Moral development: A differential evaluation of dominant models

This article examines and evaluates the supporting evidence from the prevailing models of moral development. Using the criteria of empirical relevance, intersubjectivity, and usefulness, the classical model from psychoanalytic theory, Kohlberg's and Gilligan's models from cognitive developmental theory, and the social learning theory model are reviewed. Additional considerations such as the theoretical congruency and sex role bias of certain models are briefly discussed before concluding with the current use of the models by nursing.

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Can you tell me, Socrates, whether virtue is acquired by teaching or practice; or if neither by teaching or practice, then whether it comes to man by nature or in what other way?[1]

SINCE THE ERA OF Florence Nightingale, the nursing profession has been concerned that its individual members be virtuous. It has only been since the mid-1970s, however, that nursing has begun to actively investigate the process by which these virtues are to be acquired. During the intervening time period, the profession's concern with moral development was manifested primarily in stressing in both the student and the practicing professional the virtues of loyalty, duty, subservience, and blind obedience to authority.

In my estimation, obedience is the first law and the very cornerstone of good nursing. The first and most helpful criticism I ever received from a doctor was when he told me that I was supposed to be simply an intelligent machine for the purpose of carrying out his orders.[2(p394)]

This view of the nurse and of the virtues to be emphasized in the professional role resulted in many early texts on nursing ethics being concerned primarily with "how tos" and "when tos," such as how to baptize the baby and when to call the clergy or physician.

Evolving changes in society and the profession of nursing have made the blind use of such virtues dysfunctional. Current nursing practice mandates a morally responsible professional who is an advocate for the client and a guardian of client rights. Issues in morality have become an integral part of the relationships between nurses and their colleagues and clients. Nurses are frequently placed in situations in which independent moral judgments are required. They must be able to engage in moral reasoning based on moral values and principles that are separate from authority.[3]

Concurrent with this increasing awareness and acceptance of moral responsibility has been a growing concern within the profession that the process of moral development be identified so that the evolution of moral reasoning can be facilitated in both nurses and the clients they service. It is to accommodate this process of facilitation that this evaluation of the dominant models of moral development has been formulated. It seems cogent to begin by delineating moral development.

MORAL DEVELOPMENT

Gilligan[4] has formalized moral development as the "expanding conception of the social world as it is reflected in the understanding and resolution of the inevitable conflicts that arise between self and others."[4(p483)] Inherent in this definition is the concept of moral development as a process of learning to resolve social conflict. However, are all social conflicts moral conflicts? If there is disagreement between colleagues about the length they should cut their hair, are they in a moral dilemma? One thinks not; rather, the dilemma seems to be an aesthetic one.

Others have been identified as viewing moral development as the process of internalizing culturally given external rules.[5] Such a definition would view morality as that which is culturally mandated. Under such a definition, the extermination of whole ethnic groups and intellectual populations under the Nazi regime during World War II could conceivably be considered moral. Yet, those actions were and are abhorrently immoral. The perceived difficulty that emerges is not in recognizing that moral development is a process but rather in discovering what is meant by moral.

Shiveder, Turiel, and Much[6] have identified six criteria by which prescriptions may be classified as moral. Prescriptions are moral when they are

1. obligatory—when duties are involved that do not depend on what one wants to do;
2. generalizable—what is right or wrong for one is right or wrong for all in a similar situation; and
3. important—what is moral has precedence.

If obligation is divided into component parts, being moral is

4. impersonal—right or wrong, whether people recognize it as such;
5. unalterable—what is right or wrong does not depend on consensus; and

6. ahistoric—though its recognition may be historic, there is no point in time at which the validity of what is right or wrong changes.

Although he does not delineate criteria, Thiroux[7] has proposed that to be moral is to be ethical; ie, they are synonomous. There are others, however, who disagree. Kudzma[8] sees being moral as determining the right or wrong of a given situation, whereas ethics is used to describe the general nature of morals and moral choice. Thompson and Thompson[9] view morals as the oughts and shoulds of society, whereas they view ethics as the principles, the whys, behind the moral code. Similarly, Beauchamp and Childress[10] define moral rules as actions of a certain kind that ought or ought not to be done because they are right or wrong, whereas they consider ethical principles to be more general and fundamental than the moral rules serving as their foundation. Being moral for these authors appears to reside in the identification of certain action guides, such as "Thou shalt not kill," which are based on such ethical principles as justice, utility, or equality.

In addition, Chazan[11] has identified four criteria that must be present in a given situation for the moral action guides to be appropriately applied.

1. The individual must be faced with a human confrontation or conflict of needs.
2. The decision to be made must be guided by universal principles.
3. The decision must be freely and consciously chosen.
4. The choice is affected by feelings brought by the individual and relating to the particular context of the situation, eg, the time of the day or the appearance of the client.

Using the criteria developed in the preceding discussions, it becomes possible to elucidate moral development as the process of internalizing suggestions or action guides that are obligatory (impersonal, unalterable, or ahistoric), generalizable, and important. These action guides are, furthermore, based on ethical principles such as justice or utility and are used in a specific type of situation.

Models of moral development

Three theories of the personality have been primarily responsible for the emergent operationalization of prevailing models of moral development. These three theories of personality and their respective models of moral development are psychoanalytic, cognitive development, and social learning theory.

Psychoanalytic models

Classic psychoanalytic theory divides the human personality into three structures, the id, the ego, and the superego. Moral development is the result of the development of the last of the structures, the superego. This development results from the resolution of the Oedipus complex and castration anxiety. Since the process is different in males and females, the end product, the superego, is different.[12-17]

For both males and females, the mother's nurturing and close intimacy during infancy result in her becoming the prime object of affection and attachment. These feelings intensify into the Oedipus complex in both sexes, taking on a sexual coloring as the child reaches the phallic stage. The child wishes to possess the

mother sexually and is jealous of the father, whom the child views as a rival; a potentially dangerous and destructive situation is usually constructively resolved in the male child by a primary counterforce, castration anxiety.

Castration anxiety is the male child's fear that his father will castrate him if he continues in his decision to possess his mother; when this is reinforced by other losses, the male child is persuaded to give up his "bad" impulses toward his mother. In their place, the boy shifts to an identification with his father, redirecting his sexual intentions to other nonmother feminine objects. During this process of identification, the male introjects his father's value system, forming his own differentiated structure, the superego.

The female child also enters the phallic phase wishing to possess her mother. The child realizes, however, that she has no penis. Feeling betrayed by her sex, she turns to her father whose penis she envies. Initially, she turns toward her father to possess a penis, but as she realizes that this is not possible, she constructs a fantasy world in which she will have her father's child, which she unconsciously equates with the penis.

Beyond this point, the classic psychoanalytic explanation of superego development in the female becomes vague and contradictory. Introjection of the father's values and the formation of the superego through intimidation, general upbringing, and fear of loss of the father's love is the most coherent interpretation. The superego that develops, however, is never as strong as the one developed in the male, leaving the female "showing less sense of justice than men and . . . less ready to submit to the great exigencies of life."[13(p413)]

Neo-Freudian psychoanalytic thought has retained the unitary structure of the superego while reinterpreting the process by which it develops. Klein[18] sees the superego as developing during infancy, with aggression rather than sex being the principle motivation. Most reinterpretations, however, have come from neo-Freudians, who are disturbed at the priority given to biologic rather than societal factors in superego development. Fromm[19] sees the development of the Oedipus complex not as a sexual attraction but rather as a yearning to be free. Horney[20] opposed the theory of penis envy, stating that it was not an envy for a biologic entity but rather for the societal privileges and powers that accompany being male. Miller[21] sees societal influence on superego development resulting in a transformation of the female's drives into the service of others. Finally, Lasch[22] sees society as weakening the structure of the superego so that the aggresive impulses of the id run free.

Cognitive developmental models

For the cognitive developmental models, moral development is the conversion of certain inherent and primitive attitudes and conceptions into a comprehensive set of

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internal moral standards. This conversion process is part of and dependent on the total cognitive growth of individuals as they seek to reorder the social world with which they are continuously interacting.[5] All of the models view this process as a series of stages or patterns of thought that are qualitatively different from each other, constructed through active experience, invariant in order, and the same in sequence for all persons and cultures.

By far the most popular cognitive developmental model has been the one developed by Kohlberg.[23,24] Relying initially on a two-stage model developed by Piaget and on Piaget's view of justice as the core of morality, Kohlberg developed a three-level model of moral development with two stages at each level (see boxed material).

In the testing of Kohlberg's model, one recurring phenomenon was the apparent stage arrest of the overwhelming majority of females at level II, stage 3. For Kohlberg, cognitive development is a process of reordering the social world; its arrest at stage 3 reflects the state of interaction of the female and her social world. The provocation for moving to the next higher stage in the model is the cognitive disequilibrium initiated by the present stage's increasing inability to adequately resolve current moral dilemmas.

As long as females feel that they are adequately resolving their moral dilemmas at the lower stage, Kohlberg felt they

Cognitive-Development Model (Kohlberg)

Level I, preconventional morality: Level of morality in which the perspective is egocentric.

Stage 1, heteronomous morality: Right is might, the reason for doing right is to avoid punishment by those with superior power.

Stage 2, instrumental morality: Right is following rules when it is to someone's immediate interest; acting to meet one's own interest and needs and letting others do the same. Right is also what is fair, what is an equal exchange, a deal, or an agreement.

Level II, conventional morality: Level of morality in which the perspective is societal.

Stage 3, mutual morality: Right is living up to what is expected or what people generally expect of people in a certain role. "Being good" is important and means having good motives, showing concern for and about others, and keeping mutual relationships, such as trust, loyalty, respect, and gratitude.

Stage 4, social system morality: Right is fulfilling the actual duties agreed on. Laws are to be upheld except in extreme cases where they conflict with other fixed social duties. Right is also contributing to society, the group, or the institution.

Level III, postconventional morality: Level of morality in which the perspective is universal.

Stage 5, social contract morality: Right is being aware that people hold a variety of values and opinions, and that most values and rules are relative to the groups'. These relative rules would usually be upheld, however, in the interest of impartiality and because they are the social contract. Some nonrelative values and rights such as life and liberty, however, must be upheld in any society and regardless of majority opinion.

Stage 6, universal ethical (principled) morality: Right is following self-chosen ethical principles. Particular laws or social agreements are usually valid because they rest on such principles. When laws violate these principles, one acts in accordance with the principle. Principles are universal principles of justice, the equality of human rights, and respect for the dignity of human beings as individuals.

would never proceed up the model. Kohlberg did think, however, that women's development could proceed beyond this stage when "they are challenged to solve moral problems that require them to see beyond the relationships that in the past have generally bound their moral experience."[25(p323)]

This stage arrest was interpreted differently, however, by Gilligan.[4,26] She argued that instead of being deviant or arrested, feminine moral development was simply, but importantly, different from masculine moral development. She agreed with Kohlberg that both females and males developed their moral judgment in conjunction with their social interaction. However, since the interaction differed between the sexes, the moral stages that resulted were different. Due to their lack of power and the resulting dependence females shared with each other and their children in a male-dominated culture, Gilligan felt that females have had to develop a sense of responsibility based on the universal principle of caring to survive.

Gilligan's resulting model has three levels with two transitional states (see boxed material). As with other cognitive developmental models, the orientation of the individual moves from egocentric to society to universal.

Cognitive-Developmental Model (Gilligan)

Level I, orientation to individual survival: Morality is sanctions imposed by society. Being moral is surviving by being submissive to authority. The perspective is egocentric.

Transition from selfishness to responsibility. Responsibility for and to others is more important than surviving through submission.

Level II, goodness as self-sacrifice: Goodness is viewed as relying on shared norms or expectations. Being moral is first of all and above all not hurting others, with no thought of the hurt that might be done to self.

Transition from goodness to truth. Responsibility for not hurting others shifts to include not only others, but self.

Level III, morality of nonviolence: The injunction against hurting becomes the moral principle governing all moral judgements. This injunction includes an equality of self and others. Care, instead of individual rights, becomes the universal obligation.

Social learning model

Whereas the cognitive developmental model looks primarily to internal influences for moral development, the social learning model looks to societal influences. Social learning theory views all behavior, including moral behavior, as learned.[27-29]

Moral development is the learning process by which specific types of competencies, ie, skills, rules, and cognitive capacities, are acquired for possible use in generating certain types of behavior. Humans, especially children, are constantly observing the behavior that surrounds them. From the social learning perspective, we are all models of behavior for each other. Through the cognitive sensory process, a great deal of information is actively stored away in cognitive constructions, creating large potentials for generating organized behavior.

Whether these potential behaviors are actually performed depends on reinforcement but not just the mere existence of such reinforcement. Additionally, in the moral situation, behavior performance

depends first on the person's expectancies or the possibility held by the individual that a particular reinforcement will occur.[30] Second, the occurrence of that reinforcement depends on the individual's subjective values or the degree of a person's preference. And finally, it depends on the individual's inner control, or rather, the contingency rules which guide that individual's behavior in the absence of, and sometimes in spite of, immediate reinforcements.[31]

In the learning process that is moral development, as with others, people, especially parents, vary in what they model and reinforce in children of differing ages. Initially, in the nonverbal child, control is external. Parents provide physical intervention to keep the child from hazardous situations. As the child matures, social sanctions gradually replace the physical ones. As the cognitive structures multiply and mature, there is a gradual substitution of external sanctions and demands for symbolic and internal control. After the moral standards are established by cognition and modeling, self-evaluative consequences serve as deterrents to transgressive acts. As the child grows older and the nature and seriousness of possible transgressions change, parents alter their moral reasoning, moving from individual implications of the acts for the individual child to legalistic, societal arguments.[28]

EVALUATION OF MODELS

Consideration and implementation of any model of moral development by nursing should not occur until an evaluation process with well-delineated criteria has been completed. In the present evaluation, the criteria to be used are empiric relevance, intersubjectivity, and usefulness.

Empiric relevance

Empiric relevance is the process of comparing some aspect of the model with objective empiric research and then determining the congruence between the model's claims and the existing empiric evidence. It is the tightness of this fit that determines the confidence given to any theory or model. And it is often this criterion that determines whether the claim should be considered scientific knowledge.[32]

Psychoanalytic model

Clinical case studies have provided the preponderance of the validation for the psychoanalytic model of superego development.[33,34] Such case studies with their subjective analysis do not, however, constitute empiric testing.[35] The results of objective research have either been questionable or have not supported the model. Katcher,[36] following up on two earlier studies,[37,38] found that half of the children at the Oedipal age are not fully aware of the genital anatomic differences that are supposed to be so traumatic, and therefore, crucial to their superego development.

Freud's conceptualization of the superego as a unified entity has been the basis for the hypothesis that persons of high moral character would display that character in all moral situations. Resulting studies[39,40] have, however, found that there is only a low consistency between the moral behavior of an individual in many different types of moral situations. Supporters of the unitary superego have rebutted these studies with theoretic arguments

of ego mediation (explanation of this inconsistent behavior by the mediating effect of the ego on the superego)[41] and with arguments of islands of superego (free-floating islands that at times affect moral behavior and at other times do not).[42] The proponents of these arguments have, however, given no indication how these arguments would be operationalized for an objective empiric research study.

Still other authors have proposed the hypothesis that the stronger a child's fear of the father, the greater the resulting moral standards.[43] Some studies have, however, indicated the opposite:[44-46] that highly nurturing, loving fathers are correlated to sons with high moral standards. In one study, this positive correlation occurred only when the father was the dominant parent.[45] Finally, if the model is valid, a stronger superego could be predicted in males. Hall[47] hypothesized that the weaker superego in females would have more difficulty holding back the aggressive impulses of the id.[47]

Although he affirmed his hypothesis, the results are still questionable, for his method of data analysis was symbolic dream interpretation, and the interpreter was a psychoanalytic therapist who was also a male. The conclusion reached from the available objective research is that the psychoanalytic model has little empiric relevance.

Cognitive–developmental models

Empiric relevance for the cognitive-developmental model of Kohlberg is controvertible. Kohlberg[5] felt that he had validated the invariant order of his stages by retesting his subjects at 3-year intervals. Others testing at 1- to 4-year intervals also felt they had confirmed this claim.[48,49] The claim has been challenged, however, by researchers who found regression among young adults at the higher stages.[50,51] Kohlberg and his colleagues have had a difficult time explaining a recurrent regression by adolescents from stage 4 to what appear to be stage 2 type moral judgments. They finally developed, but never completely operationalized, a new stage $4\frac{1}{2}$ to account for this phenomenon.[52]

Kohlberg[53] felt that cross-cultural studies validated his assertion that the model is universal to all humans, regardless of culture or religion. He claims that data gathered in Taiwan, Great Britain, Mexico, Turkey, and the United States support this position. Simpson[54] challenges this claim, however, citing vague and unverifiable analogies between Mexicans and American blacks, use of culturally biased data-gathering techniques, and the inability of the research to account for all of the findings. Recent studies have supported Simpson's claim of cultural bias[55] and have indicated that religion may play more of a role in moral judgment than Kohlberg previously recognized.[56]

Another issue of empiric relevance is the test instrument used by Kohlberg to determine the level of moral judgment. Kohlberg has always used a set of hypothetical moral dilemmas followed by open-ended questioning.[5,23,25]

Sensitive to early criticism that the explanations of test procedures were vague and contradictory,[51,54] Kohlberg published his most comprehensive description of the tool and its development. He revealed that three different versions of the tool have been used from the time of the initial study to the present. Agreement among raters, at

least in the second version, was 90% in the hands of *thoroughly trained* and *experienced* scorers.[23] Test-retest reliability has not been strong for any of the versions.[57] None of the literature mentions the possibility of action being taken to control for differences in the scoring of any one individual, if different versions of the test were used at different testing sessions.

Another cognitive developmental researcher, Rest, has developed an objective type test for stage identification. Initially, the correlation between Rest's Defining Issues Test (DIT) and Kohlberg's tool (with no identification of which version of Kohlberg's tool was used) was 0.68.[49,57-59] More recent researchers[60,61] have, however, found correlations as low as 0.24 and only as high as 0.41. In addition, both Rest and Kohlberg have indicated that the two tests may be testing different phenomen. Rest considers his test to be more of a recognition exercise, probably resulting in a higher percentage of stage 5 and stage 6 scores.[49,59] Additionally, Kohlberg states explicitly that Rest's DIT is "not useful for testing theoretical propositions from the cognitive developmental theory of moral development."[23(p46)]

Another concern of empiric relevance is Kohlberg's claim that the moral stage is positively correlated with moral behavior.[23] Several nurse researchers who have used Kohlberg's model have made recommendations to nursing eduction, service, and research based on this claim.[8,62-66] A comprehensive review of the studies that attempted to validate this claim yielded only low correlations.[67] There was some variation, however, in the strength of the correlations between levels of moral judgment and moral behavior, depending on the outcome criteria used; ie, there was more support for the claim that individuals with higher moral stage tended to be more honest than for the claim that individuals at higher stages of moral reasoning resist more than others the social pressure to conform in their moral action.

It is apparent that the empiric relevance of Kohlberg's model is still in the process of being tested. Sufficient empiric relevance can be substantiated to give the model potential use for nursing. This model is the only one being implemented by nurse researchers in investigating the moral development and reasoning of both students and practitioners.[8,62-66,68] The concern is not that the model is being implemented but that few of the limitations of the model have been identified by these authors. This is not to indicate that these researchers should destroy their theoretic framework before they begin but rather that the limitations should be discussed so that the consumers of this research are more fully informed.

Social learning model

Empiric relevance of the social learning model as a cohesive whole has not been substantial. The greatest number of research studies have focused on the role of modeling or observations in the learning experience that is moral development. Such studies have demonstrated that the changes in moral behavior initiated by observation of modeling cues are often maintained over time.[69-71] Studies seeking to determine under what conditions modeling is most likely to occur have indicated that what others observe a model doing is more likely to be imitated than are instructions, either written or verbal.[72,73] Finally,

the impact of the personal attributes of the model has been examined. Models who are viewed as nurturing or competent and models who are viewed as having higher social status are most likely to be imitated.[74-76] The studies questioning the claim that the stricter the parent, the higher the moral standards of the child were a product of the social learning framework.

Although the studies that have used the social learning framework as their theoretic rationale have been carefully done with attention to methodology, it is less clear how those studies fit back into the model. The findings indicate the likelihood of certain behaviors occurring under highly specific circumstances. The effect of these behaviors on the developing cognitive structure of the individual is less clear. What determines whether these behaviors will develop cognitive structures? How do performances, preferences, or comprehensive deficits affect this cognitive structure? Furthermore, none of the studies have spoken to the effects of multiple divergent modeling cues, by either the same model or differing ones, a situation that is far more common in the social world in which we interact daily.

Intersubjectivity

Intersubjectivity translates as a description in necessary detail, with terms selected so that the audience agrees on their meanings. It includes the use of logical systems that are shared and accepted by relevant scientists.[32]

The psychoanalytic model rates well in intersubjectivity. Terms used to describe the process of superego development are well defined (see boxed material). These terms have become so familiar that they have been incorporated into our daily rhetoric ("Freudian slips"). It is possible to follow the explanation of the process from infancy to Oedipus complex, castration anxiety, identification with the father's values, and differentiation of the superego, at least in males. The logical rigor of the process is, however, problematic for females whose resulting structure is left less well differentiated (see Fig 1).

The cognitive-developmental models

None of the studies have spoken to the effects of multiple divergent modeling cues, by either the same model or differing ones, a situation that is far more common in the social world in which we interact daily.

Psychoanalytic Concepts

Castration anxiety: Fear of castration, which induces a repression of sexual desire for the mother and hostility toward the father.

Identification: Method by which a person takes over the features of another person and makes them a corporate part of his or her own personality.

Introjection: Mechanism by which the superego is incorporated into the personality; to take in.

Oedipus complex: Sexual attraction for the parent of the opposite sex and hostility toward the parent of the same sex.

Penis envy: Discovery by the female of the absence of the penis and the subsequent desire to possess the penis she lacks.

Phallic stage: 3rd stage of personality development during which the sexual and aggressive feelings associated with the function of the genitals comes into focus.

Superego: Part of the personality that represents the moral standards of society as conveyed to a person by his or her parents.

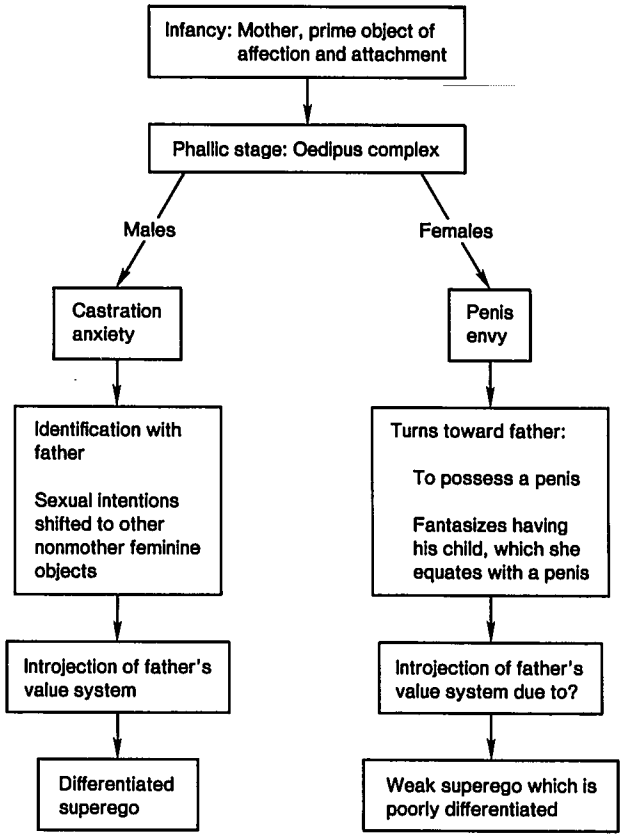

Fig 1. Systems of logical rigor: psychoanalytic.

also rate well in intersubjectivity. In both Kohlberg's and Gilligan's models, terms are well defined and used uniformly in all of the literature. Furthermore, the logical systems of both models are comprehended readily without undue strife. The progress from egocentric to societal to universal is explained in detail in both models (see Figs 2 and 3).

The social learning model rates well in the description of terms but less favorably in the use of a logical system. (See boxed material.) Although terms are well defined in individual studies, how these terms and the behaviors they represent fit back into the model is frequently in question. Does the learning that occurs from modeling become cognitions, which are potential behaviors, or reinforcers? Does learning strengthen expectancies, subjective values, or both? These are just a few of the questions that the model raises but does not clarify (see Fig 4).

Usefulness

Usefulness, the utility of the model in explaining or controlling the phenomena of interest, is considered by some to be the ultimate test for significance.[77] Whether a model is useful for nurses who wish to

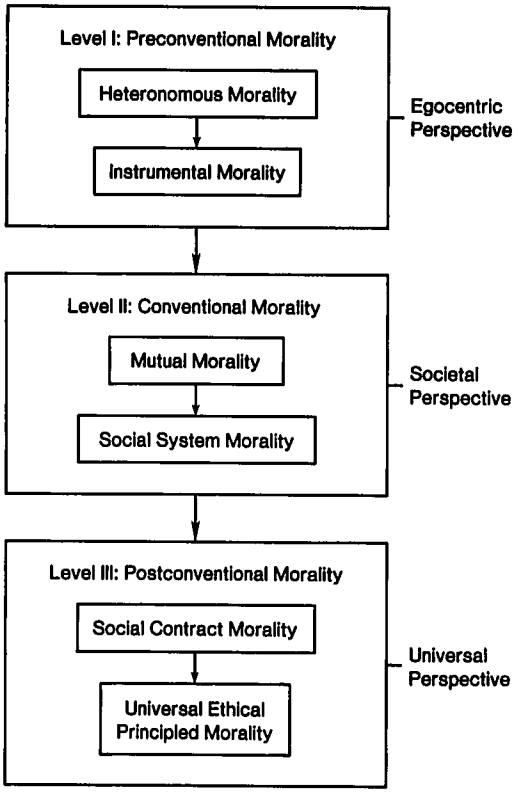

Fig 2. Systems of logical rigor: cognitive-developmental, Kohlberg.

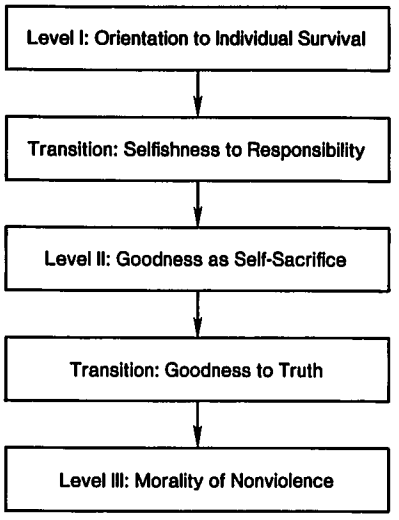

Fig 3. Systems of logical rigor: cognitive-developmental, Gilligan.

implement a model of moral development in education, practice, or research is contingent on the confidence they have in the model. This confidence is ultimately a reflection of how well the model has fared in its empiric relevance and intersubjectivity. Table 1 shows the comparative usefulness of the models.

FURTHER CONSIDERATIONS

Most professions have recognized that their responsibility in preparing and assisting morally competent practitioners is not finished with the publication of codes of

Social Learning Concepts

Behavior: Performance
Cognitive construction (competencies): Behavioral repertoire and skills in processing information developed through observational learning and direct experience.
Contingency rules: Guide behavior in absence of and sometimes in spite of immediate situational pressures.
Expectancies: Possibility held by individual that a particular reinforcement will occur.
Imitation: Response mimicry of observed behavior.
Modeling: Observation of an unusual set of responses performed by another individual.
Potential behaviors: Reception, organization, and storing of information that is available for performance.
Reinforcements: Consequence that produces a decrease or increase in repetition of a behavior.
Subjective values: Degree of a person's preference for that reinforcement.

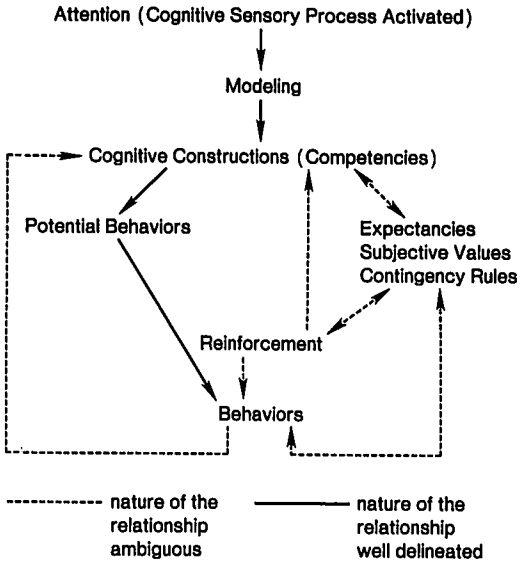

Fig 4. Systems of logical rigor: social learning theory.

conduct. Although such codes are undeniably beneficial, they are not sufficient for generating morally responsible professionals. To be propitious, these codes must be implemented both intentionally and appropriately by the individual health care professional. The process that any profession, including nursing, implements to actualize such professional practitioners should not depend on speculation and chance. Rather, the process of producing such morally competent health care professionals should be intentional, grounded on an identified model of moral development. It should not be decided haphazardly which model or combination of models that nursing implements; this should be decided deliberately following due consideration.

The primary consideration should be, of course, the robustness of the model as evaluated by delineated criteria. This evaluation should not be, however, the only consideration. Other concerns, usually arising from the primary one, need to be recognized and evaluated.

One such consideration for nursing is the congruency of the chosen model of moral development with other theoretic frameworks being used by the setting. Each of the moral development models is based on certain assumptions about the

Table 1. Usefulness of models

Model	Empiric relevance	Intersubjectivity	
		Description of terms	System of logical rigor
Psychoanalytic	Little empiric support	Terms well delineated	Adequate for males Ambiguous for females
Cognitive-developmental	Studies have both confirmed and disavowed Kohlberg's models	Terms well delineated	Logical system well delineated
Social learning	Studies are well done, although the nature of their relationship to the model is often ambiguous	Terms well delineated	Nature of relationships ambiguous

nature of humans. Nursing's theoretic frameworks are also based on such assumptions. Choice of a model of moral development should not occur until the assumptions underlying both the moral model and the nursing framework have been identified and compared. If the profession is serious regarding its efforts to develop or support a morally competent professional, it seems detrimental to implement a model of moral development that views the human as an organism that is seeking equilibrium with an environment separate from the self,[78] whereas the model of nursing practice being implemented views humans as coextensive with the universe.[79]

When a moral development mode is chosen for implementation another exigent consideration for nursing is that the great majority of the members of the profession are females. All of the models recognize that moral development is different in males and females. This difference is complicated in several of the models, however, by the preferential perspective given by males to the masculine dimensions inherent in the models. The classic psychoanalytic model saw feminine moral development and the end product or superego as ambiguous. Although the superego could be strengthened through the transference that occurred during psychoanalytic therapy, ultimately, by virtue of her anatomy, the female was limited in the process she could perform in differentiating her superego.

Kohlberg, who is a male, developed his model using only male subjects. When females were consistently at one level, he demanded that they modify themselves to fit the masculine standard, which he viewed as superior. The alternative option that the model might need to be modified or expanded has never been a serious consideration for Kohlberg. Finally, the social learning model sees the differences as resulting from the different learning experiences of males and females. For this model, the differences result from the socialization process and have less of a value dimension than do the differences in the preceding models.

USE OF MORAL DEVELOPMENT MODELS BY NURSING

Kohlberg's cognitive developmental model of moral development is by far the most popular model in nursing currently. The only published nursing research studies in moral development have been based on Kohlberg's model.[8,62-66,68] In addition, at least one curriculum in nursing is using the model.[80] Its popularity and subsequent use probably has several causes. The model is easily operationalized by nursing for nursing research. And it is an optimistic one, promising moral development as an inevitable process, if the health care professional is exposed to appropriate role models when faced with cognitive disequilibrium.

Influence of the other models has been less direct. Many discussions of ethical decision making in the nursing literature speak of reinforcers or of the positive or negative consequences of a set of behaviors,[81-84] using the terminology of social learning theory. The authors do not, however, explicitly acknowledge that these models are based in the social learning

framework. The influence of the psychoanalytic model is even less readily apparent. Each time, however, a nurse counsels either a fellow professional or a client, with her goal being the identification of unconscious motivators to moral behavior, she is basing her intervention on the psychoanalytic model.

Nursing is just beginning to explore the variables that interact to account for moral thinking and behavior. The profession has only just begun to explore the process by which we can expedite more principled thinking in ourselves and in the client. This exploration must continue if we are to facilitate the professional nurse who is increasingly faced with health care situations that call for moral judgments.

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