

ASSESSING AND FACILITATING THE MORAL AWARENESS OF MENTALLY HANDICAPPED ADULTS

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Historical and Recent Perspectives

In reviewing various studies related to mental handicap and moral development, it is found that many of the earlier papers placed an exaggerated emphasis upon a presumed relationship between subnormal intelligence and irresponsible judgement and behaviour. Fernald (1912), for example, described mentally handicapped people as a 'predatory class' and proposed that mentally handicapped women in particular were 'invariably immoral' and, further, that the 'high grade imbecile was a potential criminal'. Terman (1916) described every feeble-minded woman as 'a potential prostitute' and proposed that 'morality cannot flower and fruit if the intelligence remains infantile'. Burt (1948), in his study of the young delinquent, proposed that: 'mental defect... is a notable factor in the production of crime'. Thus, in the early decades of this century, there was a tendency to think fatalistically of mental handicap and to presume a causal association with irresponsible and criminal behaviour. Some, even now, continue to hold such views.

From the more recent studies relating to moral awareness and mental handicap, a number of propositions emerge:

- (1) social experience in the form of constraint areas, or opportunities for social experience, influence the moral orientations of mentally handicapped people (Abel 1941, Kohlberg, 1976; Briggs, 1980);
- (2) advances in chronological age significantly influence the moral judgements of mentally handicapped people (Ozbeck and Forehand 1973; Tomlinson — Keasey and Keasey 1974; Mahaney and Stephens 1974);
- (3) socioeconomic status is found to be correlated to the moral judgement development of mentally handicapped individuals (Ozbeck and Forehand, 1973); and
- (4) mental age correlates positively with moral maturity (Boehm, 1962; Johnson 1972, Kellmer-Pringle and Edwards 1964; Edwards 1965; Kellmer-Pringle and Gooch 1965; Tomlinson-Keasey and Keasey, 1974; Gargiulo and Sulick, 1978).

It is important to note that none of these propositions in isolation is able to account adequately for the developing moral awareness of mentally handicapped people. They should be seen as operating together, though the extent to which each plays a part cannot yet be determined. In fact, it seems evident that theorizing about moral awareness and mental handicap is at an early stage.

Background to the Study

The investigation reported in this paper arose partially in response to the uncertainties prevailing in the research literature regarding the salience of such variables as chronological age, social experience, mental age and training procedures for the advance of moral awareness. Origins are additionally owed to the findings of the National Survey of Adult Training Centre (ATCs) in England and Wales (Whelan and Speake, 1977). The survey yielded inconsistent evidence regarding those areas of the curriculum relating to moral awareness. Although

ATC staff rated these curriculum areas as very important within their social training programmes, in most cases the method of teaching was unstructured and trainees were taught only as the opportunity arose. In view of the fact that social competence is a diagnostic criterion of mental handicap, the National Survey confirmed the importance assigned to facets of social training in ATCs, but correspondingly, that these remained areas in which the least had been accomplished.

Traditionally, the determination of moral reasoning ability has employed a verbal presentation of moral dilemmas succeeded by questions concerning the chosen course of action (Piaget, 1932, Kohlberg, 1976). The suitability of measures such as these, using dilemmas vastly removed from the 'moral practice' of mentally handicapped people, particularly those which would exclude individuals with poor receptive or expressive language, suggested the need to:

- (1) devise an alternative mode of testing;
- (2) identify individuals in need of training;
- (3) devise teaching materials and methods suitable for those assessed as in need of it; and
- (4) evaluate the effectiveness of the teaching materials and methods.

The study designed to meet these aims began in 1979 within the context of the Habilitation Technology Project (1977-1983) which was engaged in the development of curriculum materials with ATCs. During the course of the study, three assessment tools were developed as well as a teaching package. Several investigations were carried out using the assessment procedures and the teaching package, and the mentally handicapped people who participated in the investigations represented the broad ability range characteristic of ATCs.

The Development of Assessment Procedures

The assessment tools developed as part of the study covered the three distinctive components of moral awareness suggested by the literature:

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| (a) cognitive: | knowledge of prohibitive and permissive language and behaviour; and understanding of cause and effect; knowledge of laws, punishment and rewards. |
| (b) affective: | the capacity to role-take and sense the feelings of others ('get into their shoes'); the capacity to make inferences about the experience of others. |
| (c) action: | the observable conduct embraced by the moral spectrum from altruistic behaviour to deceptive behaviour. |

Since no suitable assessment measures were available for use with the adult mentally handicapped population, three measures were developed corresponding to the main components of moral awareness:

- (1) The Illustrated Moral Awareness Test (IMAT) contains thirty dilemma items embracing three types of rules: social, health and safety, and legal rules. Each item is illustrated with three pictures and has verbal accompaniment. There is a stimulus picture, and two pictures depicting alternative courses of action. A cartoon character called Pod appears in each dilemma and the subject is requested to point to one of the alternative courses of action considered to be most appropriate for Pod. The subject is then asked to explain the reason for the choice made. The following is an example of an IMAT item:

Stimulus dilemma: Pod sees a purse fall from a woman's shopping bag.
What should Pod do?

Alternative	Should Pod walk away with the purse?
Courses of action:	Should Pod call after the woman to give her the purse?
Reason for choice:	Why?

The scoring criteria of IMAT were refined and the results used to guide the content and format of teaching materials. The spontaneous definitions of "good" and "bad" were also requested of subjects and in combination with the IMAT, were designed to tap the knowledge component of morality.

- (2) The Rule Tolerance Scale (RTS) was designed to ascertain from mentally handicapped individuals their tolerance of rules and norms and their understanding of rights as applying to themselves and others. The RTS contains ninety rule statements, embedded in which are fifteen dimensions of basic human rights derived from the 1971 United Nations Declaration of Rights of Mentally Retarded Persons. The subject is presented with a rule statement preceded by; "Do you think...". The contents of each dimension are informed by six criteria: a statement of a Fundamental Right (FR); a Socially Supportive (other-oriented) norm (SS); and Acceptable Restriction (AR); a Silly Rule (Si); and Unacceptable Restriction (UR); and a Selfish Preference (Se). The following are examples within the context of the Personal Property dimension: "Do you think..."; you should be allowed to have your own things? (FR); you should be careful with things that don't belong to you? (SS); you should wear your own clothes? (AR); you should lend everything you have to your friends? (Si); you should always ask before you spend your money? (UR); you should take anything you want? (Se).
A visual indication of an individual's level of tolerance can subsequently be plotted and related to the level of tolerance of the non-mentally handicapped, adult population.
- (3) The Rule Observance Scale (ROS) was designed for use by staff to determine the extent of correspondence between what an individual *knows* he should do and what he actually *does*. The ROS specifies test situations of morally relevant behaviour that parallel some of the items embraced by the IMAT and the RTS. The staff are requested to indicate the presence or absence of particular behaviours, e.g. Does X own up when he has done something wrong?

The Development of the Moral Awareness Teaching Package

A teaching package was additionally developed to teach individuals who scored low on the assessment procedures developed. This package was piloted in one of the Field Trial ATCs of The Habilitation Technology Project and covers such areas as knowledge of environmental and legal rules; of health and safety enhancing behaviour; of what constitutes good and bad behaviour; of the rights of self and others; the adoption of another's perspective; helping others and exercising appropriate locus of control.

Summary of Investigations

Four of the investigations carried out during the three year study are reported briefly below. Further articles will report these in more detail.

- (1) An initial investigation contrasted the performance of 52 mentally handicapped adults and 25 primary school children on the IMAT. The results clearly differentiated between the average performance of mentally handicapped adults and primary school children, in favour of the latter. As the sample of mentally

handicapped adults represented a broad ability range however, the scores of these subjects were ranked and the mean scores of the primary school children, mentally handicapped adults and the upper 25% of mentally handicapped subjects were calculated. The resulting modest overlap of scores for the upper 25% of mentally handicapped adults and the scores of six year old children were viewed as evidence of the delayed cognitive development of mentally handicapped adults in association with their social inexperience. This finding lends support to Kohlberg's (1976) contention that the degree to which moral judgement lags behind cognitive development relates to lack of experience in the moral sphere.

- (2) A further investigation contrasted the performance of 52 mentally handicapped subjects, 25 primary school subjects and 25 non-mentally handicapped adults on the Rule Tolerance Scale. The scores of the mentally handicapped subjects and the primary school children were similar to each other, but conspicuously different from the scores of the non-mentally handicapped subjects. The high tolerance of 'Unacceptable Restrictions' by the mentally handicapped subjects and the primary school children is accounted for in terms of limited social experience and potentially restrictive training conditions, i.e. the greater the subjection to restrictions and limitations and the reduced freedom of these subjects to exercise choice.
- (3) The penultimate investigation employing the Rule Observance Scale sought to establish interrelationships between the assessment measures developed. Eight members of the ATC staff rated the behaviour of 52 mentally handicapped adults on the ROS and correlation procedures were applied to the components of all three assessment measures (6 components in total). Specifically, this investigation demonstrates the prevalence of morally oriented behaviour of mentally handicapped people and further, that welfare-oriented behaviours are significantly associated with the absence of negative behaviours. Further, there is a negative association between the IMAT response and the prevalence of non-welfare oriented behaviour, and additionally, between welfare-oriented behaviour and the IMAT responses. These findings bring to task the prevailing assumption that individuals at a higher level of moral reasoning are more likely to act 'morally' than those who are at lower stages.
- (4) The final investigation sought to enhance the moral awareness of 10 mentally handicapped subjects by means of the Moral Awareness Teaching package. The investigation demonstrated that the subsequent gain in the IMAT scores is attributable to the teaching package. (The test was used as a pre- and post-training measure). Overall however, it remains a priority to enhance efficiency in producing behavioural outcomes in the context of moral awareness training and it is essential that this is reflected in the total learning environment of the home and the ATC.

Overall this study does not demonstrate that mentally handicapped people are 'immoral' in the conventional sense of the concept. It shows however, that the manner in which they think about moral issues, rules and rights, corresponds to a manner characteristic of children. It appears that the learning limitations and restricted social experiences of mentally handicapped adults causes them to interpret rights and duties in the moral domain in less mature ways than their non-mentally handicapped peers. In turn, this may cause them to be treated in less mature ways so that they are potentially deprived of the optimal stimulation for moral awareness.

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