Moral Dilemma Debates with Older Persons[*]

Debates de Dilemas Morales con adultos mayores

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ABSTRACT

This research study and educational intervention aimed to foster ethical reasoning in older persons via systematic debates on moral dilemmas. We conducted an intervention via focus group with seven participants aged between 60 e 82 years old (six women and one man), all residing in Porto Alegre, Brazil. They participated in a 15-week intervention with 13 moral dilemma discussions. The first and the last group meeting were used for assessment (pre-test and post-test), with the Moral Competence Test and other measures. We gathered enough evidence that the intervention yielded positive results that fostered continued reflection on complex topics and the exercise of individual and group critical thinking. Results shed light on how moral competence, moral development after the age of 60, and universal and culture-specific moral issues are intertwined. This program has been requested to be offered regularly at the university.

Keywords
moral discussion; dilemma; older person; development; intervention.

RESUMEN

Este estudio de investigación e intervención educativa tuvo como objetivo fomentar el razonamiento ético en personas mayores a través de debates sistemáticos sobre dilemas morales. Realizamos una intervención vía grupo focal con siete participantes con edades entre 60 y 82 años (seis mujeres y un hombre), todos residentes en Porto Alegre, Brasil. Participaron en una intervención de 15 semanas con 13 discusiones sobre dilemas morales. La primera y la última reunión del grupo se utilizaron para la evaluación (pretest y post-test), con el Moral Competence Test y otras medidas. Reunimos suficiente evidencia de que la intervención arrojó resultados positivos que fomentaron la reflexión continua sobre

temas complejos y el ejercicio del pensamiento crítico individual y grupal. Los resultados arrojan luz sobre cuán entrelazados están la competencia moral, el desarrollo moral después de los 60 años y las cuestiones morales universales y específicas de la cultura. Se ha solicitado que este programa se ofrezca regularmente en la universidad.

Palabras clave
discusión moral; dilema; anciano; desarrollo; intervención.

The World Health Organization (WHO) estimates that in 2030 the population of older adults (65 years old and older) worldwide will be up to 1,4 billion people (https://www.who.int/news-room/fact-sheets/detail/ageing-and-health). In Brazil, it is estimated that by the year 2050 older population will surpass 22,7% of the total population of the country (Brazilian Institute of Geography and Statistics) (www.ibge.gov.br).

On October 1st, 2003, the Statute of the Elderly was created in Brazil to assure ways to promote and facilitate "the preservation of his/her physical and mental health and moral, intellectual, spiritual and social enhancement, with freedom and dignity" (Brasil, 2013, p. 7, our translation). Although paternalistic, the Brazilian Public Unified Health System has specific public policies directed at the senior population. Nevertheless, however late, these initiatives are essential and assist many citizens. It is interesting to note that in 1992 the city of São Paulo opened the first state police station dedicated to preventing and combating violence against older individuals. These specialized police stations are currently all over the country. Since the emergence of the Statute, the occurrences have more than doubled, which does not indicate an increase in aggression against seniors, but in the reports denouncing this violence.

The majority of Brazilian older people do not have a very comfortable life. The public retirement payments are low and insufficient for most of the needs, such as expensive medicines and paid leisure opportunities. Thus, they have to count on free or low-cost leisure initiatives. This initiative is predominantly exclusive to 50- or 60-year-old individuals and older and

found in community-oriented university actions, in socialization groups organized by religious organizations or city hall projects, or in (less common) private non-profit initiatives.

Universities throughout the country offer activities groups for the older population. The activities are physical, social, and leisure and mostly fill out free time during the week. These groups started in Brazil in the 1960s through a pioneer endeavor of SESC-SP (Social Service of Commerce of São Paulo), with influences from the French and the American models of leisure, socialization, and retirement programs for the aging population. In the 1970s, SESC created the first Open Schools to the Third Age (Escolas Abertas à Terceira Idade), which has a broader approach to its members. These schools offer information on biological and psychosocial aspects of aging, retirement preparation, cultural update, and physical, artistic, and hand-made activities, trips, and parties (Dias-Moura & Souza, 2015a, b; Moura & Souza, 2012; Souza, 2001).

The pioneer actions of SESC-SP served as a model for other institutions to create socialization groups (SGs) through three types: open socialization groups to the third age, open universities to the third age, and retirement preparation programs. The main goals of these SGs are: to facilitate socialization, protect social rights, cope with physical, mental, and social losses, maintain and adapt physical, mental, and social independence for as long as possible, stimulate creativity, rebuild life patterns and activities, and evaluate the adaptive performance of the aging individual (Dias-Moura & Souza, 2015a, b; Moura & Souza, 2012, 2014).

Most interventions and activities via SGs or other projects have a recreational and physical focus. Seldom does one find an intellectual or cognitive-directed activity offered to the "60 plus" population. One activity that merges either social or cognitive goals is moderated group discussions.

Different approaches ground moderated group discussions with independent older individuals. A less structured approach would be to conduct weekly discussions on current topics from the

news, like politics, economics, and popular events and facts. However, a more structured approach may be more beneficial when promoting psychological health, particularly social and cognitive health. In psychology, one can use different theoretical approaches with a sound methodological basis with such an aim.

The American psychologist and researcher Lawrence Kohlberg (1984) is known for his theory to explain the development of moral reasoning. In addition, Kohlberg invested in techniques to promote moral development and reasoning progress. He stated that moral reasoning evolves from a moral position detached from shared social life (level one of moral reasoning): where the individual justifies rights and wrongs, good and bad, through either power, status, fear of punishment (stage one), or personal gain and a pure hedonist perspective (stage two). There is an advance in reaching level two of moral reasoning. The individual sees himself as part of a social group, either concrete (like family or friends) or abstract (a member of society, a citizen). In the first example, stage three explains moral justifications with a prevalence of the need to be accepted by the groups, conform to their visions and expectations, and follow stereotypes and predetermined roles. Stage four comprises reasoning that privileges abiding by laws, norms, and agreements, never to falter them, for the risk of chaos and social disorder (Biaggio, 2002).

In level three, L. Kohlberg posited the post-conventional moral thinking, where stage five entails democratic means to overcome unfair laws and out-of-date social conventions, encompassing broader legislation to include social minorities. After stage five, level three finishes with stage six. The highest mode of moral reasoning allows the individual to hold the previous reasonings but now is bound to act according to their ethical, universal principles of conscience. Examples that fit stage six would be Jesus Christ, Gandhi, Martin Luther King Jr., and Malala Yousafzai. Kohlberg (1984) provided evidence that the stages are universal and found in most cultures of the world, yet admitting the exceptionality of stage six.

L. Kohlberg's proposal on moral education was community-based and founded on everyday school experiences (Biaggio, 1997). However, his previous attempt had a group discussion format that he created with Moshe Blatt. The moral dilemma discussion technique used the "plus 1" argument, which demanded that the group moderator present a new argument one stage above the one the majority was inclined to adopt. This technique proved successful and found evidence enough to be a sound mode of moral development promotion. In Brazil, Biaggio (2002, Biaggio et al., 1999) managed to use the technique with interesting results (Souza, 2008).

There is an opportunity to conduct research and intervention when considering the achievements of the moral dilemma discussion technique and the lack of sociocognitive investment in the 60-plus population through group interventions. Pinch and Parsons (1997), in the late 90s, reported having found only correlational studies that investigated moral reasoning and some other variables of interest. The authors identified nine studies, seven of which used L. Kohlberg's theory; two of the seven examined specifically older participants. A closer look at those studies showed no age differences when 60 plus population were compared to adults, using either the Moral Judgment Interview or the Defining Issues Test.

Pinch and Parsons' (1997) study was qualitative and designed to "explore and describe the older persons' perceptions of ethical decision-making in health care" (p. 383) through individual interviews. They approached Kohlberg's ethics of justice and Carol Gilligan's care ethics. Nineteen of the 20 participants included both ethics when discussing ethical dilemmas, and no man showed care reasoning as dominant in their responses.

A thorough search in at least three online scientific repositories of journal articles showed no results on group dilemma discussions with participants over 60 years old. That is quite intriguing, given all the decades of moral development promotion.

This research study and educational intervention aimed to foster ethical reasoning

in older citizens with moral dilemmas debates. We conducted an intervention using a focus group for three months, with pre- and post-test assessments. Our goal was to promote the advance in moral competence via group discussions.

Method

This is a mixed-methods study. We used qualitative and quantitative approaches. In addition, we gathered participants' self-assessments of their participation and personal experiences with the intervention.

Context

The study took place in Porto Alegre, the capital of the southernmost state of Brazil – the Rio Grande do Sul. The current population of Porto Alegre is around 1,492 million people, and the total area is nearly 497 km.^{2} Founded in 1772, most inhabitants are white (85%) with Portuguese, Spanish, German, and Italian origins. It is the capital of the fifth Brazilian state in terms of quality of life (Brazil has 26 states and a federal district). In Porto Alegre, the population aged 60 years and older represent 15% of the total. Rio Grande do Sul is the state with the most significant number of older residents.

Participants

The age of the seven participants ranged from 60 to 82 years old (six women and one man). Table 1 shows sociodemographic characteristics (age range, sex, civil status, educational degree, and religion), presence of a chronic health condition, and frequency to groups. Groups' types include the university socialization group for the older population, formal groups such as language classes, and others. All participants were retired at the time of the intervention. No participants had a history of cognitive impairment or decline, which would prevent

their ability to read, understand, and discuss the dilemmas and instruments of the study.

Table 1
Characteristics of the Participants

Participant	Sex	Race	Age range	Civil status	Education	Religion	Health condition	Groups attending
1	Female	Caucasian	80 or more	Widow	University	Judaism	No	3
2	Female	African-Brazilian	71-75	Separated, Divorced	High-school	Spiritism	Hypertension	3
3	Male	Caucasian	66-70	Single	University	Spiritism	Hypertension Diabetes	3
4	Female	African-Brazilian	60-65	Single	University, Incomplete	Catholicism	Hypertension	3
5	Female	Caucasian	60-65	Married	University, Incomplete	Catholicism	No	3
6	Female	Caucasian	76-80	Married	University	Spiritism	Hypertension	1
7	Female	Caucasian	71-75	Separated, Divorced	University, Incomplete	Lutheranism	Rheumatoid Arthritis	3

Instruments and Materials

Sociodemographic Questionnaire

The first part of the questionnaire asks for sex, age, city and neighborhood of residence, employment status, civil status, and highest educational degree. The second part asked whether the person: has a health condition that requires daily medication; regularly attends a socialization group for older people (at the university, church, community center); attends any other type of group activity regularly; goes to the gym, has any sort of classes (instrument, foreign language, arts and crafts, etc.), or other action (regular walks, play cards with friends, has a hobby, etc.). The questionnaire ended with an open question about what the participant most liked to do during free time. The questions tried to understand how frequently the participant interacts with other people of similar age in structured activities, either individually or in a group.

Moral Competence Test_xt (MCT_xt)

This is the Moral Competence Test (Lind, 2013) adapted and validated for use with Brazilian participants (Silva & Bataglia, 2020). It is referred to as an extended version because it gained a third moral dilemma. The MCT assesses moral competence through three moral

dilemmas. The participant must grade arguments pro- and con for each dilemma- the main character's attitude. First, one must evaluate the protagonist's decision; next, six pro- arguments and six con- are listed, and the participant is required to assess each one on a *Likert* scale. The score, named the C score, calculates the proportion of the variance from the answers given to the arguments multiplied by 100. The instrument can assess the pattern of responses and capture the consistency needed to calculate moral competence.

Hypothetical Moral Dilemmas

We used 13 different dilemmas, one per week, from the worldwide known Heinz dilemma to dilemmas about supermarket robbery, euthanasia, drunk driving, astronauts in life/death situations, DNA experimentation, animal abuse, parent and child trust, heart transplant, and religious belief, crime career, confidential information, adoption, clinical versus community psychologist, and the also well-known trolley dilemma. All participants received a printed copy of the day's dilemma upon arrival.

Meeting Attendance

Each participant had the attendance registered and how engaged the person was in each dilemma debate. We attributed high meeting attendance when the participant did not miss any meetings, adequate meeting attendance for the participant who lost one or two meetings, and sufficient attendance for people who missed three meetings, which was the maximum allowed.

Debate Engagement

Low debate engagement meant the person was quiet most of the time and only talked when addressed (scored as 1). When participation was spontaneous, the score was two and meant satisfactory. Very engaged participation required the person to debate following the questions

brought by the moderator and interact with other participants, comparing opinions, making questions and remarks (engagement scored as 3).

Observational Notes

The group moderator and the observer(s) took individual notes during each meeting. The agreement was to write down: answers that resembled the moral reasoning stages of the theory; any opinion, question, remark, behavior, etc. that stood out as attractive, either at the individual or group level; and every time a participant mentioned that their opinion changed, they felt confused or questioned someone's opinion.

Project Assessment Questionnaire (PAQ)

Participants filled out this questionnaire after the post-test. It contained the following questions: 1) What is your general intervention assessment? (regular, satisfactory, good, and very good); 2) Which aspect of the intervention did you find most interesting and why?; 3) In the future, which part should we explore better? Why and how?; 4) How do you evaluate your debate participation? (minor, satisfactory, good, very good); 5) Did you mention this intervention with someone? (with other participants from my socialization group at the university, with other people over 60; 6) with family, friends, and neighbors); 7) Did you talk to anyone outside the intervention about any of the dilemmas? Which dilemma? To whom did you speak? 8) Why do you think this intervention is essential for people over 60 years old?; 9) Rank the three dilemma discussions you most enjoyed (all 13 dilemmas are listed below the question); why did you choose those dilemmas?; 10) Do you perceive any change in yourself due to your participation in this intervention? Try to tell us what changed.

Procedures

Data Collection

We invited people aged sixty or over by social media invitations, published a note in a local newspaper, and addressed the participants of an SG for older people regularly at the university. Nine people showed up in the first meeting, but seven remained. They participated in a 15-week intervention with moral dilemma discussions. We used the first and the last meetings for assessment (pre-test and post-test). The pre-test used the Sociodemographic questionnaire and the Moral Competence Test (MCT_xt), in that order; the post-test repeated the pre-test, followed by the Project Assessment Questionnaire. In-between pre- and post-test meetings, we conducted 13 weekly different moral dilemma discussions. Each meeting lasted 1h30min from August to December 2018.

Data Analysis

We compared the group pre- and post-test scores on MCT, debate engagement, and meeting attendance. All observational notes were submitted to qualitative analyses per dilemma. The observational notes from the researchers present during the dilemma debate were submitted jointly to qualitative analyses per dilemma. The first author conducted the analyses and discussed with two other authors that revised and suggested minor changes. Three authors agreed upon qualitative analyses performed (Souza, 2019). The answers to the open-ended questions of the project assessment questionnaire were analyzed through qualitative analysis. We used the data-based coding process for the qualitative analyses as Gibbs (2009) proposed. This technique requires similar codes (i. e., significant extracts or sections of text) to be united into categories without a pre-existent category grid or concepts. It is a data-driven analysis suitable for exploring less studied topics

and small samples. In addition, we looked for typical answers that represent Kohlberg's stages of moral reasoning development (without expecting the rare stage 6 responses).

Results

The main objective of this study was to promote moral advance via moral dilemma discussions in a group of older participants. Table 2 shows total and partial scores per group on pre- and post-test assessments. Table 3 shows meeting attendance (total of 15 meetings) and overall debate engagement (two means satisfactory and three means very engaged).

Table 2
Participants' Moral Competence Scores on Pre- and Post-Test

Pre-test			
Total	Dilemma 1	Dilemma 2	Dilemma 3
10	**31.6**	26.1	37.8
Post-test			
Total	Dilemma 1	Dilemma 2	Dilemma 3
9.4	**37.9**	13.4	33.1

Note. MCT scores that increased at post-test are in bold.

Table 3
Meeting Attendance and Overall Engagement

Participant	Meeting Attendance	Overall Engagement
1	12	3
2	12	3
3	15	3
4	11	3
5	13	2
6	11	3
7	11	3

According to Table 2, there was no progress comparing pre- and post-tests based on the Total C score and the partial scores in dilemmas 2 and 3. Dilemma 1 shows an advance in moral competence. To investigate the significance of this advance, we used a parametric test, the Wilcoxon Test (IBM, 2013), comparing Total and Partial C. There was statistical significance

between the values obtained in none of the situations. Table 4 shows the test results.

the astronauts, the trolley, animal abuse, and confidential information.

Table 4
Comparison of Total Score and Partial Scores on Pre- and Post-Tests

MCT_xt Scores	Total Post - Total Pre	D1Post - D1Pre	D2Post - D2Pre	D3Post - D3Pre
Z	-0.339[b]	-0.169[c]	-0.943[b]	-1.014[b]
Significance (2 tailed)	0.735	0.866	0.345	0.310

Note. Post = post-test; Pre = pre-test; D = Dilemma. [b] = positive ranks; [c] = negative ranks.

Table 5
Participants' Assessment of the Intervention

Participant	General Assessment	Interesting Aspect	Future Aspect	Importance to 60+
1	Very good	Different opinions	No suggestion	Helps memory
2	Very good	Individual conscience	Human values	60+ have radical opinions
3	Good	Reflection	Current society topics	Helps thinking
4	Very good	Reflection	-	Learning something new
5	Very good	Reflection	Harder dilemmas	Develops arguments
6	Very good	Respect opinions	More complex dilemmas	Redefines moral concepts
7	Very good	Satisfying experience	Current society topics	Good for all ages

Note. The minus sign means no response.

All calculations shown in Table 4 led to a p-value larger than 0.05 – no significance was found. There is an indication of moral competence progress but not to the extent of statistically attributing it to the intervention conducted. However, we detected a moral advance thanks to a qualitative analysis based on the participants' reports and other measures that accompanied the intervention.

Meeting engagement was high, taking all debates together. Participant 5 (P5), who scored satisfactorily on engagement, tended to speak less during the first half of the intervention but gradually participated more spontaneously throughout the rest of the project. Attendance frequency did not relate to debate engagement, which gradually increased for all participants throughout the intervention.

Table 5 presents the results of questions that assessed the intervention in the Project Assessment Questionnaire: general assessment, most exciting aspect, aspect to explore in the future, and importance to people over 60 years old. The table does not show the most enjoyed dilemma discussion. Six participants chose the Heinz dilemma as the most enjoyable discussion. All participants chose three dilemmas, and the three most chosen were Heinz (7 choices), parent and child trust (5), and the crime career dilemma (3). The remainder were about

As shown in Table 5, the participants received the intervention very well: nearly all rated it as a very good experience. The opportunity to reflect on moral topics was the most interesting aspect of the project. In addition, participants also highlighted the value of different opinions, the respect for those differences, and the individual conscience.

We asked participants whether any topic could be better explored in future similar interventions. The responses showed an interest in more complex, or harder, dilemmas and dilemmas about current issues in Brazilian society.

As all participants frequently attend a university project directed to older citizens, we assumed they would find our intervention interesting for any 60+ participant. Hence, we directly asked them why the project was important for older participants. As Table 5 presents, the answers tend to value the flexibility of thought that the dilemma discussion experience offers. Whether in content (change opinions, arguments, moral concepts) or process (stimulates memory, thinking, learning), the underlying theme leads to an idea of change as the primary rewarding outcome.

Table 6 shows results for the questions about the participant's individual experience, more specifically, self-assessment concerning participation in the intervention and whether

the person discussed one or more dilemma(s) with someone outside the group. With this latter question, we tried to assess whether the intervention led to a more lasting reflection and continued debate with other people, like spouses, family, friends, etc. This was also related to the fact that we provided the dilemma on paper for every participant for each meeting and allowed them to take it home. For the first three dilemma debates, most participants requested to take the dilemma home; the majority did so spontaneously for the rest of the intervention. Given that five out of seven participants admitted to discussing the dilemma with other people in between group meetings, we took it as evidence that the debates were engaging.

Table 6
Participants' Self-Assessment for Participation and Out-Group Dilemma Discussion

Participant	Self-evaluation	Out-group Dilemma Discussion
1	Satisfactory	No
2	Good	Family/friends/neighbors, colleague from the univ. project, other 60+ person
3	Satisfactory	Other 60+ person
4	Very good	Family/friends/neighbors, colleague from the univ. project, other 60+ person
5	Good	Family/friends/neighbors, colleague from the univ. project, other 60+ person
6	Good	Family/friends/neighbors, colleague from the univ. project
7	Good	-

Note. The minus sign means no response.

The last question on the project assessment questionnaire asked whether the participant noticed any change in his/herself due to the dilemma discussions. Four participants responded, and three wrote no answer. However, we managed to locate their opinion on the registered notes. Table 7 presents extracts from written and oral answers on changes perceived.

Table 7
Self-Perceived Change after Intervention

Participant	Source	Self-perceived Change after Intervention
1	Notes	"We discuss, change opinions, analyze others' arguments and see that sometimes they are better. I believe we grow."
2	Notes	"We have that maternalism thing, and they (moderator and observers) are more realistic. I am not used to mentalizing what I think because I always believe I will be criticized. Here, it was different."
3	PAQ	"I changed my opinion regarding difficult situations, listening to the opinion of others with arguments different from mine."
4	PAQ	"Look more into the other (person), put me in place of others in all circumstances, even in the ones I think I am right."
5	PAQ	"The most important thing to me was that I managed to speak up, I am timid, so it was wonderful to speak even in such a small group. It was a victory."
6	PAQ	"I ended up worried about 'character change'! Is it possible to change (one's character)? I need to read more about it."
7	Notes	"I changed a lot. I would arrive home and keep thinking about the dilemma. I wanted to talk to my sister about the dilemmas."

Note. PAQ = Project Assessment Questionnaire.

The self-perceived changes described in Table 7 offer another perspective on the effects of the intervention. On the one hand, the MCT_xt score is an objective and theory-based instrument to depict the hypothesized modifications (see Table 2); on the other hand, participants' accounts of the effects they felt from engaging in the project are subjective. Based on the results, we cannot say that a significant change from a statistical point of view was possible. On the other hand, from a qualitative point of view, we can say that the participants did perceive significant changes post-intervention. The sense of growth, the freedom to think differently, the stimulus to speak up and share one's view: all these accounts are evidence of new personal experiences facilitated by the project.

Observational Notes during the Intervention

We united the observational notes and looked for patterns of behaviors, feelings, opinions, justifications, and any other content contributing to understanding participant moral reasoning. It was impossible to match each note to which participant; nevertheless, that was not a goal for the registered observations and statements. Our analyses generated four categories.

Gender Differences and Women in Society

One first pattern relates to women's rights and women-men comparisons in social situations and roles. Explicit remarks about women appeared during the discussion of the dilemmas of Heinz, robbery at the supermarket, DNA change, astronauts, and child adoption. Examples are: "I have never seen a man pushing a woman in a wheelchair, but the opposite is quite common" (P2); "Society values women differently, it depends on the culture" (P5); disagreement over the woman having property rights of the (human) egg, because she did not create it alone; "The most democratic thing would be to draw luck. Gender is not a criterion because they (astronauts) are all trained for this. So, to avoid prejudice gender would not be an impeditive" (P3). "When the case goes into the Justice system, it is always pro- mother" (P4).

Life Experiences

During the debates, all participants expressed life experiences, personal or witnessed, related to the topics discussed. The experiences and examples were taken into consideration and used in the discussions by the moderator. Nine dilemmas evinced personal experiences shared during the discussions. Some examples were: "If it were my husband, I would let him die" (P7); "I do not know what to think about it, because back in my day drinking and driving was very common" (P5); "If it were one of my daughters, I would punish more than a friend, because I raised them and always provided guidance (for them)" (P5); "I was taught to be careful with the situations I get involved and that the consequences of certain acts are worse when it involves a black person" (P2; this participant is African-Brazilian).

Emotional Reaction and Internal Conflict

Some dilemma discussions provoked spontaneous emotional responses and feelings of internal conflicts. According to our registered observations, five dilemmas most evoked such behaviors: Heinz, drunk driving, adoption, trolley, and the parent and child trust dilemma. We selected some of the reactions as examples of the category: general manifestations of astonishment as first reactions to the Heinz dilemma; "I feel pressured to take a position because I helped many friends in this situation" (P5); "I cannot imagine the despair of a mother that cannot raise her child" (P5); "How we change opinion!" (P7); "Oh, but you give us such cases (dilemmas)!" (not attributed to a specific participant); "Nothing is right, and nothing is wrong!" (not attributed to a particular participant); "I see nobody is sensitive!" (not attributed to a specific participant); "I think we are giving different values to life" (P3). One of the participants turned upset and uneasy during the discussion of the trolley dilemma debate, during which they said, "If you can pull the lever to kill another person, what is going to happen to you??!!" (P5 – this participant was the only one that could not provide a way out for the dilemma.

Critics of Brazilian Society and Social Problems

Five dilemma discussions stimulated critical remarks on Brazilian society and its challenges: confidential information, drunk driving, supermarket, DNA, and crime career. The best examples of statements are: "In Brazil, nobody is going to be arrested for sharing confidential information" (not attributed to a specific participant); "This guy is not from Brazil; in Brazil, there would be a bribe involved" (P7); "In Brazil, everybody steals" (P3); "Brazilian laws are very behind compared to the American laws" (not attributed to a specific participant); "The Brazilian penal code needs to be changed" (not attributed to a particular participant). One of the participants shared a personal dilemma during work, exposing the contradicting aspects of a complex system: "We used to work for an institution that tried to help (people with health issues), but they would show

up hungry, so we would feed them, hidden from our boss. It was our thing. I did it and did not feel I was doing something wrong. My friend was a social worker and also did it, but she would feel she was cheating because that was not the place (to give food), but she could not "not" do it. Nowadays poverty, it is very complicated" (P5).

We searched for responses that matched the most used stages of Kohlberg's theory. The drunk driving dilemma allowed the identification of different stages during the discussion: "The driver is used to doing things wrong without reprehension or any sort of punishment, and that is why he keeps doing it" (stage one); "This guy is not from Brazil; in Brazil, there would be bribe involved" (stage two); "He should arrest the friend in the name of friendship. He would perform the arrest to protect the friend and to show he is a true friend" (stage three); "He has done it again, there was talk before, it did not solve, he needs to make the arrest, so the driver pays for his behavior" (stage four); "The law can be contradictory" (stage five).

A Closer Look at one Participant

During the drunk driving dilemma debate (second debate of the intervention), the change in justification presented by one of the participants stood out. The discussion lasted more than an hour. Just at the beginning, P5 says, "I do not know what to think about it, because back in my day drinking and driving was very common. I believe the policeman should take his friend home". In the middle of the discussion, P5 manifests that "I have done many exceptions in similar cases, and I cannot take a position. If it were one of my daughters, I would punish more than a friend, because I raised them and always provided guidance (for them)". By the end of the debate, P5 admits that "He needs to arrest him (the driver) because if it is not through this perspective, it gets worse. I feel pressured to position myself since I've done a lot for my friends in a similar situation". Expectedly, in another dilemma discussion, P5 identified a similar situation with a relative

(seventh debate of the intervention). They also provided justifications based on stages two and three.

During the trolley dilemma (10th discussion), P5 was the only one that could not provide a solution or a position. During the debate of the psychologist dilemma (12th debate), they offered solely stage four responses. As shown in Table 2, P5 scored higher on moral competence after the intervention, although not considered a statistically significant improvement. We understand that the phenomenon under study also needs a qualitative account.

Table 5 presents the self-assessment of P5, who noted a decrease in shyness and an increase in spoken participation. Interestingly, this participant desired "harder dilemmas" (sic) in the future and assessed that the intervention is suited to 60 plus population because it develops one's arguments (see Table 3). Hence, with the case of P5, we provide another avenue of evidence (qualitative and self-assessed) of moral competence change.

Discussion

We partially met our goal. Although we did not detect significant changes from a statistical point of view, including the fact that we worked with a very small sample, we gathered relevant qualitative data. Moreover, as we could not trace previous studies like this, we have none to compare. Yet we rest assured the group dilemma discussion technique is still able to promote moral reasoning and offer a context to share the abilities to listen, share, perspective-taking, empathy, free speech, welcome criticism and disagreement, openness to change one's opinion, and enable the mind to transform one's moral values with the help of peers. Now we have some evidence that it is the same with older participants.

The Project Assessment Questionnaire (PAQ) played a crucial part in providing complementary data on the experience. It showed to be an invaluable tool to apply in future similar interventions. It allowed us to understand better

the most exciting feature of the intervention and why it would be necessary for older participants.

It is important to note that our participants were highly educated, whether having obtained a university degree or almost. That may have influenced their view when they asked for more complex dilemmas. Most of the participants who attended the university socialization program for older individuals engaged in many intellectual activities, more than most Brazilian programs offer. This program provides language studies, current debate studies, cinema appreciation and debate, and others. Nevertheless, they all admitted to having never engaged in an activity such as the one we offered, and they all asked for the continuation of the group. We couldn't say how this intervention would have developed with older citizens unaccustomed to exercising theoretical debates at lower educational levels (for instance, high school).

The four categories we identified in the observational notes indicate the importance of life experience and the moral challenges it demands. Most attendees always had a personal experience to share, a moral situation lived, dealt with, or witnessed in life. Gender differences, cohort differences, and society problems circulated in many discussions, joining lived and reported experiences. Given the emotional valence of some of them, we understand that autobiographical memory is activated when moral dilemma debates are conducted.

Autobiographical memory is the recall of specific, personally experienced events from a person's life history. Compared to other memory processes, its most distinctive characteristic is conscious recollection, accompanied by rich phenomenological experience and emotional content and the appraisal and reliving of emotions (Gauer & Gomes, 2008). Some events come through vivid memories, which have a high emotional load and sound impact on the person's life. Some real, lived moral dilemmas may present such characteristics (Gauer & Gomes, 2006). Autobiographical memories serve as landmarks in the organization of someone's identity and the knowledge acquired throughout their life

(Felinto et al., 2020). Moreover, reminiscence of autobiographical memories serves knowledge sharing in social and learning situations. Thus, emotional episodes seem valid to be evoked in a setting that may elicit relevant moral emotions.

The "emotional reaction and internal conflict" theme congregates examples of high emotional valence and internal (cognitive) conflict. Despite the absence of a cognitive neuropsychological assessment of the participants, our observational notes and the PAQ instrument provided evidence of more cognitive-natured conflicts. The cognitive conflict we argue we have shown consists of an internal process expected to take place as moral reasoning advances. Kohlberg (1984) took Jean Piaget's concept of cognitive conflict, which is necessary to advance cognitive abilities. When the current cognitive structure can no longer deal with the object presented to the subject, the organism actively changes its form. The cognitive structure changes to adapt and reorganize in the face of the new knowledge. The new structure can better deal with experiences, situations, and objects presented by the world, including new ideas, arguments, and different opinions or perspectives, such as those worked during the group dilemma debates. The subject needs to be willing to discuss and feel the need to, which entails a genuine interest in sharing ideas and listening and balancing others' opinions. We understand that the motivation, or interest, needed to open the subjects' minds to the sort of exchange we provided with our intervention was guaranteed a priori because participation was free of charge and did not offer anything in return. As the attendance was high (from 11 to all 15 meetings), we agree with Biaggio et al. (1999) when they concluded that the success of a group dilemma discussion depends heavily on how willing to participate and engaged each member is. We suggest that future groups be evaluated in attendance and engagement per meeting.

We noticed a tendency to share one's own decisions and not the dilemma protagonists. This had to be addressed during the first meetings. The desire to express a personal opinion on

what one would do facing the dilemma proposed was very high, so we allowed these spontaneous manifestations at the beginning of every debate. Again, this behavior might have reflected what participants exercised during the socialization group for older individuals at the university. They probably are constantly asked about their personal opinion on many matters. This is important because 90% of typical participants of such projects are women from a time when women were still struggling with their careers, the opportunity to get a divorce, and the restraint of other rights and opportunities. After everyone had a chance to say what one would do if they were the protagonist, the moderator would help participants focus on the protagonist and other characters of the dilemma.

Although we could not claim improvement in moral competence from a statistical point of view, the case study of P5 offered an interesting glimpse of the process. They started shy during the first weeks, sharing their thoughts only after the invitation. Gradually they enhanced participation, spontaneously contributing to discussions, asking questions, and directing comments to other group members. This allowed the more detailed notes on their account during the debate on the dilemma about drunk driving. It is worth noting that this dilemma spoke to them personally, as they stated many times during the discussion. This is also one example of the links detected between moral debates and autobiographical memory in this specific population.

All participants were very willing to participate in a second edition of the intervention. Although they all belonged to the same SG group at the university, they did not know each other closely as they managed during the group debates. The indication that they were willing to continue debating together was evidence of their flexibility to new social and closer interactions beyond the ones they were used to. About this, Carstensen (2021) proposes, in her life-span theory, that the ability to monitor time in life allows for prioritizing meaningful goals over exploration. This led us to understand that our intervention was significant for the participants, for they

assessed it with high praise and wished for continuation. In addition, it shows that the group discussion members became a meaningful social context for them.

We outlined four ways to continue the project. The first would be offering a second intervention with the same participants, as they all showed interest. This would require 13 new dilemmas to avoid repetition. It would also be essential to have a control group with paired participants in sex, age, religion, and educational level. The second project possibility is a new group discussion with the participation of ten people, with more male participants. It would also be interesting to recruit participants that are not enrolled in SG at the university. The third project would be a short course to prepare former participants to conduct group dilemma discussions and perform as moderators. This would be an opportunity to leave a more lasting contribution to our intervention. The course would show L. Kohlberg's theory and moral education methods, not exclusively the moral debate technique but also the Just Community approach (Althof, 2015; Biaggio, 1997). In addition, Georg Lind's Konstanz Method of Dilemma Discussion (Lind, 2006) would also contribute to preparing for ethical discussions. The fourth format we suggest for a group dilemma discussion would be the encouragement of participants to create moral dilemmas, hypothetical or based on actual events. This would require an explanation of how to make a dilemma, and the model offered by G. Lind (see Souza, 2008) is a good reference. Following this, the discussions of the generated dilemmas would test its ability to foster debate engagement, allow follow-up questions, and provoke cognitive conflict. The moderator, nevertheless, would need previous training, desirably a researcher with experience in group dilemma debates. This format would give space for transforming lived moral dilemmas with origin in autobiographical memories, giving them a new meaning and socio-cognitive purpose.

Concluding remarks

We gathered enough evidence that the intervention yielded positive results that fostered continued reflection on complex topics and the exercise of individual and group critical thinking. Data suggest that moral reasoning advanced according to Lawrence Kohlberg's moral stages and changes in self-perception regarding perspective taking and empathy in different moral situations presented by the other dilemmas.

Results shed light on moral competence, moral development at the age of 60 and over, and universal and culture-specific moral issues. Issues varied from astronauts to everyday Brazilian crime events, from supermarket shopping to organ transplants. The debates moved the participants into a very energetic and satisfying group and individual experience. The program has been requested to be offered regularly at the university.

We discussed the exciting features of conducting moral dilemma debates with older citizens in Brazil and proposed new pathways toward more efficacious interventions for 60 plus years-old. We see a perfect opportunity to improve the social life of retired citizens via group discussions which eventually turn into interventions conducted by participants themselves in their communities and neighborhoods.

We acknowledge the methodological limitations of our study. First, we did not have a control group, mainly for schedule difficulties. Second, we did not assess the participants' cognitive abilities, which would have been an interesting variable to sophisticate the design of the intervention. In addition, as the majority of older adults that engage in socialization groups for older adults are women, we only managed to recruit one man. A more male perspective would have been interesting, with a deeper gender analysis on moral reasoning.

Our work is an unprecedented research study in Brazil, and we hope to continue this work despite the pandemic difficulties. This certainly demands the creativity and flexibility of all researchers in moral development and education throughout the world.

Acknowledgments

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Notes

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