

EXAMINING THE PERCEPTIONS OF INVOLVED
ADULTS CONCERNING THE NATURE AND
CHARACTERISTICS OF THE MORAL
DEVELOPMENT OF INDIVIDUALS
WITH MENTAL DISABILITIES

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Albert Einstein said: "A hundred times a day I remind myself that my life depends on the labors of others, living and dead, and that I must exert myself in order to give, in the measure as I have received, and am still receiving." Like Einstein I am convinced that I am in debt to many great people. I have been the beneficiary of their kindness and support. I am afraid that my debt has grown too large to repay. I wish to declare my appreciation for their assistance, instruction, nurture, direction, and friendship.

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CHAPTER 1

INTRODUCTION

Peterson (1964) opens his treatise about children with disabilities with the following statement:

It is sickly sentimentality to exult over mental retardation as if it were a good in itself. But it is perfectly human to rejoice over the existence of an individual who is retarded, because such a person represents reality and hence can be an object of will or desire for both God and man. Neither God nor man wants mental retardation for its own sake, but both God and man want and value the mentally retarded person. (p. 2)

The above quotation may represent the views of many professionals and parents who care for or provide services to individuals with mental disabilities. Defined as involved adults for this study, these people serve the individual with mental disabilities in many capacities: as parents, educators, health care providers, physical therapists, occupational therapists, speech therapists, church leaders, community leaders, and other

professionals. Peterson (1964) further supported the necessity to understand the views of involved adults by indicating that individuals with mental disabilities are persons who respond in meaningful ways and, as such, we, their care givers, must conceive of them in terms of human values and divine purposes. To make this point he stated:

To the extent that he is a patient, he is cared for and treated. To the extent that he is a developing human being, he is reared and educated. As *Homo faber*, he is stimulated to produce and to make things, to be creative and useful. As *Homo sapien*, he is helped to perceive, conceive, speak, and listen, to enjoy nature and culture. As *Homo religious*, he is helped to develop his own sense of the Diety, and to enjoy God. (p. 5)

While these ideas presented by Peterson may describe appropriate intentions of caring professionals and other involved adults directed towards individuals with mental disabilities, they do not specify the differences in opinions nor the desired responses expected by involved adults from these individuals. Adults involved with the care and growth of individuals with mental disabilities often consider important questions regarding the nature of moral development and spirituality. The questions are: What is the nature of the moral and religious responses of

these individuals? What are the natural responses to moral dilemmas from individuals with mental disabilities? or What are the characteristics of their responses to God and formal religious ideas? These questions are lofty and remain unanswered. Yet, the importance of recognizing the belief systems of adults who work with individuals with mental disabilities is illuminated by the questions and ideas shared by them. Centrally focused, the question for the present study is: What are the perceptions of involved adults concerning the moral and religious development of individuals with mental disabilities? The responses to this question adds credibility to the moral development aspect or religious support provided in programs for individuals with mental disabilities.

Definition of Individuals with Mental Disabilities

Individuals with mental disabilities have historically been referred to as mentally retarded or individuals with mental retardation. Mental retardation is a term used by many professionals to indicate an individual's relationship to a

diagnostic cognitive category. The term is used in the field of education to establish appropriate educational placement and necessary supports. The American Association on Mental Retardation (1992) defines mental retardation in the following way:

Mental retardation refers to substantial limitations in present functioning. It is characterized by significantly subaverage intellectual functioning, existing concurrently with related limitations in two or more of the following applicable adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work. Mental retardation manifests before age 18. (p. 6)

This new definition is more precise and more behavior oriented than the former definition which placed prominence on traditional intelligence scores. This new approach provides a clearer and more practical approach to the diagnosis and habilitation of mental retardation.

Moral and Religious Development

Moral development and religious development are human processes that have long been investigated and examined in light of how an individual responds to a given set of questions or explained

moral dilemmas. This is an attempt to understand how we perceive and understand the beliefs and actions of others and ourselves within our world. As theories, various concepts address developments in understanding of morality and belief systems of individuals with normal maturation, but do not specifically define the development of the individual with mental disabilities.

Theorist such as Jean Piaget, Lawrence Kohlberg, and James Fowler (Erikson, 1963; Fowler, 1974, 1981; Kohlberg, 1958, 1963; Piaget, 1932, 1954, 1968) have addressed the development of moral and religious concepts within human understanding. Each of their stated theories agree that an individual's ability to understand or believe at any given point in a system of development does not guarantee, or even attempt to predict, that person's response to an actual situation or the ability to act or react morally or religiously appropriately. Thus, the direction of this study is to examine the perceptions of involved adults concerning the moral and religious development of individuals with mental disabilities. What type of moral and religious responses are expected from these individuals when faced with moral dilemmas and religious precepts? What is the motivating catalyst

that enables individuals to morally and religiously respond beyond their equated developmental stages?

Kohlberg's developmental theory of moral reasoning, on the surface, does not appear to specifically address the moral motivation to act or react to any given situation. It has even been argued that Kohlberg had no theory to accommodate motivation or, at the very least, his theory was grossly inadequate to explain how moral development could equate to an individual's motivation to act morally (Blasi, 1990). From a different perspective, it could be supported that Kohlberg's theory itself is based on the supposition that moral understanding must first be obtained by an individual prior to an opportunity to react morally. This assumption is evidenced by Kohlberg's own explanation of his developmental stage model with descriptions of the characteristic reason for responding appropriately at each given stage (Kohlberg, 1976).

Religious development is similar to moral development considering that the belief systems of most world religions have, at the least, an underlying assumption and more commonly an overt expectation that, as each person progresses through the various levels of religious understanding, that people will morally react in

conjunction with their religious beliefs (Smith, 1958; Wei, 1990). In contrast to this assumption, it has been shown that the relationship between religious beliefs and a person's tendency to act religiously or morally may be very weak (Batson et al, 1989). The expectation to act in accordance with one's beliefs and the human nature to contradict this in action creates the greatest of paradoxes in religious faith and moral development (Smith, 1958).

In a recent theoretical review, it was concluded that Kohlberg's moral development theory and faith or religious development theories, such as described by Fowler and Winnicott, bear strong relationships to one another (Hanford, 1991). The idea of a relationship between moral development theories and religious development theories and the tendency of these theories toward the acceptance of a possible healthy moral or religious development is contradicted by Freud's perception that religion is purely pathological in nature and morality is the inversion of instinct and a defense against instinct (Freud, 1927; Sorenson, 1990). Common to both moral and religious development is the overwhelming concept that equitable and just human rights is the apex for moral or religious development (Smith, 1958; Wei, 1990).

In addition, both theories, moral development and religious development, contend that justice is a learned concept derived from the community of the individual. Kohlberg's point of departure is defined by the concept that reason must be the catalyst for morality and not religion (Hanford, 1991; Kohlberg, 1976; Kohlberg & Candee, 1984). While Kohlberg maintains that moral development is independent of religion, he has agreed that religion has a strong moral component necessary to religious maturity (Getz, 1984; Kohlberg, 1981). Kohlberg's theory of moral development and Fowler's stages of faith are numbered among the various theories of moral and religious human development. They are broken down into specific steps or stages to facilitate understanding, not as an indication that human development is so precise in its progression; but, rather, that these stages are intended to be viewed as both serial and forcefully fluid in movement. This type of development can be equated to a river that is dammed. While its direction is changed, the flow cannot be stopped. With these characteristics built into a stage model, it can become difficult to label individuals by their stage. It may be more appropriate and true to the concept of development to view

individuals as progressing through a continuum located at a juncture between two stages at any specific point in time (Crain, 1980).

Piaget's Stages of Moral Development

Prior to the introduction of Kohlberg's stages of moral development, Jean Piaget (1932) presented the idea of moral understanding and judgement in his theories of human development. His explanation described two distinct stages. The first stage, "moral realism", encompasses the years from birth to around age eleven, and is characterized by a child's belief that rules are divine in nature and cannot be altered. A child in this stage expects to respond absolutely within these rules. The second stage, "morality of cooperation", goes beyond the age of the first stage into adolescence, and is exemplified by the understanding that rules must be relative to the situation or time in which they are needed. As such, rules could be changed to address the situation for the benefit of those involved (Crain, 1980; Piaget, 1932; Piaget, 1965).

Kohlberg's Stages of Moral Development

Kohlberg embraced the work of Piaget in the development of his theories of moral reasoning demonstrated by the fact his first three stages share common characteristics with those of Piaget. Kohlberg, however, expanded well beyond these first two levels in his own theories and, much like Erikson, he attempted to encompass the entire span of human life and development.

Kohlberg indicated that these stages are similar to Piaget's levels of human cognitive development in the sense that they do not depend on maturation or a predetermined genetic disposition to propel the individual along their course. Instead, evidence of stage progression emerges as a result of an individual's consideration of moral dilemmas (Kohlberg, 1958, 1968, 1971a, 1976, 1981). In this way, he agreed with Carl Rogers (1989) who maintained that there is a directional trend evident in all human life described as the urge to expand, develop, and mature with all the capacities inherent in that life. Along with these assumptions, it is further maintained that, while each individual progresses through moral development stages at a different rate and to a different extent, each would go through in the same invariant order because of the

universally serial nature of the progressive stages (Kohlberg, 1963). The tendency of Kohlberg to maintain that these stages are universal and cross all cultures is puzzling. This confusion stems from the perception that cultures embrace and teach different belief systems. Kohlberg addressed this concern by establishing that his theories of development do not address specific belief systems, but, rather, a more basic human potential to reason (Kohlberg, 1973a). Further support is derived from the theories of Abraham Maslow which clearly indicate the existence of universal values and moral principals (Maslow, 1968).

Briefly stated, Kohlberg's stages are broken into three sequential levels with two progressive stages within each level. In all, he initially specified six separate identifiable stages. At the first level, Preconventional Morality, an individual bases judgement on his or her own needs. Kohlberg indicated that an individual will be functioning with concrete operational thinking (in Piagetian terms) in order to begin moral reasoning at the second level, Conventional Morality (Kohlberg, 1958). The individual operating at this level begins to consider societal expectations and codified laws in his or her moral understanding

and judgement. The final level, Postconventional Morality, requires the Piagetian formal operational level of cognitive development. At this level the individual bases judgements on abstract, personal principals that are not confined to established laws (Kohlberg, 1958).

After the development of this stage theory model Kohlberg began to consider the possibility of a seventh "cosmic stage." This seventh stage is referred to as the agape stage or the "ethics of love", while the first six are considered the "ethics of justice" (Kohlberg, 1973b, 1981). Because of Kohlberg's death the seventh stage has yet to be fully developed or integrated into the theory.

Fowler's Stages of Faith

Much like Kohlberg's stages of moral development, James Fowler's (1974, 1981) stages of faith are ordered into six invariant, sequential progressions that occur in a fixed order. Each of these stages of faith represent a progressive order of thinking that expresses the meaning of life for the individual. Fowler's developmental progression begins with the infants sense of trust

and love and culminates with the adult's understanding of sacrificial living for the improvement of others (Fowler, 1981). This final stage, with its concepts of "wholeness of life" and "sacrificial living," parallel Kohlberg's "ethics of love".

In light of the accepted theoretical views of moral and religious development, it is perplexing to ponder what morality means to individuals with mental disabilities. Much of their lives is determined by external influences. State and federal laws, community philosophy, and personal ethics all affect how adults who provide care or service to the individual with mental disabilities make decisions about that care and service. What is the expectation of involved adults concerning the moral and religious responses of the individual with mental disabilities? The assumption of most professionals or parents may be that the ideal development for each individual is the highest moral and religious functioning level. At the top of this function is the ability to understand the need for social order, universal principles, like justice and liberty, and the desire to make decisions based on a sacrificial attitude. In light of these assumptions of professionals and parents, will expectations be

limited for the individual with mental disabilities? Will these expectations be bound at elementary stages of moral and religious development in line with their corresponding levels of cognition? The implications for services provided to the individual with mental disabilities are staggering.

Assumptions of the Study

It could be assumed, from the direction of this discussion and indications from current researchers in the field of moral and religious development, that acknowledgement must be given to the moral development transpiring in normal human development. Additionally, it is assumed that development in moral reasoning and progression through stages of faith are the precursors to moral and religious responses and action. Given that moral reasoning coupled with the ignition of emotion is the catalyst to moral response (Levine & Bekerman, 1980), embracing the societal view of moral behavior as necessary to the functioning of a benevolent society and establishing that Kohlberg's stage six and seven moral functioning and Fowler's stage six of faith are the ideal for

individuals within our society, it seems apparent that certain expectations will be assumed by persons who are charged with the care and instruction of the individual with mental disabilities. If cognition and emotion are necessary prerequisites to the moral motivation that leads to moral action, and if Kohlberg's stage seven and Fowler's stage six functioning the operating condition under which life becomes most meaningful, how will involved adults perceive the development of individuals with mental disabilities? And what are their perceptions and beliefs concerning moral and religious development?

Purpose of this Study

The potential that individuals with mental disabilities will experience moral and religious development at independent levels of cognitive development and that involved adults expect moral and religious response from these individuals forms the conceptual basis for this study. The purpose of this investigation was to describe the nature of the perceptions of involved adults concerning the moral and religious development of the individual

with mental disabilities. The function of this research requires an evaluation of the expectations of these adults concerning moral and religious development in general and specifically with the individual with mental disabilities in mind.

The research questions in this study are the following:

- (1) What is the nature of the beliefs of involved adults concerning moral and religious development in the individual with mental disabilities?
- (2) What is the nature of the moral and religious responses that involved adults expect from the individual with mental disabilities?

CHAPTER II

REVIEW OF RELATED LITERATURE

Moral Developmental Theory

Kohlberg's stages are broken into three sequential levels with two progressive stages within each level. At the first level, Preconventional Morality, an individual bases judgement on his or her own needs. Kohlberg indicated that an individual will be functioning with concrete operational thinking in order to begin moral reasoning at the second level, Conventional Morality (Kohlberg, 1958, 1976). The individual operating at this level begins to consider societal expectations and codified laws in his or her moral understanding and judgement. The final level, Postconventional Morality, requires a formal operational level of cognitive development. At this level the individual bases judgements on abstract, personal principles that are not confined to established laws (Kohlberg, 1958, 1976).

Stated more specifically, Preconventional Morality contains stages one and two and describes children much like Piaget has done. First, in stage one, children embrace the idea that rules are God given and cannot be altered. Then, in stage two, there is the progression to an understanding that rules are relative and at times will be changed to accommodate individual or group needs. At the stage one level, it is the main concern to avoid punishment, which is similar to the moral anxiety described by Freud (1927) and in stage two to learn to make deals while you actively seek your own interest. Conventional Morality embraces, at stage three, the need to be perceived as a good person, especially by those people who are close. Then, at stage four a person progresses toward the idea that we should obey laws in order to maintain a society free from chaos. Finally, Postconventional Morality emphasizes, at stage five, basic rights and the democratic process to allow everyone equal input. Stage six indicates that principles must be defined by the concept of what is the most just for all parties concerned (Kohlberg, 1958, 1981).

Kohlberg (1968) described these stages in the terms of values placed upon human life. His description indicated that stage

one confuses the value of human life with the value of physical objects. He based this idea on the social status of the physical attributes of its possessor. Stage two sees the value of human life in light of power to provide satisfaction to the possessor or to others. Focus begins to shift in stage three with the value of human life based on the empathy and affection of family members and others toward the possessor. Stage four progresses with the idea that life is sacred in terms of its place in a categorical moral or religious order of rights and duties. Further, stage five conceives life in its relation to community welfare and as a universal human right. Finally, stage six embraces the idea that life is sacred and represents the concept of the universal human value of respect for the individual.

Kohlberg's Seventh Stage of Moral Development

After the development of this stage model, Kohlberg began to consider the possibility of a seventh stage that was qualitatively different than the previously defined stage six. It is more cosmic, much like a sense of being a part of the whole of life (Kohlberg,

1973a; Kohlberg, 1981; Mwamwenda, 1992). This seventh stage is referred to as the agape stage or the "ethics of love", while the first six are considered the "ethics of justice". In other words, the first six stages are centered around morality and the human response to dilemma, while the seventh is focused on ethical and religious interhuman responses. As Carter (1987) has indicated, the seventh stage may not serve as the final stage, but it may be the very foundation upon which the first six stages rest. It is the whole story of moral development and all of the previous six stages must find their structure and catalyst within this final court of appeals.

Kohlberg's work in the area of moral development facilitated a shift in the field of psychology concerning developmental theories. It has been estimated that there has been in excess of 5,000 studies conducted to examine Kohlberg's theory. Of these, many have established cross-cultural validation. This colossal research effort represents the largest investigation of any single area of personality theory (Sprinthall & McVay, 1987).

Cognitive Development and Moral Development

Kohlberg's developmental theories are closely related to the cognitive development theory of Piaget. In the area of moral development, Piaget identified two specific stages of moral development (Piaget, 1932). Kohlberg built upon Piaget's assumption and broadened this concept to embrace moral development well into adulthood. Like Piaget, Kohlberg (1969) maintained that there is a consistent relationship between individuals' levels of cognitive functioning within Piaget's stages of development and their level of moral reasoning. In fact, Kohlberg postulated that a certain level of cognitive development is a necessary criteria for functioning at the corresponding cognitive level of development (Stephens, Mahaney, & McLaughlin, 1972). This relationship of cognitive development and moral development has been further tested by many well constructed studies with consistent findings (Armon, 1988; Blackham, 1983; Kohlberg, 1976; Kuhn, Langer, Kohlberg & Haan, 1977; McLaughlin & Stephens, 1974; Tomlinson-Keasey & Keasey, 1974; Rest, 1983; Selman, 1976; Selman & Damon, 1975; Sigman, Ungerer, & Russell, 1983; Taylor & Achenbach, 1975).

Education and Moral Development

In like manner, education has shown a strong relationship to moral development. It has been shown that the educational level of an individual has a direct relationship to the achieved level of moral reasoning (Colby, Kohlberg, Gibbs & Lieberman, 1983a; Colby et al., 1983b; Kohlberg, 1969). Similar to Kohlberg's (1969) original suggestion that cognitive development must progress to a certain level in order to reach a corresponding level of moral reasoning, several researchers have shown education to be highly correlated with moral development (Colby et al., 1983a; Rest, 1983). The Colby study illustrated that education was a primary factor over social class in research conducted with working class subjects who had some experience with college. In a study designed to examine the effects of gender on moral development, Shahan and Sagiv (1982) found that education was a more efficient predictor of moral development than gender. Contrastingly, Galaz and Francisco (1992) found that playing a leadership role enabled an individual to progress to formal operational reasoning without

formal education. While this direction of leadership role research is new it may in time be replicated or duplicated with supporting results.

Age and Moral Development

Other findings have indicated the relationship of several variables in the study of moral development (Kohlberg & Shulik, 1981; Marchand-Jordan & Samson, 1982; White, 1988). Age appears to be meaningful in relation to moral development from the indications of Colby (1983) and Gould (1978) who found that development continued through the 20s and mid 30s. In agreement, Bakken and Ellsworth (1990) established that development continued into the 30s and even further, in many cases, into the mid 50s and beyond.

Gender and Moral Development

Gender, as well, has been found to be important in the consideration of moral development. It has been proposed that there is a difference in moral development between men and

women (Gilligan, 1982; Gilligan & Attanucci, 1988; Gilligan & Murphy, 1979). This may be a result of qualitative differences in the way men and women perceive morality and not just a difference in the level of moral attainment. Gilligan (1977, 1982) contends that there exists a specifically cultural difference in the way men and women perceive morality. While men think in traditional Kohlberg terms of rights and justice, women approach moral development in light of their inclination towards caring and responsibility (Gilligan & Belenky, 1980). While the arguments of Gilligan may hold merit, little empirical evidence has been presented to substantiate the claims especially for women in other populations, women with ethnic differences, or women with mental disabilities.

Several studies have contrasted the views of Gilligan, finding no significant difference in moral development between genders (Lifter, 1985; Walker, 1986). Both Walker and Lifter surveyed multiple studies on Kohlberg's theory of moral development. While both detected slight differences in gender among the studies, neither reported significant findings. Of those difference reported most were attributed to problems with early scoring systems.

Social Experience and Moral Development

In addition to cognitive ability, Kohlberg and Gilligan (1971) maintained that social experiences were necessary to facilitate stage progression in moral development. Thus an older individual who has the benefit of more social experiences may be able to reason at a higher moral stage than the younger individual with the same cognitive abilities. These results may provide some insight into the ability of the individual with mental disabilities to function at higher than expected levels of moral reasoning. The findings of Tomlinson-Keasey and Keasey (1974) provide support as their research indicates that individuals deprived of social experience will function at a lower level than their cognitive abilities would predict. In addition, Kahn (1976) has suggested that mental age, which is often interpreted as cognitive abilities for the individual with mental disabilities, does not adequately predict the true social and cognitive abilities of the individual with mental disabilities.

The research indicates that the variable of social experience

may be an overlooked contributor to moral development. The traditional variables of mental age, IQ, and chronological age may require new examination when augmented with the variable of social experience and ability.

Cross Cultural Moral Development

More than 50 of the 5,000 or more studies based on moral development have established cross cultural validity (Edwards, 1981; Harkness 1980; Kohlberg, 1971b; LeVine, 1980; Sprinthall & McVay, 1987). These studies have established that moral development takes place in the invariant stages of Kohlberg's theory throughout different cultures. Studies have been conducted in various countries and with different cultural groups indicating a general agreement with moral development in line with Kohlberg's theory (Boyes & Walker, 1988).

Invariant Stage Progression in Moral Development

The basic assumption of Kohlberg's theory of moral development is invariant stage progression. While Kohlberg would

contend that each person progresses orderly through the stages of moral development, he would not support that all, or even most, individuals would attain stage 5 or 6. Longitudinal studies conducted by Kohlberg have eventually brought about the conclusion that stage six should only be considered a theoretical construct because of the lack of supporting results (Colby et al. 1983a; Colby et al. 1983b; Colby & Kohlberg, 1981; Kohlberg, 1978). Likewise the postulated stage seven of agape moral reasoning is considered theoretical with no empirical data indicating individuals reach this level. These two exceptions noted the theory of invariant progression through stage five continues to be maintained by most researchers in this field. Beginning with Kohlberg's doctoral dissertation in 1958 and continuing through the most recent studies, there appears to be general support for invariant stage progression (Colby et al. 1983b; Colby & Kohlberg, 1981; Kohlberg, 1958;).

Moral Development and Religious Development

Kohlberg's theory of moral development precludes religious

development. Kohlberg (1967, 1976, 1981) maintained that moral development is completely independent of religion. However, he acknowledged that religion has an element of moral reasoning. Furthermore, appropriate moral development is necessary for religious maturity (Kohlberg, 1981; Pruyser, 1976; Winnicott, 1971; Wolf, 1980). Bull (1969) explains this by the concept that religious development and moral development overlap with common elements, but neither is sufficient to explain the other.

Much like moral development theory, religious development theory has been researched and tested in a Piagetian construct (Gorsuch, 1988). Reviewers of this field of study have identified three important factors in religious development: the family and peers and formal as well as informal religious education (Elkind, 1970; Elkind, 1971; Erickson, 1992).

The early research in religious development suffered from the lack of any structured measures (Spilka, Hood, & Gorsuch, 1958b; Spilka, Shaver, & Kirkpatrick, 1958). Several early efforts left us with loosely structured models. The theoretical assumptions produced from these early studies may assist in the understanding of religious development. However, they can be

faulted for their lack of empirically supporting evidence or studies concerning individuals with mental disabilities.

Harms' Theory of Religious Development

In an early study by Harms (1944), children were asked to draw pictures of God. From these pictures Harms proposed three stages of the development of the concept of God. Stage one, the fairy tale stage, is comprised of children ages three to six who see God as a fantasy character. Stage two, the realistic stage, finds children, ages six to eleven, seeing God in a human helping role. Finally, stage three, the individualistic stage, includes adolescents who have developed an individual concept of God. At this stage there is a great variety of displayed concepts among individuals (Spilka, et al, 1958a).

Allport's Theory of Religious Development

Gordon Allport (1950, 1961, 1966) was one of the first theorist to investigate religious development within a modern psychological framework. His theory comprised three stages of

religious sentiments or beliefs. Stage one is characterized by an authority based belief in which children basically believe what they are instructed to believe. In stage two, the individuals begin to doubt that their religious instruction has validity. Stage three is represented by alternating faith and doubt with the eventual outcome of religious maturity or agnosticism.

Jung's Theory of Religious Development

Carl Jung (1958) began to develop his theories of spiritual and religious development around the time of Kohlberg's theory of moral development. In Jung's concept of development, children are most consumed with themselves and their place within a confined known world of family and peers. Sometime during adulthood the individual begins to see the world as a whole and sense the need to create equilibrium with the world.

Fowler's Stages of Faith

Fowler (1981) had the benefit of the well examined field of moral development including the theories of Erikson, Piaget, and

Kohlberg before he introduced his stages of faith. His stages of faith were produced from a study of 359 individuals between the ages of 4 and 84 of which 45 percent were Protestant, 36.5 percent Catholic, 11.2 percent Jewish, and the remaining from various other unspecified groups. Of the respondents, 97.8 percent were white and equally split between male and female. The resulting six stages of faith have been difficult to substantiate due to the lack of an objectively scoreable questionnaire.

In Fowler's schema the development begins in the pre-stage of Undifferentiated Faith. This occurs prior to religious conceptualization and the development of language. It is characterized by the infants sense of trust and love versus abandonment. The infant will begin to move to the first stage of faith with the development of language and conceptual thought.

Stage one, Intuitive-Projective Faith, is established by the child's recognition of the parent's formal religion and family life. It is the outcome of the parents teachings and examples and the child's powerful ability of imagination. The danger of this stage is to be overcome by terrifying or destructive images that may be produced by attempts to enforce moral or doctrinal conformity.

Concrete operational thinking (in Piagetian terms) usually promotes the transition to stage two.

Stage two, Mythic-Literal Faith, encompasses the child's attempts to give meaning to the stage one image-centered faith. This stage is limited by the child's necessities to interpret faith literally. Concerns of this stage are the tendency to embrace self-righteous perfectionism or a concept of unworthiness if rejected by significant persons.

Stage three, Synthetic-Conventional faith, is best described as the conformist faith. The individual is heavily influenced by the opinions and authority of significant others and their own ability to form a personal myth that projects them into roles and relationships of the future. This often becomes the final stage for many adults. Movement from this stage is usually caused by the contradictions between perceived authorities and experiences that cause critical reflection of one's own belief system.

Stage four, Individuative-Reflective faith, is marked by the realization that one's world view has been inherited and is thus relative to the relationship of the authority. This leads to the abandonment of the reliance on these authorities while the

individual takes on the role of choosing among priorities. These choices allow the development of a personal, rational world view.

Stage five, Conjunctive faith, is brought about by an awareness of the paradoxes and complexities of one's own view of life and faith. The person in this stage begins to appreciate the truths of other traditions with the understanding that ultimate truth goes well beyond the precepts of any one tradition, including that of their own.

Stage six, Universalizing faith, is attained by only a few rare individuals. It includes the concept of the wholeness of life that includes all beings and the necessity to live sacrificially for the improvement of all others. This involves absolute commitment to the principles of justice and love (Fowler, 1981; Worthington, 1989; Wulff, 1991).

Despite the acceptance of Fowler's stages of faith, several theorists have criticized the assumptions. Most notably, William Meissner (1984), a Jesuit psychoanalyst, believed that Fowler too heavily relies on the cognitive domain and ignores the affective dynamic. In addition, Meissner maintained that Fowler's research suffers from an overwhelming theological liberal influence.

Responses Within Stages of Moral and Religious Development

Representatives of Fowler's stage six and Kohlberg's stage seven are similar in nature and represent the ideal in moral and religious development. Individuals such as Gandhi, Mother Teresa, and Martin Luther King Jr. are recent examples. Historically, many other figures could be cited such as St. Francis, St. Benidict, and Jesus. Both stage models share this ideal of sacrificial living for the benefit and salvation of humanity (Clouse, 1990; Wei, 1990).

People do not necessarily act or react at the level where they understand or believe. Rather, many times they may respond at a lower stage than the highest stage at which they have understanding (Crain, 1980; Van Ijzendoorn, 1987; Woolfolk, 1980). With Kohlberg's stage model in mind, it is apparent that at higher stages individual actions would become more predictable and responsible because the higher stages themselves require more predictable rules and standards of operation (Crain, 1980). With this concept, Socrates would agree and even expect more, embracing the view that a man with full knowledge would choose

the higher moral action because he would understand that a less moral choice would damage all humanity, including himself (Goble, 1970).

Kohlberg indicated that the ability to function at a certain level requires the individual to possess cognitive development at correlating Piagetian stages (Kohlberg, 1976). Assuming his indications are correct, it can be said that cognitive development and the ability to reason abstractly may be the catalyst for both moral motivation and action. However, the development of cognition does not seem to stand alone in explaining moral motivation when considering the suggestion that individuals do not always respond in line with their moral understanding. Simply because this person has a convincing rationale towards a particular moral response does not guarantee an appropriate response to dilemma.

One possible solution, expounded by Augusto Blasi (1990), is the concept that emotions have intrinsic motivational power and give life to the cognition of morality and in turn produce moral action. Implied in this concept are the limitations of emotions. Emotions without cognition will provide motivation without

direction juxtaposed with moral responses out of context. Blasi (1990) further asserted that the emotional realm of human development is now defined by the attributes of affect. These attributes, which encompass needs, drives, impulses, whims, desires, and commitments, are based on the motivation that allows an individual to progress towards a goal. By their very definition these attributes require action.

In like manner, Allport (1966) promoted the idea that intrinsic religion promotes selfless acts to enrich the lives of others. He proposed that intrinsic religious beliefs include an inherent concern for the well being of others and thus an altruistic motivation to help them. Recent research (Batson, et al, 1989) indicated that this may not represent the entire spectrum of this theory. It appears that intrinsically embraced religion proves useful to the participant by meeting the need to answer the question of being. Embracing a religion that maintains principles requiring the enrichment of others, even at great personal cost, does not assure that selfless acts are not accomplished egotistically. These acts can be the product of the attempt to meet the requirements of one's faith and acquire an advanced

situation, either within the social structure of the religion or within the relationship of that person and the perceived deity. Consequently, these moral actions may, for one person, be altruistic and for another egoistic.

These responses to the consideration of the nature of moral motivation are additionally supplemented by considering Kohlberg's proposed seventh stage of moral development. Viewing Kohlberg's seventh stage in the cosmic orientation of being a part of the whole of life, as members within the vast human race, who are responsible for and accountable to all other members, we connect religious motivation and moral motivation (Carter, 1987; West, 1978). This connection is exemplified by the whole story concept of moral reasoning expounded by Carter (1987). It goes much deeper than simply being happy at the expressed happiness of others or simply applying justice to each person in all situations. It is, as Kohlberg (1981) has indicated, an intuition that goes beyond reasoning itself. The manifestation of stage seven functioning is responding beyond that which is dutiful, even at one's self expense. In addition, stage seven goes beyond the imposed boundaries of justice. Moral reasoning and its justice

must remain impersonal and impartial to enforce equitable outcomes based on arbitrary equality. Stage seven reasoning, agape reasoning, must embrace the personal and distribute its moral actions to meet the needs of individuals.

In effect it has as its only purpose to treat each individual not only fairly, but uniquely, differently, and with no measure of cost. This description indicates the transcendence of justice reasoning and provides the meaning for one's existence, which is the answer to the central question of religion.

Development in the Individual with Mental Disabilities

The empirical research in the area of moral and religious development in the individual with mental disabilities is very limited. This field drew some attention in the 1970's, but has remained dormant since that time. The central focus of the research in moral and religious development of the individual with mental disabilities was the comparison of mental age drawn from intelligence quotients and expected corresponding functioning in moral and religious reasoning. This focus comes from the very

nature of moral development as espoused by Kohlberg. According to Kohlberg (1969), a particular stage of cognitive functioning would have to be attained in order for the individual to attain a corresponding level of moral functioning. Kohlberg also maintained that this cognitive function was not sufficient to facilitate progress to higher stages. His indication was that once an individual reaches a particular stage, accompanying social experience and structure will allow an individual to embrace moral reasoning at the higher stage (Kohlberg & Gilligan, 1971; Perry & Krebs, 1980). This effect of social experience has not been fully addressed for the individual with mental disabilities.

Comparison of Individuals with Mental Disabilities and Nondisabled Individuals

A comparison of individuals with mental disabilities and non-disabled individuals at the same age level has indicated that individuals with mental disabilities are significantly lower in their moral reasoning abilities than their non-disabled peers (Mahaney & Stephens, 1974; Moore & Stephens, 1974). These

findings have indicated that individuals with deficits in their cognitive abilities will also display deficits in moral reasoning. This line of reasoning is confounded with the comparison of individuals of the same chronological age if we accept the assumptions of the developmental stage model theorists. Kohlberg's (1969) contention was that an individual would not achieve moral reasoning at a particular level until the corresponding cognitive functionings were attained. This concept does not specifically address chronological age, but rather cognitive development, which progresses at an independent rate for each individual.

CHAPTER III

METHODOLOGY

Chapter Overview

This chapter begins with a discussion of Q methodology, the type of research utilized in this study. The selection of subjects for participation, the development of the concourse of items for the research instrument used and the interview procedures are discussed. The chapter concludes with a description of the procedures used for collecting, recording, and analyzing the data that were generated.

Research Methodology

The study of perceptions and beliefs of adults concerning the moral and religious development of individuals with mental disabilities is a highly subjective undertaking. It was necessary,

therefore, to choose a method that allows for the systematic review of subjective opinions of those persons involved in the care and education of individuals with mental disabilities. According to Bogdan and Biklen (1982), qualitative methodology is designed to determine the subjective aspects of human behavior. Q methodology was chosen because of its unique abilities to meet this criteria. This method combines qualitative strategies with quantitative and qualitative analysis to allow the articulation of various opinions about any concern. Stephenson (1980) represented this ability of systematically reviewing subjective opinions by stating that Q methodology is "especially relevant for the communication scientists whose research assesses the perceptual world of individuals" (p. 204). Stephenson (1953) explains further the Q methodology has been misunderstood as simply a technique involving Q sorting; it is rather a fundamental body of theory for a scientific approach to subjectivity.

Q method, developed by Stephenson (1935, 1953), was designed to assist in the orderly examination of human subjectivity and focuses on a rank ordering procedure in which respondents order statements of potential opinion according to

their perceptions and beliefs. The respondents are instructed to order the statements according to specific criteria or conditions of interest in terms of value, such as "most like me" and "most unlike me". These ordered responses are termed a Q sort. After the items are ordered according to the respondent's perceptions or beliefs, the Q sort data are correlated and factor analyzed producing appropriate factor groups. Each factor group is defined by the individuals who have responded in a similar manner and clustered together statistically on a particular factor. Each factor is, therefore, representative of a specific belief system or opinion. The responses of each factor group are then interpreted to provide an understanding of the commonly shared opinions and beliefs represented by each factor group.

Selection of Subjects

The respondents in this study were adults who provide direct care or instruction to individuals with mental disabilities. Representatives of this type of involved adult are parents, teachers, occupational or physical therapist, speech therapist,

group home managers, independent living service providers, physicians, psychologists, nurses, clergy, and other health care providers. In addition, individuals who are involved through administrative responsibility and support were utilized. Among this group are public school administrators, special education directors, Department of Human Services case workers, State Department of Education personnel, university professors, advocacy personnel, facility directors, and legal representatives.

Research Instrument

For this study a Q sort with a concourse of 45 items (APPENDIX E) was developed to reflect potential opinions of professionals who provide direct care to, or have administrative responsibility of, individuals with mental disabilities. The Q sort was designed to represent potential beliefs of parents and other family members of individuals with mental disabilities. A hybrid method (Mckeown & Thomas, 1988) of concourse development was used by combining items that emerged from relevant literature and items that emerged from people who are similar to the study

subjects. The similarity criteria assumes a representation of various ideas about the concern of moral and religious development of individuals with mental disabilities.

Phase one of the concourse development involved a thorough review of literature from various professional fields of service. The reviewed literature represented areas such as psychology, medicine, nursing care, education, and religion. In addition, related materials from newsletters, newspapers, editorials, and reader responses were examined to gather less formally presented opinions and beliefs. From this review a set of items was drawn for further review.

For phase two of the concourse development, a group of graduate students currently working with individuals with mental disabilities and pursuing further education in the field of developmental disabilities were asked to review the concourse of items. After their review, the readers were asked to contribute any ideas or beliefs that would better represent their understanding concerning the moral development of individuals with mental disabilities. Interviews were then conducted with a small group of those who responded to ensure understanding and

clarity of all responses.

Phase three was comprised of analyzing the responses and interview field notes from the interviews with the reviewers. From this process items were discarded or changed and additional items added based on the frequency of comments from the reviewers. With this consideration a structure emerged with three distinct categories of items.

The first category is comprised of belief statements about the religious and spiritual nature of moral development. Representative items deal with the influence of religious training and spirituality on moral development. The belief statements include beliefs that moral development is heavily influenced by religiousness and spirituality as well as statements that completely separate moral development and religious development.

The belief statements in this category are as follows:

1. Religious beliefs have the same place in decisions making as moral principles.
2. If a person puts his trust in God it doesn't matter about his mental abilities. He will be able to respond to others in a God-like (moral) manner.

3. Moral reasoning ability is dependent upon an individual's personal experience with God.
4. It makes sense to me that moral development and religious development overlap. They have common elements but neither fully explains the other.
5. Individuals with mental disabilities need formal religious training to become moral.
6. The highest moral development is based on an individual's interaction with God and the understanding that God grants us. And all people can reach this stage because all people can interact with God.
7. It is a person's faith in God that supports the motive to be moral or to exercise moral logic.
8. The highest moral reasoning encompasses selfless love. And all individuals, regardless of mental abilities, can exhibit love.
9. Moral development is equal to religious development.
10. Morality has nothing to do with God. A person can reason and act morally without a knowledge of God or a belief in God.

11. Moral development has nothing to do with religion or religious development.
12. Moral development is necessary for religious maturity. However, it take much more than just moral development to be spiritually mature.
13. Religious people in general and religious individuals with mental disabilities function at higher stages of moral reasoning than do similar people without religious beliefs.
14. A person could be moral without being spiritual. But if a person is truly spiritual they will be moral.
15. I have never thought about how spiritual individuals with mental disabilities might become.

The next set of items involves the effect of social influences and environment on moral development. Again the statements both connected the impact of societal influence and environment on moral development and maintained a complete separation of the two. These items included the following:

1. Individuals with mental disabilities behave morally because it provides a feeling of self-worth.
2. Only persons with higher moral reasoning abilities are

likely to engage in acts for the purposes of benefiting others.

3. Our emotions motivate our moral actions.
4. An individual's moral development is limited only by his society and cultural surroundings.
5. Moral development is based on an individual's environment.
6. Moral development depends on how we are raised and taught. It depends on our own personal experience.
7. Its unfair to force our moral standards and definitions upon individual with mental disabilities.
8. Individuals with mental disabilities are heavily influenced by others around them. Therefore, moral development is more a function how others treat them.
9. It is unfair to force my moral reasoning and behavior expectations on people who are simply not subject to my standards.
10. Moral development is important because it assist us in becoming a part of the social structure.
11. Individuals with mental disabilities tend to treat others the same way they are treated; it has nothing to do with moral

development.

12. Individuals with mental disabilities behave morally because it brings about social rewards like praise and affection.
13. Individuals with mental disabilities behave morally to avoid punishment and guilt; there is little reasoning involved.
14. Morality and moral actions are based on sympathy.
15. Individuals with mental disabilities behave morally because it provides the least resistance in their environment.

The other set of items represents education and its concurrent cognitive ability and its influence or lack of influence on moral disability. The educational items are the following:

1. Advanced stages of cognitive development are necessary, but not sufficient, for moral development.
2. Just because a child with mental disabilities is behind in moral cognitive development does not mean he is immoral.
3. When cognitive development stops moral development stops.
4. A given mental age for an individual with mental disabilities does not adequately describe cognitive development.
5. Formal education is necessary for appropriate moral

development.

6. Adults, even those with mental disabilities, will not undergo any significant moral or cognitive development after they have reached adulthood years.
7. A level of cognitive development is a necessary criterion for a parallel level stage of moral development.
8. A persons educational level has a strong relationship to moral development.
9. Much like cognitive development, moral development is extremely slow for an individual with mental disabilities because this type of development is prompted by the ability to consider and reason about moral issues.
10. The ability to reason morally and the ability to act morally are two separate subjects. A person could possess either one without the other because each must be taught.
11. A person could be taught to behave morally without any real understanding of moral behavior or reasoning.
12. Moral development and cognitive development take place naturally; they develops in everyone at a different rate.
13. Individuals with mental disabilities are going to be disabled

in their moral reasoning and behavior.

14. High moral reasoning is rare in people with normal cognitive functioning; much rarer in individuals with mental disabilities.
15. The ability to judge one's own actions indicates high moral reasoning and cognitive ability.

Procedures

Following approval from the Oklahoma State University Institutional Review Board for Human Subjects Research (APPENDIX A), potential subjects were contacted by letter (APPENDIX B) for possible participation in the study. With the subjects permission (APPENDIX C) the Q sort was administered with clearly written (APPENDIX D) and oral instructions from the researcher in a one-on-one setting. The condition of instruction was: What are your beliefs concerning the moral development of individuals with mental disabilities? All Q sort items were placed on separate cards (APPENDIX E) stacked in random order. The

respondents were asked to situate these items on the developed Q sort form board (APPENDIX F) to appropriately represent their indications of "most like my beliefs" and "most unlike my beliefs." In addition, follow up interviews were conducted with subjects representative of each resulting factor group to fully understanding the perspectives of the varying groups. The information gathered was utilized to assist the interpretation of resulting factor groups.

Each participant's responses were recorded by the researcher and all responses were compiled, factor analyzed, and rotated by varimax rotation using pcq factor analysis programs for Q-Technique (Stricklin, 1987) A level of .45 was set as the criteria for significance (APPENDIX G).

CHAPTER 4

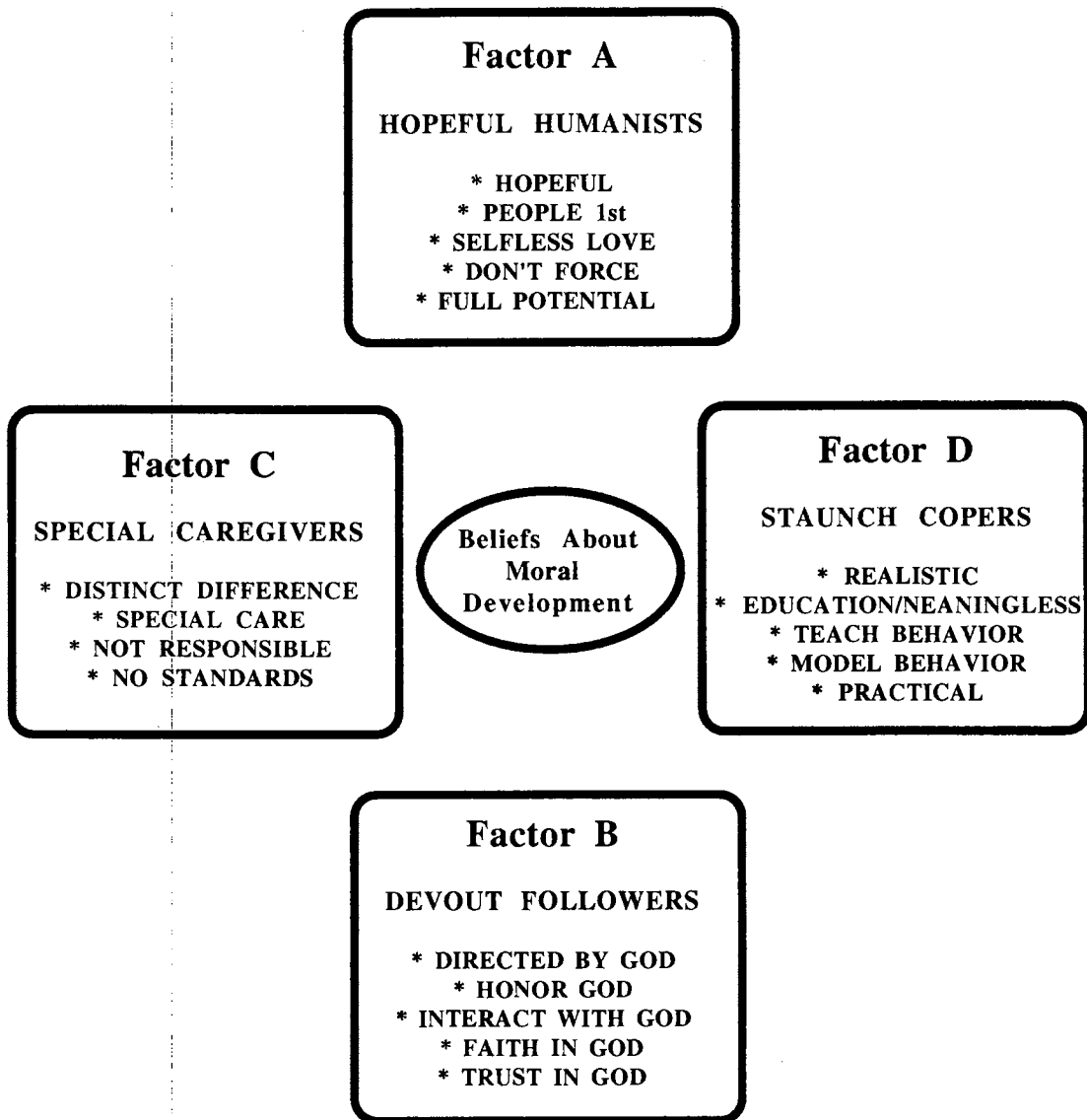
RESULTS

This chapter contains an brief description of the different factor groups represented in the findings of the study. In addition, demographics of participants, conditions of instruction for completing the research instrument, and the analysis of the data are discussed. Finally, each factor group is further discussed in terms of their identifying items and an interpretation of their resulting characteristic features.

Brief Description of Factors

Four dissimilar factors emerged from the results of this study (Figure 4.1). Each factor represents the belief system or opinions of the respondents in that group concerning the moral development of individuals with mental disabilities. Each item

Figure 4.1 Summary of Factors



sorted by the individuals in this study gained meaning because it become a collection of self referent statements of belief. The factors are displayed by a Q sort array. Each Q sort array can be seen as the self referent system of beliefs for the factor group concerning the topic of discussion. The sort for each factor group

represents operant combinations of opinions or common beliefs with the individual personality manifestations removed. In this way the identified Q sort for each factor became the self referent system of beliefs for the group.

Overview of Factor A: Hopeful Humanists

Factor A is best titled as The Hopeful Humanist. The most profound characteristic of this group is the hopeful nature in which they perceive individuals with mental disabilities. They saw these individuals as people first; people with great potential deserving of nurture to facilitate their growth. This nurture did not include forcing our own expectation of moral development on others, but allowing each individual regardless mental abilities to achieve their full potential. The Hopeful Humanists did not see other individuals as less than themselves, even individuals with mental disabilities. Conversely, they saw in each individual a person who can exhibit selfless love, which is, to the Hopeful Humanist, the highest of moral development.

Overview of Factor B: Devout Followers of God

The most fitting description of Factor B was that of Devout Followers. As such they saw themselves as directed by God and willing followers of God. In this view the most noble of goals is to honor God in all life's endeavors. As a Devout Follower moral development is facilitated by interaction with God and faith in God. Mental abilities do not inhibit a person's moral development, if that person places his faith in God and embraces that relationship. The Devout Follower knows that anyone can develop morally because anyone can interact with God and exhibit selfless love. All individuals, even those with mental disabilities, can achieve the apex of moral development if they are willing to place their trust in God. This is assured for the individual with mental disabilities, because God has the ability to grant the necessary faith.

Overview of Factor C: Special Caregivers

As Special Caregivers the members of Factor C made it very clear that there is a distinct difference between individuals with

and without mental disabilities. Because individual with disabilities are so different, they need and deserve special care and attention. Special care must be given in how they are reared as children and how they are cherished as individuals. They are not like us and they should not be held to our standards or expectations. The Special Caregiver knows that the responses of individuals with mental disabilities are prompted by how others treat them. Therefore, it is the responsibility of caregivers to provide the environment that will elicit appropriate behavior from those charged to their care.

Overview of Factor D: Staunch Copers

In Factor D, Staunch Copers, the bottom line is "I'm going to be realistic about this individual with mental disabilities." The idea of formal education to promote moral development does not make sense. The caregiver and educator must be much more practical. Educators can teach appropriate behavior without wasting time discussing morals. Moral development does not have anything to do with behavior. The behavior that is expected should

be modeled. To the Staunch Coper, this is how the most benefit for the individual with mental disabilities can be accomplished. If people provide the environment that fosters moral behavior, they can assist individuals with mental disabilities in becoming a part of society.

Participants

The 45 item Q sort was completed by 44 individuals who met the criteria of professionals who provide direct care to, or have administrative responsibility of, individuals with mental disabilities. Participants in this study were selected by the logic of "theoretical sampling" (Glaser & Strauss, 1967) rather than statistical sampling theory. This approach emphasizes selection of participants because they possess some specific characteristic of substantive concern to the focus of the study, rather than on the basis of their representativeness of some larger group.

Efforts were made to get a broad range of professionals who potentially influence the decisions made for individuals with mental disabilities. Ten of the respondents were actively

employed in state agencies that provide services to individuals with mental disabilities. Those people representing the classroom educational environment included eleven classroom teachers, three teachers in training, and two paraprofessionals. Two clergymen contributed their opinions to the study via their completion the Q sort, as did one university professor and one psychologist in private practice. Five psychometrists, who consistently provide testing and evaluation of individuals with mental disabilities, completed the Q sort. In addition, three support personnel, who provide general administrative assistance for individuals with mental disabilities, three direct home care providers, and two administrators of federally funded programs, participated in this study. Although only two of the forty-four subjects participated as representatives of parents of children who have mental disabilities, several of the subjects who fit into the other listed categories were also parents of individuals with mental disabilities. Participants are summarized in Table 4.1 according to their employment or type of involvement with individuals with mental disabilities.

Table 4.1**PARTICIPANTS**

PARTICIPANTS: Type of Involvement	# in Study
Classroom Teachers	11
State Agency Employee	10
Psychomostrist	5
Preservice Teachers	3
Support Personnel	3
Direct Care Providers	2
Paraprofessionals	2
Federal Program Administrators	2
Clergy	2
Parents	2
University Professor	1
Psychologist	1
Total	44

Conditions of Instruction

The condition of instruction for which participants were asked to complete the 45 item Q sort was: What are your beliefs concerning the moral development of individuals with mental disabilities? The respondents placed each statement in the Q sort form board (APPENDIX F) to indicate if statement was most like

their belief or most unlike their belief. The time taken by participants for completion of the Q sort ranged among the participants from twenty minutes to 90 minutes. Most subjects completed the Q sort in about thirty minutes.

Data Analysis

The construction of the Q sort was based on hybrid data (McKeown & Thomas, 1988). That is, some of the items came from a thorough review of the literature and some were comments of beliefs stated by people who worked with individuals with mental disabilities. The statements were initially structured by three categories; items dealing with the religious nature of moral development, items dealing with the social aspects of moral development, and items dealing with the educational issues involved in moral development. Coding each item R, S or E allowed the researcher to establish the theoretical category each item represented. "R" represented items dealing with religion or spirituality. "S" indicated items concerning social and environmental issues. Finally, "E" signified items that dealt with

educational and cognitive ideas.

The data were gathered from each Q sort to facilitated the Q-methodological analysis. Data were coded according to the corresponding placement on the Q sort form board with a +5 to -5 range for the eleven possible positions. For example, if an item was placed in column 11 of the form board, it was given the value of -5 and, if an item was placed in column 1, its value would be +5, and column 6 was represented by 0, etc. The values ranged from -5 to +5 with -5 representing "most unlike my beliefs" and +5 representing "most like my beliefs.

PCQ (Stricklin, 1987) is the statistical package for personal computers utilized for the statistical analysis. Data subjected to analysis were correlated and factor analyzed by centroid method. Brown (1971) has demonstrated that it makes no difference whether the coefficients in the correlation matrix are Pearson's r or Spearman's ρ . Likewise there is little difference if the factoring is accomplished through principal components or centroid method. After several attempts using judgmental rotations, it was decided to adopt the varimax rotation solution. Varimax rotation appeared to provided the best "fit" for the data. A four factor

solution was selected as the best conceptual fit for this study of beliefs concerning moral development of individuals with mental disabilities. The factor structure was used to develop factor scores producing a factor array, or theoretical Q sort for each factor.

Factor A, (Table 4.2) the largest group, was represented by sixteen of the forty four respondents. Factor B contained seven of the forty four. Factors C and D were each represented by the smallest numbers: six. Three of the individual sorts were confounded with factor loadings that indicated similarities with more than one factor. Respondent #16 loaded significantly on factors A and C,

Table 4.2 FACTOR SUMMARY TABLE

Subject Number		Factor Loading			
		A	B	C	D
Parent	# 1	-	-	-	*
State Agency	# 2	*	-	-	-
State Agency	# 3	*	-	-	-
Support	# 4	*	-	-	-
Support	# 5	-	*	-	-

Teacher	# 6	*	-	-	-
Psychometrist	# 7	-	*	-	-
Psychometrist	# 8	-	-	-	*
State Agency	# 9	-	-	-	*
Psychologist	#10	-	-	*	-
Professor	#11	*	-	-	-
PreTeacher	#12	-	-	-	*
PreTeacher	#13	-	-	*	-
Administrator	#14	-	-	-	-
Psychometrist	#15	*	-	-	-
Administrator	#16	*	-	*	-
Psychometrist	#17	*	-	-	-
State Agency	#18	*	-	-	-
PreTeacher	#19	-	-	-	-
State Agency	#20	-	-	*	-
Clergy	#21	-	*	-	-
State Agency	#22	-	*	-	-
Psychometrist	#23	*	-	-	-
Clergy	#24	-	*	-	-
State Agency	#25	-	-	-	-

Teacher	#26	*	-	-	-
Teacher	#27	*	-	-	-
Teacher	#28	-	*	-	-
Direct Care	#29	-	-	-	*
Direct Care	#30	*	-	-	-
Support	#31	-	-	-	-
Teacher	#32	*	-	-	-
Teacher	#33	*	-	-	-
State Agency	#34	-	-	*	-
State Agency	#35	*	-	-	-
Teacher	#36	*	-	-	-
Teacher	#37	-	-	*	-
Teacher	#38	-	-	-	*
Teacher	#39	-	*	-	-
Para	#40	-	-	-	-
Parent	#41	-	*	-	*
Para	42	-	-	-	-
Teacher	#43	-	-	*	
State Agency	44	*	-	-	*

* denotes a loading significant at .45

respondent #41 on factors B and D, and respondent #44 on both factors A and D. Six responses were considered not significant in the sense the Q-sort did not load significantly on any of the four represented factors. Brown (1980) suggested at least four respondents are needed to represent a chosen factor to facilitate appropriate interpretation. This present study meets this criteria with at least six loadings on any of the four factors.

Factor A, Hopeful Humanists, was comprised of seven male respondents and nine female respondents. Six of this group were classroom teachers and four were working for state agencies providing services to individuals with mental disabilities. Three of the factor A respondents were psychometrists who provide testing services for individuals with mental disabilities. One college professor was represented in this group, as was one class support personnel and one direct home care provider. The educational level of Factor A respondents was varied with three possessing Doctor of Philosophy degrees, six with Masters of Education or Masters of Science, five with Bachelors of Education, and two with high school diplomas.

Factor B, Devout Followers, was represented by three males

and four females. Among this group were two classroom teachers, one support personnel, one state agencies employee, one psychometrist, and two clergymen. Of this group, all possessed a Master's degree with the exception of one respondent with a high school diploma.

Factor C was represented by one psychologist in private practice, one preservice teacher, two state agency employees, and two classroom teachers. One of this group had a Doctor of Philosophy, three had Master's degrees, one had a Bachelor's, and one is currently attending college. This factor was comprised of five females and one male respondent.

One parent, one psychometrist, one teacher in training, and one classroom teacher, along with one direct care provider and one state agency employee represented Factor D. Of these, three had Master's degrees, two a Bachelor's degree and one a high school diploma. Like Factor C this factor was comprised of five female and one male respondent.

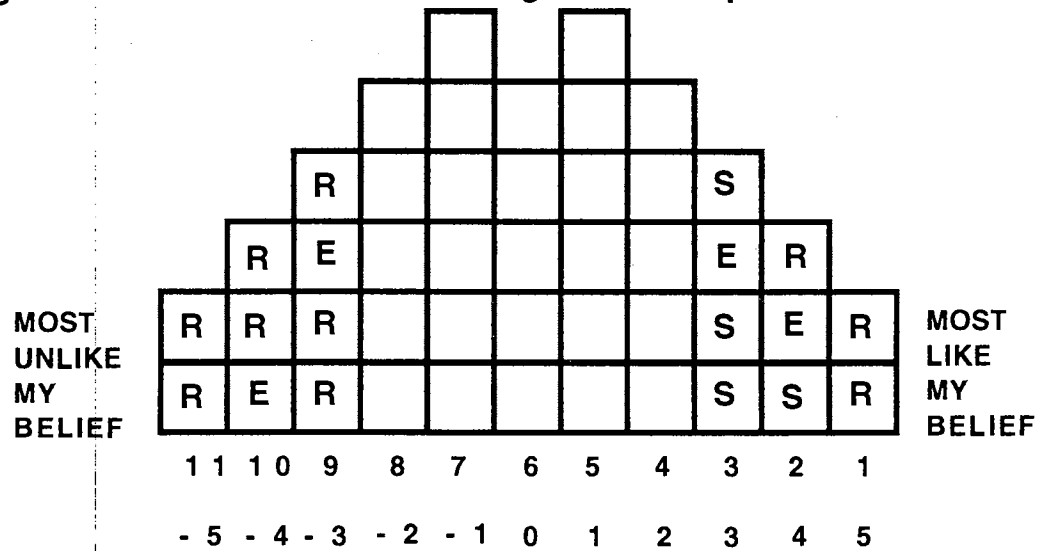
Discussion of Factor Responses

An overview of the each of the factor arrays reveals several characteristics for each group. Examining the items relative to their corresponding theoretical categories indicates a possible interrelationship of areas of concern for Religious, Educational, or Social Issues.

Categorical Responses of Factor A

From this consideration of the theoretical categories, it appears that Factor A has no apparent order (figure 4.2) with its

Figure 4.2 FACTOR A: Categorical Responses



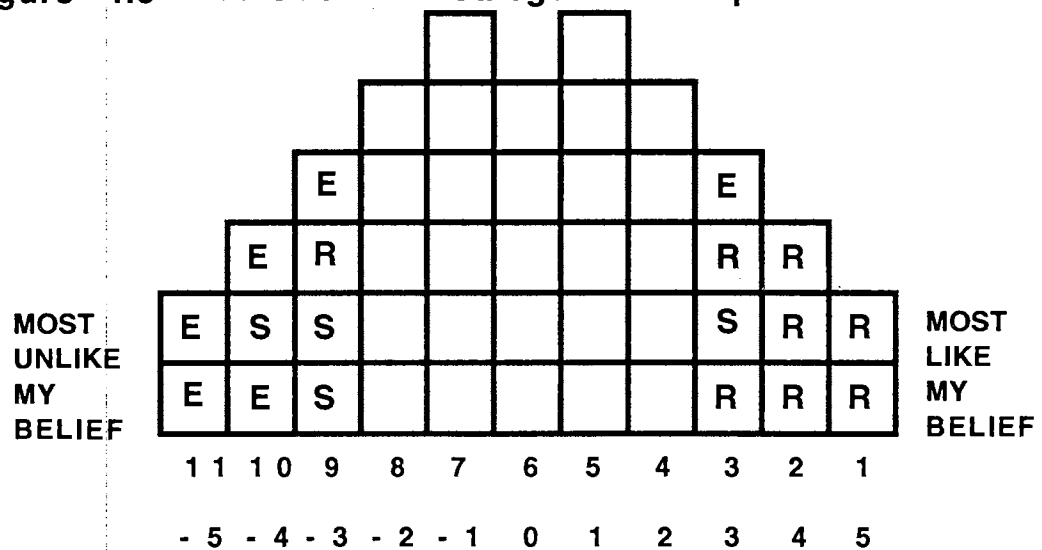
extreme "Most Like My Beliefs" responses. However, there appears

some concern in the "Most Unlike My Beliefs" area with Religious Issues.

Categorical Responses of Factor B

Factor B appears to be more clearly defined when viewed from the perspective of responses in the theoretical categories. Most of the indication of beliefs dealt with Religious Issues and most of the statements representing ideas not adhered to by this group dealt with Education Issues (see figure 4.3).

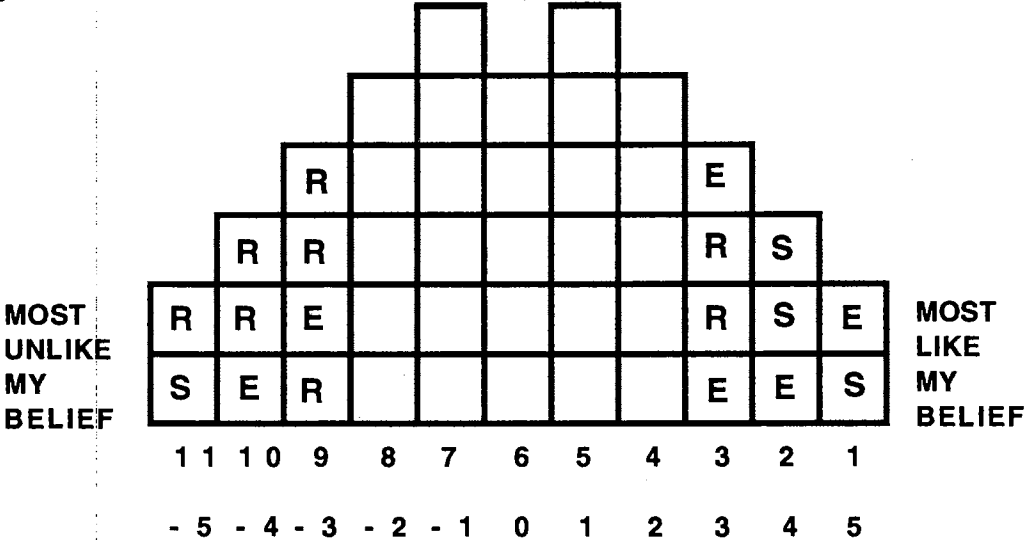
Figure 4.3 FACTOR B: Categorical Responses



Categorical Responses of Factor C

Like Factor A, Factor C showed little favor for any one issues that would agree with the beliefs they embrace. However, there appears some concern with the Religious Issues category when dealing with ideas they would not support (see figure 4.4).

Figure 4.4 FACTOR C: Categorical Responses

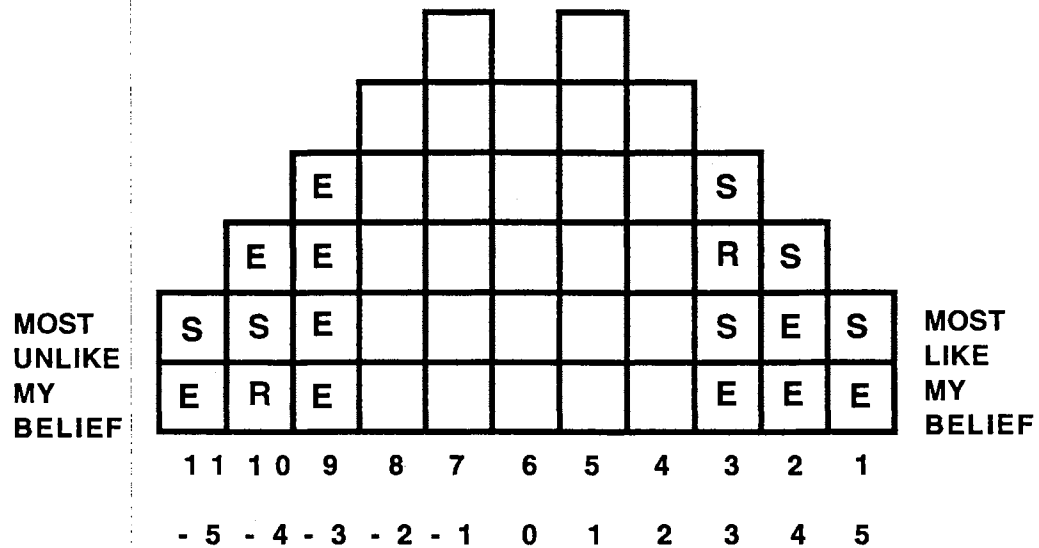


Categorical Responses of Factor D

Factor D showed split attention to Educational Issues and Social Issues in the indications of beliefs they would support, while there was greater attention to Educational Issues concerning issues they would not embrace. Further reflection provided insight

into which type of people favored theory based items or items that dealt specifically with individuals with mental disabilities (see figure 4.5)

Figure 4.5 FACTOR D: Categorical Responses



Factor Q-Sort Arrays and Items

An examination of the individual items from each theoretical Q-sort provides the basis for interpretation of the system of beliefs or opinions concerning the moral development of individuals with mental disabilities. These factor arrays represent the combination of like people responses with specific individual differences removed. Three types of items will be

considered for each of the four Factors to assist in understanding the common beliefs or attitudes that the Factors represent. The first items of consideration were items that distinguish one Factor from all other Factors. These were items that the factor sorted at least three columns away from the other factors in the Q-sort form board. The second group of items were the individual item responses for each of the factors. Finally the items that all factors agreed upon were considered. Each factor's responses to individual items is presented in table 4.3.

Table 4.3 FACTOR RESPONSES

	A	B	C	D	ITEM
1.	0	- 4	+ 1	- 1	Advanced stages of cognitive development are necessary, but not sufficient, for moral development (1).
2.	+ 4	+ 3	+ 4	+ 4	Just because a child with mental disabilities is behind in moral cognitive development does not mean he is immoral.
3.	- 2	- 1	- 3	- 3	When cognitive development stops moral development stops.
4.	+ 3	- 2	- 1	+ 4	A given mental age for an individual with mental disabilities does not adequately describe cognitive development.
5.	- 2	- 3	- 1	- 5	Formal education is necessary for appropriate moral development.

6.	- 4	- 4	- 4	- 3	Adults, even those with mental disabilities, will not undergo any significant moral or cognitive development after they have reached adulthood years.
7.	0	- 1	+ 1	- 2	A level of cognitive development is a necessary criterion for a parallel level stage of moral development.
8.	- 1	- 2	+ 1	- 4	A persons educational level has a strong relationship to moral development.
9.	- 1	- 1	+ 3	0	Much like cognitive development, moral development is extremely slow for an individual with mental disabilities because this type of development is prompted by the ability to consider and reason about moral issues.
10.	0	- 2	0	0	The ability to reason morally and the ability to act morally are two separate subjects. A person could possess either one without the other because each must be taught.
11.	+ 2	+ 2	0	+ 5	A person could be taught to behave morally without any real understanding of moral behavior or reasoning.
12.	+ 2	0	- 2	+ 3	Moral development and cognitive development take place naturally; it develops in everyone at a different rate.
13.	- 3	- 5	+ 3	- 3	Individuals with mental disabilities are going to be disabled in their moral reasoning and behavior.
14.	- 2	- 5	- 1	- 3	High moral reasoning is rare in people with normal cognitive functioning; much rarer in individuals with mental disabilities.
15.	- 1	+ 1	+ 5	+ 2	The ability to judge one's own actions indicates high moral reasoning and cognitive ability.
16.	- 3	+ 3	- 4	+ 3	Religious beliefs have the same place in decisions making as moral principles.
17.	- 2	+ 4	- 3	+ 1	If a person puts his trust in God it doesn't matter about his mental abilities. He will be able to respond to others in a God-like (moral) manner.

18.	- 4	+ 2	- 3	+ 1	Moral reasoning ability is dependent upon an individual's personal experience with God.
19.	+ 1	+ 2	+ 3	+ 2	It makes sense to me that moral development and religious development overlap. They have common elements but neither fully explains the other.
20.	- 5	- 3	- 4	- 1	Individuals with mental disabilities need formal religious training to become moral.
21.	- 3	+ 5	- 2	0	The highest moral development is based on an individual's interaction with God and the understanding that God grants us. And all people can reach this stage because all people can interact with God.
22.	- 5	+ 3	- 3	0	It is a person's faith in God that supports the motive to be moral or to exercise moral logic.
23.	+ 4	+ 5	0	+ 1	The highest moral reasoning encompasses selfless love. And all individuals, regardless of mental abilities, can exhibit love.
24.	- 4	0	- 5	- 2	Moral development is equal to religious development.
25.	+ 5	0	- 1	- 2	Morality has nothing to do with God. A person can reason and act morally without a knowledge of God or a belief in God.
26.	+ 5	0	- 1	- 2	Moral development has nothing to do with religion or religious development.
27.	- 1	+ 4	0	+ 2	Moral development is necessary for religious maturity. However, it take much more than just moral development to be spiritually mature.
28.	- 3	+ 2	- 2	- 2	Religious people in general and religious individuals with mental disabilities function at higher stages of moral reasoning than do similar people without religious beliefs.
29.	+ 1	+ 4	+ 2	0	A person could be moral without being spiritual. But if a person is truly spiritual they will be moral.
30.	0	+ 1	+ 2	- 1	I have never thought about how spiritual individuals with mental disabilities might become.

31.	+ 1	- 1	- 2	+ 1	Individuals with mental disabilities behave morally because it provides a feeling of self-worth.
32.	- 1	0	+ 1	- 5	Only persons with higher moral reasoning abilities are likely to engage in acts for the purposes of benefiting others.
33.	+ 1	- 1	0	+ 2	Our emotions motivate our moral actions.
34.	+ 1	- 1	+ 1	+ 1	An individual's moral development is limited only by his society and cultural surroundings.
35.	+ 2	+ 1	+ 2	+ 3	Moral development is based on an individual's environment.
36.	+ 4	+ 3	+ 5	+ 5	Moral development depends on how we are raised and taught. It depends on our own personal experience.
37.	+ 3	+ 1	- 2	- 1	Its unfair to force our moral standards and definitions upon individual with mental disabilities.
38.	+ 3	- 2	+ 4	+ 1	Individuals with mental disabilities are heavily influenced by others around them. Therefore, moral development is more a function how others treat them.
39.	+ 3	+ 1	+ 1	+ 2	It is unfair to force my moral reasoning and behavior expectations on people who are simply not subject to my standards.
40.	+ 2	+ 2	+ 2	+ 4	Moral development is important because it assist us in becoming a part of the social structure.
41.	+ 1	- 4	+ 4	- 1	Individuals with mental disabilities tend to treat others the same way they are treated; it has nothing to do with moral development.
42.	+ 2	0	- 1	+ 3	Individuals with mental disabilities behave morally because it brings about social rewards like praise and affection.
43.	- 2	- 3	+ 2	- 2	Individuals with mental disabilities behave morally to avoid punishment and guilt; there is little reasoning involved.
44.	- 1	- 2	- 5	- 4	Morality and moral actions are based on sympathy.

45. 0 - 3 - 1 - 1

Individuals with mental disabilities behave morally because it provides the least resistance in their environment.

The goal of interpretation with Q data is to understand what concepts the Q factor array represents. With this study in mind, where there are numerous subjects, the Q factors represent operant combinations of opinions or common beliefs and attitudes with the differences in persons accounted for or removed. In other words the Q factor array becomes the representation of shared beliefs for the group that is represented by the factor. For example, one subject within a factor may have sorted a particular item to indicate an extreme opinion. While this is part of the belief system for that individual, it is not considered important for the remaining members of the factor group. This extreme opinion would not become a part of the factor's representative beliefs, because it represents a difference in the personality for that single member alone and not the Q factor group. In this way only shared views are apparent in each factor.

In the present study there were several areas of information available to assist in the interpretation of the given factors. Each factor's sort was a main source of information along with

discriminating items and consensus items. Examination of the category of items in the extreme areas of the Q-sort indicated categories of concern for each factor. Demographic data including type of involvement with individuals with mental disabilities and educational level were also considered for each factor. Any comments about the extreme statements or the process of sorting the statements made during the administering of the Q sort was considered as well. The source of each item in the Q sort, including literature review and items added by individuals who reviewed the initial set of items, were areas for consideration. Finally, depth interviews with persons who loaded high on the given factors provided information included in the interpretation process.

Factor A: Array and Items

Factor A is best titled as The Hopeful Humanist with the identifier of the hopeful nature in which they perceive individuals with mental disabilities. Discussions with individuals who sorted high on factor A revealed the concern that it was much more

difficult to identify items that could be placed in their "Most Like My Belief" category than it was to identify items with which they definitely disagreed. During the initial reading of the items, they felt at least half of the items were ideas with which they found no agreement. Specifying like beliefs appears to have been more difficult. The respondents wanted to accurately place these items to indicate their belief system. This activity required more time than did the placement of the "Most Unlike My Beliefs" items.

In reviewing the categorical responses represented in the Q sort for factor A, it seemed in the "Most Like My Beliefs" area of response there was no apparent order or weighting for any of the three categories: Religious, Educational, or Social items. However, with the opposite responses, it was clear that many of the statements were items from the Religious category. The initial signal was that factor A prefers to keep moral development separate from religious issues. Consideration of the specific items clarifies this signal.

Items distinguishing factor A provided additional insight into this separatist attitude in the area of moral development and religious issues. The item distinguishing factor A from the other

factors was as follows:

- +4 Moral development has nothing to do with religion or religious development. (#26)

The first statement maintained that moral development is independent of religion or religious development. This assertion was not unlike Kohlberg's (1967, 1976, 1981) own writings in which he suggest that moral development takes place apart from religion. The basis for this line of thought was the information gained from cross-cultural studies of moral development which indicated that development takes place in similar fashions in spite of the various culture's religion or lack of religion. Factor A respondents sorted this statement in the highest column of the "Most Like My Beliefs" on the Q sort, while the other three factors were either neutral or placed this statement in their "Most Unlike My Beliefs" area of response.

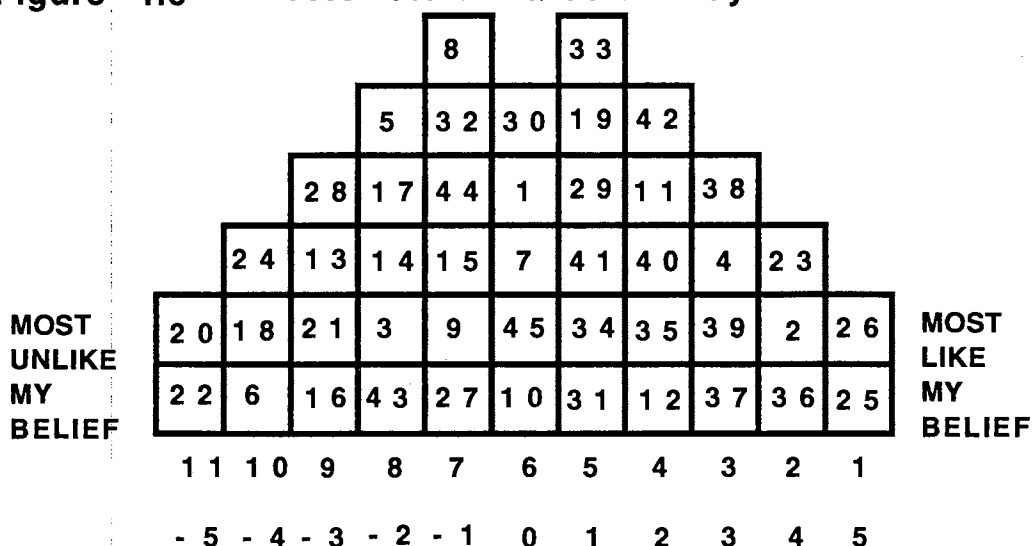
The items placed in column 1 of the Q sort (see figure 4.6) represented the extreme of the "Most Like My Beliefs" items. These were the items that were most representative of the beliefs held by the individuals in the factor group. Items that are most representative of Factor A are as follows:

Most Like My Beliefs:

+5 Morality has nothing to do with God. A person can reason and act morally without a knowledge of God or a belief in God. (#25)

+5 Moral development has nothing to do with religion or religious development. (#26)

Figure 4.6 FACTOR A: Q-Sort Array



With items twenty five and twenty six, Factor A made it very clear that their belief system does not allow for the idea that God or other religious factors are the main responsible components for moral development. They agreed, however, in as much as religion plays a role in how an individual is raised and taught, it can impact

moral development. Factor A indicated that the hope for human potential is in the individual and not only in external circumstances like involvement in religion or a professed belief in God.

+4 Moral development depends on how we are raised and taught. It depends on our own personal experience.

(#36)

+4 Just because a child with mental disabilities is behind in moral cognitive development does not mean he is immoral. (#2)

Again factor A made clear their beliefs concerning the individual with mental disabilities. With Isrealy (1985) they agreed that the individual with mental disabilities may be behind peers in development, but cannot be considered immoral at all. Quite the contrary, moral development should be acknowledged even if this development appears different than the development of peers.

+4 The highest moral reasoning encompasses selfless love. And all individuals, regardless of mental abilities, can exhibit love. (#23)

Item twenty three clearly indicated the hopeful nature of factor A in the way subjects viewed people in general, including individuals with mental disabilities. Kohlberg (1981) appeared to have acknowledged this as the possible effects of movement from stage six of his developmental model into the hypothetical stage seven level of moral development. In this seventh stage it was assumed the individual would move beyond reasoning to "agapistic loving".

+3 A given mental age for an individual with mental disabilities does not adequately describe cognitive development. (#4)

Item four provides insight into the factor A impression that individuals with mental disabilities have much more potential than they are often given credit for because of the perception that they are behind in everything. The findings of Stephens, Mahaney, and McLaughlin (1972) indicated that a given mental age does not, without additional information, provide a reliable description of the cognitive and social capabilities of the individual with mental disabilities. This provided support to the belief of Factor A that individuals with mental disabilities cannot be judged by simple

procedures that fail to go beyond the surface measures often utilized to evaluate individual educational potential.

+3 Its unfair to force our moral standards and definitions upon individuals with mental disabilities. (#37)

+3 It is unfair to force my moral reasoning and behavior expectations on people who are simply not subject to my standards. (#39)

With these statements factor A indicated that, if a person held a particular opinion or belief system about moral development, it would be unfair to force that belief system on others, especially those with mental disabilities. It is indicated that our beliefs in general should not be forced on others. More specifically our religious beliefs should not be forced on individuals with mental disabilities. The origin of this statement is from the review of the initial statement conducted by a group of individuals who were currently working with individuals with mental disabilities. The discussion indicated that several of the reviewers believed our notions of moral development were based on individuals with normal development. Further these reviewers maintained that our system of beliefs concerning moral

development did not allow for individuals who reside outside the norm, like individuals with mental retardation or individuals with psychological difficulties. The consensus of the reviewers was that our narrow beliefs could only be applied to a narrow portion of the population. All others would require their own special system of beliefs to oblige their differences or they simply could not be held to any standards.

+3 Individuals with mental disabilities are heavily influenced by others around them. Therefore, moral development is more a function how others treat them. (#38)

With this thought of moral development being a function of environment and treatment granted by others, factor A continued to defend against placing blame on the individual with mental disabilities concerning their moral development. Not only is it wrong to place our unrealistic expectations on individuals with mental disabilities, but acknowledgment must be given to the fact that problems in moral development may be the fault of others. The underlying thought mandates that others should provide appropriate models of behavior when interacting with the

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individual with mental disabilities.

As was discussed the participants represented by factor A had little difficulty in finding items that were not characteristic of their beliefs. It may be more fair to say that they had no problem identifying those items with which they definitely disagreed. Viewing these items for the group it was easy to see the ideas of religion presented. Factor A's clear response in their "Most Like My Beliefs" responses was the idea that religion has nothing to do with the discussion of moral development. There are many more concerns to address when examining the moral development of individuals with mental disabilities.

To give credit to religious items in this Q sort would have required factor A's representatives to remove their "Humanistic Hope" from the individual and place that hope in religious ideas. Hope for high moral development would be place in the hands of God or religious leaders who provide instruction. This is in direct conflict with the individuals in factor A who find great hope in the potential of humans to display all that is good and pure within the human species.

Most Unlike My Beliefs:

- 5 Individuals with mental disabilities need formal religious training to become moral. (#20)
- 5 It is a person's faith in God that supports the motive to be moral or to exercise moral logic. (#22)
- 4 Moral reasoning ability is dependent upon an individual's personal experience with God. (#18)
- 4 Moral development is equal to religious development. (#24)
- 3 Religious beliefs have the same place in decisions making as moral principles. (#16)
- 3 The highest moral development is based on an individual's interaction with God and the understanding that God grants us. And all people can reach this stage because all people can interact with God. (#21)
- 3 Religious people in general and religious individuals with mental disabilities function at higher stages of moral reasoning than do similar people without religious beliefs. (#28)

The above seven items fit within the category of Religious Items. Each indicates a strong relationship between moral development and religious activities and ideas. Given the beliefs espoused by factor A, it is not surprising that these items caused strong objections. It is clear they represent a qualitatively different way of thinking about the moral development of individuals with mental disabilities. As such, these items are in opposition to the beliefs of factor A, "Hopeful Humanist". They do, however, help to clarify the strength of hope factor A places in the potential of the developing human.

The remaining items give further indication of the hopeful nature of the beliefs held in this factor.

- 4 Adults, even those with mental disabilities, will not undergo any significant moral or cognitive development after they have reached adulthood years. (#6)
- 3 Individuals with mental disabilities are going to be disabled in their moral reasoning and behavior. (#13)

The placement of statement six indicates "Hopeful Humanists" believe development during adulthood may very well be possible. In fact, the presented opinions indicated that further

development is possible especially when the environment nourishes such development. This fits well with the concept that individuals with mental disabilities need not be disabled in their moral reasoning and behavior. Factor A responses indicate all individuals can become fully human or moral given the opportunity to grow.

Factor B: Array and Items

The most fitting description of factor B was that of Devout Followers of God. They are directed by God and willing followers of God. It is not at all surprising to see the responses of factor B are evidently strongly in favor of many of the items dealing with religious issues. This group is not without hope for individuals; they simply place their hope in the direction not considered by factor A. Their strong religious conviction mandated adherence to principles that acknowledge God as the motivating force behind moral development. This belief system includes the hopeful suggestion that God will promote moral development in all people regardless of mental capabilities.

Two of the respondents in factor B were individuals working

as clergymen. One of these individuals loaded higher on this factor than any of the other respondents. In fact, this individual had a higher loading than did any individual represented in this study. Discussion with this individual revealed a strong belief in the spiritual capacity of individuals. He related stories of individuals with mental disabilities, with whom he has worked, that exhibited more "spirituality" than many people he knows. He further stated his belief that individuals with mental disabilities may have more potential for moral development than individuals without mental disabilities because they do not have as much that stands in the way of a genuine relationship with God.

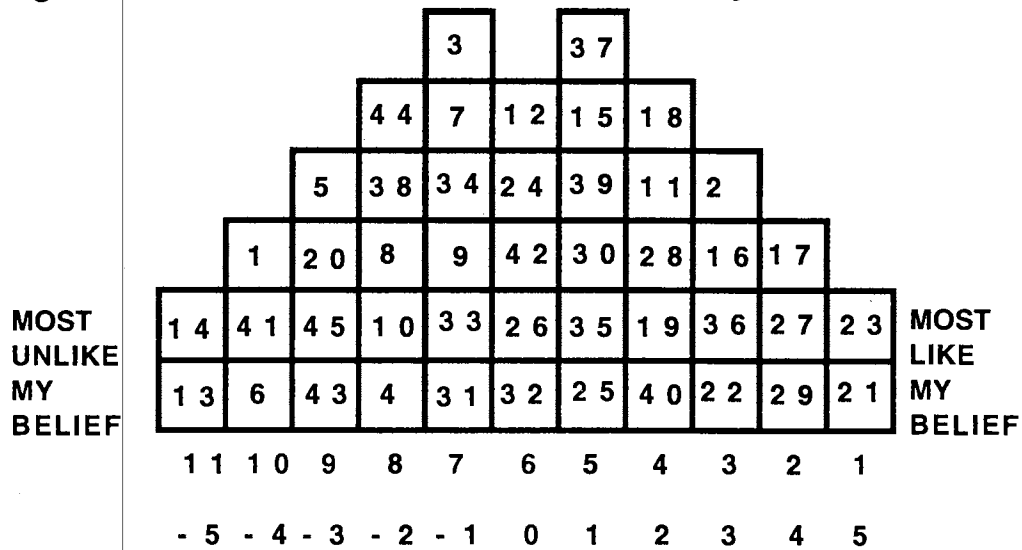
Items Distinguishing factor B indicated that this cooperative nature between moral development and religious issues comprises the belief system of factor B, Devout Followers. The items distinguishing factor B from the other factors were as follows:

- +5 The highest moral development is based on an individual's interaction with God and the understanding that God grants us. And all people can reach this stage because all people can interact with God. (#21)

+2 Religious people in general and religious individuals with mental disabilities function at higher stages of moral reasoning than do similar people without religious beliefs. (#28)

Statement twenty one (see figure 4.7) was the banner statement for individuals represented in Factor B. It included that belief that appears to be most important to the Devout Follower: All people can develop because all people can interact with God.

Figure 4.7 FACTOR B: Q-Sort Array



Additionally, this gave the impression that people who interact with God will be able to achieve a higher order of moral development than people who do not interact with God. Statement

twenty eight further solidifies this idea that there is a hierarchy of individuals in moral development. In this hierarchy the uppermost development would be achieved by individuals without disabilities who believe in God and follow God. The next highest development would be achieved by individuals with mental disabilities who believe in God and follow God. All other individuals who are not considered believers and followers of God will follow up in like order; individuals without disabilities first and then individuals with disabilities.

- 4 Advanced stages of cognitive development are necessary, but not sufficient, for moral development. (#1)

-2 Individuals with mental disabilities are heavily influenced by others around them. Therefore, moral development is more a function how others treat them. (#38)

Both Piaget (1932) and Kohlberg (1969) have discussed the importance of cognitive development as facilitating moral development and moral reasoning abilities in children. Factor B stood directly in opposition to this idea because it left out any

consideration of the impact of God in the lives of individuals. Cognitive development is not an important precursor to moral development; it may help, but the important factor is God and a strong religious belief system.

Likewise, the Devout Follower did not consider the impact of other individuals as an important consideration in moral development unless this interaction assisted in the gaining a faith in God or helping an individual to develop a personal relationship with God.

The items found among the "Most Like My Belief" (see figure 4.6) responses were centrally focused, as expected, around the impact of religion and religious ideas in the process of moral development. In a bold fashion factor B deviated very little from this focus.

- +5 The highest moral reasoning encompasses selfless love. And all individuals, regardless of mental abilities, can exhibit love. (#23)

Statement twenty three originated with Kohlberg's (1981) indication that there is a possible seventh stage of moral development which encompasses the "ethics of love". Devout

Followers agreed with this concept, but, gave the credit for this development directly to God and not to the potentiality of human nature. It may be more accurate to say they gave credit to God and those who chose to follow him.

+4 If a person puts his trust in God, it doesn't matter about his mental abilities. He will be able to respond to others in a God-like (moral) manner. (#17)

+4 Moral development is necessary for religious maturity. However, it takes much more than just moral development to be spiritually mature. (#27)

+4 A person could be moral without being spiritual. But if a person is truly spiritual he will be moral. (#29)

Kohlberg (1981) gave assurance to the idea of religion having moral aspects and confirmed that moral development is necessary but not sufficient for religious maturity. Kohlberg (1967, 1976, 1981) also maintained that moral development is independent of religion and that it can and does take place for individuals who are not specifically religious in a traditional definition. The members of this factor side with Kohlberg in their belief that moral development is necessary for spiritual maturity and would further

maintain it is a relationship with God that adds the needed components to achieve spiritual maturity. In addition, the Devout Follower saw obvious moral development as a mark of true spirituality.

- +3 Religious beliefs have the same place in decisions making as moral principles. (#16)
- +3 It is a person's faith in God that supports the motive to be moral or to exercise moral logic. (#22)
- +3 Moral development depends on how we are raised and taught. It depends on our own personal experience. (#36)
- +3 Just because a child with mental disabilities is behind in moral cognitive development does not mean he is immoral. (#2)

In concert with factor A, the Devout Followers agreed with Isrealy (1985) in his understanding of individuals with mental disabilities being behind their peers in development, but not immoral at all. The difference would be the manner in which these individuals achieve moral development. Factor B did not see mental ability as a stumbling block, because an experience with

God allows an individual to achieve beyond expectations. It is the liability of Devout Followers to provide the appropriate environment where the individual with mental disabilities has the opportunity to have a relationship with God.

Factor B solidified their position that moral development is mainly a function of spiritual activity for all individuals with the selection of statements that are in opposition to their beliefs. The concept that development is a activity of spirituality provides the avenue for anyone, even individuals with mental disabilities, to progress to higher levels of moral reasoning ability and moral behavior. From this view education is not a key in a person's development unless it was the kind of education that promoted spiritual growth in a person's relationship with God.

- 5 Individuals with mental disabilities are going to be disabled in their moral reasoning and behavior. (#13)

The individual with mental disabilities is not destined to be disabled in moral reasoning and behavior because of a mental disability, according to the Devout Follower. In the view of factor B, disability in moral development stemed from a lack of a spiritual relationship with God.

- 5 High moral reasoning is rare in people with normal cognitive functioning; much rarer in individuals with mental disabilities. (#14)
- 4 Adults, even those with mental disabilities, will not undergo any significant moral or cognitive development after they have reached adulthood years. (#6)

Disagreement with statement fourteen fits well within this system of beliefs because moral development is easy to obtain given the right spiritual opportunities. Likewise, the idea that growth stops after adulthood is contrary to this factor because the only time growth stops is when one reaches attainment of true spiritual nature. This is, in the view of the Devout Follower, a lifelong quest.

- 4 Individuals with mental disabilities tend to treat others the same way they are treated; it has nothing to do with moral development. (#41)
- 3 Individuals with mental disabilities behave morally to avoid punishment and guilt; there is little reasoning involved. (#43)
- 3 Individuals with mental disabilities behave morally

because it provides the least resistance in their environment. (#45)

It was very natural for the Factor B respondent to consider the above three statements as unlike their beliefs. All three items placed the motive to behave morally in the hands of individuals who are seeking to benefit only themselves. From the discussions with factor B representatives, this type of moral behavior does not indicate true moral development or spiritual development because its motives are impure. When moral development is prompted by God, the individual is able to actually commit acts purely for the benefit of others.

- 3 Formal education is necessary for appropriate moral development. (#5)
- 3 Individuals with mental disabilities need formal religious training to become moral. (#20)

As seems fitting formal education did not appear necessary to the Devout Follower. The term formal education carried with it a hint of intellectualism that may be threatening to the person in the process of spiritual development. One respondent made the comment that he had studied about people like Kohlberg, Piaget,

and Freud in his seminary education. His conclusion was they taught and practiced a type of humanism that is contrary to his faith.

Factor C: Array and Items

As Special Caregivers the members of factor C made it very clear that there is a distinct difference between individuals with mental disabilities and those who are without disabilities. Unlike factors A and B the Special Caregiver believed that the difference between themselves and the individual with mental disabilities is vast and should not be glossed over. People charged with the care of individuals with mental disabilities remain constantly aware of this fact in order to provide the care and attention that is needed in the daily lives of those they protect and educate. To ignore the difference between themselves and their clients would be irresponsible and may lead to unhealthy, if not dangerous, situations. It is this type of irresponsible treatment that has led to the abuse of individuals with mental disabilities by more able individuals.

The belief system of factor C is clearly indicated by those items that distinguish the Special Care givers from the other factors. The distinguishing items are as follows:

- +5 The ability to judge one's own actions indicates high moral reasoning and cognitive ability. (#15)
- +4 Individuals with mental disabilities tend to treat others the same way they are treated; it has nothing to do with moral development. (#41)
- +3 Individuals with mental disabilities behave morally to avoid punishment and guilt; there is little reasoning involved. (#43)
- +3 Much like cognitive development, moral development is extremely slow for an individual with mental disabilities because this type of development is prompted by the ability to consider and reason about moral issues. (#9)
- +2 Individuals with mental disabilities are going to be disabled in their moral reasoning and behavior. (#13)

The above listed distinguishing items pointed out the differences in individuals with varying abilities that the Special

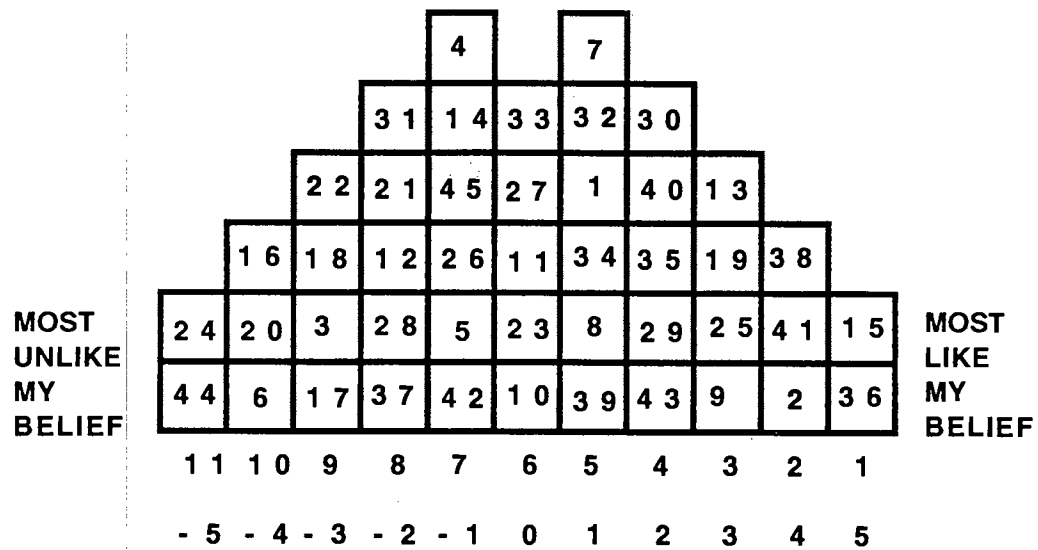
Caregiver adamantly espouses. Statement fifteen demonstrated the concept that only people who have the cognitive ability to judge their own actions are able to achieve moral development beyond the most elementary stages. A Special Caregiver would take credit for this ability in himself. It is that very ability that permits him to fill the role of Special Caregiver.

The remaining distinguishing items each pointed out the simple fact that the individual with mental disabilities does not function as a typically morally developing human. Any moral behavior observed is a response to the environment; a tactic to avoid punishment, a response to good or bad treatment from others, or a method for gaining a desired reward. Any development taking place for the individual with a disability is extremely slow and in the end the moral reasoning and behavior will remain in a disabled state.

The item selection from factor C (Figure 4.8) indicated a strong leaning towards a behavioristic viewpoint of the individual with mental disabilities. The Special Caregiver sees great responsibility in caring for the individual with mental disabilities. If behavior is a product of circumstance then it is the caregiver

who must provide that atmosphere where behavior is controlled and manipulated for the benefit of the individual with mental disabilities.

Figure 4.8 FACTOR C: Q-Sort Array



+5 Moral development depends on how we are raised and taught. It depends on our own personal experience.

(#36)

+4 Individuals with mental disabilities are heavily influenced by others around them. Therefore, moral development is more a function how others treat

them. (#38)

- +4 Individuals with mental disabilities tend to treat others the same way they are treated; it has nothing to do with moral development. (#41)

Items thirty six, thirty eight, and forty one were clear indication of the belief that moral development is based in the treatment that is provided to the individuals with mental disabilities and not in a naturally occurring process imbedded in human maturation. It is this belief that gives stamina to the notion that care and education provided for this population should be specially designed and in most cases separate. Discussions with Special Caregivers provided insight into this belief. In particular one participant from factor C claimed that she was puzzled by the idea of forcing special students to participate in educational environments that are designed to meet the needs of students who are not disabled. Her main concern was the potential for harm that comes from expecting these students to compete with their nondisabled peers. To her, this discussion of moral development presented the same kind of unreasonable expectation of the individual with mental disabilities.

- +4 Just because a child with mental disabilities is behind

in moral cognitive development does not mean he is immoral. (#2)

As with each of the factors, the idea presented in statement two was not considered a belief for factor C. The inability to develop morally along with the population of nondisabled individuals does not make you immoral. How can a person be held accountable for something that is not within their grasp. Immorality indicated a element of knowing responsibility to the Special Caregiver. Therefore, the individual with mental disabilities should never be charged as immoral; it is not within their realm of abilities.

+3 It makes sense to me that moral development and religious development overlap. They have common elements but neither fully explains the other. (#19)

The Special Caregiver agreed with Bull (1969) in his stipulation that moral and religious development overlap. They saw the common elements inherent in these two developmental processes. Because of the commonalities, it may be difficult for the individual with mental disabilities to experience religious development of the same quality and kind that can be experienced

by others without disabilities. Further, it may be unfair and even harmful to expect the individual with mental disabilities to develop in a religious framework that is not designed to meet their special needs.

+3 Morality has nothing to do with God. A person can reason and act morally without a knowledge of God or a belief in God. (#25)

The belief that morality has nothing to do with God was included in factor A as well as factor C. In different ways and for different reasons both factors showed some indications of agreement in their perception of how religious ideas affect moral development. This is demonstrated to a greater degree in the responses generated in the "Most Unlike My Beliefs" category.

The categorical responses of factor C showed similarities with those of factor A. Both the Hopeful Humanist and the Special Caregiver made a strong statement showing their opinion that religion and interaction with God have nothing to do with moral development. In the case of factor A the desire was to give credit to the human potential of individuals developing without some kind of supernatural motivation. Factor C's beliefs included the concern

that our present religious systems were designed for the nondisabled person and, thus, are not adequate to address the needs of individuals with mental disabilities.

- 5 Moral development is equal to religious development. (#24)
- 4 Religious beliefs have the same place in decisions making as moral principles. (#16)
- 4 Individuals with mental disabilities need formal religious training to become moral. (#20)
- 3 If a person puts his trust in God, it doesn't matter about his mental abilities. He will be able to respond to others in a God-like (moral) manner. (#17)
- 3 Moral reasoning ability is dependent upon an individual's personal experience with God. (#18)
- 3 It is a person's faith in God that supports the motive to be moral or to exercise moral logic. (#22)

The six preceding items all centered around the desire to distance the concepts of moral development and religious development. By clearly opposing the intermixing the two, the Special Caregiver fulfills the responsibility of protecting the

individual with mental disabilities from potentially stressful and harmful treatment and expectations.

- 5 Morality and moral actions are based on sympathy.

(#44)

In the view of the factor C respondent the limited morality and moral actions of the individual with mental disabilities can not be based in sympathy. Expecting genuine sympathy from these individuals is setting them up for failure and ignoring the responsibility of presenting an environment designed to meet special needs. It is the strongest desire of the Special Caregiver to accommodate the limitations of those charged to their care.

- 3 When cognitive development stops moral development stops. (#3)

Item three summed up the opinions of the Special Caregiver concerning the moral development of individuals with mental disabilities. In this belief system cognitive development is assuredly tied to moral development. As indicated, both Piaget (1932) and Kohlberg (1969) placed strong emphasis on cognitive development and its effect on other developmental processes. Factor C embraced this concept with the understanding that

cognitive development is definitely impaired for the individual with mental disabilities.

Factor D: Array and Items

In factor D, Staunch Copers, the bottom line is to make sure people are realistic about this individual with mental disabilities. Factor D's tendency towards realistic acceptance of the limitations and abilities of individuals with mental disabilities provided a solid basis for the perception of beneficial treatment and education. The focus became outcomes and not the developmental process that is needed for the spontaneous production of desired behavior. In this light it does not make sense to waste time promoting specific types of moral development. Time is better spent in obtaining the types of behavior that may disguise some of the inherent difference between individuals with mental disabilities and individuals without disabilities. This is the greatest service provided to these individuals because it assists them in becoming more productive members of society.

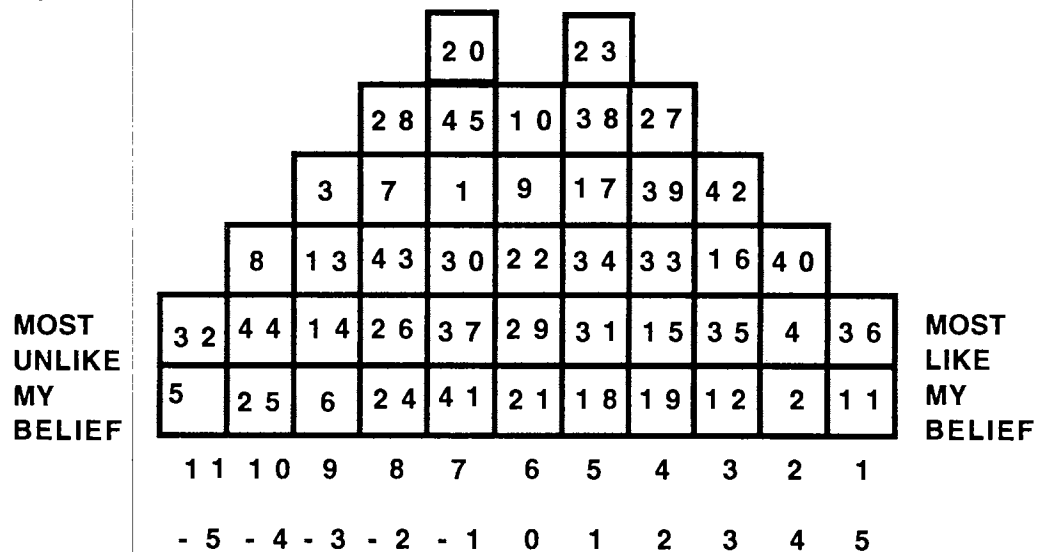
+5 A person could be taught to behave morally without any

real understanding of moral behavior or reasoning.

(#11)

Item eleven (Figure 4.9) was the premise under which the Staunch Coper operated. This represented an optimistic view of individuals with mental disabilities. Even though moral development may not be possible for these individuals, we can still teach them the necessary behaviors they need to succeed in today's society. It's unrealistic to expect abilities beyond someone's limits, so it is important to refocus and address things that can be achieved.

Figure 4.9 FACTOR D: Q-Sort Array



- 4 Morality has nothing to do with God. A person can

reason and act morally without a knowledge of God or a belief in God. (#25)

Kohlberg's (1967) suggestion that moral development is independent of religion was the origin of item twenty five. For the Staunch Coper this item presented some confusion. It was accepted that moral behavior is possible without the influence of God, but gaining reasoning beyond one's expected ability was deemed impossible without some other influence. The credence was not intended for God as much as it was to some kind of miraculous intervention.

- 5 Only persons with higher moral reasoning abilities are likely to engage in acts for the purposes of benefiting others. (#32)

For the Staunch Coper item thirty two struck directly in opposition to the strong belief that anyone can be taught to behave in a manner that benefits others. Even more pointed is the belief that individuals with mental disabilities will respond to their environment. If their experiences had been that treatment had benefited them, they are likely to respond to their environment. Given the right environment and appropriate treatment, it is well

within the abilities of the individual with mental disabilities to engage in acts to benefit others.

The basic belief system of the Staunch Coper was directly tied to the point that people must be realistic about the abilities of the individual with mental disabilities. People need to accept the limitations that they come with and utilize the abilities they possess and can obtain. Society's responsibility lies in providing the environment that facilitates the behavior needed to realistically succeed.

+5 A person could be taught to behave morally without any real understanding of moral behavior or reasoning.

(#11)

+5 Moral development depends on how we are raised and taught. It depends on our own personal experience.

(#36)

Both statements eleven and thirty six enhanced insight into the Staunch Coper's understanding of the responsibilities needed to provide the training for enhancing behavioral responses. Focus needs to be on the practical side of the behavior and not on the theoretical side of development. The experience that individuals

with mental disabilities face in their daily lives and training activities profoundly affects their outcome as social members. There is much at stake. Therefore, the experiences provided to them must be cautiously organized to optimize the limited opportunity.

- +4 A given mental age for an individual with mental disabilities does not adequately describe cognitive development. (#4)

Statement four was in agreement with the finding of Stephens, et al, (1972), who reported that children with mental disabilities achieved competence on Piagetian cognitive tasks at a later mental age than did children without disabilities. This indicated that a given mental age would not adequately describe the cognitive and social capabilities of children with disabilities. The assumption is that the development of children with disabilities does not easily fit within our set rules. Development is not so easy to define when added differences are put into the equation. The members of factor D embrace this concept and believe that there are some unwritten rules which assist development without assuming this development is guaranteed for

all individuals.

- +4 Moral development is important because it assist us in becoming a part of the social structure. (#40)

This idea of becoming a part of the social structure was seen as very important by members within this factor. Their practical and realistic tendencies required attention to the expected outcomes of the training provided to individuals with mental disabilities. It was generally accepted among this group that optimizing social acceptance is a beneficial goal that definitely should be addressed. Respondents indicated through comments that one of the greatest concerns is how individuals with mental disabilities will fare in adult life when many of the controlling influences are removed. Thus, this realistic viewpoint accepts the responsibility of promoting socialization.

- +3 Moral development is based on an individual's environment. (#35)

Given the accepted responsibility of facilitating socialization, the Staunch Coper knows that this process will be made possible only by the provision of the training environment designed to accommodate the need. The parent saw this need early

and probably knows it best. The parent of the individual with mental disabilities often finds a home within the beliefs of factor D. They often see from the very start how important environment is to the capability of the child with disabilities.

+3 Moral development and cognitive development take place naturally; they develops in everyone at different rates. (#12)

The realistic viewpoint of the Staunch Coper was strengthened with their agreement that cognitive development takes place naturally. Factor D continuously maintained that the given environment is the most important aspect of the educational process provided to the individuals with mental disabilities. It is only within this type of environment that any development will take place. An important part of this environment is the opportunity to grow at your given rate.

+3 Individuals with mental disabilities behave morally because it brings about social rewards like praise and affection. (#42)

Item forty two precisely demonstrated the Staunch Copers realistic viewpoint concerning the individual with mental

disabilities. They see this individual as a person naturally attempting to take advantage of the environment. Seeking the approval of caregivers they naturally desire the rewards of affection and praise.

- 5 Formal education is necessary for appropriate moral development. (#5)

- 4 A person's educational level has a strong relationship to moral development. (#8)

It is expected that the Staunch Coper did not see formal education as specifically helpful in promoting moral development in the individual with mental disabilities. In their mindset moral principles need not be the focus of education efforts. Rather the production of moral behavior needs to be the focus and this is best learned by example in the home and classroom. To concentrate on formal moral education would be negligent, because it would provide no difference in behavioral outcomes.

Consensus Items

The consensus items gave indication to areas in which all

respondents agree. These items allow people to see the positive nature in which the respondents in this study approached their respective interactions with individuals with mental disabilities. Each of these individuals approached their occupation with seriousness and with respect for the individuals they encounter.

Just because a child with mental disabilities is behind in moral cognitive development does not mean he is immoral. (#2)

Factor	A	B	C	D
	+4	+3	+4	+4

Statement number two was seen as the belief with which all the factors approached the individual with mental disabilities. It represented the nonjudgemental attitude the involved adults embraced as they facilitated the education and training of the individuals with mental disabilities.

Adults, even those with mental disabilities, will not undergo any significant moral or cognitive development after they have reached adulthood years. (#6)

Factor	A	B	C	D
	- 4	- 4	- 4	- 4

With statement six the nonjudgemental attitude was continued with the positive belief that everyone, including individuals with mental disabilities, can experience personal growth throughout life. Several respondents indicated they definitely held this belief for themselves and thought it was a necessary hope to maintain for the individuals with mental disabilities. In their opinion the only time people stop growing is when they give up the hope that we can grow and develop.

CHAPTER 5

Summary, Conclusions, and Recommendations

Summary of Factors

Four dissimilar factors emerged from the results of this study. Each factor represents the belief system or opinions of the respondents in that group concerning the moral development of individuals with mental disabilities. It is these belief systems that give direction to the treatment and education that is provided to the individual with mental disabilities. To facilitate further discussion of the belief systems held by the different factors and outcome of treatment behaviors the following summaries are presented.

Hopeful Humanists

Factor A is best titled as The Hopeful Humanist. The most

profound characteristic of this group is the hopeful nature in which they perceived individuals with mental disabilities. They saw these individuals as people first; people with great potential deserving of nurture to facilitate their growth. This nurture did not include forcing expectation of moral development on others, but allowing each individual, regardless mental abilities, to achieve full potential. The Hopeful Humanist did not see other individuals as less than themselves, even individuals with mental disabilities. Conversely, they saw in each individual a person who can exhibit selfless love, which is, to the Hopeful Humanist, the highest of moral development.

Devout Followers of God

The most fitting description of Factor B is that of Devout Followers. As such they would see themselves as directed by God and willing followers of God. In this view the most noble of goals is to honor God in all life's endeavors. As a Devout Follower moral development is facilitated by interaction with God and faith in God. Mental abilities will not inhibit a person's moral development if

that person places his faith in God and embraces that relationship. The Devout Follower knows that anyone can develop morally, because anyone can interact with God and exhibit selfless love. All individuals, even those with mental disabilities, can achieve the apex of moral development if they are willing to place their trust in God. And this is assured for the individual with mental disabilities, because God has the ability to grant the necessary faith.

Special Caregivers

As Special Caregivers the members of factor C made it very clear there is a distinct difference between individuals with and without mental. Because individual with disabilities are so different, they need and deserve special care and attention. Special care must be given in how they are raised as children and how they are cherished as individuals. They are not like other people and they should not be held to other's standards or expectations. The Special Caregiver knows that the responses of individuals with mental disabilities are prompted by how they are

treated. Therefore, it is the responsibility of the caregivers to provide the environment that elicits the appropriate behavior from those charged to their care.

Staunch Copers

In factor D, Staunch Copers, the bottom line is "I'm going to be realistic about this individual with mental disabilities." The idea of formal education to promote moral development does not make sense. Education must be much more practical. It can involve teaching appropriate behavior without wasting time discussing morals. Moral development has nothing to contribute to formal education. Teachers need to model the behaviors expected. To the Staunch Coper that is how the most good is done for the individual with mental disabilities. If the environment that fosters moral behavior is provided, educators can assist individuals with mental disabilities in becoming a part of society.

Conclusions and Implications

These four views of moral development and disability

represent different beliefs about the skills, behaviors, potential, and needs of the individuals with mental disabilities. Each group possessed its own particular characteristic viewpoints towards the individual with mental disabilities. It is from their respective viewpoints that they endeavor to provide the needed care and treatment to the people in their charge. Under the tutelage of the caregivers, administrators, and educators, individuals with mental disabilities are prepared for their adult lives. The importance of the type of education and treatment they receive is obvious. This education affects every aspect of their lives.

The material that results from this type of investigation may cause concern in terms of how the information is used. Misuse could result in the practice of selecting caregivers and educators based on their perceptions of the moral and religious development of individuals with disabilities. Prospective employers may perceive that certain belief systems result in lessor quality care and sometimes negative and even dangerous situations. Employment decisions based on this type of restricted information would limit the opportunities of professionals who could provide exemplary care and education to individuals with mental

disabilities.

While it could be misused, the information gained from this study is useful in several ways. These results could be used by employers, parents, caregivers, educators, and clients to facilitate communication and mutual understanding. Better understanding about specific belief systems and more efficient communication can enhance the care and education delivered to individuals with mental disabilities.

Employers and agencies responsible for the provision of care and education of individuals with mental disabilities could utilize information about the opinions and belief systems of their employees to create staff development and training procedures. Training procedures developed with this information could emphasize the positive aspects of the opinions and teach methods to overcome any negative outcomes of specific beliefs. In addition, the communication between employers and employees could be greatly enhanced with an understanding of the beliefs held by each.

Professionals could utilize the information from this study to gain an understanding of their own perceptions and beliefs about the moral and religious development of individuals with mental

disabilities. An understanding of their own feelings allows caregivers and educators to react to individuals under their care in a professional manner even when the situation may challenge their personal beliefs. For the working professional, communication could also be enhanced with an understanding of commonly held beliefs and opinions. The understanding of other's beliefs could provide a frame of reference under which communication can proceed with parents, employers, and the individual with mental disabilities. The benefit to individuals with mental disabilities would be a more informed and professional staff.

Hopeful Humanists

The Hopeful Humanists appeared to be representative of a number of teachers and other professional who provide care to individuals with mental disabilities in a very direct and compassionate manner. The most prominent feature of this group was the element of hopefulness with which they look at the individual with mental disabilities. This does not appear to be hope in the traditional view. Hope is most often seen as the

optimistic belief that something can be accomplished when there is no rational reason to believe that it can be achieved. For the Hopeful Humanist, hope is more of a belief in a person's right to attempt achievement. There's no real mental debate about whether or not something is possible or even probable for someone to achieve. The real debate concerns a consideration of individual human rights. Is it a person's right to attempt an achievement? Is it our responsibility to provide people the opportunity? These are the questions the Hopeful Humanist debates. These are the considerations of hope.

The benefit of this type of belief is that it provides the atmosphere where individuals with mental disabilities have the opportunity to attempt and achieve, sometimes well beyond traditional expectations. This is the nature of the hope with the Hopeful Humanist. Maybe it is better to call them the Opportunistic Humanist, because the characteristic seems to be the desire to provide the opportunity, rather than the belief that someone will achieve given the opportunity.

The one apparent drawback of this positive viewpoint is that it may fail in providing a realistic mindset. The tendency would be

to give the impression that anything is possible if it is within the rights of the individual to attempt it. The fact would still remain that there are things that are simply not reasonable to expect a person to achieve. To fail to acknowledge this can lead to situations where individuals are set up for failure. The unfortunate outcome is the impression of failure when the goal attempted was not actually within reasonable reach. Operating in this fashion would leave us in the awkward position of recovering a person's self-esteem when they experience self perceived failure.

An issue that was not investigate in this study was the moral development of the professionals who work with individuals with mental disabilities. Some information can be drawn from the beliefs that these people hold concerning the development of individuals with mental disabilities. Kohlberg (1968) described the stages of moral development in the terms of values placed upon human life. Stage four of Kohlberg's moral development theory contains the idea that life is sacred in terms of its place in a categorical moral or religious order of rights and duties. Further, stage five conceives life in its relation to community welfare and

as a universal human right. The Hopeful Humanists can be seen to function within these stages considering their view that other individuals are equal to themselves, even individuals with mental disabilities. In addition, they would see in each individual a person who can exhibit selfless love, which is, to the Hopeful Humanist, the highest of moral development. Kohlberg described stage five as a movement towards basic rights and the democratic process to allow everyone equal input and stage six as the embracing the idea that principles must be defined by the concept of what is the most just for all parties concerned (Kohlberg, 1958, 1981). Both the ideas that everyone deserves equal input and the idea that decisions must be based on what is best for all, are concerns for Hopeful Humanist when providing care and education for the individuals with mental disabilities.

Aside from the listed drawbacks, the educational environment which is created by the beliefs of the Hopeful Humanists is conducive to learning and gives each person a positive outlook towards their own potential.

Devout Followers of God

The most fitting description of factor B is that of Devout Followers of God. With more information about factor B, it seems, it is not only the most fitting description, it is the only description. To avoid this aspect of this group is to overlook the one thing they would claim for themselves, an affiliation with their personal God. After all, they see themselves as directed by God and willing followers of God. Furthermore, their strong religious conviction mandates adherence to the principles that acknowledge God as the motivating force behind moral development. As long as people operate under the direction of God, this factor would consider them operating at the highest human potential.

The benefit for individuals with mental disabilities is a special place and consideration in the social structure of Devout Followers of God. This special place would be reserved for anyone who agrees with the religious principles espoused by this group. Complete understanding is not a requirement, only simple acceptance that the principles are correct and beneficial to oneself.

There is an obvious hierarchy in the belief system of this view as established by their strong agreement with statements such as item twenty eight in the Q sort responses: "Religious people in general and religious individuals with mental disabilities function at higher stages of moral reasoning than do similar people without religious beliefs." It appears the order would be individuals without disabilities who follow God are first. Second would be individuals with mental disabilities who believe in God and follow God. Next would come individuals without disabilities who are unbelievers and last would fall individuals with mental disabilities who are unbelievers. One inconsistency is the belief that the individual with mental disabilities is in a better position regardless of their beliefs because they are easier to persuade and convince to accept a belief system.

The Devout Follower of God sees it as a responsibility to spread the message of faith to everyone, including the individuals with mental disabilities. To the Follower it is imperative that this is done because it is seen as a question of eternity; a question of where a person will spend time after death. Each individual needs to be convinced to believe in God. It is the most important

consideration above all else. Others may not agree with the Follower of God, but it is wrong to let them get in the way. In the view of the Devout Follower, the only reason others object is because they do not see the importance of dealing with a person's eternal soul.

The obvious drawback of the Devout Follower of God's belief system is the tendency to force ideas on other people. The individual with mental disability could become an unwilling participant in a theological belief system because of a desire to please anyone who has charge over them. Another possibility is the appalling idea of exerting undue force by fabricating a sense of guilt in the individuals given to your care. This is done by the constant attitude and even preaching practiced by some Devout Followers of God. At times this may be a relentless attempt of persuasion until a person professes the desired belief. This practice cannot grant to people the right to believe as they wish.

It is difficult to draw any direct connection from the beliefs of factor B to the stages of moral development as described by Kohlberg (1958). However, it appears, that the beliefs of the Devout Follower include the element of following a system of

beliefs without strong questioning about its intent or origins. Holding these beliefs would include following religious leaders and/or specific religious doctrines resulting in approval from leaders or other members within the religious group. This is in line with Kohlberg's stages three and four. Stage three includes the need to be perceived as a good person, especially by those people who are close, and then at stage four a movement toward the idea that people should obey laws in order to maintain a society free from chaos. Stage three also includes the concept that the value of human life is based on the empathy and affection of family members and others toward the possessor. Stage four progresses with the idea that life is sacred in terms of its place in a categorical moral or religious order of rights and duties (Kohlberg, 1968). The members of factor B appear to function around these stages with their belief that all individuals can progress through moral development if they place their trust in God.

When the Devout Follower is examined in light of Fowler's (1981) stages of faith, it seems their beliefs fall in line with his stage three, Synthetic-Conventional faith. Faith in this stage is

best described as the conformist faith. At this stage the individual is heavily influenced by the opinions and authority of significant others like spouses, friends, and religious leaders. According to Fowler, this often becomes the final stage for many adults. Further, movement from this stage is not possible until contradictions take place between perceived authorities and experiences that cause critical reflection of one's own belief system.

The strict adherence to religious principles with the members of the Devout Followers can cause unfortunate situations for the individuals with mental disabilities. For example, during the communion service for many religious groups, participants are invited to partake if they feel they are prepared for the experience. The individual with mental disabilities may respond by participating with the understanding they are prepared. Clergy and other members, however, may feel the individual with mental disabilities is not prepared to participate in communion because they lack adequate understanding of the seriousness of this ritual. This would lead to the situation where individuals with mental disabilities are chastised for what they consider an honest

attempt to follow their faith.

A similar situation can arise when caregivers attempt to persuade the individual with mental disabilities to embrace their form of religious practice or belief by exposing them to religious services. These services often contain the practice of offering an "alter call" or invitation to respond after an emotional sermon has been delivered. The individual with mental disabilities may respond to their emotions by accepting the invitation to respond. Counselors are then responsible to care for that individual with mental disabilities who makes a response. In many cases, these counselors are not trained to address the specific spiritual needs of the individual with mental disabilities. The outcome is a confused individual with mental disabilities and a confused counselor.

Special Caregivers

The most pronounced feature of the belief system accepted by the Special Caregiver is the knowledge that there exists a distinct difference between individuals with and without mental

disabilities. It is this belief that gives rise to the necessity to provide an educational environment that is specially designed for the individual with mental disability. In most cases this special environment would need to be separate from the environment provided to the individual without disabilities. Mixing individuals with mental disabilities with their nondisabled peers could be, at the very least, unproductive for both parties and, at the most, it could be dangerous.

Another strong belief for this factor is that there is a very definite difference between individuals without disabilities and the individual with mental disabilities. This difference is vast and should not be glossed over. Keeping this in mind will help reinforce the responsibility to always provide the special environment that is needed for the best care. This difference is personified by the adherence to the belief that only people who have the cognitive ability to judge their own action are able to achieve moral development beyond the most elementary stages. This ability is, in most cases, beyond the scope of individuals with mental disabilities, and, therefore, advanced moral development should not be expected or forced from the individual with mental

disabilities. Any moral behavior observed is a response to the environment; a tactic to avoid punishment, a response to good or bad treatment from others, or a method for gaining a desired reward.

It is the strongest desire of the Special Caregiver to accommodate the limitations of those charged to their care. The individual with mental disabilities is gracefully cared for in the charge of the Special Caregiver. Custodial needs are always met, educational needs are granted, and a safe environment is always provided.

The most disturbing indication about the Special Caregiver is the attitude of separation. The belief is not unlike that of a "sexist", who would see persons of another gender as less than themselves. Even though, and maybe because, there is a perceived difference, the person of the other gender is given care and provisions are made for their needs. Because of the difference in intelligence and abilities all decisions should be made for that person. The Special Caregiver sees the individual with mental disabilities in the same light the "sexist" sees the person of another gender.

The beliefs held by the Special Caregiver concerning the individual with mental disabilities provide an indication that they function much like the individual at stage four of Kohlberg's (1958, 1981) theory of moral development. The Special Caregiver views the individual with mental disabilities in a concrete fashion, as someone quite different from themselves. To the members of this group it is important to establish and maintain this difference in order to provide appropriate care. This is in line with beliefs at stage four where a person maintains the idea that we should obey laws in order to maintain a society free from chaos.

Staunch Copers

"I'm going to be realistic about this individual with mental disabilities." This is the heartfelt belief of people who work extremely close in a one-on-one basis with the individual who has mental disabilities. Parents may be the best example of this type of relationship. A relationship with this level of closeness would provide an insight into the individual with mental disabilities not acquired by many. With this insight, and the focus to provide

beneficial care that will enhance the lives of the individual with mental disabilities, the Staunch Copers approach is very practical.

The focus becomes outcomes and not the developmental process that may be needed for spontaneous production of desired behavior. The important aspect of training is giving the individual with mental disabilities the ability to live along side their nondisabled peers with the least possible resistance. The best method of achieving this is by giving individuals with mental disabilities the training to produce behaviors that are acceptable within their society. Time is best spent in obtaining the types of behavior that may disguise some of the inherent differences between individuals with mental disabilities and individuals without disabilities.

The problem with this focus is that it does not allow for the possibility of the individual with mental disabilities to gain an understanding of appropriate behaviors. Behaviors taught in isolation are not likely to be reproduced in other situations without an understanding of the behavior's benefit. Further, this focus does not give any credit to an individual's ability to understand and experience development.

The Staunch Coper appears to follow in line with factor C, Special Caregivers, with their appearance of moral development. The beliefs held by the Staunch Coper concerning the individual with mental disabilities are similar to that of the Special Caregiver and indicate functioning at stage four of Kohlberg's (1958, 1981) theory of moral development. The Staunch Coper sees the individual with mental disabilities in a practical light. The main concern of the Staunch Coper, when dealing with the individual with mental disabilities, is to provide training that will allow the individual with mental disabilities to function within society. It is most important to teach behavior that is in line with what is expected for all of society. This is in line with beliefs at stage four, where a person maintains the idea that we should obey laws in order to maintain a society free from chaos.

Recommendations

In response to the findings of this study, several areas of interest have arisen. The focus of this study has been the beliefs concerning the moral development of individuals with mental

disabilities that are held by adults who are involved in the lives of these individuals. The results have indicated four generally held belief systems. How these beliefs affect the treatment and education that is provided to the individual with mental disabilities has not been addressed. In addition, the beliefs of the individual with mental disabilities concerning their own moral development has not been specifically considered.

Of further interest is the relationship between Kohlberg's (1958) stages of moral development and Fowler's (1981) stages of faith. Is there a direct relationship between the two theories? As individuals progress through Kohlberg's stages of moral development will the same progress be measured in Fowler's stage theory of faith, or is the inverse true? The first three stages in Fowler's theory appear to rely heavily on the religious persuasion of authorities like parents, religious leaders, caregivers, and educators while Kohlberg's initial stages rely more on an internal struggle. This could indicate a distinct difference in development based on the individual's experience.

Further research needs to entail an investigation of the types of services provided to the individual with mental disabilities by

the different represented belief system holders. Each belief system, resulting from this study, contained qualitatively different ways of viewing the individual with mental disabilities. Hopeful Humanist perceived the individual with mental disabilities as a person with equal rights, privileges, and potential. Devout Followers saw the individuals with mental disabilities as a person in need of salvation. Special Caregivers indicated the strong belief of a vast difference between themselves and the individual with mental disabilities. Finally, Staunch Copers approached the individual with mental disabilities with pragmatism, seeing the need to prepare them for interaction with their nondisabled peers. Several questions need to be explored. Will particular belief systems actually indicate different treatment environments provided to the individual with mental disabilities? Do individuals step outside of their own belief systems in the provision of treatment to respond to professional ethics? What types of legal considerations are address by individuals holding certain beliefs concerning the education and care that is provided to the individual with mental disabilities?

It appears that the Hopeful Humanist could provide the

individual with mental disabilities the opportunity for development to the measure they are able. Further they would allow the individual with mental disabilities to embrace the religious faith system of their choice. Conversely, Devout Followers had a tendency to require the individual with mental disabilities to profess a religious belief system like their own. Belief systems outside the realm of the Devout Follower would be viewed as dangerous and, thus, would not be tolerated. The Special Caregiver would provide the opportunity for growth and development, yet, they would not expect the individual with mental disabilities to experience development like that of their nondisabled peers. This could lead to progress and development that does not reach to full potential. The Staunch Coper did not see moral development as an important consideration for the individual with mental disabilities. Rather, they felt it was imperative to teach appropriate behavior that would allow the individuals with mental disabilities to participate more fully in society. This would produce individuals with mental disabilities who are trained to react in a given situation, yet unable to generalize to unfamiliar surroundings.

Additional investigations should address that nature of the beliefs held by the individual with mental disabilities. Do these beliefs equate to the types of beliefs held by their caregivers? How do individuals with mental disabilities view the moral development of their peers, both individuals with mental disabilities and individuals without disabilities? And how do individuals with mental disabilities view their own moral development?

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APPENDIXES

APPENDIX A--INSTITUTIONAL
REVIEW BOARD APPROVAL

OKLAHOMA STATE UNIVERSITY
INSTITUTIONAL REVIEW BOARD
HUMAN SUBJECTS REVIEW

Date: 02-10-95

IRB#: ED-95-047

Proposal Title: EXAMINING THE PERCEPTIONS OF INVOLVED ADULTS
CONCERNING THE NATURE AND CHARACTERISTICS OF THE MORAL
DEVELOPMENT OF INDIVIDUALS

Principal Investigator(s): Diane Montgomery, Randel D. Brown

Reviewed and Processed as: Exempt

Approval Status Recommended by Reviewer(s): Approved

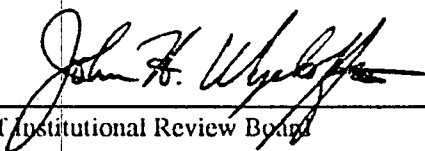
APPROVAL STATUS SUBJECT TO REVIEW BY FULL INSTITUTIONAL REVIEW BOARD AT NEXT MEETING.

APPROVAL STATUS PERIOD VALID FOR ONE CALENDAR YEAR AFTER WHICH A CONTINUATION OR RENEWAL REQUEST IS REQUIRED TO BE SUBMITTED FOR BOARD APPROVAL.

ANY MODIFICATIONS TO APPROVED PROJECT MUST ALSO BE SUBMITTED FOR APPROVAL.

Comments, Modifications/Conditions for Approval or Reasons for Deferral or Disapproval are as follows:

Signature:



Chair of Institutional Review Board

Date: February 21, 1995

APPENDIX B--INVITATION
TO PARTICIPATE



Randel D. Brown
42 S. University Place #5
Stillwater, OK 74075
(405) 744-4039

Dear Colleague:

I am writing to ask your consent to participate in a research project that I am conducting. I am a doctoral student in Applied Behavioral Studies in Education at Oklahoma State University. I am planning to have adults who have impact on the lives of individuals with mental disabilities to complete the research instrument developed for this study. I am interested in your perception of the nature and characteristics of moral development in individuals with mental disabilities. You will be asked to complete the research instrument, which is a Q sort and will require approximately thirty minutes. If you are willing to participate in a follow-up interview you may assist in the interpretation of results. This interview can be conducted by phone and should take about 15 minutes.

All information gathered will remain confidential. The response sheets will be coded and any identifying information will be destroyed at the close of the project.

Your involvement in this study is purely voluntary and you may feel free to withdraw your participation at any time. If you have no objections to your participation please read and fill out the attached consent form. The extra copy is for you to keep.

Thank you very much for your time and help with this study. If you have any questions please contact me at (405)744-4039.

Sincerely,

Randel D. Brown

APPENDIX C--CONSENT FORM

Consent Form

"I, _____, hereby authorize Randel D. Brown, or associate or assistants of his choosing, to perform the following treatment of procedure:"

I understand this procedure is part of a research investigation entitled "Examining the perceptions of involved adults concerning the nature and characteristic of the moral development of individuals with mental disabilities." The purpose of this study is to gain an understanding of the feelings and beliefs involved adults hold about the moral development of individuals with mental disabilities.

I understand that I will complete a survey instrument ranking my opinions and beliefs about moral development of individuals with mental disabilities. In addition, I may be asked to participate in an interview by phone discussing the study results. The survey completion will take approximately 30 minutes and phone interview about 15 minutes. If I choose to participate in the follow-up interview I will volunteer the necessary contact information to the researcher.

I understand that all information gathered will remain confidential and I will not be personally identified in this study. I understand the findings of this research will be reported for the entire group of participants and not for individuals. All response sheets and interview notes will be kept in a manner to insure confidentiality and destroyed when no longer needed.

I understand that I am free to withdraw my consent of participation at any time during the procedure or I may refuse to participate at all without penalty.

I may contact Randel D. Brown at (405)744-4039 or Diane Montgomery at (405)744-6036 should I wish any further information about this research. I may also contact Jennifer Moore, University Research Services, 001 Life Sciences East, Oklahoma State University, Stillwater, OK 74078; Telephone (405)744-5700.

I have read and fully understand the consent form. I sign it freely and voluntarily. A copy has been given to me.

Date: _____ Time: _____
(a.m./p.m.)

Signed: _____

"I certify that I have personally explained all elements of this form to the subject before requesting the subject to sign it."

Signed: _____

APPENDIX D--INSTRUCTION FOR Q SORT
COMPLETION

DIRECTIONS FOR Q-SORT:

1. As you read the 45 statements listed on the cards, arrange them into three categories. The first stack of cards will be statements that basically represent your beliefs (MOST LIKE) about the moral development of individuals with mental disabilities. Place this stack to your left. The second stack will be statements that are basically unlike your beliefs (MOST UNLIKE) about the moral development of individuals with mental disabilities. Place this stack to your right. The last stack will be statements that you basically feel neutral about. Place this stack in the middle.
2. Choose the two statement from your MOST LIKE category that you feel are the best descriptors of your beliefs and place those cards in the squares of column 1 on the Q-Sort Form Board.
3. Choose the two statement from your MOST UNLIKE category that you feel are most unlike your beliefs and place those cards in the squares of column 11 on the Q-Sort Form Board.
4. Choose three additional statements from your MOST LIKE stack that represent your beliefs and place those cards in column 2.
5. Choose three additional statements from your MOST UNLIKE category that are most unlike your beliefs and place those cards in column 10.
6. In the same manner, working with the remaining statements, place the cards in the Q-Sort form board so that column 11 is more unlike your beliefs than column 10 and column 3 is more like your beliefs than column 4.
7. Fill in each square of the Q-Sort Form Board using each statement only once.
8. Record the letter and number of each card from your sort on the Q-Sort Form Board Recording Sheet.

APPENDIX E--Q SORT ITEMS

<p>Religious beliefs have the same place in decisions making as moral principles.</p> <p>R 1</p>	<p>If a person puts his trust in God it doesn't matter about his mental abilities. He will be able to respond to others in a God-like manner.</p> <p>R 2</p>	<p>Moral reasoning ability is dependent upon an individual's personal experience with God.</p> <p>R 3</p>	<p>It makes sense to me that moral development and religious development overlap. They have common elements but neither fully explains the other.</p> <p>R 4</p>
<p>Individuals with mental disabilities need formal religious training to become moral.</p> <p>R 5</p>	<p>The highest moral development is based on an individual's interaction with God and the understanding that God grants us. And all people can reach this stage because all people can interact with God.</p> <p>R 6</p>	<p>It is a person's faith in God that supports the motive to be moral or to exercise moral logic.</p> <p>R 7</p>	<p>The highest moral reasoning encompasses selfless love. And all individuals, regardless of mental abilities, can exhibit love.</p> <p>R 8</p>
<p>Moral development is equal to religious development.</p> <p>R 9</p>	<p>Morality has nothing to do with God. A person can reason and act morally without a knowledge of God or a belief in God.</p> <p>R 10</p>	<p>Moral development has nothing to do with religion or religious development.</p> <p>R 11</p>	<p>Moral development is necessary for religious maturity. However, it take much more than just moral development to be spiritually mature.</p> <p>R 12</p>
<p>Religious people in general and religious individuals with mental disabilities function at higher stages of moral reasoning than do similar people without religious beliefs.</p> <p>R 13</p>	<p>A person could be moral without being spiritual. But if a person is truly spiritual they will be moral.</p> <p>R 14</p>	<p>I have never thought about how spiritual individuals with mental disabilities might become.</p> <p>R 15</p>	<p>Individuals with mental disabilities behave morally because it provides a feeling of self-worth.</p> <p>S 1</p>
<p>Only persons with higher moral reasoning abilities are likely to engage in acts for the purposes of benefiting others.</p> <p>S 2</p>	<p>Our emotions motivate our moral actions.</p> <p>S 3</p>	<p>An individual's moral development is limited only by his society and cultural surroundings.</p> <p>S 4</p>	<p>Moral development is based on an individual's environment.</p> <p>S 5</p>
<p>Moral development depends on how we are raised and taught. It depends on our own personal experience.</p> <p>S 6</p>	<p>Its unfair to force our moral standards and definitions upon individual with mental disabilities.</p> <p>S 7</p>	<p>Individuals with mental disabilities are heavily influenced by others around them. Therefore, moral development is more a function how others treat them.</p> <p>S 8</p>	<p>It is unfair to force my moral reasoning and behavior expectations on people who are simply not subject to my standards.</p> <p>S 9</p>

<p>Moral development is important because it assist us in becoming a part of the social structure.</p> <p>S10</p>	<p>Individuals with mental disabilities tend to treat others the same way they are treated; it has nothing to do with moral development.</p> <p>S11</p>	<p>Individuals with mental disabilities behave morally because it brings about social rewards like praise and affection.</p> <p>S12</p>	<p>Individuals with mental disabilities behave morally to avoid punishment and guilt; there is little reasoning involved.</p> <p>S13</p>
<p>Morality and moral actions are based on sympathy.</p> <p>S14</p>	<p>Individuals with mental disabilities behave morally because it provides the least resistance in their environment.</p> <p>S15</p>	<p>Advanced stages of cognitive development are necessary, but not sufficient, for moral development.</p> <p>E1</p>	<p>Just because a child with mental disabilities is behind in moral cognitive development does not mean he is immoral.</p> <p>E2</p>
<p>When cognitive development stops moral development stops.</p> <p>E3</p>	<p>A given mental age for an individual with mental disabilities does not adequately describe cognitive development.</p> <p>E4</p>	<p>Formal education is necessary for appropriate moral development.</p> <p>E5</p>	<p>Adults, even those with mental disabilities, will not undergo any significant moral or cognitive development after they have reached adulthood years.</p> <p>E6</p>
<p>A level of cognitive development is a necessary criterion for a parallel level stage of moral development.</p> <p>E7</p>	<p>A persons educational level has a strong relationship to moral development.</p> <p>E8</p>	<p>Much like cognitive development, moral development is extremely slow for an individual with mental disabilities because this type of development is prompted by the ability to consider and reason about moral issues.</p> <p>E9</p>	<p>The ability to reason morally and the ability to act morally are two separate subjects. A person could possess either one without the other because each must be taught.</p> <p>E10</p>
<p>A person could be taught to behave morally without any real understanding of moral behavior or reasoning.</p> <p>E11</p>	<p>Moral development and cognitive development take place naturally; it develops in everyone at a different rate.</p> <p>E12</p>	<p>Individuals with mental disabilities are going to be disabled in their moral reasoning and behavior.</p> <p>E13</p>	<p>High moral reasoning is rare in people with normal cognitive functioning; much rarer in individuals with mental disabilities.</p> <p>E14</p>
<p>The ability to judge one's own actions indicates high moral reasoning and cognitive ability.</p> <p>E15</p>			

APPENDIX F--Q SORT FORM BOARD

MY BELIEFS

CONCERNING THE MORAL DEVELOPMENT OF INDIVIDUALS WITH MENTAL DISABILITIES



**MOST
LIKE
MY
BELIEFS**

**MOST
UNLIKE
MY
BELIEFS**

1	2	3	4	5	6	7	8	9	10	11

Q-SORT
FORM
BOARD

APPENDIX G--PCQ REPORT

factor	1	2	3	4	h2
sort 1	37	-28	11	-58*	56
2	69*	8	12	-14	52
3	71*	-20	12	-18	59
4	63*	16	15	-31	54
5	-7	-70*	-9	-13	52
6	57*	31	28	-28	58
7	38	-51*	22	-35	58
8	35	-16	-19	-52*	45
9	25	-10	12	-48*	32
10	39	33	55*	20	60
11	54*	28	41	-10	55
12	0	0	0	-50*	25
13	39	19	51*	-9	46
14	43	-14	-4	-40	37
15	69*	-39	3	10	64
16	46*	-5	48*	-38	59
17	73*	4	19	19	61
18	67*	-26	24	-17	60
19	37	-21	8	-31	28
20	20	-4	45*	-37	38
21	20	-67*	-11	-31	60
22	-5	-48*	-2	4	23
23	47*	-21	12	-8	29
24	5	-83*	-12	-5	71
25	3	-21	6	-40	21
26	75*	-36	10	-9	71
27	68*	16	29	-15	59
28	-13	-54*	42	-7	49
29	26	-44	16	-46*	50
30	70*	5	27	-18	60
31	41	-33	-8	-25	35
32	61*	2	6	-39	53
33	57*	24	26	17	48
34	14	-8	62*	2	41
35	69*	-13	30	-18	62
36	78*	7	27	-16	71
37	17	-7	70*	6	53
38	-16	-33	30	-50*	47
39	2	-55*	11	-28	39
40	24	-1	39	-16	24
41	5	-47*	1	-50*	47
42	8	-41	32	-16	30
43	42	-16	53*	-10	49
44	62*	3	22	-49*	67

eigens 9.31 4.67 3.73 3.85 21.57
% var. 21 11 8 9 49
totals

* denotes a loading significant at .45

* User name: CLASSROOM (83) Queue: UCC-FS2/CLB_HP_LASERJET_4 *

Z-scores:

factor	A	B	C	D
item 1.	0.025	-1.417	0.521	-0.259
2.	1.381	0.961	1.280	1.539
3.	-0.585	-0.626	-1.219	-1.262
4.	1.078	-0.718	-0.483	1.438
5.	-1.029	-1.253	-0.216	-1.724
6.	-1.474	-1.330	-1.498	-1.170
7.	0.091	-0.601	0.385	-0.984
8.	-0.469	-0.853	0.620	-1.635
9.	-0.106	-0.307	1.038	-0.019
10.	0.151	-0.757	0.349	-0.038
11.	0.629	0.701	0.054	2.060
12.	0.886	-0.183	-0.698	1.252
13.	-1.112	-1.436	0.937	-1.179
14.	-0.748	-1.456	-0.465	-1.173
15.	-0.123	0.003	1.754	0.625
16.	-1.053	1.023	-1.598	1.100
17.	-0.873	1.463	-1.095	0.371
18.	-1.614	0.659	-1.317	0.432
19.	0.297	0.831	1.008	0.835
20.	-2.125	-1.062	-1.589	-0.545
21.	-1.106	2.176	-0.779	0.308
22.	-1.759	1.366	-1.441	-0.010
23.	1.351	2.078	0.090	0.329
24.	-1.639	-0.134	-1.908	-0.562
25.	1.742	0.506	1.033	-1.492
26.	1.710	-0.056	-0.317	-0.607
27.	-0.105	1.660	-0.115	0.488
28.	-1.303	0.734	-0.631	-1.109
29.	0.302	1.724	0.910	0.141
30.	0.022	0.106	0.703	-0.212
31.	0.550	-0.229	-0.934	0.420
32.	-0.464	-0.017	0.442	-1.841
33.	0.158	-0.239	-0.178	0.613
34.	0.533	-0.495	0.610	0.406
35.	0.850	0.437	0.906	1.202
36.	1.505	1.179	2.053	1.729
37.	1.265	-0.001	-0.523	-0.048
38.	0.901	-0.949	1.083	0.366
39.	1.233	0.072	0.702	0.551
40.	0.780	0.852	0.760	1.390
41.	0.507	-1.406	1.162	-0.046
42.	0.592	-0.076	-0.212	0.947
43.	-0.540	-0.976	0.927	-0.695
44.	-0.411	-0.966	-1.737	-1.521
45.	0.094	-0.998	-0.371	-0.410

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VITA

RANDEL D. BROWN

Candidate for the Degree of

Doctor of Philosophy

Thesis: EXAMINING THE PERCEPTIONS OF INVOLVED ADULTS
CONCERNING THE NATURE AND CHARACTERISTICS OF THE
MORAL DEVELOPMENT OF INDIVIDUALS WITH MENTAL
DISABILITIES

Major Field: Applied Behavioral Studies

Biographical:

Personal Data: Born in Tulsa, Oklahoma, on May 7, 1958.

Education: Graduated from Edmond High School, Edmond,
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Experience: Raised in Tulsa, Oklahoma, teen years were spent on a
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State Department of Education in Oklahoma City, Oklahoma;
Graduate Teaching Assistant in ABSED at Oklahoma
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