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AUTHOR Brown, Randel D.; Shepherd, Terry L.

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ABSTRACT

This report discusses the outcomes of a study that examined the beliefs concerning the moral and religious development of individuals with mental retardation. Forty-four individuals who met the criteria of professionals who provide direct care to, or had administrative responsibility for, individuals with mental retardation participated in the study. Participants completed a Q sort with a concourse of 45 items reflecting potential opinions. Four dissimilar factors emerged. The most profound identifier of factor A, "Hopeful Humanist," is the way in which the 16 members of this group perceived individuals with mental retardation as people first and saw in each individual a person who can exhibit selfless love, which to the Hopeful Humanist is the highest characteristic of moral development. The seven members of factor B, "Devout Followers," see themselves as directed by God and willing followers of God. As "Special Caregivers," the six members of factor C make it clear that there is a distinct difference between individuals with mental retardation and those who are without disabilities. In factor D, "Staunch Copers," the most important belief of the six members was a realistic and pragmatic view about the individual with mental disabilities. (CR)

Examining the Beliefs of Involved Adults Concerning the Moral and Religious Development of Individuals with Mental Retardation

Report of Ongoing Research for
The AAMR 124th Annual Meeting
May 30-June 3, 2000

Dr. Randel D. Brown
Texas A&M International University
&
Dr. Terry L. Shepherd
Texas A&M International University

Abstract:

Examining the beliefs concerning the moral and religious development of individuals with mental retardation was the focus of this study. Participants completed a Q sort with a concourse of 45 items reflecting potential opinions. Four dissimilar factors emerged. The most profound identifier of factor A, Hopeful Humanist, is the hopeful nature in which they perceive individuals with mental retardation. Members of factor B, Devout Followers, see themselves as directed by God and willing followers of God. As Special Caregivers the members of factor C make it clear there is a distinct difference between individuals with mental retardation and those who are without disabilities. In factor D, Staunch Copers, the most important belief is a realistic and pragmatic view about the individual with mental disabilities.

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 retardation. The potential that individuals with mental retardation experience moral and religious development independent from levels of cognitive development and that involved adults expect moral and religious response from these individuals formed the conceptual basis for this study. This research required an evaluation of the expectations of these adults concerning moral and religious development in general and specifically for the individual with mental retardation. The research questions in this study were: (1) What is the nature of the beliefs of involved adults concerning moral and religious development in the individual with mental retardation? and (2) What is the nature of the moral and religious responses that involved adults expect from the individual with mental retardation?

Methodology

The study of perceptions and beliefs of adults concerning the moral and religious development of individuals with mental retardation was a highly subjective undertaking. It was necessary, therefore, to choose a method that allowed for the systematic review of subjective opinions of those persons involved in the care and education of individuals with mental retardation. Q methodology was chosen because of its unique abilities to meet this criterion. According to Bogdan and Biklen (1982), qualitative methodology determines the subjective aspects of human behavior by design. Sexton, Snyder, Wadsworth, Jardine and Ernest (1998) found that Q methodology is one promising technique for systematically combining strengths from qualitative and quantitative research traditions. This method combines qualitative strategies with quantitative and qualitative analysis to allow the articulation of various opinions about any concern (Brown, 1996). Stephen (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 that the Q methodology is misunderstood as simply a technique involving Q sorting; it is a fundamental body of theory for a scientific approach to subjectivity.

Q method, developed by Stephenson (1935, 1953), is designed to assist in the ordered examination of human subjectivity and is a rank ordering procedure in which respondents order

statements of potential opinion according to their perceptions and beliefs. The respondents 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 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 differing factor groups. Individuals who have responded in a similar manner and clustered together statistically on a particular factor define each factor group. Each factor becomes the representation of a specific belief system or opinion.

Research Instrument

For this study a Q sort with a concourse of 45 items was developed to reflect potential opinions of professionals who provide direct care to, or have administrative responsibility for, individuals with mental retardation. The Q sort was also designed to represent potential beliefs of parents and other family members of individuals with mental retardation. A hybrid method (Mckeown & Thomas, 1988) of concourse development was used by combining items that arise 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 retardation.

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 individuals currently working in the field of special education and adult care for persons with disabilities was asked to review the concourse of items. After their review, the readers contributed any ideas or beliefs that would better represent their understanding concerning the moral development of individuals with mental retardation. Interviews were then conducted with a small group of those who responded to ensure understanding and clarity of responses. Phase three comprised analyzing the responses and interview field notes from the interviews with the item reviewers. Based on the analysis, items were discarded or changed and additional items added because of the frequency of comments from the reviewers.

Participants and Procedures

Forty-four individuals who met the criteria of professionals who provide direct care to, or have administrative responsibility of, individuals with mental retardation completed the 45 item Q sort. 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, and not because 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 retardation. Ten of the respondents were actively employed in state agencies that provide services to individuals with mental retardation. Those people representing educational environments included eleven classroom teachers, three teachers in training, and two paraprofessionals. Two clergymen contributed their opinions to the study via their completion of 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 retardation, completed the Q sort. In addition, three support personnel, who provide general administrative assistance for individuals with mental retardation, 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 retardation, several subjects who fit into the other listed categories were also parents of individuals with mental retardation.

Potential subjects were contacted by letter for possible participation in the study. With the subjects' permission the Q sort was administered with clearly written 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 retardation? All Q sort items were placed on separate cards stacked in random order. The respondents were asked to place these items on the developed Q sort form board to represent appropriately 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 help understand the perspectives in the varying groups. The information gathered was used to assist in the interpretation of resulting factor groups.

Data Analysis

The data were gathered from each Q sort facilitating 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."

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. 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 *rho*. Likewise there is little difference if the factoring is accomplished through principal components or centroid method. Several attempts using judgmental rotations failed to fit the data. Varimax rotation appeared to provide the best "fit" for the data. The best

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

Factor A, the largest group, is 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 confounded with factor loadings that showed similarities with more than one factor. Six responses were not significant in the sense the Q-sort did not load significantly on any of the four represented factors. Brown (1980) suggests at least four respondents are needed to represent a chosen factor to facilitate appropriate interpretation. The present study meets this criterion with at least six loadings on all of the four factors.

Factor A, Hopeful Humanists, is 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 retardation. Three of the factor A respondents were psychometrists who provide testing services for individuals with mental retardation. One college professor appeared in this group, as did one class support personnel and one direct home care provider. The educational level of factor A respondents 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. Three males and four females represented factor B, Devout Followers. 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 except one respondent with a high school diploma. One psychologist in private practice, one pre-service teacher, two state agency employees, and two classroom teachers represented factor C. 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. Five female and one male respondent comprised factor D. This group contained one parent, one psychometrist, one teacher in training, and one classroom teacher, along with one direct care provider and one state agency employee. Of these, three had Master's degrees, two a Bachelor's degree and one a high school diploma. Like factor C this factor contained five female and one male respondent.

Results

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 retardation. These factor arrays represent the combination of like people responses with specific individual differences removed. Three types of items were considered for each factor to assist in understanding the common beliefs or attitudes the factor represents. The first items of consideration were items that distinguish one factor from all other factors. These were items the factor sorted at least three columns away from the other factors in the Q-sort array. The second group of items contained the individual item responses for each factor. Finally, the items that all factors agreed upon were considered.

The goal of interpretation with Q data is to understand what beliefs 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 factor group. For example, one subject within a factor may have sorted a particular item to suggest an extreme opinion. While this is part of the belief system for that individual, it is not 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 showed categories of concern for each factor. Demographic data including type of involvement with individuals with mental retardation 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 administrating 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, was an area for consideration. Finally, depth interviews with persons who loaded high on the given factors provided information included in the interpretation process.

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 retardation. Each item sorted by the individuals in this study gained meaning because it became a collection of self referent statements of belief.

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

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. Interaction with God and faith in God facilitate moral development in the eyes of the Devout Follower. Mental abilities do not inhibit a person's moral development, if that person places his faith in God and embraces a relationship with God. 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 retardation, 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 retardation, because God has the ability to grant the necessary faith.

As Special Caregivers the members of factor C made it very clear there is a distinct difference between individuals with and without mental retardation. Because individuals 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 retardation are prompted by how others treat them. Therefore, it is the responsibility of Special Caregivers to provide the environment that will elicit appropriate behavior from those charged to their care.

In factor D, Staunch Copers, the bottom line is "I'm going to be realistic about this individual with mental retardation." 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. Expected behavior should be modeled. The Staunch Coper believes this is how they can accomplished the most benefit for the individual with mental retardation . If they provide an environment that fosters moral behavior, they can help individuals with mental retardation become a part of society.

The consensus items gave indication to areas in which all respondents agree. These items provide insight into the positive nature in which the respondents in this study approached the individual with mental retardation. Each respondent approached their occupation with seriousness and with respect for the individuals they encounter. The statement that all factors included as most like their beliefs represented the nonjudgmental attitude the involved adults embraced as they facilitated the education and care of the individual with mental retardation. The statement that all factors included as most unlike their beliefs further demonstrates the nonjudgmental attitude with the positive belief that everyone, including individuals with mental retardation, 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 retardation. They believe the only time people stop growing is when they give up the hope that we can grow and develop.

Discussion

The four dissimilar factors that emerged from the results of this study represents the belief system or opinions of the respondents in each group concerning the moral development of individuals with mental retardation. These belief systems may influence the direction of the treatment and education provided to the individual with mental retardation. The four views of moral development and disability represent different beliefs about the skills, behaviors, potential, and needs of the individuals with mental retardation. Each group possessed its own particular characteristic viewpoints toward the individual with mental retardation. It is from their respective

viewpoints they attempt to provide the needed care and treatment to the people in their charge. Under the tutelage of the parents, caregivers, administrators, and educators, individuals with mental retardation 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.

Factor A: Hopeful Humanists

The Hopeful Humanists appeared to represent most teachers and other professional who provide care to individuals with mental retardation 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 retardation. 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 is no real mental debate whether 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.

Factor B: Devout Followers of God

The most fitting description of factor B is that of Devout Followers of God. To avoid this aspect of Factor B 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, individuals from this factor would consider them operating at the highest human potential.

Factor C: Special Caregivers

The most pronounced feature of the belief system embraced by the Special Caregiver is the knowledge that there exists a distinct difference between individuals with mental retardation and individuals without mental retardation. It is this belief that causes the necessity to provide an educational environment specially designed for the individual with mental disability. Usually this special environment would need to be separate from the environment provided to the individual without disabilities. Mixing individuals with mental retardation with their nondisabled peers could be, at the very least, unproductive for both parties and, at the most, it could be dangerous. It is the strongest desire of the Special Caregiver to accommodate the limitations of those charged to their care. The Special Caregiver attempts to provide exemplary cares for the individual with mental retardation where custodial needs are always met, educational needs granted, and a safe, separate environment always provided.

Factor D: Staunch Copers

"I'm going to be realistic about this individual with mental retardation." This is the heartfelt belief of Staunch Copers who work in extremely close settings with individuals who have mental retardation. 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 retardation not acquired by many. With this insight, and the focus to provide beneficial care that will enhance the lives of the individual with mental retardation, the Staunch Copers approach is very practical.

Conclusion

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

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Table 1
Factor Summary Table

Subject Number		Factor Loading			
		A	B	C	D
#1	Parent	-	-	-	*
#2	Parent**	-	*	-	*
#3	Teacher	*	-	-	-
#4	Teacher	*	-	-	-
#5	Teacher	*	-	-	-
#6	Teacher	*	-	-	-
#7	Teacher	*	-	-	-
#8	Teacher	*	-	-	-
#9	Teacher	-	*	-	-
#10	Teacher	-	*	-	-
#11	Teacher	-	-	*	-
#12	Teacher	-	-	*	-
#13	Teacher	-	-	-	*
#14	PreTeacher***	-	-	-	-
#15	PreTeacher	-	-	*	-
#16	PreTeacher	-	-	-	*
#17	Para ***	-	-	-	-
#18	Para ***	-	-	-	-
#19	Psychometrist	*	-	-	-
#20	Psychometrist	*	-	-	-
#21	Psychometrist	*	-	-	-
#22	Psychometrist	-	*	-	-
#23	Psychometrist	-	-	-	*
#24	Professor	*	-	-	-
#25	State Agency ***	-	-	-	-
#26	State Agency	*	-	-	-
#27	State Agency	*	-	-	-
#28	State Agency	*	-	-	-
#29	State Agency	*	-	-	-
#30	State Agency	-	*	-	-
#31	State Agency	-	-	*	-
#32	State Agency	-	-	*	-
#33	State Agency	-	-	-	*
#34	State Agency**	*	-	-	*
#35	Administrator ***	-	-	-	-
#36	Administrator**	*	-	*	-
#37	Support **	-	-	-	-
#38	Support	*	-	-	-
#39	Support	-	*	-	-
#40	Psychologist	-	-	*	-
#41	Direct Care	*	-	-	-
#42	Direct Care	-	-	-	*
#43	Clergy	-	*	-	-
#44	Clergy	-	*	-	-

* denotes a significant factor loading
** denotes a loading on two or more factors
*** denotes no significant factor loading

Table 2
Belief Statements from Factor A

Value	"Most Like My Belief"
+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.
+5	Moral development has nothing to do with religion or religious development.
+4	The highest moral reasoning encompasses selfless love. And all individuals, regardless of mental abilities, can exhibit love.
+4	Just because a child with mental retardation is behind in moral cognitive development does not mean he is immoral.
+4	Moral development depends on how we are raised and taught. It depends on our own personal experience.
+3	Individuals with mental retardation are heavily influenced by others around them. Therefore, moral development is more a function how others treat them.
+3	A given mental age for an individual with mental retardation does not adequately describe cognitive development.
+3	It is unfair to force my moral reasoning and behavior expectations on people who are simply not subject to my standards.
+3	It is unfair to force our moral standards and definitions upon individual with mental retardation.

Value	"Most Unlike My Belief"
-5	Individuals with mental retardation need formal religious training to become moral.
-5	It is a person's faith in God that supports the motive to be moral or to exercise moral logic.
-4	Moral development is equal to religious development.
-4	Moral reasoning ability is dependent upon an individual's personal experience with God.
-4	Adults, even those with mental retardation, will not undergo any significant moral or cognitive development after they have reached adulthood years.
-3	Religious people in general and religious individuals with mental retardation function at higher stages of moral reasoning than do similar people without religious beliefs.
-3	Individuals with mental retardation are going to be disabled in their moral reasoning and behavior.
-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.
-3	Religious beliefs have the same place in decisions making as moral principles.

Table 3
Belief Statements from Factor B

Value	"Most Like My Belief"
+5	The highest moral reasoning encompasses selfless love. And all individuals, regardless of mental abilities, can exhibit love.
+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.
+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.
+4	Moral development is necessary for religious maturity. However, it takes much more than just moral development to be spiritually mature.
+4	A person could be moral without being spiritual. But if a person is truly spiritual they will be moral.
+3	Just because a child with mental retardation is behind in moral cognitive development does not mean he is immoral.
+3	Religious beliefs have the same place in decisions making as moral principles.
+3	Moral development depends on how we are raised and taught. It depends on our own personal experience.
+3	It is a person's faith in God that supports the motive to be moral or to exercise moral logic.

Value	"Most Unlike My Belief"
-5	High moral reasoning is rare in people with normal cognitive functioning; much rarer in individuals with mental retardation.
-5	Individuals with mental retardation are going to be disabled in their moral reasoning and behavior.
-4	Advanced stages of cognitive development are necessary, but not sufficient, for moral development.
-4	Individuals with mental retardation tend to treat others the same way they are treated; it has nothing to do with moral development.
-4	Adults, even those with mental retardation, will not undergo any significant moral or cognitive development after they have reached adulthood years.
-3	Formal education is necessary for appropriate moral development.
-3	Individuals with mental retardation need formal religious training to become moral.
-3	Individuals with mental retardation behave morally because it provides the least resistance in their environment.
-3	Individuals with mental retardation behave morally to avoid punishment and guilt; there is little reasoning involved.

Table 4
Belief Statements from Factor C

Value	"Most Like My Belief"
+5	The ability to judge one's own actions indicates high moral reasoning and cognitive ability.
+5	Moral development depends on how we are raised and taught. It depends on our own personal experience.
+4	Individuals with mental retardation are heavily influenced by others around them. Therefore, moral development is more a function how others treat them.
+4	Individuals with mental retardation tend to treat others the same way they are treated; it has nothing to do with moral development.
+4	Just because a child with mental retardation is behind in moral cognitive development does not mean he is immoral.
+3	Individuals with mental retardation are going to be disabled in their moral reasoning and behavior.
+3	It makes sense to me that moral development and religious development overlap. They have common elements but neither fully explains the other.
+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.
+3	Much like cognitive development, moral development is extremely slow for an individual with mental retardation because this type of development is prompted by the ability to consider and reason about moral issues.

Value	"Most Unlike My Belief"
-5	Moral development is equal to religious development.
-5	Morality and moral actions are based on sympathy.
-4	Religious beliefs have the same place in decisions making as moral principles.
-4	Individuals with mental retardation need formal religious training to become moral.
-4	Adults, even those with mental retardation, will not undergo any significant moral or cognitive development after they have reached adulthood years.
-3	It is a person's faith in God that supports the motive to be moral or to exercise moral logic.
-3	Moral reasoning ability is dependent upon an individual's personal experience with God.
-3	When cognitive development stops moral development stops.
-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.

Table 5
Belief Statements from Factor D

Value	"Most Like My Belief"
+5	Moral development depends on how we are raised and taught. It depends on our own personal experience.
+5	A person could be taught to behave morally without any real understanding of moral behavior or reasoning.
+4	Moral development is important because it assist us in becoming a part of the social structure.
+4	A given mental age for an individual with mental retardation does not adequately describe cognitive development.
+4	Just because a child with mental retardation is behind in moral cognitive development does not mean he is immoral.
+3	Individuals with mental retardation behave morally because it brings about social rewards like praise and affection.
+3	Religious beliefs have the same place in decisions making as moral principles.
+3	Moral development is based on an individual's environment.
+3	Moral development and cognitive development take place naturally; it develops in everyone at a different rate.

Value	"Most Unlike My Belief"
-5	Only persons with higher moral reasoning abilities are likely to engage in acts for the purposes of benefiting others.
-5	Formal education is necessary for appropriate moral development.
-4	A persons educational level has a strong relationship to moral development.
-4	Morality and moral actions are based on sympathy.
-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.
-3	When cognitive development stops moral development stops.
-3	Individuals with mental retardation are going to be disabled in their moral reasoning and behavior.
-3	High moral reasoning is rare in people with normal cognitive functioning; much rarer in individuals with mental disabilities.
-3	Adults, even those with mental retardation, will not undergo any significant moral or cognitive development after they have reached adulthood years.

Table 6
Consensus Items for all factors

Most Like My Beliefs:

Just because a child with mental retardation is behind in moral cognitive development does not mean he is immoral.

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

Most Unlike My Beliefs

Adults, even those with mental retardation, will not undergo any significant moral or cognitive development after they have reached adulthood years.

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

Belief Statements

for

Examining the Beliefs of Involved Adults
Concerning the Moral and Religious Development
of Individuals with Mental Retardation

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 posses 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; it 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.
16. Religious beliefs have the same place in decisions making as moral principles.
17. 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. Moral reasoning ability is dependent upon an individual's personal experience with God.
19. It makes sense to me that moral development and religious development overlap. They have common elements but neither fully explains the other.
20. Individuals with mental disabilities need formal religious training to become moral.
21. 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. It is a person's faith in God that supports the motive to be moral or to exercise moral logic.
23. The highest moral reasoning encompasses selfless love. And all individuals, regardless of mental abilities, can exhibit love.
24. Moral development is equal to religious development.
25. 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. Moral development has nothing to do with religion or religious development.
27. Moral development is necessary for religious maturity. However, it take much more than just moral development to be spiritually mature.
28. 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. A person could be moral without being spiritual. But if a person is truly spiritual they will be moral.
30. I have never thought about how spiritual individuals with mental disabilities might become.
31. Individuals with mental disabilities behave morally because it provides a feeling of self-worth.

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

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Author(s): Randel D. Brown, Terry L. Shepherd

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Signature: Randel D. Brown Terry Shepherd

Printed Name/Position/Title: Randel D. Brown, Associate Professor of Special Education

Organization/Address: Texas A&M International University, 5201 University Blvd., Laredo, TX 78041-1900

Telephone: 956-326-2679 FAX: 956-326-2434

E-Mail Address: brown@tamiu.edu Date: 6-26-00

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