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Developmental Review

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Developing an understanding of the literature relating to the moral development of people with intellectual disabilities

Peter E. Langdon^{a,b,*}, Isabel C.H. Clare^{c,2}, Glynis H. Murphy^d

^a School of Medicine, Health Policy and Practice, Faculty of Health, University of East Anglia, Norwich NR4 7TJ, United Kingdom

^b Broadland Clinic, Hertfordshire Partnership NHS Foundation Trust, Norwich NR13 5EW, United Kingdom

^c Cambridge Intellectual and Developmental Disabilities Research Group, Department of Psychiatry, University of Cambridge, Douglas House, 18B Trumpington Road, Cambridge CB2 8AH, United Kingdom

^d Tizard Centre, University of Kent, Canterbury CT2 7LZ, United Kingdom

ARTICLE INFO

Article history:

Received 30 April 2009

Revised 18 December 2009

Available online 23 February 2010

Keywords:

Moral reasoning
Moral development
Intellectual disability
Cognitive development
Behaviour
Learning disability
Developmental disability
Sociomoral reasoning
Moral judgement

ABSTRACT

Recent reviews of moral development theory (Gibbs, Basinger, Grime, & Snarey, 2007) demonstrate that revisionist theoretical perspectives have cross cultural validity, but moral development in relation to people with intellectual disabilities (IDs) has not been considered within this literature. A structured review of the published literature relating to children, adolescents and adults with IDs, and moral development was carried out. Twenty studies meeting the inclusion criteria were found. The review indicated that people with IDs may not progress through the developmental stages of moral reasoning as quickly as typically developing peers, or reach the more advanced stages. This difference from non-disabled peers tends to disappear if groups are matched on some measure of cognitive ability. However, the studies are fraught with methodological problems and there is a need for further research, given the theoretical developments within the area of moral development, including the evidence of a relationship between moral development and anti-social behaviour amongst typically developing children and adolescents.

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* Corresponding author. Address: School of Medicine, Health Policy and Practice, Faculty of Health, University of East Anglia, Norwich NR4 7TJ, United Kingdom.

E-mail address: P.Langdon@uea.ac.uk (P.E. Langdon).

¹ Peter E. Langdon is funded by a Personal Award Scheme Researcher Development Award from the National Institute for Health Research. Additional support was provided by The Co-operative Group.

² Isabel Clare is funded by the National Institute for Health Research's CLAHRC for Cambridgeshire and Peterborough.

Introduction

Moral reasoning refers to the cognitive and emotional processes occurring within a person when they are attempting to determine whether or not an event is morally “right or wrong”. Some theorists emphasise cognition as being crucial to moral reasoning, while recognising emotion as having an important role (Gibbs, 2003, 2010). Others emphasise emotion, but acknowledge the importance of cognition (Hoffman, 2000). Regardless of the theoretical view that is adopted, moral development refers to the changes that occur to the structure of moral reasoning with increasing maturity, both as a consequence of social perspective-taking and increasing cognitive ability.

Moral development is associated with the development of cognitive abilities such as abstract reasoning and planning ability (Hoffman, 1977; Johnson, 1962; Tomlinson-Keasey & Keasey, 1974). In addition, processes such as social perspective-taking (Selman, 1976, 1980) and decentration relate to moral development, together with factors such as parenting practices (Boyes & Allen, 1993; Buck, Walsh, & Rothman, 1981; Hart, 1988; Powers, 1988; Speicher, 1994; Walker & Taylor, 1991), and peer socialisation (Keasey, 1971). Many of these factors also relate to social perspective-taking, and it has been suggested that as opportunities for social interaction increase, social perspective-taking increases, and moral development subsequently occurs (Berkowitz, Gibbs, & Broughton, 1980; Kruger, 1992). However, there has been little examination of the moral development of those individuals who experience some kind of developmental delay, in terms of their general cognitive development, or who may not have had the same opportunities to engage in social perspective-taking as typically developing children.

Aspects of cognitive ability, such as attention and memory, are associated with moral development. For example, Knight, Dubro, and Chao (1985) reported that aspects of memory are related to the development of social values, while Stewart and Pascual-Leone (1992) found that attentional and mental capacity are linked to moral development in children. Educational attainment and chronological age are widely recognised as being associated with moral reasoning (Dawson, 2002), and studies using large samples of children from the general population have demonstrated a significant positive relationship between IQ and moral development (Hoffman, 1977; Johnson, 1962), supporting the theoretical relationship between cognitive and moral development. However, little appears to be known about the moral reasoning abilities of people with intellectual disabilities (IDs).

Children, adolescents and adults are considered to have IDs if they have a tested intelligence quotient (IQ) below 70, accompanied by significant impairments in their adaptive behaviours, with an onset of these difficulties prior to the age of 18 (American Psychiatric Association, 2000; World Health Organisation, 1994). The prevalence of challenging and aggressive behaviours amongst people with IDs is elevated (Borthwick-Duffy, 1994; Cooper et al., 2009; McClean & Walsh, 1995), and while the literature is fraught with difficulties (for reviews see, Holland, Clare, & Mukhopadhyay, 2002; Murphy & Mason, 2007), it has been claimed that the prevalence of illegal behaviour may also be higher amongst people with IDs (Hayes, 1993, 1996; Hodgins, 1992; Hodgins, Mednick, Brennan, Schulsinger, & Engberg, 1996; Mulrooney, Murphy, Harrold, & Carey, 2004). If moral development is associated with cognitive development and with anti-social behaviour amongst children and adolescents (Blasi, 1980; Nelson, Smith, & Dodd, 1990; Richards, Bear, Stewart, & Norman, 1992; Stams et al., 2006), and people with IDs are at greater risk of anti-social behaviours, then moral development theory may be of some value in understanding the aetiology of such difficulties amongst this population and provide an effective theoretical rationale governing clinical interventions.

This supposition is important to consider as many clinical interventions for children, adolescents and adults with IDs include the use of applied behaviour analysis or psychotropic medication (see Emerson, 2001; Stenfert-Kroese, 1997; Tyrer et al., 2008), ignoring the role of cognition. Despite some evidence to the contrary (Taylor, Lindsay, & Willner, 2008), there still is an assumption amongst clinicians that people with IDs may not benefit from ‘talking therapies’ (Hurley, Pfadt, Tomasulo, & Gardner, 1996). These assumptions reflect the exclusion of people with IDs from theoretical developments which underpin applied psychological interventions. This is an issue for all psychological theories, including moral development theory, which should be inclusive of all members of society, and not just those who are seen to be typically developing children, adolescents or adults. However, moral devel-

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