

Differences in University Students' Cultural Dispositions and Psychological Health Levels According to Morality

Won Woo Shin¹ and Byungduck An²

¹*Department of Social Welfare, Hyupsung University, Hwaseong, South Korea*

²*Department of Psychology and Philosophy, Pai Chai University, Daejeon, South Korea*

²*byungduckan@daum.net*

Abstract

The purpose of the present study is to examine the relationship between moral value and cultural dispositions and psychological health among university students. The data were obtained through structured survey research conducted with 326 students in four universities in D City. According to the results of one-way ANOVA analysis result, none of 9 categories of the sub factors of cultural dispositions and psychological health showed the difference among the three morality level groups. The discussion and limitation of this result are noted.

Keywords: *Morality, Cultural disposition, Psychological health, K-defining issues test, SCL-90-R*

1. Introduction

Currently, South Korean society is shown to have the 9th highest corruption index among OECD member countries. This is a shameful cross section of economic power South Korea, which at the position of the 11th in nominal GDPs throughout the world. However, recently, South Korean society members have been showing firm wills for recovery of morality in South Korea such as the enforcement of the Anti-Corruption Act. This seems to be accompanied by their desire to hand over a good country to live in to their children that will take over the future South Korea.

This attempt is to recover the value of moral conscience. In particular, this attempt seems to have come from the necessity to stabilize the social community through the recovery of morality and the necessity to be free from the incidents and accidents committed by some members of South Korean society due to their anti-moral desires. Although Kohlberg's morality theory did not directly mentioned corruption or the recovery of conscience, in that Kohlberg's morality theory has been used in pro social moral reasoning studies [1] and is being evaluated to be a social value centered morality theory, the relevant theory may be applied to South Korean society.

In addition, a study presented four psychological processes that enable moral behavior; the first factor moral sensitivity, the second factor moral judgment, the third factor moral motivation, and the fourth factor moral action (the formation of moral character) [2]. These factors are closely related to cultural dispositions and emotions (mental health). This explains the fact that sociocultural and personal phenomena vary with the value of cultural dispositions such as responses to the authority and values in

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cultural areas to which individuals belong, the relationship between individuals and society, and solutions when individuals face conflicts [3][4][5].

In this respect, the effects of the recovery of moral conscience on psychological health and stabilized emotions and the effect of such changes on social communities should be examined through empirical studies.

2. Research methodology

2.1. Survey subjects and data collection

In the present study, questionnaire sheets were distributed to 350 male and female university students of four universities in D City. A total of 326 questionnaire sheets excluding 24 questionnaire sheets having missing responses or unfaithful responses were selected as study subjects.

2.2. Measurement

2.2.1. K-defining issues test

The questionnaire for defining issues tests was developed by Rest [2]. This questionnaire is a self-reporting type scale consisting of a total of 36 questions to evaluate individuals' moral value responses to three dilemma stories regarding husband's worries, an escaped prisoner, and a doctor and a patient. The scale measures three morality levels in six stages. The Cronbach's α coefficients were shown to be .634 for husband's worries, .641 for an escaped prisoner, and .657 for a doctor and a patient.

2.2.2. Cultural disposition

In order to examine cultural dispositions, a tool made by standardizing and translating the personal cultural disposition tool developed by Singelis et al. [6] for surveys with domestic university students was used. The scale is divided into four sub types; horizontal individualism, vertical individualism, horizontal collectivism, and vertical collectivism. The scale is a 7-point Likert scale consisting of 8 questions per sub types, 32 questions in total. The Cronbach's α coefficient of the cultural disposition scale were shown to be horizontal individualism .800, vertical individualism .615, horizontal collectivism .762, and vertical individualism .699.

2.2.3. Symptom checklist-90-revision (SCL-90-R)

The symptom checklist-90-revision (SCL-90-R) used in the present study is a scale developed by Derogatis et al. [7] and standardized and translated for psychodiagnosis of South Koreans [8]. The scale is a 5-point Likert scale consisting of 90 questions in total for 9 sub factors. In the present study, the Cronbach's α coefficient of this scale was shown to be .979.

2.3. Analysis methods

First, Frequency Analysis was conducted to examine the general characteristics of the study subjects. Second, reliability analysis was conducted using Cronbach's α coefficients to measure the internal consistency of the measuring tools. Third, the study subjects were arbitrarily classified as three levels into pre-conventional morality (stages 1-2), Conventional morality (stages 3-4), and Post-conventional morality (stages 5-6)

groups. Fourth, One-way ANOVA was conducted to examine differences in cultural dispositions and psychological health according to 3 morality levels.

3. Analysis results

To review the characteristics of the final groups, group 1 in morality stages 1-2 for the pre-conventional level was shown to have a total of 10 subjects, group 2 in morality stages 3-4 for the conventional level was shown to have a total of 178 subjects, and group 3 in morality stages 5-6 for the post-conventional level was shown to have a total of 138 subjects. The final groups of cultural dispositions as such are as shown in Table 1.

Table 1. Reclassification of morality stages

Variable	N	%
Pre-conventional morality (Stage 1-2)	10	3.1
Conventional morality (Stage 3-4)	178	54.6
Post-conventional morality (Stage 5-6)	138	42.3
Total	326	100.0

One-way ANOVA was conducted to examine differences in cultural dispositions and psychological health among the three morality level groups and according to the results, no significant difference was found in any of the factors as shown in [Table 2] [Table 3].

Table 2. Differences in morality according to cultural disposition

Variable		N	Mean	S.D.	F(p)
Vertical individualism	Pre-conventional	10	30.10	5.86	2.596 (.076)
	Conventional	178	34.43	5.72	
	Post-conventional	138	34.31	6.05	
	Total	326	34.25	5.89	
Horizontal individualism	Pre-conventional	10	42.50	6.98	1.479 (.230)
	Conventional	178	39.69	7.20	
	Post-conventional	138	40.75	6.57	
	Total	326	40.22	6.94	
Individualism	Pre-conventional	10	72.60	7.35	.517 (.597)
	Conventional	178	74.12	10.73	
	Post-conventional	138	75.07	9.46	
	Total	326	74.47	10.11	
Vertical collectivism	Pre-conventional	10	36.90	8.24	.740 (.478)
	Conventional	178	38.85	5.72	
	Post-conventional	138	39.17	5.82	
	Total	326	38.93	5.84	
Horizontal collectivism	Pre-conventional	10	42.00	8.25	.582 (.559)
	Conventional	178	40.10	5.78	

	Post-conventional	138	40.47	5.76	
	Total	326	40.32	5.85	
Collectivism	Pre-conventional	10	78.90	14.00	.188 (.829)
	Conventional	178	78.95	10.03	
	Post-conventional	138	79.64	10.03	
	Total	326	79.24	10.14	
Cultural disposition	Pre-conventional	10	151.50	14.50	.491 (.613)
	Conventional	178	153.07	16.78	
	Post-conventional	138	154.71	15.73	
	Total	326	153.71	16.26	

Table 3. Differences in psychological health according to cultural disposition

Variable		N	Mean	S.D.	F(p)
Somatization	Pre-conventional	10	52.40	9.23	1.043 (.354)
	Conventional	178	48.38	10.71	
	Post-conventional	138	49.60	10.49	
	Total	326	49.02	10.58	
Obsessive-compulsive	Pre-conventional	10	48.20	8.94	.244 (.784)
	Conventional	178	46.36	9.92	
	Post-conventional	138	46.99	11.41	
	Total	326	46.68	10.53	
Interpersonal sensitivity	Pre-conventional	10	50.50	12.55	.378 (.685)
	Conventional	178	47.17	10.87	
	Post-conventional	138	47.34	12.83	
	Total	326	47.34	11.76	
Depression	Pre-conventional	10	48.70	9.48	.334 (.717)
	Conventional	178	45.89	10.22	
	Post-conventional	138	46.22	11.49	
	Total	326	46.12	10.74	
Anxiety	Pre-conventional	10	49.40	8.77	1.415 (.245)
	Conventional	178	44.64	9.03	
	Post-conventional	138	45.55	9.85	
	Total	326	45.17	9.39	
Hostility	Pre-conventional	10	47.10	6.89	.039 (.962)
	Conventional	178	46.71	9.55	
	Post-conventional	138	47.00	9.56	
	Total	326	46.85	9.46	
Phobic anxiety	Pre-conventional	10	48.60	8.29	.377 (.687)
	Conventional	178	46.07	9.24	
	Post-conventional	138	46.26	8.73	
	Total	326	46.23	8.98	

Paranoid	Pre-conventional	10	52.00	14.55	1.431 (.241)
	Conventional	178	46.99	10.84	
	Post-conventional	138	48.62	12.25	
	Total	326	47.83	11.59	
Psychoticism	Pre-conventional	10	48.80	10.23	.753 (.472)
	Conventional	178	45.33	9.04	
	Post-conventional	138	46.09	10.39	
	Total	326	45.75	9.66	
Global severity	Pre-conventional	10	48.60	10.53	.639 (.529)
	Conventional	178	45.18	10.07	
	Post-conventional	138	46.03	11.47	

4. Conclusions and discussion

In the present study, basic research was conducted to examine the effects of individuals' moral value judgment on their cultural dispositions and psychological health and develop positive personality and morality of university students that will take responsibility for our future society through multi-dimensional comparison. In particular, since studies that examined the relationships between cultural dispositions and mental health and morality addressed in the present study have not yet been universalized in South Korea, the present study has significance as a study in an unexplored field in South Korea. As a result, none of 9 categories of the sub factors of cultural dispositions and psychological health showed the difference among the three morality level groups.

As one of limitations of the present study, the number of study subjects at the pre-conventional level is small so that the present study cannot be regarded to have explored accurate differences among the three levels. The reason is that the ratio of adults at the pre-conventional level to the population is very low and accurate population of the relevant subjects cannot be easily formed by examining certain groups. In addition, since the study subjects were limited to university students, the entire age groups could not be surveyed. Therefore, follow-up studies that may be conducted later should complement this limitation. In addition, although study subjects were classified into three groups due to the limitation of statistical methodologies, in future studies, differences among all morality stages should be examined.

References

- [1] D. Bischof-Köhler, "The development of empathy in infants, in *Infant Development. Perspectives from German speaking countries*", Edited M.E. Lamb and H. Keller, Lawrence Erlbaum Associates, Hillsdale, (1991).
- [2] J.R. Rest, "Development in Judging Moral Issues", University of Minnesota Press, Minneapolis, (1979).
- [3] H.C. Triandis, K. Leung, M.J. Villareal and F.L. Clark, "Journal of Research in Personality", Allocentric versus ideocentric tendencies: Convergent and discriminant validation, Vol. 19, pp. 395-415, (1985).
- [4] P.J. Watson and R.J. Morris, *The Journal of Psychology. Individualist and Collectivist Values: Hypotheses suggested by Alexis de Tocqueville*, Vol. 136, No. 3, pp. 263-271, (2002).
- [5] A. Akande, "Social Indicator Research. Comparing social behavior across culture nations: The 'what' and 'why' question", Vol. 92, pp. 591-608, (2009).

- [6] T.M. Singelis, H.C. Triandis, D.P.S. Bhawuk and M.J. Gelfand, "Horizontal and vertical dimensions of individualism and collectivism: A Theoretical and measurement refinement", *Cross-Cultural Research*, Vol. 29, No. 3, pp. 240-275, (1995).
- [7] L.R. Derogatis, K. Rickels and A.F. Rock, "The SCL-90 and the MMPI: A step in the validation of a new self-report scale", *British Journal of Psychiatry*, Vol. 128, No. 3, pp. 280-289, (1976).
- [8] K.I. Kim, J.H. Kim and H.T. Won, "Korean manual of Symptom checklist-90-reversion", Chungang Aptitude Publishing Co. Ltd., Seoul, (1984).