

Moral Education: Review and Implications for Health Educators

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Abstract:

The development of morally appropriate attitudes and behaviors related to health is often considered as one of the many responsibilities of health educators. Unfortunately, the health educator is often asked to perform this important function without proper training and without a clear idea of his or her responsibilities in this domain. The purpose of this article is to provide definitions of morality and moral education, discuss the prominent characteristics of moral education, and outline the central and subordinate aims of moral education from a health education perspective.

Article:

Moral education or moral development is often listed as a goal of education. The Seven Cardinal Principles of Education, first identified in 1918, include as an objective for every public school student in the United States the development of an ethical character. The seven principles were later examined by a panel of professionals in 1975 to determine their appropriateness for today's changing world.¹ The panelists concluded that the task of developing ethical character may be more important now than it was in the past. The State of New York lists as its fifth goal of education "Competence in the process of developing values—particularly the formation of spiritual, ethical, religious and moral values . . ."² Additionally, the Commonwealth of Pennsylvania alludes to the need to help students develop morally in one of their twelve quality goals of education—citizenship. This goal states that "Quality education should help every student learn the history of the Nation, understand its system of government and economics, and acquire the values and attitudes necessary for responsible citizenship."³

Although moral development has been identified as a goal, few schools conduct programming to this end in a serious, systematic, and educationally sound manner. The teacher often is designated as the person responsible for the moral development of the young. Unfortunately, he or she is asked to do so without the proper training and without a clear notion of his or her role and responsibility in this domain.

Many health educators believe that moral education is a responsibility of their profession. In a recent study by Richardson and Jose,⁴ general support for moral education was voiced by health educators. In this study, a sample of 203 health educators from across the United States was asked to respond to the question, "Is teaching morals ethical?" Of the sample, 68.3% of the responses were interpreted as positive, which indicated a general agreement with the propriety of moral education in the health education setting. It should be noted at this point that impacting moral development is often not a choice for health educators, or any other teachers for that matter, because they must interact with students and will practice moral indoctrination to some degree. Accordingly, Flora⁵ believes that health educators have a responsibility for the moral development of students, but believes that some health educators are more concerned with providing students with the skills to defend moral positions than the actual development or shaping of morals.

A strong concern has been expressed in recent years that there is a moral crisis in the United States. A true moral crisis arises when a society has lost its sense of what is right and wrong.⁶ Yet, central moral principles (e.g., honesty, truth, integrity, respect for human life, justice) are still revered today. So, perhaps it is not the moral tone of the country that has changed but rather the complexity of the society. The vast technological and

scientific advancements of recent decades have created a variety of complicated moral and social issues. These advancements have changed the nature and complexity of contemporary moral problems to the point that the problems do not have clearly defined parameters of right and wrong. Therefore, it becomes the duty of the health educator, as well as all other educators, to include experiences designed to develop morality in their students.

When one considers the topics discussed in health education classes, the importance of addressing morality in a systematic manner becomes more apparent morality is a social institution that is concerned with promoting rational self-guidance or self-determination in its members.⁷ Hence, there is a distinct need to look at moral education from a health education perspective. This manuscript will discuss morals and moral education and their implications for health education programming.

Defining Morality

A major concern when defining morality is the need to look at the reasons that lead to the moral behavior.⁸ Overt behavior is not sufficient to determine morality. A moral action needs to be connected to a reason. For example, a person may choose to moderate his or her drinking behavior when driving. This a morally commendable behavior. From a moral reasoning perspective, the "goodness" of such behavior varies relative to the motivating factors. If the person chooses not to drink and drive out of respect for the lives and property of others it is obviously a different rationale, than doing so out of fear of criminal prosecution. In both cases the behavior is morally responsible but in only one situation is the moral reasoning 'good.' Frankena⁷ believes that "Morality involves not simply doing certain kinds of things but being a certain kind of person."

A good moral judgment must be based on appropriate reasons, a consideration for the interest of others, treating others as equals, a sensitivity to the feelings of others, and a respect for basic logic and facts. Any definition of morality must consider these principles.

In essence, moral development can be defined as the step-by-step process of developing a reasonably coherent and consistent set of guiding principles that one is willing to stand by as a lifestyle. These guiding principles are not absolute and are developed over time. Initially, morality makes demands on individuals that are external to them. As the actions are repeated they become internalized. Therefore, it is reasonable to assume that it is possible to intervene to help shape or direct one's moral development.

Defining Moral Education

It is difficult to devise a definition of moral education that does not focus on specific behaviors. If we define a morally educated person as someone who engages in easily identifiable behaviors, we, as health educators, could look for ways to facilitate those behaviors. But, as the drinking and driving example shows, the reasons behind the behaviors and the processes used to develop the moral position are equally as important as the overt behavior.

Moral education can be defined as education in the nature of moral thinking and the development of decision-making skills related to moral situations or dilemmas. Effective moral education is measured not only by moral thoughts or behavior but also by the understanding of the process used to develop morality.

As a means of summarizing the parameters of what constitutes moral education, the thoughts of Hall and Davis⁶ and Frankena⁹ will be discussed. These educators have carefully studied moral education from both philosophical and practical perspectives to arrive at their guidelines.

Hall and Davis have developed what they believe to be five theses that can help educators comprehend the theory and practice of moral education. These five theses represent the prominent characteristics of their approach to moral education.

- **Moral education should avoid indoctrinating individuals into any one system of values or beliefs. Educators should avoid teaching any single set of moral principles or beliefs.**

Moral education should help students develop abilities and skills of critical thinking needed to make value-oriented moral decisions in a contemporary society.¹⁰ Health educators can help students develop an understanding that people should act in a morally responsible manner out of respect for others and that such behavior is important in a civilized society. A distinction should be drawn between teaching students decision-making skills (manner) and teaching a student specific moral beliefs (matter). It is the teacher's role to facilitate and criticize the manner of the decision rather than the matter or essence of the decision. This thesis also addresses the idea that we as health educators cannot be held responsible for the student's moral decision. A student can be taught the skills necessary to arrive at a morally responsible position on a health related issue, but the health educator must not assume ultimate responsibility for the student's position.

- **Moral judgment constitutes a particular identifiable form of rational thought.**

This thesis purports that human thought and actions are generated by psychological stages of development; it is a cognitive-structural orientation. In this definition, conscious thought and decision-making are significant. Decision-making is seen as an intellectual process that can be developed and shaped by the educational process. Moral education from a health education standpoint should be treated as a form of rational thought as well as an integral part of psychosocial development. In this regard we must not forget that an important aspect of rational thought is a broad knowledge base related to the area in question. Health educators must help students acquire this knowledge base, as it directly affects the quality of the decision being made.

- **Moral development takes place through a series of cognitive stages.**

Moral development is the result of a natural developmental process. This process can be enhanced or thwarted by the educational process. This thesis advances the notion that moral development can be enhanced by educational programming that creates an environment conducive to critical thinking and encourages students to think on a higher level of moral reasoning. Again, we see that there are qualitative levels of moral decisions and that the health educator can influence the level used by focusing on the manner of coming to the decision rather than on the matter of the decision.

- **Moral education as the facilitator of human development is possible through giving individuals concrete experience in decision-making and practice in the skills of moral reasoning.**

This thesis highlights the belief that moral education is based on decision-making and critical thinking skills. As such, techniques to provide students with appropriate practice related to moral questions in an educational setting can enhance the student's ability to cope with moral problems that may arise in the future. The health educator may use the moral dilemma story approach to moral development, which requires students to develop personal solutions to moral problems. In the subsequent class discussions, students are exposed to thinking on a variety of levels of moral reasoning.¹¹ This approach tries to provide students with appropriate practice in decision-making regarding moral issues and raise their awareness with regard to other levels of moral thinking.

- **Moral development can be facilitated only in an atmosphere of openness and personal integrity.**

The basic principles of the humanistic education movement have definite implications for moral education. A humanistic classroom environment must be created before health educators can expect students to think critically with regard to value oriented issues, express their level of moral reasoning, and gain true insight to the levels of moral reasoning of others. As a first step, the teacher must realize that the basic democratic process is essential.

While Hall and Davis⁶ discuss what they believe to be the practical and theoretical considerations of a moral education program, Frankena⁹ has outlined the central and subordinate aims of new moral education. These aims reflect the views introduced by Hall and Davis. According to Frankena, the central point of moral education is that what is to be conveyed is not a particular moral rule or virtue but an understanding of what morality is and a commitment to thinking and behaving in a moral way. This development begins with a basic understanding of right and wrong and evolves into an application of those fundamental principles.

The possible subordinate aims of moral education are:

Cultivating a grasp of a "moral point of view," or more simply, what one should do.

Morality has been described as being a social enterprise. It exists before the individual and continues to exist after the individual. The individual may become acquainted with it and may become a participant in morality. As health educators we must attempt to foster a sense of morality in the early years to provide the foundation for further moral development. As stated earlier, as health educators we have only the choice of moral education for development or moral indoctrination. We cannot be neutral in this matter.

Foster a belief in or an adoption of one or more fundamental general principles, ideals, or values as a final basis of moral judgment and decision.

Again we are attempting to build a foundation upon which future decisions can be made. Initially we were introducing the idea of morality; in this aim we move to acceptance of basic values. Fundamental principles one may believe in or adopt include concepts such as love, honesty, equality, and integrity. An individual must have a basic understanding of these principles before judgments of a greater magnitude can be made, Persons must have an elementary grasp of the difference between right and wrong.

Foster a belief in or an adoption of a number of more concrete norms, values, or virtues.

The adoption of these norms should not come about as a result of indoctrination, habituation, or exhortation as they would have in the old view of moral instruction. Moral education involves the positive teaching of specific codes with an emphasis on moral reflectiveness and freedom, autonomy, and rationality. No particular set of ideals would be taught but the learner would be able to make deductions based on basic principles. This view coincides with Hall and Davis' belief that "moral development can be facilitated only in an atmosphere of openness and personal integrity."

Develop a disposition to do what is morally right or good.

In this step we are going beyond the development or adoption of beliefs about fundamental principles. The individual's moral development has progressed to the point of having a tendency or inclination to respond in a morally appropriate manner. It would be safe to say that values are becoming more internalized.

Promote the achievement of reflective, personal autonomy, self-government, or spiritual freedom, even if this leads the individual to criticize prevailing ideals, principles, or rules.

This aim permits the individual to choose freely, to question rules, and to apply what has been learned to a variety of situations. This enables the learner to come full circle, to put thoughts into action, and live in a morally responsible manner. This level of development has been described in Far Eastern cultures as resulting in the spontaneous right action in any situation.

In health education, we know that having certain information or attitudes is not enough. The ability to live by our convictions, which have been shaped by knowledge and attitudes, is important. In regard to health related areas, individuals often find themselves pressured to engage in habits or behaviors not conducive to their health. Through moral education these individuals may establish firmer convictions or grounds for maintaining their attitudes that are believed to be true or right.

To summarize Frankena's subordinate aims of moral education, we find that, as in any educational discipline, we begin with very basic rules. From these rules, through the cultivation of moral education, we extend our

foundation to support greater decisions. As our ability to reason is nurtured and developed we allow ourselves to make greater applications of our morality. The end product of moral education is an individual who lives by basic moral principles that have been developed through the years. Frankena⁷ also has suggested that there are important underlying factors for moral development. Two virtues that are Imperative in the discussion of morals are a disposition to search out and respect relevant facts and a disposition to think clearly.

The moral point of view or way of thinking emails more than just deciding what one should do. To determine this one must not ask what one wants to do, what choice would be to one's own advantage, or what will happen if one does make a certain choice. One should make a decision based on what effect one's actions will have on others and what things would be like if everyone was to behave likewise.

Implications for Health Education

Moral development is a process that must evolve in a systematically sound manner. Moral education begins in the early years with the introduction of basic moral principles and if attended to throughout one's pre-adult years will possibly result in the development of a morally educated individual.

Because of the nature of health education, we find that it parallels many of the goals of moral education. There are many health areas that require decision making related to morality. A classic example would be in the area of adolescent sexuality. We know that many adolescents engage in sexual activities and why they do so may be attributed to a variety of reasons. Although two teenagers may "consent" to engaging in sexual relations the action may not have either party's true support. One person may decide to become sexually active for fear of losing his or her girl- or boyfriend. The other party may pressure the first person to have sexual relations for his or her own personal gratification or sense of accomplishment. Neither of these "reasons" contribute to a satisfying sexual experience. In the first instance the individual may be going against what he or she believes to be the right thing to do. In the second instance the individual is trying to satisfy his or her own desires without any regard to his or her partner's feelings or the possible consequences of such actions. This example is but one illustration of the implications of moral education in health education, Other health education areas that could benefit from moral education include teenage pregnancy, alcohol and drug abuse, smoking, and environmental health to mention a few.

In recent years we have emphasized the development of decision-making skills and steered clear of discussing morality. Perhaps a more valid question is, how can we expect individuals to make sound decisions if they have no foundation on which to base their decisions? We have a responsibility to educate our youth in the area of morality. As problems in our society become more complex, this responsibility becomes more important. The school systems in our country appear to be the logical place to implement moral education because, as stated earlier, it will occur as part of the unplanned curriculum if we do not systematically include it. The school system has the responsibility to provide learning opportunities that will enable every student to maximize his or her potential, and the inclusion of moral education is essential to achieving that goal. Through the schools we gain access to a captive audience of over fifty-five million children in an environment where learning is emphasized and reinforced. What better conditions could be asked for in implementing a moral education program? Health education seems to be an appropriate place in which to incorporate moral education. Because of the nature of the decisions one must make in health related areas, moral education fits neatly under the health education umbrella.

Although schools are the ideal place for programmatic instruction in moral education, they cannot be the primary source. Schools should play a part in moral education, but the primary responsibility should be that of the home and community. As educators our influence in the home and community is somewhat limited, so we must work where we can affect the most change; the schools. This is not to deny the importance of the home and community, but we should target areas where we can have the greatest impact. The support of and reinforcement by the community and home are essential to attain our goals. Thus, their participation is strongly encouraged. In fact, as teachers we have a tool, called homework, to help students participate with family and

community in moral development. Without their support our ability to achieve the goals of moral education appears in question.

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