

Moral Judgement Competence in Brazilian and German University Students

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Marcia Schillinger-Agati* & Georg Lind†

Abstract

The purpose of this paper is to report on an empirical comparison of moral judgment competence of approximately 700 university students in Brazil and in Germany. The instrument used was the Moral Judgment Test (MJT) by Lind (1985;2002). We intend to discuss our findings on the basis of a sociological analysis (Hunter, 1994; Jensen, 1997). While the German sample may be viewed as clearly representing "progressivism", the Brazilian sample shows peculiar and different patterns of moral reasoning. On one hand, we expect levels of a "progressive" level of moral competence in university students. On the other hand, we expect a tendency towards "orthodoxy", due to the traditional religious background and to the differences in the educational quality level. Those peculiarities will be discussed and empirically demonstrated. This study is part of a larger study on the relationship between moral development and learning environment in German and Brazilian Universities which is in progress.

Introduction

Quality and quantity of education has been discerned as the major factor promoting the development of moral judgment competence (Kohlberg, 1984; Rest et al., 1999; Lind, 2002). No other factor has shown an influence of a comparable size. The main topic of our research is Moral-cognitive development in higher education and the influence of learning environment. Our objective is to study the influence of the learning environment on the development of moral judgement competence in University students in Brazil and Germany. With the conduction of our investigations, however, we came across some questions and cross-cultural issues that made us consider other hypothesis for the understanding of the moral judgement competence. In our investigations in Brazil, we found out results that very much differ from previous results in other countries. The question: "can the European and North American previous findings about moral competence be generalized to developing countries like Brazil?" is in the present paper discussed considering religious and cultural aspects.

Recently in the literature, certain religious or cultural patterns have surfaced as factors of moral development of similar power as education. On the basis of sociological analysis, Hunter (1994) argued that the public discussion of moral issues in the United States and also world-wide shows a pronounced polarization between groups that tend toward "orthodoxy" and groups that tend toward "progressivism." The author speaks of a culture war between these two sides. In a study of various groups of Baptists in the US, Jensen (1997) has given empirical evidence for the hypothesis that this polarization is not identical with different religions or denominations but

*Marcia Schillinger-Agati, M.A. Department of Psychology, University of Konstanz 78457 Konstanz, Germany. marcia.agati@uni-konstanz.de

†Prof. Dr. Georg Lind, Department of Psychology, University of Konstanz 78457 Konstanz, Germany. georg.lind@uni-konstanz.de ; <http://www.uni-konstanz.de/ag-moral/>

is present within different religions and cultures. Similarly, Rest et al. (1999) report on great differences regarding the preference for principles in moral thinking within denominations. In these studies, little attention was paid to the role of education, and how both factors may interact to foster or hamper moral development.

In this paper, we report on an empirical comparison of moral judgment competence of approx. 700 university students in Brazil and Germany. For the purposes of this paper, we will discuss Brazilian and German Psychology students performances in the Moral Judgement Test. The study is part of a larger study on the relationship between moral development and learning environments in Germany and Brazilian universities, which is still in progress.

Methodology

Instruments

- MJT, Moral Judgement Test by Lind, translated and validated to Portuguese (Brazil) by Bataglia (1998). The MJT confronts the subject with two moral dilemmas, the workers and the doctor's (Euthanasia) dilemma. The moral competence measure is given by the C-score.
- ORIGIN/u Questionnaire on High Education, by Lind (1996), adapted and translated to Portuguese by Schillinger-Agati (2002).

Subjects

We have first conducted a pilot study in Brazil with 58 students from human science programs from private and public non-competitive universities.

Our second sample in Brazil is composed of 618 subjects, university students, distributed in three programs (psychology, business administration and medicine), high and low competitive universities. For deeper analysis in this paper, 233 Brazilian Psychology students are compared to 72 German students.

Results and Discussion

For the development of the instruments adequacy to the Brazilian sample, we have conducted first a pilot study in Brazil (Schillinger-Agati & Lind, 2001), which provided us with a more accurate source of information about different characteristics of the students and the learning environment. The pilot study proved to be an extremely important part of our research, especially considering the cross-cultural characteristic of the investigation. As a consequence, we have improved the ORIGIN/u and developed a pattern of instructions and application for the MJT. It was also our pilot study that first showed relevant questions that needed to be further investigated, which we did with the following 618 subjects. For the purpose of the present paper, we have chosen the "segmentation phenomenon" to be closely discussed.

The studies about Moral competence in Brazil conducted by Bataglia (1998, 2001), in addition to our pilot study (2001) showed that students in Brazil have lower moral competence scores (C-scores, MJT) when compared to students in Europe (Lind 2000), but similar to students in Mexico. Taking a closer look to this problem, we came to the conclusion that the lower scores are connected to an interesting phenomenon: subjects presented different levels of moral competence according to the different dilemmas, part of the MJT.¹ This phenomenon - denominated "moral segmentation" - was also observed by Moreno (2000) in Mexico, but was not reported in previous studies involving other cultures. In our sample, mean C-scores of 18,7 and c-score of 26,7 for the

¹The C-scores of the MJT subtests (C-score by dilemma) are expected to be higher than the C-score of the whole test (general C-score). The interaction terms in the MANOVA with factor "Dilemma" are taken away and thus, the relative proportion of variance to factor stage (=C-score) is boosted.

doctors dilemma and 39.5 for the worker’s dilemma seems to indicate that students in Brazil could react similarly to those in Mexico (Table 1 and 2).

Our first hypothesis however, was that segmentation is related to the quality of education received. The high education system in Brazil is very heterogeneous and there is a significant difference in the quality of education from public, very competitive universities when compared to small private, non competitive ones. Bataglia (1998, 2001) and Schillinger-Agati & Lind (2001) tested this hypothesis which showed not to be consistent. The moral segmentation phenomenon was present even in those groups with a higher performance in moral competence. (higher in comparison to the Brazilian sample itself, but lower to other international data).

In our Brazilian sample with students from the high competitive universities, we find a mean C-score of 22,8 and C-scores of 31,4 and 45 for the doctor and workers dilemma respectively. From the low-competitive universities, students present mean C-score of 13,4 and 20,9 and 33,5 for each dilemma. The cultural context in Brazil adds important information regarding this problem. It seems that in Brazil the question of Euthanasia is little discussed, as opposed to Germany, due to the historical background. When we compare a group of Psychology students in Brazil with the same group in Germany, we confirm that this phenomenon is present only in the Brazilian sample. It is interesting however, that the German sample of students present even higher C-scores in the doctor’s dilemma (Table 3). This was actually expected, as the mercy-killing dilemma is more morally demanding than the workers dilemma (Lind, 1985).

Table 1: Brazilian students from high and low competitive universities and C-score by dilemma

Brazil	C-score Doctors Dilemma	St.Dev.	C-score Workers Dilemma	St.Dev.
N=618	26,7	21,3	40	22,4
High Comp.	31,4	20,5	45,0	21
Low Comp.	20,9	20,9	33,5	22,5

Table 2: Brazilian students from high and low competitive universities and C-score (general)

Brazil	Mean C-score	St. dev.
N=618	18,7	14,2
High Comp.	22,8	14,6
Low Comp.	13,4	11,8

Table 3: Brazilian and German Psychology Students and C-score by dilemma

Country	Mean C-score	C-score Doctors Dilemma	C-score Workers Dilemma
Brazil (N=233)	20	29,4	39,5
Germany (N=72)	37,8	55	49,5

A step ahead in our investigation was supported by Lind’s hypothesis that “ religiously oriented subjects suppress their autonomous moral judgement on dilemma contents on which the Church takes a strong instance” (p.2). Considering the distinction between commitment to Religion and commitment to a Church as an authority, this hypothesis relates to the fact that people with strong ties to the Roman Catholic church, as an authority, would show extreme rejection towards mercy-killing and as a result, be prone to the segmentation phenomenon. Brazil is also a country with a strong Roman Catholic influence. The question however, that religious oriented students would

suppress their autonomy in making competent moral judgements when for example Euthanasia is in question, seemed to be plausible.

In order to test this hypothesis, Bataglia and Schillinger-Agati (2002) conducted another investigation with university students in Brazil. Moral competence scores (C-scores) of subjects that were strongly committed to Religion were compared to those who had no commitment at all. We found out that the groups presented no significant difference in levels of moral segmentation. Both groups, religious and not religious, presented significant higher c-scores in the worker's dilemma, when compared to the doctor's dilemma. It seemed thus, that it would be not the religion "per se", but rather cultural characteristics of the Brazilian people, that could be accounted for the moral segmentation phenomenon.

We were also interested to know whether a correlation between type of religion and C-score was possible. Information about Religion type and religiosity levels were provided by the ORIGIN/u questionnaire. Table 4 shows C-score values (means) according to subjects information about his/her religion. In Brazil, as opposed to Germany, the category "Protestants" refer mostly to members of small American-type churches, such as Methodists, Baptists etc. Interesting enough, Brazilian Protestants achieved the lowest C-scores. We found however, no significative difference between type of religion and C-score (Table 5). This is an interesting finding when we think about the Brazilian population. It was our hypothesis that the Brazilian population, mostly Catholic, would react negatively to an Euthanasia issue, where the Church takes a strong and clear contra stand. The expected extreme rejection towards mercy-killing would lead to a lower level of moral competence and a strong segmentation. In order to achieve a lower score, a subject has to deny assessing arguments that are against his/her opinion. It means, the ability of considering pro and contra arguments has to be present to show higher moral competence levels. Individuals from different religious denominations also showed the moral segmentation phenomenon. This led us to the other question, which was: How religious one consider him/herself to be? Table 6 shows C-scores by levels of religiosity. Subjects that denominated themselves as " a little" religious seem to have a little higher moral competence score. This finding should be more investigated and could indicate for example, that " a little" religious could be related to a more critical approach of the religion, whereas "no-religious" or "religious" could be showing less flexibility, which is directly related to lower moral competence.

Table 4: Brazilian and German Psychology Students and C-score by Religion denomination

Religion	%	C-score Brazil	%	C-score Germany
None	15,5	23	19,5	37
Catholic	50,4	19.7	50	37.5
Protestant	8,5	15.1	26,4	38.9
Espiritist (BR)	16,3	17.2	-	-
Freechurch (GER)	-	-	2,7	36.4
Other	9,3	19	1,4	44.1

Table 5: Analysis of variance

Variable	SS Effect	dF Effect	MS Effect	SS Error	dF Error	MS Error	F	p
C-score BR	570.7	4	142.7	23453.7	124	189.1	.75	.557
C-Score GER	73	3	24.4	23141.9	66	350.6	.07	.976

A significant difference was found when we verified the correlation between C-scores and the Opinion of the subject about each dilemma, but independently from the religion denomination.

Table 6: Brazilian and German Psychology students C-scores and Religiousness

Level of religiousness	C-score Brazil	C-score Germany
Non-religious	19,3	33,9
A little	22	41,5
Very Religious	18,6	37,6

In the MJT, the subject is asked to rate, in a scale from -3 (totally disagree) to 3 (totally agree), how much he/she agrees or disagrees with the doctor's or workers' attitude. Lind (1985) reported correlations between the C-scores and the extremeness of opinion. He found a differentiation between subjects moderately opposing mercy-killing and those extremely opposing it. In our Brazilian sample, we found that subjects that extremely disagree with the doctor's opinion had the lowest C-score when compared to subjects that moderately disagree or agree. This seems to indicate that subjects that are extremely against Euthanasia find it difficult to judge about this issue. This is demonstrated through the analysis of the contra arguments in the MJT. Table 7 shows C-scores of Brazilian and German students related to the subjects opinion about the dilemma. Table 8 shows a significant correlation between Opinion and C-scores by dilemma in Brazil.

Table 7: C-score by subject's opinion about the Doctor's and Worker's dilemma.

Opinion	Brazil	Brazil	Germany	Germany
	C-score Doctor's	C-score Worker's	C-score Doctor's	C-score Worker's
-3	11.4	15.6	27.8	32.4
-2;-1	18.4	22.2	33.8	41.1
0	21	16.2	33.2	31.6
1;2	22.35	18.8	45.8	37.35
3	20.2	16.5	32	-

Table 8: Analysis of Variance - Brazil / C-score Doctor's dilemma and Worker's dilemma

Variable	SS Effect	dF Effect	MS Effect	SS Error	dF Error	MS Error	F	p
C-score (D.)	12246.4	6	2041.0	111982.9	607	184.5	11.06	.000
C-score (W.)	4075.2	6	679.2	120154.1	607	197.9	3.43	0.002

According to the sociologic approach from Hunter (1994), contemporary America faces a "culture war" in terms of public moral debate. Groups are divided into those who tend towards "orthodoxy" and towards "progressivism". Each group has considerably different moral conceptions, which makes it a cultural issue. While Orthodox believe that moral principles originated from the divine, Progressivists believe in the human action and autonomy. It seems that in Brazil, the issue of Euthanasia brings up a strong emotional content. Cultural values seem to perform an important role in the explanation of this phenomenon. The issue of Euthanasia, independent of a specific religion seems to affect the autonomous moral judgement competence. In this way, we defend, according to Hunter (1991) and Jensen (1997) that students in Brazil show a tendency towards an "orthodox" approach, which is present in different religions. According to Hunter (1991) the orthodox have a strong commitment to a transcendent authority which is more powerful and independent from the human experience. In this way, individuals have to adapt themselves to

Table 9: Percentage of answers to the Opinion categories from Doctor’s dilemma in Brazil and Germany

Category	% Brazil	% Germany
-3	23.4	2.8
-2;-1	14.7	15.2
0	15.1	18
1;2	28.4	41.6
3	18.2	22.2

the moral precepts which, as a consequence, are not altered to accommodate moral changes. The dilemma of Euthanasia seems to reveal in Brazil a strong and traditional commitment to the Church as an authority, independently from Religion type, in an Orthodox way. Jensen (1997) states that Orthodox are more likely to judge moral issues as wrong, when compared to progressives. Issues as suicide, terminal illness and abortion would be some of them. An indicator that this statement might apply to our study is also found when we compare the Brazilian and the German students in relation to the extremeness of the opinion in regard to the doctor’s dilemma (Table 9). In our Brazilian sample, 23,4% of the subjects totally disagree (“-3”) with the practice of Euthanasia. In the German sample this number goes down to 2,8%. This represents a significant difference in the way Brazilians and Germans reason about this issue.

Open interviews with some subjects after the completion of the MJT in the study of Bataglia & Schillinger-Agati (2002) support our interpretation. Subjects were asked to justify the answers given to the Euthanasia dilemma. Most of answers could be resumed to: “My religion says it is wrong”; “It is absolutely wrong”; “You never know if a miracle would happen” and so on. A divine justification is needed.

We would say that while the German sample may be viewed as tending towards progressivism, regarding moral precepts as changeable, the Brazilian sample seem to show a tendency towards an Orthodox approach. Two questions remain open. The first one is whether the performance of Brazilian students would change when reasoning about another topic that does not erase a strong emotional content as Euthanasia. In order to address this issue, we propose the validation of another dilemma to substitute the Doctor’s dilemma in the Moral Judgement Test (Bataglia; Schillinger-Agati; Lind) which is now in progress. The other question refers to the role of higher education and particularly of the learning environment as fostering moral competence, which is the topic of our broader ongoing research. Could the learning environment in the universities in Brazil specifically help to develop moral competence in a way that students would then make a shift from an orthodox to a progressive reasoning?

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