropriate instrument to use for 9 to 13 year old children. Research findings were significant between empathy scores of normal and ED students, but did not discriminate differences to the extent that the SRM did. Therefore, it is recommended that research be conducted for the purpose of creating a valid and reliable empathy scale that may be used as a psychometric device with children ranging from kindergarten age through junior high school.

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APPENDIX A

SAMPLE SRM RESPONSES FROM THE ED POPULATION

The most salient types of responses obtained from the ED sample were punitive in nature. These answers were consistently obtained from 9, 11, and 13-year-old students. These answers differed from the reasoning styles of the normal sample. A number of normal 9-year-old students justified answers with responses suggesting Heinz would get caught and put in jail for stealing, and should not take that risk. Normal 11-year-old children often spoke of advantages for stealing inferring that Heinz's wife or friend might return the favor. Normal 13-year-old children gave responses indicating that human life is precious and saving a life should be attempted even if it requires stealing in order to do so. The normal 11 and 13-year-old population thought in terms of caring about other people and of loving one's spouse. Empathic capacity was particularly prevalent among 13-year-old students.

Examples of responses given by ED children were: "Don't talk to strangers because they will take you away to their house and kill me; Helping one's spouse or friend is not important because if you steal, the police will get you and take you to jail. He shouldn't break the law--he'll get put in jail or be executed in the electric chair."

A typical response on the family affiliation norm concerning whether or not a child should give his father money earned from delivering newspapers, so the father can go on a camping trip was: "Because if you don't give the

money to him, he'll get mad." One child wrote, "Because if he doesn't give his father the money, he might get mad or send him to an orphanage or an institute for no reason at all." Another response was, "Even though Joe saved money for camp, he should give it to his dad for a fishing trip, cause if he don't his dad would kick his butt, slap him around, and take it."

On the contract norm, one student wrote, "It is important to keep a promise to someone you hardly know, because you said you would; you don't know if he'll come to your house and kill you." Other responses were, "You don't know the dang fool, he's probably stupid anyway," and "not important, don't matter to me, I don't care."

On the law and property norm, when asked about the importance of not taking things that belong to other people, a student wrote, "It is very important not to take things that belong to other people, because you get in trouble. I never get into trouble--I'm the best in class. I'm going to beat the crap out of you."

APPENDIX B

MORAL JUDGMENT AND EMPATHY SCALES CONSIDERED FOR RESEARCH

In an article reviewing four measures of moral reasoning (Wilmoth & McFarland, 1977), Maitland and Goldman's (1974) Objective Moral Judgment Scale and Hogan's (1970) Maturity of Moral Judgment Scale were compared for reliability and inter-scale relationships. According to the authors', both measures were reliable. However, they did not consider the Objective Moral Judgment Scale to be a valid instrument for assessing Kohlberg's stages. The Maturity of Moral Judgment Scale scores were considered valid for stage classification compared to Kohlberg's MJI. The scale provides a reliable, easily scored, and valid index of moral development. Continuous scores prohibit clear stage classification.

Carroll (1974) designed an instrument, the Moral Advice Test, for use with children between 11 and 16 years of age. It is a pencil and paper, objective measure that yields stage scores. Carroll's purpose was to examine moral judgment development through rejection of lower-stage statements. Carroll examined how subjects regard examples of moral reasoning at lower stages in order to answer the question, "What are the patterns of growing out of old (prior) models of moral reasoning?" (Carroll & Rest, 1981, p. 539). The measure was rejected for this study because it has not been subject to tests of reliability and validity for any other purpose.

The most prestigious and standardized measure is the Defining Issues Test (DIT; Rest, 1979). The DIT can be group administered and computer scored. Individual interviewing and assessment training are not necessary. The DIT was developed to assess "...evaluations or comparative judgments with respect to the issues that are definitive of moral problems" (Gibbs et al., 1982, p. 896). The purpose of the MJI is to elicit reasons for resolving moral dilemmas. Rest (1979) noted differences between the DIT and Kohlberg's MJI. "The DIT is a recognition task rather than a production task, and accordingly subjects are more advanced on the DIT" (Rest, 1979, p.51). Rest (1979) notes, "In short, it is inappropriate to use the DIT to predict scores on Kohlberg's test" (p.52).

Empathy Scales

Two scales, the QMEE and Hogan EM scale, "...measure empathy as the ability (a) to become emotionally aroused to the distress of another and (b) to take the other person's point of view, in order to have true empathy" (Chlopan, et. al, 1985, p.651). The purpose of this study defines empathy according to definition (b), therefore the QMEE was rejected.

Other available measures considered for this study included the George Washington Social Intelligence Test (Walker & Foley, 1973), The Chapin Social Insight Test (Chapin, 1942), The Dymond Rating Test of Insight and

Empathy (Dymond, 1949), and the Empathy Test (Kerr & Speroff, 1954). The first measure listed has received criticism for measuring anything except verbal intelligence. The second instrument has not been sufficiently researched to determine validity. The third one has received criticism for excessive administration time, poor standardized scoring, and uncertain validity. The validity of the Empathy Test is also uncertain (Chlopan, et. al, 1985).

APPENDIX C

PRELIMINARY RESEARCH ON THE HOGAN EMPATHY SCALE

Readability

First of all, the researcher determined the readability of the scale using two well established formulas. They are the Harris-Jacobson Readability Formula (Harris & Jacobsen, 1974), and the Fry Readability Scale, Extended Version (Fry, 1977).

The Harris-Jacobson Readability Formula 2 was selected because it is recommended for material thought to above third-grade difficulty. This formula utilizes a regression equation using two variables. The equation is calculated as follows: Predicted Score = .140 variable 1 (V1) + .153 variable 2 (V2) + .560. Variable 1 is the percentage of unique unfamiliar words from the 38 items on the empathy scale. A word is considered familiar if found in the Harris-Jacobson Short Readability Word List, which contains 2,792 words ranging from pre-primer through second grade reading level. Variable 2 is average sentence length, or the mean number of words per sentence. According to the Harris-Jacobson formula, the Hogan Empathy Scale has a predicted score of 4.66. This corresponds to a readability level of fourth grade (range is 4.22-4.80).

Procedure for Harris-Jacobson Formula

<u>WORDS IN STATEMENTS</u>	<u>UNKNOWN WORDS</u>	<u>NUMBER OF STATEMENTS</u>
139	26	13
174	24	15
118	23	10
<u>431</u>	<u>73</u>	<u>38</u>

VARIABLE 1: $73 \div 431 = .169 \times 100 = 16.9\%$

VARIABLE 2: $38 \div 431 = 11.342$

$.140 \times 16.9\% = 2.366$

$.153 \times 11.342 = 1.735$

$2.366 + 1.735 + .560 = 4.661$ OR 4.66

The second readability formula was conducted with the Fry Readability Scale (1977) because it establishes reading levels of materials using a different formula from that of the Harris-Jacobson. The Fry scale requires a sample of three passages, from a book or article, consisting of one-hundred words each. The number of syllables and number of sentences for each 100 words are counted and findings are averaged. These are matched against the approximate grade levels listed on the Fry Readability Scale (1977).

Procedure for Fry Scale Formula

<u>SENTENCE COUNT</u>	<u>SYLLABLE COUNT</u>
9.1	132
8.3	130
7.5	111
24.9	373
<p>24.9 divided by 3 = 8.3 Average number of sentences per 100 words</p> <p>373 divided by 3 = 124 Average number of syllables per 100 words</p>	

Approximate Grade Level = 4th

In addition to conducting readability formulas, the researcher looked for the 73 unknown words (those not found on the Harris-Jacobson list) on lists of commonly used words. These lists do not extend above fourth grade reading level. Of the 73 unknown words according to the Harris-Jacobson formula, only 19 were not found on one of the previously cited common words lists. The researcher then used Webster's Thesaurus (1976) and a dictionary to define unknown words and find synonyms expressing unknown words in simpler terms.

Words not Found on Reading Lists
or Graded Word Recognition Tests

admit - confess, own up

Alice in Wonderland - A well known story about a little girl's trip to an imaginary place - a fantasy

apt - liable, likely, given an inclination to

ashamed - conscience- stricken, guilty, embarrassed,

consider - figure, judge, think about, understand

entertainment - enjoyment, fun

foreign correspondent - A newspaper or magazine writer who goes to a foreign country (a different country from the U.S.) to send news back to the country who hired him/her.

grouchy - faultfinder, bellyacher, complainer, sorehead.

journalist - a writer or editor for newspapers or magazines.

misunderstood - to fail to understand the full meaning of something (the book). To not understand

prefer - choose or select

principle - beliefs, laws, rules, morality

quarrels - fight, squabble, arguments

react - behave, perform

relax - rest, calm down, loaf, take it easy

religion - belief, creed, faith , church

routine - habit, the usual

sarcastic - cutting, sharp, mocking

stern - harsh, hard, forbidding, reproachful

strict - exact, rigid, severe

talent - specialty, strength, to be really good at one thing.

unambiguous - clear; clear cut, obvious

influencing - to have power over the minds or behavior of other people; get, impress, sway.

mixer - one who gets along well with others in groups; enjoys other people.

American - attachment to traditions, customs, and beliefs of the United States.

arguments - reason, ground, proof, hassle; a discussion over some point; can become heated, but doesn't have to.

poetry - rhyme, verse, metrical language or writing; writing that makes an experience in language chosen to create emotional or feeling type responses through meaning, sound, and rhyme.

regardless - in spite of - not heeding or caring about how others

APPENDIX D

HOGAN EMPATHY SCALE

Directions: Please read the following statements. Decide how you feel about each one. If you agree with a statement, or feel that it is true about you, circle the T (True). If you do not agree with a statement, or feel that it is not true about you, circle the F (False). Please answer all of the statements.

- T F 1. A person needs to "show off" a little now and then.
- T F 2. I liked "Alice in Wonderland" by Lewis Carroll.
- T F 3. I would like to be a journalist.
- T F 4. I usually take an active part in the entertainment at parties.
- T F 5. The trouble with many people is that they don't take things seriously enough.
- T F 6. I feel sure that there is only one true religion.
- T F 7. I am afraid of deep water.
- T F 8. I must admit I often try to get my own way regardless of what others may want.
- T F 9. I have at one time or another in my life tried my hand at writing poetry.
- T F 10. Sometimes I think of things too bad to talk about.
- T F 11. I would like the job of a foreign correspondent for a newspaper.
- T F 12. People today have forgotten how to feel properly ashamed of themselves.
- T F 13. I prefer a shower to a bathtub.

- T F 14. I like poetry.
- T F 15. I always try to consider the other fellow's feelings before I do something.
- T F 16. Sometimes without any reason or even when things are going wrong I feel excitedly happy "on top of the world."
- T F 17. I like to be with a crowd who play jokes on one another.
- T F 18. I am sometimes cross and grouchy without any good reason.
- T F 19. My way of doing things is apt to be misunderstood by others.
- T F 20. I usually don't like to talk much unless I am with people I know very well.
- T F 21. I can remember "playing sick" to get out of something.
- T F 22. I like to keep people guessing what I'm going to do next.
- T F 23. Before I do something I try to consider how my friends will react to it.
- T F 24. I like to talk before groups of people.
- T F 25. I am a good mixer.
- T F 26. Only a fool would try to change our American way of life.
- T F 27. My parents were always very strict and stern with me.

- T F 28. Sometimes I rather enjoy going against the rules and doing things I'm not supposed to.
- T F 29. I think I would like to belong to a singing club.
- T F 30. I think I am usually a leader in my group.
- T F 31. I like to have a place for everything and everything in its place.
- T F 32. I don't like to work on a problem unless there is the possibility of coming out with a clear-cut unambiguous answer.
- T F 33. It bothers me when something unexpected interrupts my daily routine.
- T F 34. Most of the arguments or quarrels I get into are over matters of principle.
- T F 35. I have a natural talent for influencing people.
- T F 36. I don't really care whether people like me or dislike me.
- T F 37. It is hard for me just to sit still and relax.
- T F 38. Clever, sarcastic people make me feel very uncomfortable.

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APPENDIX E

SOCIAL REFLECTION QUESTIONNAIRE

Social Reflection Questionnaire

121

Name: _____ Age: _____ Sex (circle one): male/female

Father's job: _____ Mother's job: _____

Date: _____

Instructions

In this booklet are two social problems with questions for you to answer. We are asking the questions not just to find out your opinions about what should be done in the problems, but also to understand why you have those opinions. Please answer all the questions, especially the "why" questions. Feel free to use the space in the margins to finish writing your answers if you need more space.

Form A

(code #: _____)

PROBLEM ONE

In Europe, a woman was near death from a special kind of cancer. There was one drug that the doctors thought might save her. It was a form of radium that a druggist in the same town had recently discovered. The drug was expensive to make, but the druggist wanted people to pay ten times what the drug cost him to make.

The sick woman's husband, Heinz, went to everyone he knew to borrow the money, but he could only get together about half of what the druggist wanted. Heinz told the druggist that his wife was dying, and asked him to sell it cheaper or to let him pay later. But the druggist said, "No. I discovered the drug and I'm going to make money from it." So the only way Heinz could get the drug would be to break into the druggist's store and steal it.

Heinz has a problem. He should help his wife and save her life. But on the other hand, the only way he could get the drug she needs would be to break the law by stealing the drug.

What should Heinz do?

Circle one: should steal should not steal can't decide

Why?

Let's change things about the problem and see if you still have the opinion you circled above (should steal, should not steal, or can't decide). Also, we want to find out about the things you think are important in this and other problems, especially why you think those things are important. Please try to help us understand your thinking by WRITING AS MUCH AS YOU CAN TO EXPLAIN YOUR OPINION--EVEN IF YOU HAVE TO WRITE OUT YOUR EXPLANATIONS MORE THAN ONCE. Don't just write "same as before." If you can explain better or use different words to show what you mean, that helps us even more. Please answer all the questions below, especially the "why" questions.

1. What if Heinz's wife asks him to steal the drug for her? Should Heinz:

Circle one: steal not steal can't decide

1a. How important is it for a husband to do what his wife asks, to save her by stealing, even when he isn't sure whether that's the best thing to do?

123

Circle one: very important important not important

1b. WHY IS THAT VERY IMPORTANT/IMPORTANT/NOT IMPORTANT (whichever one you circled)?

2. What if Heinz doesn't love his wife? Should Heinz:

Circle one: steal not steal can't decide

2a. How important is it for a husband to steal to save his wife, even if he doesn't love her?

Circle one: very important important not important

2b. WHY IS THAT VERY IMPORTANT/IMPORTANT/NOT IMPORTANT (whichever one you circled)?

3. What if the person dying isn't Heinz's wife but instead a friend (and the friend can get no one else to help)? Should Heinz?

Circle one: steal not steal can't decide

3a. How important is it to do everything you can, even break the law, to save the life of a friend?

Circle one: very important important not important

3b. WHY IS THAT VERY IMPORTANT/IMPORTANT/NOT IMPORTANT (whichever one you circled)?

4a. What about for a stranger? How important is it to do everything you can, even break the law, to save the life of a stranger? 124

Circle one: very important important not important

4b. WHY IS THAT VERY IMPORTANT/IMPORTANT/NOT IMPORTANT (whichever one you circled)?

5. What if the druggist just wants Heinz to pay what the drug cost to make, and Heinz can't even pay that? Should Heinz?

Circle one: steal not steal can't decide

5a. How important is it for people not to take things that belong to other people?

Circle one: very important important not important

5b. WHY IS THAT VERY IMPORTANT/IMPORTANT/NOT IMPORTANT (whichever one you circled)?

6a. How important is it for people to obey the law?

Circle one: very important important not important

6b. WHY IS THAT VERY IMPORTANT/IMPORTANT/NOT IMPORTANT (whichever one you circled)?

7. What if Heinz does steal the drug? His wife does get better, but in the meantime, the police take Heinz and bring him to court. Should the judge:

Circle one: jail Heinz let Heinz go free can't decide

/a. How important is it for judges to go easy on people like Heinz?

Circle one: very important important not important

125

7b. WHY IS THAT VERY IMPORTANT/IMPORTANT/NOT IMPORTANT (whichever one you circled)?

8. What if Heinz tells the judge that he only did what his conscience told him to do? Should the judge:

Circle one: jail Heinz let Heinz go free can't decide

8a. How important is it for judges to go easy on people who have acted out of conscience?

Circle one: very important important not important

8b. WHY IS THAT VERY IMPORTANT/IMPORTANT/NOT IMPORTANT (whichever one you circled)?

9. What if Heinz's wife never had cancer? What if she was only a little sick, and Heinz stole the drug to help her get well a little sooner? Should the judge:

Circle one: jail Heinz let Heinz go free can't decide

9a. How important is it for judges to send people who break the law to jail?

Circle one: very important important not important

9b. WHY IS THAT VERY IMPORTANT/IMPORTANT/NOT IMPORTANT (whichever one you circled)?

PROBLEM TWO

Joe is a fourteen-year-old boy who wanted to go to camp very much. His father promised him he could go if he saved up the money for it himself. So Joe worked hard at his paper route and saved up the \$40 it cost to go to camp and a little more besides. But just before camp was going to start, his father changed his mind. Some of the father's friends decided to go on a special fishing trip, and Joe's father was short of the money it would cost. So he told Joe to give him the money Joe had saved from the paper route. Joe didn't want to give up going to camp, so he thinks of refusing to give his father the money.

Joe has a problem. Joe's father promised Joe he could go to camp if he earned and saved up the money. But, on the other hand, the only way Joe could go would be by disobeying and not helping his father.

What should Joe do?

Circle one: should refuse should not refuse can't decide

Why?

Let's change things about the problem and see if you still have the opinion you circled above (should refuse, should not refuse, can't decide). Also, we want to find out about the things you think are important in this and other problems, and especially why you think those things are important. Please try to help us understand your thinking by WRITING AS MUCH AS YOU CAN TO EXPLAIN YOUR OPINIONS--EVEN IF YOU HAVE TO WRITE OUT YOUR EXPLANATIONS MORE THAN ONCE. Don't just write "same as before." If you can explain better or use different words to show what you mean, that's even better. Please answer all the questions below, especially the "why" questions.

1. What if Joe hadn't earned the money? What if the father had simply given the money to Joe and promised Joe could use it to go to camp—but now the father wants the money back for the fishing trip? Should Joe:

Circle one: refuse not refuse can't decide

- 1a. How important is it for parents to keep their promises about letting their children keep money—even when their children never earned the money?

Circle one: very important important not important

127

- 1b. WHY IS THAT VERY IMPORTANT/IMPORTANT/NOT IMPORTANT (whichever one you circled)?

- 2a. What about keeping a promise to a friend? How important is it to keep a promise, if you can, to a friend?

Circle one: very important important not important

- 2b. WHY IS THAT VERY IMPORTANT/IMPORTANT/NOT IMPORTANT (whichever one you circled)?

- 3a. What about to anyone? How important is it to keep a promise, if you can, even to someone you hardly know?

Circle one: very important important not important

- 3b. WHY IS THAT VERY IMPORTANT/IMPORTANT/NOT IMPORTANT (whichever one you circled)?

4. What if Joe's father hadn't told Joe to give him the money, but had just asked Joe if he would lend the money? Should Joe:

Circle one: refuse not refuse can't decide

4a. How important is it for children to help their parents, even when their parents have broken a promise?

Circle one: very important important not important

4b. WHY IS THAT VERY IMPORTANT/IMPORTANT/NOT IMPORTANT (whichever one you circled)?

5. What if Joe did earn the money but Joe's father did not promise that Joe could keep the money? Should Joe:

Circle one: refuse not refuse can't decide

5a. How important is it for parents to let their children keep earned money—even when the parents did not promise their children that they could keep the money?

Circle one: very important important not important

5b. WHY IS THAT VERY IMPORTANT/IMPORTANT/NOT IMPORTANT (whichever one you circled)?

6. What if the father needs the money not to go on a fishing trip, but instead to pay for food for the family? Should Joe:

Circle one: refuse not refuse can't decide

6a. How important is it for children to help their parents—even when it means that the children won't get to do something they want to do?

Circle one: very important important not important

6b. WHY IS THAT VERY IMPORTANT/IMPORTANT/NOT IMPORTANT (whichever one you circled)?

APPENDIX F

PARENTAL LETTERS OF PERMISSION



DIOCESE OF HARRISBURG
DEPARTMENT OF EDUCATION

130

M E M O R A N D U M

TO: York County Catholic School Parents

FROM: Sister Jeannette Daily, S.S.J. *Jed*
Assistant Superintendent for Curriculum Development

DATE: May 2, 1987

RE: Research Project

The students enrolled in the fourth grade at a Catholic School in York County, have been invited to take part in a pilot study for education research. The purpose of this is to determine whether fourth grade children can read and understand statements on the Hogan Empathy Scale. The scale is designed to measure one's ability to understand another person's point of view in a social situation. This is not a test of achievement. It is a questionnaire asking for personal opinions. No preparation on the part of your child will be required.

Your child will be asked to fill out the scale under the guidance of the researcher, Sharon G. Athey. Administration will take place during regular school hours on June 1st, and will take approximately thirty minutes.

Participation in the research project, on a voluntary basis, has been approved by the Diocesan Department of Education in Harrisburg. A copy of the research findings will be given to the school principal after the study is completed. The school principal has a copy of the Hogan Empathy Scale and parents are welcome to read it upon request.

Ms. Athey has an undergraduate degree in elementary education, a master's degree in reading, is a school psychologist (certified by Pennsylvania Department of Education), and is currently completing a Ph.D. in School Psychology from Oklahoma State University.

Please return this portion of the letter to your child's teacher.

_____ may/may not participate in the study.

Parental Signature

Date



DIOCESE OF HARRISBURG
DEPARTMENT OF EDUCATION

131

M E M O R A N D U M

TO: York City Catholic School Parents

FROM: Sister Jeannette Daily, S.S.J. *ejd*
Assistant Superintendent for Curriculum Development

DATE: May 2, 1987

RE: Research Project

Several 9, 11, and 13 year-old students who attend classes in York City Catholic Schools will be invited to participate in an educational research project. The purpose of the study is to examine the relationship between moral judgment and empathy in a random sampling of students. The researcher would like to administer a moral judgment questionnaire and an empathy scale to your child. These are not academic tests. They are questionnaires asking for opinions about ways to handle social problems. The questionnaires will be administered at school during regular school hours.

Your child's name will not be used in the research report, and individual scores will be kept confidential. A copy of the empathy and moral judgment scales can be reviewed at the school upon parental request. This research has been approved by the Lincoln Intermediate Unit Board of Directors and the Diocesan Department of Education in Harrisburg, Pennsylvania based on parents' willingness to have children participate.

This project is being conducted by Sharon G. Athey, who has an undergraduate degree in Elementary Education, a master's degree in reading, is a certified school psychologist in the state of Pennsylvania, and is completing requirements for a doctoral degree in School Psychology from Oklahoma State University. Please sign this letter of permission and have your child return it to his/her teacher.

_____ may/may not participate in the research project.

Parental Signature

Date



Lincoln Intermediate Unit No. 12

P.O. BOX 70 • NEW OXFORD. PENNSYLVANIA 17350 (717) 624-4616

132

October 21, 1987

Dear Parent:

Your child has been selected, along with other students in the SED Program, to participate in an educational research project. The purpose of the project is to examine the relationship between moral judgment and empathy. Your child's teacher will administer a moral judgement questionnaire and an empathy scale to your child. These are questionnaires, not tests, asking for opinions about ways your child will handle certain problems.

If you agree, the questionnaires will be given in the near future. YOUR CHILD'S NAME WILL NOT BE USED IN THE PROJECT. All information will be kept confidential. A copy of the questionnaires has been given to your child's teacher, and you may see them by contacting the teacher.

This project has been approved by the Lincoln Intermediate Unit Board of Directors, and a copy of the final report will be presented to the L.I.U. Board upon completion.

The research is being conducted by Mrs. Sharon G. Athey, who is a certified school psychologist working for L.I.U.

Please detach the permission form below, and return it to your child's teacher.

may/may not participate in this research project.
(Please circle one)

Parent Signature

WESTERN SATELLITE OFFICE
11 East Baltimore Street
Greencastle, PA 17225
(717) 597-7191

INSTRUCTIONAL MATERIALS SERVICES
Room 216
900 Biglerville Road
Gettysburg, PA 17325
(717) 334-6281

EASTERN SATELLITE OFFICE
Yorkshire Center
295 Mills Street
York, PA 17402
(717) 757-1531

APPENDIX G

PUBLISHERS LETTERS OF PERMISSION



COLLEGE BOOK DIVISION

July 17, 1987

Ms. Sharon G. Athey
School Psychologist
128 Winterstown Road
Red Lion, PA 17356

Dear Ms. Athey:

We are glad to give you permission to use material from our text, **SOCIAL INTELLIGENCE** by Gibbs and Widaman, in accordance with the conditions outlined in your letter of 7/2/87.

Please credit our material as follows:

John C. Gibbs/Keith F. Widaman, **SOCIAL INTELLIGENCE: Measuring the Development of Sociomoral Reflection**, ©1982, pp.192-211. Reproduced by permission of Prentice-Hall, Inc., Englewood Cliffs, New Jersey.

Thank you for your cooperation.

Sincerely,

Michelle Johnson
Permissions Editor

CONSULTING PSYCHOLOGISTS PRESS, INC.

135

577 College Ave. (P.O. Box 60070), Palo Alto, California 94306 (415) 857-1665

Ms. Sharon G. Athey
128 Winterstown Road
Red Lion, PA 17356

In response to your request of April 22, 1987 permission is hereby granted you to
(Date)
reproduce 156 copies of the items on Hogans Empathy scale from the CPI
to use in your dissertation research. You may include a copy of these
in the appendix of your dissertation and they may remain there should
you decide to have it put onto microfilm.

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CONSULTING PSYCHOLOGISTS PRESS, INC.

By Peggy Ferris
Permissions Editor

Date 4/28/87

APPENDIX H

MEMO TO SED TEACHERS FOR TEST
ADMINISTRATION TRAINING



Lincoln Intermediate Unit No. 12

P.O. BOX 70 • NEW OXFORD. PENNSYLVANIA 17350 (717) 624-4616

MEMO TO: Selected Teachers in the SED Program
MEMO FROM: *Bill Anderson*
William E. Anderson, Supervisor, SED/AE/DH
DATE: October 21, 1987
SUBJECT: Meeting with Mrs. Sharon Athey

Last spring Mrs. Sharon Athey, at my invitation, presented a brief overview of her doctoral dissertation to the SED staff. This summer her dissertation was approved by the L.I.U. Board of Education as a research project to be conducted this fall. A letter has been developed and will be sent to the parents of all the selected students for the data collection. This is a brief synopsis of the steps taken by Mrs. Athey since you first met her last spring.

Personally, I would like to ask each of you to give Mrs. Athey your utmost cooperation in her data collection for her dissertation. After reviewing the list of teachers and students for the research, I feel it would be better for you and your class if you would administer the questionnaires with the students selected for the research. Of course, you would not give the questionnaire until the parent(s) or guardian return the consent form to you. Mrs. Athey will explain all the procedures to you at the following brief meeting you are requested to attend:

APPENDIX I

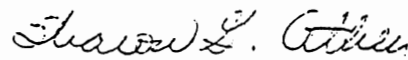
CORRESPONDENCE WITH ROBERT HOGAN

Dear Dr. Hogan,

I am a graduate student at Oklahoma State University and am currently pursuing a doctorate in Applied Behavioral Studies in Education with an emphasis in School Psychology. I have been searching for an empathy scale suitable for use with children in grades five through nine for my dissertation. I am particularly interested in the scale you developed because I am looking at moral development and empathy in normal and emotionally disturbed children. I believe we share similar interests in research.

Has your empathy scale been published? If so, how may I obtain it? If not, how may I obtain it? Would you consider granting me permission to use it for my research?

Thank-You,

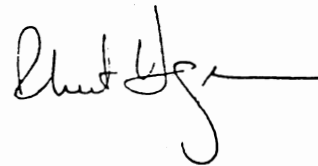


Sharon G. Athey, M.Ed.

My address is: 1315 N. Boomer, #G-22
Stillwater, OK 74074

Phone: (405) 377-2462

Dear Ms. Athey: The empathy scale is scored from the California Psychological Inventory. All the information you need to do this is enclosed. Good luck with your research.



VITA

Sharon G. Athey

Candidate for the Degree of
Doctor of Philosophy

Thesis: THE RELATIONSHIP AMONG NORMAL AND
EMOTIONALLY DISTURBED STUDENTS' STAGES
OF MORAL JUDGMENT AND EMPATHY

Major Field: Applied Behavioral Studies

Biographical:

Personal Data: Born in Lubbock Texas, May 20, 1953,
the daughter of Jack and Julia Jones Short; mother
of Alexander Preston Athey.

Education: Received Bachelor of Science in Education
degree with an emphasis in Elementary Education from
Oklahoma City University in December, 1977; received
Master of Education degree with an emphasis in
Reading from Central State University in July, 1982;
completed requirements for the Doctor of Philosophy
degree in Educational Psychology, with an emphasis
in School Psychology at Oklahoma State University in
July, 1988.

Professional Experience: Elementary and middle school
teacher, Oklahoma City Public Schools, 1978-1980;
Reading Specialist for Blackwood Business College,
1981-1982, Central State University Adult Reading
Lab, Summer of 1982; Reading Specialist at Central
Oklahoma Juvenile Treatment Center, 1982-1983;
Adjunct professor of Developmental Studies including
reading, college writing, study skills, and career
planning workshops, Oklahoma City Community College,
1983-84; Reading Specialist for Adult Education
Program; speed reading and remedial reading, Francis
Tuttle Vo-Tech, Oklahoma City, 1983; Private
tutoring in language arts and study skills from
1981-present; School Psychologist, Lincoln
Intermediate Unit, York, PA., 1987-present.