

# Trauma, Moral Development, and Conscience Functioning

Barbara M. Stilwell, M.D.

[January 27, 2002]

## A Model of Moral Development

Our model of moral development--which we refer to as conscience development-- incorporates the ways in which individuals come to apply moral value or *moralize* their attachment, emotional, cognitive, and volitional behavioral systems. The end result is a working model--a dynamic conceptualization within the mind commonly known as the conscience. The conscience is accessible to consciousness as working *moral* memory whenever individuals are externally prompted or internally motivated to think and act in accordance with their sense of oughtness--their sense of good and bad, right and wrong. We have shown that an understanding of one's conscience and how it works transitions through five identifiable stages before the age of eighteen. These stages are labeled (1) the External conscience (typical age: six and under); the Brain-Heart conscience (typical age: seven to eleven); the Personified conscience (typical age: twelve to thirteen); the Confused conscience (typical age: fourteen to fifteen); and the Integrated conscience (typical age: sixteen to seventeen).

Our conscience model was conceptualized in the light of normal everyday encounters with normal youngsters as well as clinical experience with children and adolescents manifesting psychiatric problems. It was also influenced by the theoretical ideas and research studies of individuals in developmental psychology, psychiatry, and the neurodevelopmental sciences. The following abbreviated list of authors come to mind: A Aichorn, A Bandura, D Baumrind, J Bowlby, R Coles, W Damon, C Darwin, J Dunn, N Eisenberg, R Emde, S Freud, A Freud, J Gibbs, C Gilligan, M Hoffman, C Izard, J Kagan, R Kidder, G Kochanska, L Kohlberg, J LeDoux, T Lickona, E Maccoby, G Patterson, J Piaget, M Radke-Yarrow, J Rest, R Selman, S Suomi, L Vygotsky, G Valliant, EO Wilson.

We derived five specific domains of conscience through rational and factor analysis of questionnaire data of normal children and adolescents. The anchor domain is named conceptualization of conscience. The four supporting domains are (1) moralization of attachment, (2) moral-emotional responsiveness, (3) moral valuation, and (4) moral volition. Papers reporting developmental findings within each of these domains are in the attached bibliography.

As children and adolescents describe their conscience, they also describe how parents, teachers, siblings, peers, coaches, religious leaders, etc. have stimulated its formation. When they describe how they have dealt with issues of conscience, they open our eyes to the temptations, dilemmas, and choices that characterize their developmental stage within particular morally challenging circumstances. Their descriptions and inferences allowed us to formulate advice for parents and others interested in nurturing conscience in developmentally appropriate ways. The parenting book, *Right Versus Wrong: Raising a Child with A Conscience*, is listed in the bibliography.

## Assumptions Behind the Conscience Model

**Biological.** Adequately functioning brain systems provide substrates of readiness for moralizing experience. Therefore, all neurobiological impairments, including psychopathology, can be expected to impact conscience development and functioning. Mostly, psychobiological impairment affects moral development adversely. Adverse psychopathological impact is assumed to be related to the timing, duration, severity, functional impairment, and treatment interventions of syndromes that emerge. Occasionally, impairment may impact conscience functioning positively; biological adversities are countered with learned strategies. For example, a youngster with attention deficit/hyperactivity disorder might come to acknowledge that impulsiveness is a moral vulnerability and work to control it or allow other people to assist in that control.

**Nurturance.** Moral nurturance is necessary for optimal conscience development. Major moral nurturance occurs within significant attachment relationships established in infancy. Other important sources of moral nurturance include ongoing and ever-expanding relationships within the family, with other adults, among peers, and within institutional communities that provide education, governing structure, and outlets for religious quest and cultural practice.

**Constitutional.** Moral development is also influenced by individual differences in temperament and personality. The conscience grounds personality with moral boundaries and strivings. It provides one with a moral identity.

**Environmental Adversity.** Moral development and conscience functioning are also influenced by life's adversities. Severe adversities include parental abuse and neglect, maltreatment outside of the family, psychological losses, and a spectrum of traumatic experiences-- from natural disasters to all forms of inhumane treatment. Severe adversities challenge a child's earliest moral premises: adults are supposed to be helpful and make the world safe; playing with others can be fun and fair; growing up is worthwhile.

Early maltreatment can affect biological substrates of conscience. For example, Galvin et al. (1997) found a relationship between maltreatment, conscience functioning, and dopamine b hydroxylase in hospitalized emotionally disturbed boys. See bibliography for reference to this work and other related presentations.

When individuals override adversity, precocious moral development may result, particularly in the domain of moral volition. Precociousness was apparent in a study of self-reported moral development in adolescents exposed to the Armenian earthquake of 1988 (Goenjian et al, 1998). When an intensified sense of moral volition, (e.g., I must do something to correct these wrongs), is combined with moral despair (e.g., this [adversity] has shattered my basic moral premises), a number of functional irregularities may occur in the individual that fit with, more or less, acknowledged categories of psychopathology. The fit is vague because most DSM-IV diagnostic categories do not include specific descriptors of moral impairment. This omission puts evidence of moral impairment into the category of correlational or associated findings.

Awareness of the admixture of precocious moral development and moral despair led us to develop the concept, psychopathological interference to conscience functioning. Focusing on PTSD, Goenjian et al. (1998) found that symptom density and intensity correlated with decreasing levels of moral cognition and moral-emotional responsiveness among Armenian adolescents five to six years after exposure to the earthquake. Similar correlations are likely to be found between moral despair and symptoms of other anxiety disorders, depression, and conduct.

### **Ongoing Rationale for Studying the Relationship between Traumatic Experience, Moral Development, and Psychopathological Interference to Conscience Functioning**

As reported in Goenjian et al. (1998), children's and adolescents' traumatic experiences may accelerate their moral concerns and decision-making while, at the same time, erode the adaptive functioning of their conscience. Cavernous gaps between an individual's perceptions of reality--the way life is or has come to be--and established morally-laden ideals--how life, relationships, and the future ought to be--are likely to generate morally related feelings of anxiety, despair, futility, meaninglessness, and inefficacy. Adaptive loss in conscience functioning related to trauma and other adversities that precede or follow trauma may express itself within individual domains of conscience. Generation of many more specific testable hypotheses undoubtedly will emerge. The following ideas may serve as a springboard.

#### Moralization of attachment

Traumatic disappointment, breaches of trust, or destruction of trusted relationships may erode moral meaning attached to human relationships in general including one's relationship with deity. Traumatic disappointment, breaches, or destruction of relationships can occur at the level of the parent-child dyad, the family, the peer community, the larger community of adults and institutions, or with the Earth itself. The normally developing security-empathy-oughtness bond (Stilwell et al., 1997) may be seriously wounded, distorted, or disintegrated. The moral meaning of attachment and attachment disorder needs clarification.

#### Moral emotional responsiveness

Traumatic disappointment, breaches of trust, or destruction of trusted relationships may erode the expression of positive emotions, amplify the expression of negative emotions, or cause generalized emotional dysregulation. Emotional motivation to seek goodness, i.e., the am good-feel good link (Stilwell et al., 1994) may be damaged or destroyed. Furthermore, there may be lapses or destruction of motivation to engage in practices of reparation and healing after wrongdoing that previously restored moral-emotional equilibrium.

#### Moral valuation

In normal moral development, an increasingly complex dynamic relationship develops between moral obligations felt toward authority, peers, and self. Under the influence of traumatic adversity, the functioning of this valuational triangle may become seriously skewed in the direction of survivalistic values. If personal survival is also seriously devalued, moral-cognitive confusion and a sense of meaninglessness. The pursuit of goodness may be abandoned. In its

place, evil may be embraced as a compelling value. The relationships between PTSD, depression, moral decay, and conduct disordered behavior are very complex. Current terminology does not get at the essence of the complexity.

### Moral volition

When lessons from moral nurturance have become meaningless, when normal incentives for cooperation and fairness have been destroyed, and when one's personal future is seen as hopeless and meaningless, behavioral controls may become seriously dysregulated. Sometimes behavior may appear to be oppositional (authority-devaluing) or conduct-ordered (authority and peer devaluing). At other times behavior may appear erratic and non-sensical. A moral identity that was formerly defined by a solid relationship with one's conscience may dissociate into warring fragments alternately pursuing good, evil, or moral nonsense. In an attempt to reestablish some moral sense, deliberate choices may consolidate around the pursuit of evil.

### Instrumentation

Development of instruments to study moral development and conscience functioning is a creative process requiring careful attention to particular study samples who have experienced types of adversity. The following materials are offered for consideration:

(1) the Stilwell Conscience Interview, the semi-structured instrument used to establish our five-domain, five-stage model of conscience development. Available from: <http://hdl.handle.net/1805/15740>.

(2) a group of tables labeling developmental transitions in the five domains of conscience. [February 5, 2002] Available from: <http://hdl.handle.net/1805/15741>.

(3) prototypical vignettes for

- (a) each stage in normal development and
- (b) five levels of progressive deterioration in conscience functioning

[February 5, 2002] Available from: <http://hdl.handle.net/1805/15742>.

(4) The Stilwell Structured Conscience Interview, the paper-and-pencil instrument from which items were selected for the Armenian study  
[February 11, 1999] Available from: <http://hdl.handle.net/1805/15743>.

(5) An instrument measuring global assessment of psychopathological interference to conscience functioning  
[December 2, 1999] Available from: <http://hdl.handle.net/1805/15744>.

(6) a bibliography  
[February 5, 2002] Available from: <http://hdl.handle.net/1805/15745>.