

Moral Development Article

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Avolio and Gardner (2005) posit that moral development is a strong component of authentic leadership. After an overview of moral development, moral development processes are analyzed. The moral development models and theories of Lawrence Kohlberg, Carol Gilligan, and Martin L. Hoffman are discussed. Finally, concepts significant to moral development are identified.

Overview

Rich and DeVitis (1994) write that moral development refers to the life long process of determining appropriate and acceptable morals, and then acting upon this morality or system of conduct based on moral principles. Morals are societally acceptable behaviors based on principles of what is right, virtuous, or just within that society. Immoral behaviors or principles, therefore, are those that do not comply with acceptable principles of right conduct. The two major theoretical frameworks used within the study of moral development include the scientific approach and the philosophical approach. The scientific approach uses social and behavioral science to determine what people believe about morality and the actual behaviors they engage in when acting morally or immorally. The philosophical approach uses the study of ethics, which is also known as the study of the nature of morality and moral acts; moral development can more specifically be defined as the “growth of the individual’s ability to distinguish right from wrong, to develop a system of ethical values, and to learn to act morally” (p. 6). Moral development involves cognitive abilities, maturation, personal growth, various developmental stages, socialization processes, and moral abilities.

Rich and DeVitis (1994) contends that the study of moral development matters. Various theoretical models for moral development have developed over the years with new insights and improvements for critical analysis available to answer the questions of which moral principles are being chosen, what behaviors stem from these choices, and what is the impact of such choices. Many moral development theorists have attempted to develop models that will assist with answering these questions.

The theorists Kohlberg, Gilligan, and Hoffman identify the theoretical bases for moral development relevant to authentic leadership. Rich and DeVitis (1994) notes that Kohlberg developed the dominant paradigm of moral development based on the premise of a universal, hierarchical form. Most of his research used male participants, which resulted in the development of moral stages oriented toward male socialization and development. Gilligan, using female and male participants, developed a counter-paradigm for moral development based on female socialization and development. Martin L. Hoffman, using male and female participants, focused on the role of empathy and social cognition related to moral development. Kohlberg's theories focused on principles of justice while Gilligan's theories focused on principles of caring. Hoffman's theories focused on how empathy could be used with both principles, justice and caring.

Rich and DeVitis (1994) documented that Austrian psychologists Freud, Adler, and Bandura and Swiss psychologist Piaget developed theories of moral development in childhood. German psychologist Erikson along with American psychologists Havighurst and Hoffman developed theories of moral development in adolescence. Additionally, American psychologist Kohlberg developed a theory of moral development through the life span (childhood, adolescence, and adulthood). His work was followed by another

American psychologist, Gilligan, who also focused on moral development through the life span as she developed a theory of moral development focused primarily on women's moral development relative to men's moral development.

Moral Development Processes

Moral development processes based on values, moral standards, morals, mental models, and decision-making are reviewed. Findings conclude that varying levels of moral development can be attained within a lifetime. Bandura (2002), Kolb and Whishaw (1998), and Hannah, Lester, and Vogelgesang (2005) posit that individuals develop and learn to execute moral control as they use meta-cognition to analyze and reanalyze trigger events and the schemas and scripts that are constructed based on these events. Over their lifetime, their self-concept is developed in parallel with moral development.

Kohlberg (1981) determined that moral development was enhanced by the quality and quantity of ethical experiences faced, a process of deep introspection, and the meaning-making associated with these events. This continuous and recurrent process shaped individuals' moral development and assisted them with moving through the various moral stages toward postconventionalism (Kohlberg's highest stage of moral development).

Bennis (2003) and George (2003) believe values are taught by society to benefit society and its various social groups. The socialization process used to convey values starts in early childhood and continued through a lifetime. Once these values become internalized, the value system will become an integral component of the self. Erickson (1995a, 1995b) indicates that being authentic means being true to this internalized value

system and the self while resisting external pressures to alter, ignore, or accept conflicting value systems. Unless a conscious effort has been made to be self-aware of this value system, the value system and self cannot evolve sufficiently to become more authentic.

Bandura (1977) and Hannah et al. (2005) note that moral standards and ethics developed within a cultural context are affected by societal influences. Those within the culture then learn these ethics and moral standards. Bartunek (1984) and Bartunek and Moch (1987) maintain that social learning, social enactment, and meaning-making processes, form ethics at the societal, organizational, group, and individual levels.

Schulman (2002) refers to morals as *doing what is right and fair* rather than *doing the right thing*, which requires a judgment whether the *moral behaviors* are good or bad. Kitwood (1990) notes, “morality entails a deep respect for the integrity of the being of another” (p. 101). Walker (2004) defines morality as “voluntary actions that, at least potentially, have social and interpersonal implications and that are governed by internal psychological (that is, cognitive and emotive) mechanisms” (p. 43). Morals reflect fundamental values, identity, and lifestyle, which can affect the rights and welfare of others. Moral functioning is influenced by the interdependent and interactive nature of behavior, thought, and emotion.

May, Chan, Hodges, and Avolio (2003) indicate that individuals develop mental models based on experiences and ethical analyses that facilitate the moral recognition necessary to identify ethical dilemmas. They constantly update their system of analysis to include unusual ethical situations, which increase their moral capacity. Analyzing processes and outcomes allows them to focus on universal principles. Continuous

assessments of unethical, illegal, or immoral dilemmas are at the forefront of these individuals' strategic planning.

Hannah et al. (2005) asserts that those who use self-reflection with meta-knowledge (enhanced understanding of self) simultaneously strengthened their self-concept and moral development. They also strengthen their ability to explain their moral-self to others. Individuals who are exposed to more ethical or moral dilemmas raise their efficacy in the moral meaning-making processes simply because they know more and have reflected on this *knowing* more.

Lawrence Kohlberg (1927-1987)

Rich and DeVitis (1994) and Walker (2004) observed that Kohlberg's cognitive development theories with attendant stages of moral development focused on the principles of justice rather than on the principles of caring, cooperation, or equity. Kohlberg felt moral development was acquired through the processes of thinking and problem-solving and an acquired understanding of morality. He defined three levels of moral development with two stages per level. The levels were the preconventional level, the conventional level, and the postconventional (or principled) level. The stages for the preconventional level included two stages. Stage 1 (heteronomy) reflected an orientation toward physical and material power constrained by punishments and a focus on obedience. Punishment was avoided by obeying rules. Stage 2 (exchange) reflected a naïve instrumental hedonistic orientation developed as the focus turned toward conforming to obtain rewards. Two additional stages comprised the conventional level. Stage 3 (expectations) reflected a transition from material power to interpersonal power by seeking approval and maintaining expectations within one's immediate group.

Conforming and being nice resulted in earning approval and avoiding disapproval. Stage 4 (social system and conscience) reflected an orientation toward law, order, duty, and authority that ensured the social or religious order. When individuals did their duty and abided by social norms, they exhibited right behaviors. Finally stages 5 and 6 encompass the postconventional level. Stage 5 (prior rights and social contract) reflected an orientation toward respecting the rights of others, equality, and mutual obligations. Personal rights, subordinated to social rights, maintained a democratic order. Finally, stage 6 (universal ethical principles) reflected an orientation toward universal principles of conscience that motivated right behaviors.

To summarize, Thomas (1997) labeled each of Kohlberg's stages by its type of morality: Heteronomous Morality (stage 1); Individualistic, Instrumental Morality (stage 2); Impersonally Normative Morality (stage 3); Social System Morality (stage 4); Human-Rights and Social-Welfare Morality (stage 5); and finally, Morality of Universalizable, Reversible, and Prescriptive General Ethical Principles (stage 6). Rich and DeVitis (1994) noted that Kohlberg's general and abstract ethical principles appealed to comprehensiveness, universality, and consistency. All these stages were based on ways of thinking about moral matters using a justice perspective. Kohlberg asserted that stages 1 and 2 were characteristic of young children while stages 3 and 4 were characteristic of the general adult population. He believed only 15% - 20% of the general adult population had morally developed to stage 5 and only 5% - 10% of the general adult population had morally developed to stage 6. Kohlberg believed his hierarchical stages were systems of thought that were progressed through sequentially. Individuals might progress at varying speeds through the stages, but all passed through the stages in the

same order. Stage 6 was more socially adaptive, but was philosophically superior to lower stages because individuals were moving closer to basing their moral decisions upon a concept of justice based on a human-being orientation, not a societal or individual orientation.

Rich and DeVitis (1994) and Walker (2004) noted that Kohlberg believed logical reasoning enhanced advanced moral reasoning, even though logical thinking and moral reasoning did not guarantee moral actions. Therefore, some scholars believed Kohlberg's stages were cognitive stages of morality rather than stages of moral development because acting morally was not a prerequisite for identification with any particular stage.

Kohlberg also believed emotions were irrational and detracted from logical reasoning. He believed that female thinking, with its emphasis on caring and sensitivity to other's needs, was developmentally insufficient. Such thinking often resulted in women being placed in stage 3. Kohlberg believed stage 3 was functional and adequate for women and their role in the world. Later in life, he believed that the character trait of conscientiousness could be associated with the conventional level (stages 3 and 4) and compassion, fairness, and benevolence could be associated with the postconventional levels (stages 5 and 6).

Carol Gilligan (1936 -)

Gilligan (1982) found that research into stages of moral development had often been devoid of female representation because many of the researchers had primarily studied male adolescents and adults. As a result, past research had interpreted women's different approaches to moral reasoning and decision-making as arrested moral development and limited personal growth. She described the *different voice* as the

themes women represented when morally reasoning, which were unrelated to but were associated with gender in Western society. She used male and female participants for her research on moral development. Her research differed not by design or implementation, but because it was based on the position of the observer. Male researchers, describing themselves as gender neutral in their scientific objectivity, often misunderstood the nature of women's reasoning approaches and, therefore, misinterpreted their development as limited, immature, or stunted. These researchers used male reasoning patterns as the standard to judge their participants' moral development, thereby often labeling women who did not match this norm as deviant.

Gilligan (1982) asserted that women viewed moral issues using a long-term perspective (future ramifications) while men viewed moral issues using a short-term perspective (a given situation and its impact). Rather than decide how a given individual might respond to a moral dilemma, women tended to assess how society needed to respond to the moral dilemma. Women's awareness of the interconnections of individuals promoted a sense of responsibility for others. These insights were central to an ethic of care. Men's awareness of individual rights promoted a sense of justice for self. When assessing moral dilemmas, women located themselves by their connections in the world, by how their actions could help society, and by how such help developed ties to others. Men located themselves by their position in the world and by setting themselves apart from others through their skill sets, beliefs, and physical characteristics. Women viewed caring and responsibility as a response (an action) that was inclusive of everyone's needs rather than a limitation to action.

Gilligan (1982) asserted that moral decision-making was about making choices and accepting the responsibility for those choices. Women's appearance of reluctance to make decisive decisions regarding moral dilemmas stemmed from their uncertainty about their right to make moral statements, as well as the personal and professional cost of making such judgments. The central moral problem for women resulted from the conflict between the self and others. In childhood, girls progressed through the transitional phase where they focused on survival by caring for the self. As they transitioned, girls made the connection between self and others, which taught them the concept of responsibility. Girls could not progress through this stage until they realized the self was just as important as others. Disequilibrium was created when girls in the transitional phase believed others were more important. Disequilibrium pushed girls toward the next phase. The conventional phase followed this transitional phase as girls matured to young women (adolescence) and focused on conformity of care. Transformation from confusion between self-sacrifice and care of others resolved the feelings of inequality between self and others. Girls, therefore, embarked on the process of reconsidering their focus on relationships. Transformation into the third phase allowed young women to focus on relationship dynamics. As they reconciled the conflict between taking responsibility and feelings of selfishness related to a focus on the self, a new understanding of the interconnectedness between others and self emerged. Care became the self-chosen principle focusing on concerns with relationships and response while becoming universal in the condemnation of exploitation and hurt. This ethic of care was informed by differentiation of self and others with an enhanced awareness of social interactions,

which resulted in the central insight that self and others were interdependent. Care enhanced both others and self.

Gilligan (1982) summarized her research by noting that a shift from the initial phase (transitional) was a shift from selfishness to responsibility and social participation. Moral judgments relied on expectations and shared norms. During the initial phase, society imposed moral sanctions on the individual. The second phase (conventional) marked a shift toward responsibility with a focus on others. The self was seen to be of value based on its ability to protect and care for others and its focus on caring for everyone without harming anyone (goodness). The conflict arose when the realization that someone might be harmed was illuminated and the self had to determine who would be that victim. Self-sacrifice now balanced harm to others with the caveat that the self could not help others if it was significantly harmed. Finally, transitioning to the final phase occurred with a shift from goodness toward truth. Responsibility and concern for others were still paramount with a new imperative toward honesty. An honest self-awareness focusing on intentions and actions of the self rather than on others' perceptions of these actions emphasized the realities of the self's intentions and the inherent consequences of any actions or inactions taken. A return to survival occurred as the individual refused to sacrifice herself for the benefit of others. A new definition for what constituted care was accepted. The principle of not creating harm allowed the self and others to be seen as equals, components included in the compact of care. The reality that choices of care were always going to affect others promoted transformation toward this reality and an acceptance of the choices that indicated who was helped and who might be harmed by those choices. The acceptance of the universality of the need for kindness,

caring, and compassion was incorporated into universal principles and the definition of the self.

Thomas (1997) noted that Gilligan was a colleague of Kohlberg at Harvard University where she studied his theories and that she objected to the assumption that moral development was solely about moral rules of justice and the application of those rules. She viewed these as typical male judgments that failed to account for the differing moral decisions of mature women. Gilligan believed compassionate care was an appropriate guide to moral decision-making. Gilligan's later work interpreted the differences between a justice orientation and a caring orientation not as a gender struggle, but as an individual struggle (for both genders) between focusing on equal rights and objective fairness (justice) or empathizing with the plight of others (caring). Most individuals resolved this conflict in favor of a justice orientation or a caring orientation, but rarely were they able to balance both orientations simultaneously. Gilligan's greatest contributions were her focus on compassion as a significant moral virtue, her focus on the different voice of women, and the impact her perspective has had on the impact of moral development discourse.

Rich and DeVitis (1994) asserted that Gilligan challenged Kohlberg's moral development theories when she claimed women, whose voices were not represented in Kohlberg's research, had a language of care that underscored responsibility and avoiding harm toward others. While women spoke with a voice of caring and interpersonal responsibility, Gilligan framed men as speaking with a voice of justice and a focus on individual rights, liberties, duties, and resolution of disputes. Such a focus was common in Western cultures where individualism was a hallmark.

According to Rich and DeVitis (1994), Gilligan's theory posited that women followed a fluid growth sequence focused on an ethic of care. Initially, girls focused on ensuring their own survival by focusing on the self. In later childhood, young women transitioned into a phase where they felt a need to be critical of a self-focus, viewing it as selfish and self-centered. Finally, as women grew into maturity, they focused on the concept of responsibility as a way of viewing the connections between self and others. When Kohlberg's standards of moral development were used rather than Gilligan's, women were viewed as having an underdeveloped moral development. The interpretation of the women's development was based on a male standard of justice rather than a female standard of care. Gilligan challenged Kohlberg's moral development model because it equated adulthood with a justice perspective and maturity with separation, self-sufficiency, and independence, which were viewed as masculine and, therefore, unfeminine.

According to Rich and DeVitis (1994), Gilligan studied male and female adolescents and adults and found that both justice and care were of concern when analyzing moral conflicts, with either care or justice being chosen, but rarely both. Such choices suggested two voices, each viewing the world in a different way, with neither being gender-specific, but both being gender-related due to socialization processes.

Rich and DeVitis (1994) noted that Gilligan did not interpret dependence within the care perspective as being synonymous with helplessness, lack of control, or powerlessness. Dependence, according to Gilligan, connoted the self having an effect on others, while recognizing that interdependence empowered both the self and others. Being present, actively listening, being understanding, and helping others indicated an

interest in others beyond self-interest, which were all activities of care. Gilligan felt her three phases of growth corresponded to Kohlberg's preconventional, conventional, and postconventional levels. Perhaps Gilligan's most significant contribution to the study of moral development was her challenge to Kohlberg's dominant masculine paradigm and the lack of the feminine voice in his studies. Her inclusiveness and welcoming of the feminine voice (care) and the masculine voice (justice) as separate but valid perspectives had expanded Kohlberg's vision of moral development.

Martin L. Hoffman (1924 -)

Rich and DeVitis (1994) reported that much of moral development research focused on cognitive development. Hoffman, however, focused on the affective domain and studied how empathy played a role in moral action. Recognizing that moral dilemmas were truly moral conflicts between one's own interests and the interests of others, Hoffman felt that empathy and sensitivity to the rights and welfare of others were central to resolving such moral conflicts. Empathy, an affect, was a stimulus for moral action. Moral conflict created an imbalance between egoistic motives and feelings of obligation to others. Moral action was the attempt to create balance between the ego and its motivation. Moral affect, often associated with empathy, was the positive experience resulting when the feeling of acting morally was felt. Moral affect, however, could also be the negative feeling felt, expressed as guilt or other negative experience resulting when one had acted immorally.

Rich and DeVitis (1994) found that Hoffman concluded that empathy was an affect with a cognitive component. Drawing upon self-knowledge and knowledge about others (cognitive), individuals empathized (affective) based on the perception of how the

other individual felt. Hoffman identified four levels of empathic development: global empathy, egocentric empathy, empathy for another's feelings, and empathy for another's experiences beyond the immediate situation. Global empathy referred to babies' arousal cues felt prior to the developmental stage where they viewed themselves as distinct from others. Babies at this stage would personally perceive empathic distress when they sensed others were in distress. Egocentric empathy referred to one-year-old children's arousal cues felt as a result of viewing others around them as physically distinct from themselves. At this time, children would transfer their own personal feelings of distress to others. Empathy for another's feelings generally emerged with two- to three-year-old children when they were able to discern that others existed and had their own separate needs and wants. These children could empathize with those in distress and even those not wishing any assistance in their distress. Finally, empathy for another's life condition emerged late in childhood when children were able to discern between their feelings and other's feelings, differing needs and perceptions, and the understanding that distress could be related to current situations, as well as future situations. Children at this level were capable of conceptualizing other's distress or deprivation, allowing them to understand the social constructs of disadvantaged, disabled, homeless, or poor. They were able to generalize this cognitive construct across groups or classes of people. How they interpreted and defined these levels of distress or deprivation determined the amount of empathy felt for that group or class.

Rich and DeVitis (1994) asserted that Hoffman referred to guilt not as a conditioned anxiety response to punishment, but as an interpersonal feeling of guilt that emerged from an awareness of harming others. Parents, teachers, and other authority

figures reinforced acting differently based on feelings of guilt learned and felt as a result of socialization processes. Through the socialization process, children learned to experience various emotions, which they could then identify and interpret in others. Through a focus on these internal states (emotions) in others, children's sensitivity to pain or harm caused by others or to others was developed. As they learned to imagine other's pain or distress, they learned to empathize with that pain or distress. As children engaged in cognitive role-playing that allowed them to imagine themselves as the other, they expanded their capacity for empathic development. Children who had their needs met by the authority figures around them tended to have a greater capacity to focus on other's needs rather than their own. Finally, children who had role models who openly expressed their feelings of empathy toward others and who engaged in prosocial behaviors tended to have higher empathic responsiveness toward themselves and others.

Rich and DeVitis (1994) specified that Hoffman believed that empathy could be aroused not only by self or others, but also by moral principles. Inattention to the human component could lead some individuals to view moral principles impartially, which would reduce feelings of empathy. Hoffman, however, felt the association of moral principles to other's pain or suffering could arouse empathy. When a moral dilemma occurred, therefore, the cognition of the moral principle would arouse appropriate levels of empathy, causing a hot cognition. Hot cognitions occurred when moral principles, empathic affect, and life experiences of self or other's were violated. When moral violations occurred, retrieval of hot cognitions from memory enhanced a focus on moral principles if associated with human suffering.

Rich and DeVitis (1994) concluded that Hoffman did not discern between lower moral principles or higher moral principles in his work. He did not show how children learned to achieve a proper balance between self and others so that empathy would be appropriately used. Hoffman's theories did not relate to a morality of justice or a morality of duty like Kohlberg's model. However, theories of empathy related well with Gilligan's morality of care.

Hoffman (2000) had chosen to study prosocial moral behavior as a function of people's consideration for others in a world of competitive individualism where even the most caring people tended to revert to self-interests when the going got tough. Yet people did make big sacrifices for others. Prosocial moral development research focused on what influenced the decision-making toward self-interest (egoistic needs) versus beyond self-interest (social obligation). Socialization, through parental and peer pressures, compelled children to realize other's needs, cognition enabled children to understand another individual's perspective, and empathic distress and guilt motivated them to focus on others' needs and perspectives.

Hoffman (2000) focused on the emotional and motivational development of moral development. He believed empathy was the key to human concern for others. Empathy contributed to moral emotion, motivation, and behavior. Hence, he studied empathy development, guilt, and moral internalization. Empathy contributed to moral development's principles of caring and justice while resolving any conflicts between them. Empathy contributed to the development of moral principles and moral judgment. Hoffman's primary focus was *caring morality*, which focused on consideration for others.

Thomas (1997) noted that Hoffman believed empathy was the central concern in moral growth. If individuals were unable to feel an empathic reaction to another individual's distress, their moral growth would be inhibited. Empathy related to moral growth was only one dimension of moral development research, which was one dimension of personal development. Personal development encompassed cognitive, emotional, social, and moral development. Hoffman's contribution to moral development included an understanding of how empathy might facilitate feelings of anger directed at the cause of the distress (identified the cause). Then empathy might redirect guilty feelings based on failure to alleviate the distress (recognized a need for action). Finally, empathy might enhance understanding and acceptance of feelings of injustice related to the way another individual had been treated (impetus for action).

Thomas (1997) noted that Hoffman distinguished between sympathy and empathy in his theory. Sympathy was an individual's feelings, by extension, of the other individual's distress and the desire to alleviate that stress. The distressed individual's feelings did not become a part of the observer's feelings. Empathy, on the other hand, referred to an individual personally feeling the same levels of distress that the distressed individual felt.

Hoffman (2000) asserted that individuals cognitively identified empathic distress in others and, depending on the stage of moral development, acted according to this identification. As individuals identified empathic distress, they analyzed causation and attributed various meanings and causes related to the distress identified, which resulted in four empathy-based moral effects that shaped the empathic distress: sympathetic distress, empathic anger, empathic feeling of injustice, and feelings of guilt based on perceptions

of inaction. First, sympathetic distress resulted when individuals determined that the cause of the distress was beyond the victim's control. Sickness, accidents, and acts of God were often defined to be beyond individual control. Second, empathic anger resulted when another person, other than the victim, had caused the distress. Empathy with the victim's anger or disappointment and anger at the culprit underlay the empathic anger. Even when victims did not express anger, others could feel empathic anger anyway. Third, an empathic feeling of injustice resulted when there was a perceived discrepancy between a victim's character and a victim's reality. An empathic feeling of injustice resulted when good people had bad things happen to them. Fourth, guilt over inaction resulted when either individual failed to help or their efforts were ineffective. Feelings of continuing distress on the victim's behalf, even against insurmountable odds, often overwhelmed individuals who had tried to assist, leaving them with feelings of guilt over inaction. If individuals blamed the victim, empathic distress levels were actually reduced, resulting in fewer prosocial behaviors.

Hoffman (2000) identified five stages in the development of empathic distress, which were necessary responses for moral development: (1) reactive newborn cry, (2) egocentric empathic distress, (3) quasi-egocentric empathic distress, (4) veridical empathic distress, and (5) empathy for another's experience beyond the immediate situation. When children developed an empathic and sympathetic distress response to other's pain or experience, their empathic arousal response had developmentally progressed.

Hoffman (2000) described five distinct modes of empathic arousal responses based on cues of distress from a victim or a situation. The first three were passive

involuntary affective responses, preverbal responses that lasted throughout the individual's lifetime causing empathic responses. These responses were instantaneous, automatic, and required little or no conscious cognitive thought. The individual's own personal experiences could provoke a motor mimicry and afferent feedback response, a classical conditioning response, or a direct association of cues response. Motor mimicry occurred when a preverbal individual automatically (neurally) identified with the victim during face-to-face contact. A classical conditioning response ensured similar responses to similar human situations based on similar human feelings and affect. The direct association of cues responses occurred when the individual automatically identified with the victim based on the individual's own past experiences. The final two responses, active voluntary effective, were considered higher order cognitive modes, categorized as mediated association responses and perspective-taking responses. Expressive cues from the victim or the situation in association with the individual's own past painful experiences were mediated by the cognitive analysis of information about or from the victim to create a mediated association response. When individuals contemplated the victim's feelings or how they themselves would have felt in the victim's situation, a perspective-taking response was occurring.

Hoffman (2000) realized that too much of anything could cause a different result than desired. When distress cues were so extreme, overwhelming, or continuous, empathic over-arousal occurred, which caused preoccupation with self rather than creating a focus on others. Terrorist acts such as the destruction of the New York Twin Towers or the Murrah Federal Building in Oklahoma were so egregious that empathic over-arousal focused individuals on self rather than the victims. Individuals with a

commitment to helping others (therapists, parents, teachers), when empathically over-aroused, tended to intensify their empathic distress, which motivated them to remain focused on the victims to the point of prosocial action. Familiarity bias might limit prosocial action since individuals tended to experience empathic distress more for their own similar group (race, ethnicity, gender, sexual orientation) than other groups. Here-and-now bias might limit prosocial action to immediate situations rather than potential situations or future situations.

Hoffman (2000) determined that empathic distress alone was not always enough to motivate individuals to prosocial action; the presence of prosocial motives was also needed, which were developed from childhood when socialization processes influenced children to consider the needs of others and act upon this awareness of other's needs. Hoffman (2000) found that internal moral motives profoundly influenced guilt and moral internalization. By definition, these motives had a compelling, obligatory quality, came from the self (intrinsic), produced guilt when harm or potential harm might result, and promoted the needs of others over the needs of self.

Hoffman (2000) described prosocial hot cognitions as emotionally charged representations of moral principles integrated with empathy and motive. When individuals focused on moral principles and empathic affect was aroused, the empathic affect would have two important components: a stimulus-driven component and a principle-driven component. The principle-driven component (moral principle) would heighten or lower the effect on the intensity of the stimulus-driven component (victim's distress), which precluded empathic over-arousal. Limiting empathic over-arousal allowed individuals to maintain a moderate empathic affect across various situations.

Hoffman (2000) defined moral internalization as a “person’s prosocial moral structure [that] is internalized when he or she accepts and feels obligated to abide by it without regard to external sanctions” (p. 9). A focus on others rather than on self-serving concerns that were autonomously derived from the self (internal) without regard to external pressures came from moral development that had evolved to a prescribed level of internalization. When individuals acted from moral internalization rather than externalized pressure, an internal moral motive (prosocial motive) was influencing the individual’s moral judgment.

Hoffman (2000) asserted that the transgression model was the typical moral encounter for empathy-based transgression guilt and moral internalization. Children’s early socialization influenced this model greatly since it was presumptive of the individual intentionally or unintentionally harming another. Guilt and moral internalization affected how individuals reacted when they created harm for other individuals, when needs conflicted, or when individuals acted in a self-serving manner that created unintentional harm for other individuals. Guilt and moral internalization also functioned as prosocial moral motivators.

Hoffman (2000) contended that pre-adolescents learned about right and wrong. In adolescence, a more formalized introduction of moral principles occurred through socialization processes. If a strong moral code were to be developed, then adolescents would develop such a moral code through a process of active construction. Those who focused on caring or justice principles and who had internalized either or both of these principles would consider and act fairly toward others as an expression of their internalized principles. This level of moral internalization would affirm the self, the

self's perceived duty to treat others fairly, and the prosocial actions taken as a result of such a moral code. Trigger events, particularly of extreme injustice, could solidify the connection between self, principle, and duty, which resulted in a sense of social responsibility. Hoffman (2000) felt "most mature, morally internalized individuals have empathy-charged caring and justice principles in their motive system" (p. 21). Sensitivity to both caring and justice principles, vulnerability to empathic distress, and the ability to focus on multiple claimants and their caring-justice dilemmas enhanced moral development. Those with a strong sense of self who supported caring principles tended to strengthen their perceived obligation to act on principle.

Hoffman (2000) emphasized with the bystander model that individuals did not have to be physically present to feel empathic distress or to have empathy for another individual. The human ability to use cognition to imagine an individual's plight based on facts also allowed feelings of empathic distress based on reading about another individual's misfortunes or distress. Hence, the bystander model was not limited by the presence or absence of the individual (observer), but only by the individual's imagination. The bystander model represented the typical moral encounter resulting in empathy and empathic distress.

Hoffman (2000) asserted that empathy was congruent with the principles of caring, criminal justice (victim focus), and distributive justice (how society's resources are allocated). Individuals with a self-serving perspective would support self-serving principles. High producers would support self-serving principles of merit, while low producers would support such self-serving principles of need or equality. High producers with high empathy arousal would focus on the welfare of others rather than self-serving

interests by supporting “merit regulated to prevent extreme poverty (need) and vast discrepancies in wealth (equality)” (pp. 14-15). Elevated instances of empathy could alter how individuals thought about distributive justice. A moral principle that was embedded with the concept of empathy could reduce conflicts between caring and justice principles. Individuals who supported social justice (equality) had high empathy and a strong sense of justice.

Hoffman (2000) studied how humans would react morally to five universal moral dilemmas that encompassed the breadth of the prosocial moral domain. The five moral dilemmas were categorized as (1) innocent bystander, (2) transgressor, (3) virtual transgressor, (4) multiple moral claimants, and (5) caring versus justice. All five dilemmas caused the individual to focus more on the other person’s situation than their own. The innocent bystander dilemma required that individuals witness another person in emotional, physical, or financial pain or distress; the resulting moral dilemma was the decision to help or not to help, and how individuals felt based on the actions they took or failed to take. The transgressor scenario had the individual consciously or subconsciously transgress against another through a fight or an argument. The moral dilemma, then, was the decision to harm another or to refrain from such harm, as well as managing any feelings of guilt afterward. In the virtual transgressor situation, the individuals believed (falsely) that they had harmed someone. The moral dilemma focused on the guilt associated with the belief of responsibility for harming another. During the multiple moral claimant dilemma, the individuals made a compelling choice between multiple others with conflicting interests. The moral dilemma focused on the reasoning behind whom to help and assessed any guilt associated with failing to help the

others. Finally, the caring versus justice dilemma had the individuals again involved with multiple claimants, but also added the dimension of considering the multiple claimants versus moral principles such as rights, caring, or justice. Was any guilt associated with choosing principles over people, or people over principles? The empathy necessary to manage effectively such moral dilemmas was aroused by the cues of distress coming either from the victim or perceptions of the situation.

Hoffman (2000) considered *caring* as a principle that encompassed considering the welfare of others and a concern for their well-being. Treating others with self-respect, helping those in distress, ensuring food and shelter, and avoiding the infliction of pain on others was considered caring. Hence, it was a philosophical ideal, an abstraction, a moral imperative, and a fundamental value. Ideally, it connoted consideration for others at all times. *Justice* as a principle encompassed the moral rightness of an individual's due and just treatment by others. Inputs that corresponded to equitable outputs in life were considered just. When conflicts of interest existed, the incorporation of fairness ensured justice. Justice included the right distribution of society's resources, rights of property ownership, and the allocation of punishments within the society. When caring and justice principles conflicted, individuals usually held one principle subordinate to the other while acting on the one perceived as most important.

Hoffman (2000) stressed that moral principles allowed individuals to decide which victim to focus on when multiple claimants existed and whether caring or justice principles should prevail. Principles transcended the situation by transforming victims into members of a larger group previously oppressed or marginalized. Most moral dilemmas involved individuals, which aroused empathy. Empathy activated moral

principles (directly or indirectly), which influenced reasoning and moral judgment. Hoffman (2000) concluded with, “empathy can influence one’s moral judgment of oneself or of the other directly, or indirectly through the moral principles it activates” (p. 16).

Moral Development Discussion

Gilligan (1982) noted that women perceived moral issues from a different perspective. Chodorow (1974) added that, “feminine personality comes to define itself in relation and connection to other people more than masculine personality does” (pp. 43-44). Chodorow argued that gender differences did exist, but they were based on differing early gender experiences that allowed the female self to develop a sense of empathy, which the male self often did not develop. The female self emerged with a stronger connection to other’s needs and feelings; a connection that was equivalent to identification with their own needs and feelings. Based on Western societal constructs, Gilligan (1982) noted that masculinity emphasized *separation* while femininity emphasized *attachment*; hence, men were often threatened by intimacy while women were often threatened by separation. When male researchers used separation as the benchmark for moral development, women were predominantly viewed as underdeveloped. In childhood, girls were taught to value relationships, foster empathy, and become sensitive to other’s needs and feelings; boys on the other hand, were taught to value rules, governance, and dispute resolution tactics. Because of these different socialization processes, pubescent girls’ and boys’ interpersonal orientations had disparate focuses. Girls focused on others; boys focused on self. Horner (1972) found girls differed from boys on how they viewed competitiveness and how they approached

competitive situations. Girls were socialized to understand that winning competitively, in particular against boys, could lead to negative consequences, such as social rejection or loss of femininity. Sassen (1980) added that women understood the emotional costs to them of competitively winning at the expense of another. Miller (1976) also noted that women judged themselves based on their ability to care and defined themselves within the context of relationships. This non-focus on separation and individual achievement often extended into adulthood and was often viewed by society as a weakness rather than a human strength. Gilligan (1982) stressed that women's socialization emphasizing the importance of intimacy, relationships, and care was the critical delineation of psychological development based on gender.

Gilligan (1982) believed women experienced the greatest moral development during adolescence as they became more reflective and had greater life experiences that enhanced their abilities to interpret problems. She viewed this as the process of self-development. Female adolescents, focused on the need to avoid harm, found they were being silenced by this need. Over time, these young women came to fear that, silent or not, their voices would not be heard. Gilligan concluded, when women psychologically matured, they realized "responsiveness to self and responsiveness to others are connected rather than opposed" (p. 61), and these women knew themselves "as separate only insofar as we live in connection with others, and that we experience relationship only insofar as we differentiate other from self" (p. 63).

Gilligan (1982) repeatedly identified the female moral imperative as an exhortation to care with a sensitivity toward discernment of who needed this care. The mandate to impede harm and alleviate harm's consequences for the world was strong.

The male moral imperative was an injunction to respect others, protect one's right to life, and protect one's right to self-fulfillment. Men could be sensitized to the necessity for caring through multiple progressive experiences identifying the need for active responses to other's needs. Such a new awareness corrected the potential indifference of a morality of noninterference with a focus on the consequences of choice. Compassion and acceptance of others and their needs could be fostered when a focus on care was accepted. When women were asked about moral dilemmas that caused much harm, they repeatedly brought up issues of exploitation and harm. If ethics were abstracted from life, then the danger would be the blind sacrificing of people in the name of truth. Ultimately, caring had the greatest potential for overcoming conflicts in human relationships.

Kitwood (1990) asserted that due to socialization, women were primarily focused on connectedness, relatedness, and closeness to others, which influenced their moral feeling and understanding. Prioritizing between the needs of the self and the needs of others could cause difficulties. Lauterbach and Weiner (1996) found women were more compassionate toward subordinates. Barlow, Jordan, and Hendrix (2003) found that women tested significantly higher for the character traits of selflessness, integrity, competency, and spiritual appreciation based on their moral development.

Theoretical Highlights of Moral Development

Gilligan (1982) said Kohlberg interpreted women's moral reasoning as being deficient because women's reasoning processes did not follow men's reasoning processes. Kohlberg said women who were willing to enter the traditional arena of male activity would quickly realize how inadequate female reasoning was and would turn

toward male reasoning as the norm. Hence, a woman's focus on care and the needs of others characterized a deficiency in moral development. Kohlberg's stages of moral development emphasized the masculine emphasis of competing rights and its resolution (rules, governance, and dispute resolution) rather than care and responsibility (relationships, connections, and maintenance of relationships). The morality of rights emphasized separation with the individual as the focus, while the morality of responsibility emphasized connection with the other as the focus. Men focused on individual rights and independently (only using their own reasoning) determined what was right; women tended to focus on collective rights and dependently (using the viewpoints of others) determined what was right. Riker (1997) noted that Gilligan posited that justice-orientations and care-orientations must be interwoven into the concept of mature moral development. Women could learn to ground themselves in personal integrity rather than sacrificing the self while identifying with the other. Men could learn the importance of intimacy, relationships, and the activities of care. "When both genders can hear and speak with both voices, humans will be fuller, happier beings" (p. 117).

Rest, Narváez, Bebeau, and Thoma (1999) summarized Kohlberg's core ideas as an emphasis on cognition, the individual's construction of moral epistemology, the sequential progression of moral development, and the importance of a shift from conventional to postconventional thinking. Kristiansen and Hotte (1996) discussed the orientations of justice and care. The moral decisions of justice-oriented individuals (stage 5) were not situational like care-oriented individuals. Justice-oriented individuals based their decisions on principles without regard to the nuances of the situation. Care-oriented individuals assessed each situation, analyzed that specific situation to the

principles of care, and based their decision on these contextual cues. Therefore, care-oriented individuals would be expected to have less consistency of decision-making than justice-oriented individuals.

Significant Moral Development Concepts

Several significant moral development concepts are discussed. Values, virtues, character, empathy, hope, optimism, resiliency, self-efficacy, and agency are identified. Finally, concepts that motivate individuals toward moral behaviors, such as motivating values, ethical philosophies, and moral action are analyzed.

Values

Schwartz (1992) observes that values are normative standards for behavior or for the evaluation of behaviors. Schwartz (1994) defines values as desirable transitional goal that vary in importance and serve as the guiding principles in the life of an individual or social entity. Therefore, values serve the interests of social entities and use emotional intensity to motivate. Values also justify actions, as well as support the thesis that values are internalized through the learning and socialization processes. Schwartz's (1999) definition of values includes "conceptions of the desirable that guide the way social actors (e.g., organizational leaders, policy-makers, individual persons) select actions, evaluate people and events, and explain their actions and evaluations" (pp. 24-25). Reed (1996) defines values as "diverse patterns of regulation entered into by all persons in a given environment and incorporated into their thoughts and actions" (p. 1). Michie and Goody (2005) determine that values are thoughts, while emotions are feelings. Rokeach (1979) defines values as the enduring belief that certain conducts (end states) are more

desirable than others and are abstract ideals representing beliefs regarding modes of conduct or ideal end states.

Schwartz (1994) categorizes values along a higher-order bipolar dimension from self-enhancement to self-transcendent. Values of achievement, power, and hedonism are associated with a focus on self-enhancement. Values of benevolence (concern for immediate others) and universalism (concern for the welfare of all) are associated with a focus on self-transcendence. Benevolence can be expressed through honesty, responsibility, and loyalty, while universalism can be expressed through equality, social justice, and broadmindedness. Individuals who focus on self-enhancement will experience a values conflict if they try to focus on self-transcendence.

Ros, Schwartz, and Surkiss (1999) report that values fall within a continuum from the self-enhancement values of hedonism, power, and achievement toward modal values of honesty and equality, then toward self-transcendent values (end values) of universalism and benevolence. Burns (2003) said, “the pursuit of happiness must be our touchstone. As means and end, it embodies the other transforming values – order, liberty, equality, justice, community” (pp. 214-215). Gardner, Avolio, Luthans, May, and Walumbwa (2005) used Burns’ (1978) classification of transcendent values rather than modal values. Modal values are frequently occurring values with the emphasis on *the means over the ends*, while end (transcendent) values are transcendent or beyond frequent with the emphasis on *the ends over the means*. Modal values include honesty, responsibility, fairness, and honoring one’s commitments. Transcendent values include liberty, justice, equality, and collective well-being.

Virtues

Park and Peterson (2003) define moral virtues as “general styles of behavior evident in thought, feeling, and action that develop over time and are displayed or are not in accordance with the situation broadly construed” (p. 33). McCullough and Snyder (2000) define virtues as psychological processes that influence thought and behavior by focusing on benefits to the individual and society. Hannah et al. (2005) maintain that virtues are simply the exercise of moral agency. Peterson and Seligman (2004) list the six core virtues as courage, wisdom, temperance, humanity, justice, and transcendence.

Character

Lickona (1991) describes character as a series of operative values (values in action). When values transcend into virtues, leaders have accepted their value system as an intrinsic system of responding in a morally good way (virtuous action). Moral maturity occurs when leaders develop character that integrates knowing the good (moral knowing), desiring the good (moral feeling), and doing the good (moral action). This integration of the habits of the mind and heart into action personify moral development. Moral knowing allows leaders to know when moral judgment is required. Moral feeling allows leaders to embrace a deep concern for doing the right thing. Finally, moral action is predicated on a deep feeling about acting in the right way and requires the presence of moral knowing and moral feeling.

Peterson and Seligman (2003) maintain that personal values are considered character strengths. Based on personality psychology and contemporary trait theory, character is recognized as individual differences that are general and stable, and shaped

by the individual's experiences. Therefore, character is capable of change and development.

Peterson and Seligman (2003) developed a classification system for defining character known as the *Values in Action (VIA) Classifications of Strengths*. Character strengths were identified as wisdom and knowledge (cognitive strengths), courage (emotional strengths), love (interpersonal strengths), justice (civic strengths), temperance (strengths that limit excesses), and transcendence (strengths with a universal focus). Wisdom and knowledge included creativity, curiosity, judgment, intellectual curiosity, and perspective. Courage included bravery, diligence, integrity, authenticity, and enthusiasm. Love included intimacy, kindness, altruism, social intelligence, and generosity. Justice included citizenship, loyalty, teamwork, fairness, equity, and leadership. Temperance included forgiveness, mercy, modesty, humility, prudence, and self-regulation. Finally, transcendence included an appreciation for excellence, gratitude, hope, optimism, playfulness, humor, spirituality, and a sense of purpose. Lickona (1991) posited that character was doing the right thing despite external pressures to the contrary. Barlow et al. (2003) asserted that character began forming early in life based on religious beliefs, parental influences, and early childhood trigger events. Character continued to form throughout adulthood. Abshire (2001) supported the concept of professional trigger events influencing character development.

Empathy

Gibbs (2003) posits that empathy has its limitations in a moral development model. To counter these limitations, moral principles can be incorporated into development once mature levels of empathy have been attained. Moral principles serve

to regulate and optimize levels of empathic distress by providing structure, stability, and longevity to the empathic response. Empathic overarousal and underarousal are mediated by accepted moral principles. Engler (2006) notes the importance of empathy. When individuals can understand the other's internal frame of reference, they can communicate this understanding with statements that reflect the other's feelings. Empathy allows the other to accept that they are understood. This enhances moral understanding for both individuals.

Hope

Snyder, Irving, and Anderson (1991) define hope as “a positive motivational state that is based on an interactively derived sense of successful (1) agency (goal-directed energy) and (2) pathways (planning to meet goals)” (p. 287). Agency is the willpower to achieve goals. Pathways (waypower) refers to the ability to find ways to accomplish goals or develop creative alternatives for accomplishment, even in the presence of obstacles to accomplishment. Youssef and Luthans (2005) maintain the higher the individual's levels of hope, the higher the levels of self-efficaciousness. The more hope, the greater the willpower and waypower. The greater the willpower and waypower, the greater the perception of capably employing one's assets and values while managing risk factors to enhance goal attainment. Maddux (2002) concludes that a sense of agency and waypower facilitate internalizations that develop self-efficacy.

Optimism

Seligman (1998, 2000, 2002) introduces the concept of optimism, asserting that optimism is a healthy construct with the potential for misuse (pollyannaism), which will lead to an unhealthy use of the construct. Those who use optimism as a positive

explanatory style attribute positive events to personal, permanent, and pervasive causes. Meanwhile, they attribute negative events to external, temporary, and situation-specific causes. Optimism is related to authentic happiness, satisfaction, success, and health. Individuals who strive to fulfill their every whim in search of meaning lack optimism. Those who focus on fulfilling meaning beyond the self possess more optimism. Youssef and Luthans (2005) believe that higher levels of optimism lead to higher levels of self-efficaciousness. Seligman (1998) asserts that the self uses optimism as a buffer against learned helplessness or depression. Youssef and Luthans (2005) note that the development of an optimistic explanatory style occurs when individuals legitimately attribute positive events and successes to personal, permanent, and pervasive causes, which boosts the impact of the individual's assets and values while buffering the impact of risk factors on self-efficacy.

Resiliency

Youssef and Luthans (2005) note the importance of the personal attribute of resiliency, which refers to “those able to survive, adapt, swiftly bounce back, and flourish despite uncertainty, change, adversity, or even failure...” (pp. 303-304). Luthans (2002a, 2002b) stresses the significance of the power of a positive orientation and approach, such as being resilient. Luthans and Avolio (2003) include resilience as an attribute of the self-awareness dimension. Youssef and Luthans (2005) view individual resiliency as being dynamic, open to change, and open to development. Hence, resiliency can be developed further through self-awareness.

Masten and Reed (2002) identify three strategies for resiliency development: risk-focused strategies, asset-focused strategies, and process-focused strategies. Risk-

focused involves analyzing, understanding, and avoiding risks and stressors that have a high probability of negative outcomes. Asset-focused involves analyzing and utilizing effective adaptive processes that have a high probability of positive outcomes. Finally, process-focused requires the mobilization of the self's adaptive processes.

Youssef and Luthans (2005) notes that high levels of resiliency serve to buffer and enrich individuals' lives, which increases the probability of feeling a sense of fulfillment and success in life. Resiliency is a life-long journey that develops competence in the face of adversity. Individual antecedents that contribute to development include assets, risk factors, and values. Assets refer to personal characteristics, temperament, self-regulation, emotional stability, backgrounds, insights, perceptual biases, educational levels, strengths, and vulnerabilities individuals acquired over a lifetime. Risk factors include alcoholism, drug use, poor health, undereducation, unemployment, underemployment, exposure to traumatic events or violence, stress, burnout, and personal traumatic experiences. The higher the assets and the lower the risk factors, the more resilience develops. Finally, values and beliefs provide a powerful source of meaning in life. Values can be used to interpret meaning from negative events that can then promote the development of higher levels of resilience. The stronger the values, the more stable the source of meaning to the individual. Also, the more innately these values are embedded into the individual's framework, the higher the levels of resiliency developed.

Self-Efficacy

Bandura (1997, 2000, 2001) notes that self-efficacy is a mediator to resiliency's antecedents of assets, risk factors, and values. Self-efficacy is the intrinsic assurance an individual has that they are willing, able, and dedicated to acting upon challenging

endeavors and persevering through any challenges that might arise. Self-efficacy is developed through mastery experiences, vicarious learning, social persuasion, and psychological and physiological arousal. Youssef and Luthans (2005) posit that self-efficacy mediates assets, risk factors, and values by predicting higher success rates, higher levels of social capital attainment, greater probability of access to relevant mentors, and greater levels of social persuasion as developed by the individual. Finally, “stable values and a sense of meaning and purpose are likely to increase leaders’ acceptance of challenges, effort to achieve goals, and persistence when faced with obstacles, i.e., their self efficacy” (p. 320). Krueger and Dickson (1993, 1994) assert that less self-efficacious individuals focus on avoiding risks, while more self-efficacious individuals focus on opportunities that further their purpose or mission. Youssef and Luthans (2005) document that self-efficacy has the greatest direct impact on the development of resiliency; thereby, an important impact on the development of authenticity.

Agency

Bandura (2001) defines agency as the capacity to improve quality of life by exercising control over the environment. A high sense of agency is expressed when individuals exercise their capacities of intentionality, forethought, self-reactiveness, and self-reflectiveness. Intentionality stresses the conscious intentional exercise of agency. Forethought refers to thinking ahead and analyzing consequences before taking action. Self-reactiveness refers to being self-motivated and self-regulated. Finally, self-reflectiveness concerns the internal process of reflecting upon the perceived competence of the thoughts and actions of the self. Bandura (1991) includes the concepts of refrain

power and proactive power to agency. Refrain power is the ability to refrain against acting immorally while proactive power is the proactive ability to behave morally.

Hannah et al. (2005) maintain any moral behavior not supported by genuine virtue and altruism will be considered inauthentic moral behavior, which will inhibit a sense of agency.

Motivating Values

Hannah et al. (2005) note that moral leadership development occurs when individuals have a highly developed self-concept while using heightened levels of meta-cognition and emotional regulation. These cognitive strategies help to analyze and implement ethical moral solutions to various situations.

Schwartz (1994) studied which values tended to motivate decision-making and action. He identified 10 separate motivating values: power, achievement, hedonism, stimulation, self-direction, universalism, benevolence, tradition, conformity, and security. Power motivated through the use of prestige, social status, and the ability to dominate people and resources. Achievement motivated when competence was demonstrated, which led to a perception of personal success. Hedonism motivated when sensual gratification and personal pleasure were sought. Stimulation motivated based on the perceived novelty, which led to excitement and perceptions of challenges in life. Self-direction motivated based on the perception of choosing, creating, and exploring, as well as the independent thought and action required to choose, create, and explore. Universalism motivated based on the understanding, appreciation for, acceptance of, and focus on the protection of the welfare of people and nature. Benevolence motivated based on the desire to preserve, protect, and enhance the welfare of those people closest

in proximity. Tradition motivated based on perceptions of respect, commitment, and acceptance of traditional ideas and custom, which often were based on religious constructs and/or cultural roles. Conformity motivated based on the restraint of impulses, inclinations, and actions that would violate societal norms. Finally, security motivated based on stability, safety, and perceptions of harmony within the relationships with self, others, and society. Motivating values focused attention on related ethical philosophies.

Ethical Philosophies

Richardson and White (1995) noted six universally recognized ethical exemplars: egoism, self-realization, natural law, divine command, deontology, and consequentialism. These philosophies came to prominence in the times of Aristotle and Plato and then were philosophically grounded in the social consciousness by other adherents throughout the ages into modern times.

Richardson and White (1995) describe the six philosophies. Egoism refers to those who make ethical decisions based on always acting based upon their own perceived self-interest even at the expense of the well-being of others. Often the motivation is based more on long-term rather than short-term interests. The philosophy of self-realization refers to those whose aim is to act in whatever way will actualize their self-potential (self-actualization) with the understanding that their personal evolution will directly or indirectly benefit others. The philosophy of natural law refers to those who base their conduct upon their perceptions of the inherent order of the universe. The philosophy of divine command refers to those who base their decisions and actions on what they understand to be the *will of God*. They first have to determine the will of God, usually through scriptural revelation, church teaching, and direct illumination and then

choose to follow this understanding. The philosophy of deontology refers to those who base their decisions and actions on their innate sense of secular moral duty with heavy emphasis on moral obligation (not God driven). The emphasis is on moral duty, which comes from their innate sense of right and wrong. Finally, the philosophy of consequentialism refers to those who base their decisions and actions on assessing the moral quality of the results (Good) likely to follow from various possible courses of actions (Right). The emphasis is on carefully calculating the Good sought, which will illuminate the Right (the course of action to take to reach the Good).

Richardson and White (1995) discuss three analytical constructs for categorizing ethical philosophies. Each exemplar can be categorized based on its focus: end-based, rule-based, or care-based. End-based ethics focus on decisions that result in the greatest good for the greatest number of people based on what will actually occur because of this decision. Egoism, self-realization, and consequentialism are end-based ethical philosophies. Rule-based ethics focus on finding the one universal principle that should always apply in the given situation; therefore, anyone else in that same situation in the future can be confident using the same ethical principle for their decision-making. Natural law, divine command, and deontology are rule-based ethical philosophies. Finally, care-based ethics focus on putting oneself in the position of those who will be affected by the decision made before deciding which decision will support the right action to accomplish the sought after affect. Consequentialism is a care-based ethical philosophy.

Moral Action

Rest, Narváez, Bebeau, and Thoma (1999) describe the four psychological processes that lead to moral behavior in their four-component model: moral sensitivity, moral judgment, moral motivation, and moral character, which can be represented as follows in Figure 2.05 on the following page. They define moral sensitivity as the ability to identify a moral dilemma, decipher the variables, and understand the implications to self and others. An understanding of one's own intuition, emotional reactions, empathy, and role-taking is imperative to understanding how these affected others, which develops moral sensitivity. Moral judgment refers to deliberations that influence potential courses of action and the determination of which one is the most morally justifiable. Moral motivation refers to prioritizing moral values over competing concerns, committing to the chosen moral course of action, and accepting responsibility for the outcomes. Moral character refers to the internal skills and strategies used to implement moral decision-making that promote moral actions and behaviors. These four inner psychological processes together promote moral action based on outwardly observable behaviors. As Walker (2004) notes, this model broadens the moral domain beyond Kohlberg's limited focus on moral reasoning by including the interdependent and interactive nature of behavior, thought, and emotion, which influences moral functioning.

Summary

Moral development is a primary component of authenticity and authentic leadership. The dimensions of values, virtues, character, empathy, hope, optimism, resiliency, self-efficacy, and agency were discussed. Finally, motivating values, ethical philosophies, and moral action were analyzed.

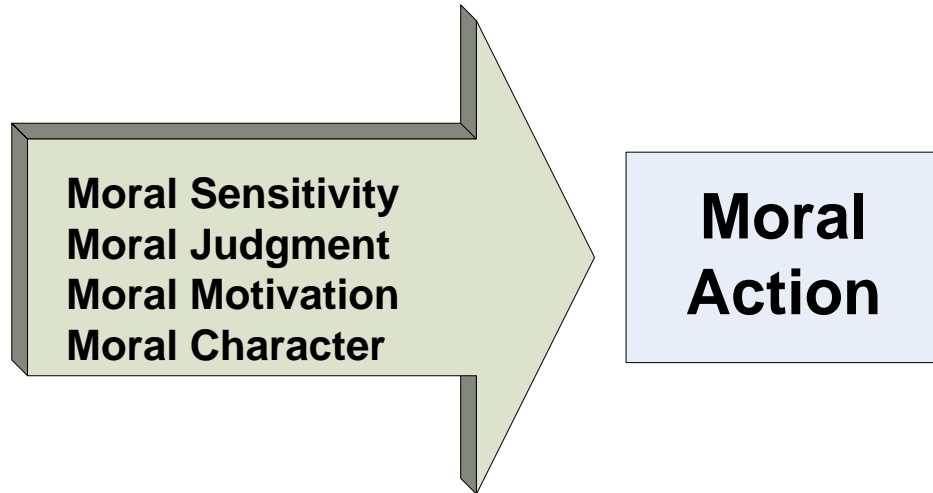


Figure 2.05. Meacham's representation of Rest's et al. (1999) Four Component Model for Moral Behavior

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