From Understanding to Fostering Moral Competence – How Developmental Psychology Can be Enhanced to Benefit Education

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The two aspects of morality:
The desire and the power to be good

SOCRATES: But if there is no one who desires to be miserable, there is no one, Meno, who desires evil; for what is misery but the desire and possession of evil?

....

SOCRATES: And if one man is not better than another in desiring good, he must be better in the power of attaining it?

....

SOCRATES: Then, according to your definition, virtue would appear to be the power of attaining good?

Source: Plato, Socrates Dialogue with Meno
Moral competence is the ability to solve conflicts and problems on the basis of shared moral principles through thinking and discussion rather than through violence, deceit, and force.
Piaget’s Dual-Layer model of behavior: Practice versus Consciousness of Rules

- “For the relations that exist between the practice of rules and the consciousness of rules are those which will best enable us to define the psychological nature of moral realities.” (p. 15)

- These “relations” are still unknown. Piaget’s study of conscious moral (ethical) judgment does not render the study of moral behavior redundant.

- “Great danger, especially in matters of morality, is that of making the child say whatever one wants him to say.” (p. 8)
### Map: The Two Aspects & Two Layers of moral behavior

<table>
<thead>
<tr>
<th></th>
<th>Affective Aspects</th>
<th>Cognitive Aspects</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Conscious Layer:</strong></td>
<td><strong>Expressed ethical principles, ideas, values</strong></td>
<td><strong>Expressed ethical judgment, reasoning</strong></td>
</tr>
<tr>
<td>Ethics (Deliberation)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Unconscious Layer:</strong></td>
<td><strong>Tacit moral orientations as are manifested in an individual’s behavior</strong></td>
<td><strong>Tacit moral competence as is manifested in an individual’s behavior</strong></td>
</tr>
<tr>
<td>Morality (Behavior)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**We are here**

**Not part of the model:**
- “unobservable” constructs
- “latent” constructs
- “ideal types”
Excerpt from the
MCT
Six Pro-Arguments

2. Doctor's Dilemma

A woman had cancer and she had no hope of being saved. She was in terrible pain and so weakened that a large dose of a painkiller such as morphine would have caused her death. During a temporary period of improvement, she begged the doctor to give her enough morphine to kill her. She said she could no longer endure the pain and would be dead in a few weeks anyway. The doctor complied with her wish.

20. Do you disagree or agree with the doctor's behavior?
   I strongly disagree | I strongly agree
   -3          -2          -1          0          +1         +2         +3

--- Table ---

<table>
<thead>
<tr>
<th>How acceptable do you find the following arguments in favor of the doctor? Suppose someone said he acted rightly . . .</th>
<th>I strongly reject</th>
<th>I strongly accept</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. because the doctor had to act according to his conscience. The woman's condition justified an exception to the moral obligation to preserve life.</td>
<td>-4             -3             -2             -1             0             +1             +2             +3             +4</td>
<td></td>
</tr>
<tr>
<td>22. because the doctor was the only one who could fulfill the woman's wish; respect for her wish made him act as he did.</td>
<td>-4             -3             -2             -1             0             +1             +2             +3             +4</td>
<td></td>
</tr>
<tr>
<td>23. because the doctor only did what the woman talked him into doing. He need not worry about unpleasant consequences.</td>
<td>-4             -3             -2             -1             0             +1             +2             +3             +4</td>
<td></td>
</tr>
<tr>
<td>24. because the woman would have died anyway and it didn't take much effort for him to give her an overdose of a painkiller.</td>
<td>-4             -3             -2             -1             0             +1             +2             +3             +4</td>
<td></td>
</tr>
<tr>
<td>25. because the doctor didn't really break a law. Nobody could have saved the woman and he only wanted to shorten her suffering.</td>
<td>-4             -3             -2             -1             0             +1             +2             +3             +4</td>
<td></td>
</tr>
<tr>
<td>26. because most of his fellow doctors would presumably have done the same in a similar situation.</td>
<td>-4             -3             -2             -1             0             +1             +2             +3             +4</td>
<td></td>
</tr>
</tbody>
</table>

--- Table ---

<table>
<thead>
<tr>
<th>How acceptable do you find the following arguments against the doctor? Suppose someone said that he acted wrongly . . .</th>
<th>I strongly reject</th>
<th>I strongly accept</th>
</tr>
</thead>
<tbody>
<tr>
<td>27. because he acted contrary to his colleagues’ convictions. If they are against mercy-killing the doctor shouldn't do it.</td>
<td>-4             -3             -2             -1             0             +1             +2             +3             +4</td>
<td></td>
</tr>
<tr>
<td>28. because one should be able to have complete faith in a doctor's devotion to preserving life even if someone with great pain would rather die.</td>
<td>-4             -3             -2             -1             0             +1             +2             +3             +4</td>
<td></td>
</tr>
</tbody>
</table>
Single responses are ambiguous!

- Item: “The doctor acted wrong... because a person should be able to have complete faith in a doctor's commitment to save every life even if someone with great pain would rather die.”

- Reject strongly       Accept strongly
  -4  -3  -2  -1  0  1  2  3  X

Response: +4

- Which factor has determined this response?
  - Participant’s moral orientation?
  - His/her opposition against mercy-killing?
  - Acquiescence (the participant’s like of all arguments)? Or ...

- How can one know which interpretation is correct?
  - *Classical Test Theory* and *Item-Response-Theory* have no answer
New, objective measurement of internal moral competence: The *Moral Competence Test* (MCT)

- New measurement paradigm for moral competence:
  - Behavioral *structure*
  - *Internal* standards

- A moral task: Rating supportive and opposing arguments

- The 3-factorial experimental design (6 x 2 x 2) of the questionnaire:
  - Moral quality (six moral orientations sensu Kohlberg)
  - Opinion-agreement, and
  - Dilemma-context

- The C-score
Brunswik’s diacritical method applied: Measuring structural information from a *pattern* of responses

Two Response Patterns Manifesting Different Degrees of Moral Competence
(one story only)

<table>
<thead>
<tr>
<th>Judgment:</th>
<th>“The decision was right”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contra</td>
<td>Pro</td>
</tr>
<tr>
<td>C-score: 0.4</td>
<td>Moral competence: low</td>
</tr>
<tr>
<td>Pro</td>
<td></td>
</tr>
<tr>
<td>-4 -3 -2 -1 0 +1 +2 +3 +4</td>
<td>-4 -3 -2 -1 0 +1 +2 +3 +4</td>
</tr>
<tr>
<td>-4 -3 -2 -1 0 +1 +2 +3 +4</td>
<td>-4 -3 -2 -1 0 +1 +2 +3 +4</td>
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<td>-4 -3 -2 -1 0 +1 +2 +3 +4</td>
<td>-4 -3 -2 -1 0 +1 +2 +3 +4</td>
</tr>
<tr>
<td>Opinions Agreement: high</td>
<td></td>
</tr>
</tbody>
</table>

**Internal Standards**

The moral competence score \([C]\) is scored in accordance with the participant’s *own* orientations, not with *external* norms.

Example: Different moral orientations, but same moral competence.

Arguments of
- Type 1
- Type 2
- Type 3
- Type 4
- Type 5
- Type 6

**Person C**

```
“Do you accept or reject...”
Contra | Pro
---|---
-4 -3 -2 -1 0 +1 +2 +3 +4 | -4 -3 -2 -1 0 +1 +2 +3 +4
-4 -3 -2 -1 0 +1 +2 +3 +4 | -4 -3 -2 -1 0 +1 +2 +3 +4
-4 -3 -2 -1 0 +1 +2 +3 +4 | -4 -3 -2 -1 0 +1 +2 +3 +4
-4 -3 -2 -1 0 +1 +2 +3 +4 | -4 -3 -2 -1 0 +1 +2 +3 +4
-4 -3 -2 -1 0 +1 +2 +3 +4 | -4 -3 -2 -1 0 +1 +2 +3 +4
```

C-score: **92.2**
Range: 0 to 100
Modal moral orientation: Type 1

**Person B**

```
“Do you accept or reject...”
Contra | Pro
---|---
\[\times\] -3 -2 -1 0 +1 +2 +3 +4 | \[\times\] -3 -2 -1 0 +1 +2 +3 +4
\[\times\] -3 -2 -1 0 +1 +2 +3 +4 | \[\times\] -3 -2 -1 0 +1 +2 +3 +4
\[\times\] -3 -2 -1 0 +1 +2 +3 +4 | \[\times\] -3 -2 -1 0 +1 +2 +3 +4
\[\times\] -3 -2 -1 0 +1 +2 +3 +4 | \[\times\] -3 -2 -1 0 +1 +2 +3 +4
\[\times\] -3 -2 -1 0 +1 +2 +3 +4 | \[\times\] -3 -2 -1 0 +1 +2 +3 +4
```

C-score: **92.2**
Range: 0 to 100
Modal moral orientation: Type 6

Note: The “Types” correspond to the six Kohlbergian Stage-Orientations.

The scores in Kohlberg’s test “hardly correlate significantly with moral behavior.”
- Shulman & Mekler (1985, S. 16)

“The force exerted by the moral sense of the individual is less effective than social myth would have us believe.”
- Milgram (1974, p. 6)

"Moral reasoning is usually an ex post facto process used to influence the intuitions (and hence judgment) of other people."
- Haidt (2001, p. 814)

"The correlation is not large."
- Uhl (1996, p. 100; my translation, GL)

“One need not score at Kohlberg's highest stages in order to exhibit high degrees of moral commitment and exemplary behavior.”
- Colby & Damon (1992, p. 328)

“One cannot predict behavior from stage of moral judgment.”
- Rest (1999, p. 103).
In youth with high life burdens, low moral competence correlates with high drug consumption.

- **Behavior:** Drug consumption
- **Factors:**
  - Moral judgment competence
  - Life burdens

**Source:** Lenz, B. (2006). Moralische Urteilsfähigkeit als eine Determinante für Drogenkonsum bei Jugendlichen

![Bar chart showing the correlation between high life burdens and drug consumption.]
Better academic learning: Grades in last high school year

Source: Prof. Ewa Nowak, personal communication. N = 370
Moral competence does not come with age

Source:
Lind, G. (2015a)
Moral competence regresses when not used

Source: Lind, 2002
Study: EMNID, 1999, N=780
The Effect Size of the KMDD in a Randomized Intervention Study

**Intervention:**
Six dilemma discussions (KMDD) within a six week period; randomized design

**Groups:**
n= 38 pharmacy technician students
n= 45 dental nurse students

**Findings:**
Relative effect size r = 0.70
Absolute effect size = 14 C-points

**Quelle:**
The effect of improving teaching quality in higher ed

Source: Lind (2015)

N = 3102; aES (KMDD-based) = 9.9; aES (KMSS session) = 3.2; one semester

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The Konstanz Method of Dilemma-Discussion in prison: Effective and sustainable

Adapted from Hemmerling, K. (2014).
From moral psychology to moral education

- Without basic research into the nature of moral competence, no effective teaching would have become possible:
  - Two-aspect model (versus components models)
  - New objective method for measuring internal structural properties like moral competence of individuals (versus external standards-based, atomized measurement of samples of people)
  - Continuous objective measurement of effects of modifications of the KMDD as motor for pedagogical progress (versus subjective ratings and external evaluation)
90 minute session with 9 phases: preparation, discussion, reflection...

One session can already stimulate a marked increase of moral competence, however only if the teacher is proficient in the KMDD.

Certification as KMDD-Teacher
- One-week workshop-seminar (KMDD Trainee certificate)
- 120 hour training-on-the-job and certification within 2 months

The Konstanzer Methode der Dilemma-Diskussion® (KMDD) for fostering moral competence

KMDD-Workshop-Seminar & 10th International Symposium on Moral Competence: Speaking, Listening and Democracy
“Dr. Lind’s experimental and educational approach to morality is unique worldwide.”
Dr. Ewa Nowak, Professor of Philosophy, University of Poznan, Poland. Author of “Experimental ethics.”

“Whoever is interested in the training of students, teachers and educators of all kinds will find appropriate information for primary, secondary and post-secondary education and beyond.”
Dr. Wilhelm Peterßen, Professor emeritus of Education, University of Education at Weingarten, Germany.

“Dr. Lind’s threefold combination of theory, practice, and empirical research might become the standard for pedagogical developments which do not only claim, but demonstrate hands-on, and show proof for effects.”
Dr. Sibylle Reinhardt, Professor emeritus of Social Studies, University of Halle, Germany. Author of “Teaching Civics.”

How to Teach Morality
Promoting Deliberation and Discussion, Reducing Violence and Deceit

Georg Lind
References

Resisting the Temptation to Violate a Norm

Moral Stage (MJI, Kohlberg)

Percentage of Violators

Experiment
1. Vocabulary test
2. Language test
3. Honesty
4. No return of questionnaire
5. No whistle blowing

Sources
From Sprinthall et al., 1994, p. 190
Original studies
1 - 3 from Kohlberg & Candee, 1984
4. Krebs & Rosenwald, 1977
5. Brabeck, 1984

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Meaning of the Moral Competence Score (C-score)

- Cannot distinguish between ‘arguments’ and ‘opinions’
  - Participant refuse to rate the arguments because they “have already expressed their opinion.”

- Rationalization: Uses arguments only as justification for her opinion but would not let to a reconsideration of his/her opinion.
  - The participants strongly accept all arguments supporting their own opinion, and strongly reject all counter-arguments.

- Rationality: Distinguishes the moral quality of arguments regardless of their opinion-agreement
  - The participants reject inadequate arguments even when they support their opinion, and accept good arguments even when they disagree

- Uses counter-arguments as a source of own knowing and reflection
  - The participant rates counter-arguments high if they express a shared moral principle