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Preface

As new frontiers of knowledge are explored at exponentially increasing rates, the need for each individual to develop the skills and attitudes supporting self-directed learning becomes more urgent. This issue offers insights from multiple perspectives that can assist that process.

It opens with an especially poignant article that investigates the learning journeys of mothers whose children had experienced a pediatric stroke. While pediatric stroke is one of the top ten causes of death in children, it is one that many clinicians cannot easily recognize, and treatments and responses to treatments are quite varied. Grover documents through her qualitative research how the mothers' self-directed learning efforts offered the potential for life-and health-changing knowledge about treatment options for their children.

Also breaking new ground, Teal, Vess, and Ambrose examine in depth the interconnections between self-directed learning and positive psychology. Based on their findings and Seligman's (2011) well-being theory, they posit a Self-Directed Wellness Model, which encompasses concepts from both fields.

Aliponga and his co-authors explore the difficulty of changing the learning paradigm to promote self-directed learning in secondary education. In a Japanese study, they examine English-language teachers' perceptions of their students' learning responsibilities, their ability to perform learner autonomy-related tasks, and their activities inside and outside of the classroom.

Finally, Ponton, Reysen, Wiggers, and Eskridge report on the relationships of self-efficacy in autonomous learning, perceptions of academic entitlement, intrinsic motivation, extrinsic motivation, and amotivation in a group of academically at-risk college students.

Lucy Madsen Guglielmino, Editor

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ONLINE SOCIAL NETWORKS AND THE SELF-DIRECTED LEARNING EXPERIENCE DURING A HEALTH CRISIS

Kenda Grover

The ability to self-direct one's own learning is critical during a health crisis—one's own or that of a family member—especially when vital and perhaps life-altering decisions must be made. Pediatric stroke, one of the top ten causes of death in children, is one example of a health crisis that requires substantial learning. When a child experiences a stroke, parents seek to inform themselves about the cause, viable treatment options, and what they can expect for their child's long-term health. Through qualitative research methodology, this study examined the learning experiences of mothers whose children had experienced a pediatric stroke. Semi-structured interviews with eight mothers revealed that access to information from traditional sources that could guide their learning was unavailable. Mothers found that Web 2.0 technology and virtual communities were their most significant sources of information related to pediatric stroke.

Keywords: self-directed learning, online learning, online discussion groups, pediatric stroke, health crisis

Pediatric Stroke

It is estimated that each year approximately 6 in every 100,000 children will have a stroke. Pediatric stroke is distinguished as either perinatal, which occurs between 28 weeks of conception and one month following birth; or childhood stroke, which occurs between one month and eighteen years of age (American Heart Association, 2014). According to Kirton and deVeber (2015), pediatric stroke can no longer be considered a rare illness, as it remains one of the top ten causes of mortality in infants and children (American Stroke Association, 2013). In most cases the cause of the stroke is never determined (Gordon, Barnes, & MacKay, 2009). Survivors sometimes face lasting or even lifelong impairments that include depression and anxiety (Elbers, et al., 2014) and affect motor, cognitive, and behavioral processes as well as social adjustment and participation. Hemiparesis and hemiplegia, cerebral palsy, epilepsy, seizures, mood changes, and visual damage may also result (Anderson et al., 2014; Bowers, et al., 2011; Gordon, Barnes, & MacKay,

2009; Lo et al., 2013; Lo, Stephens, & Fernandez, 2009; National Stroke Association, n.d.). Family and society are impacted by the cost of pediatric stroke, which is substantial, due largely to its protracted treatment (Friedman, 2009; Tse & Valente, 2011), and is difficult to estimate because costs, some of which are not covered by health-care insurance, are both direct and indirect (Plumb, et al., 2015).

A timely diagnosis and immediate treatment for stroke in children is complicated by several factors (Cardenas, Rho, & Kirton, 2011; Gumer, Del Vecchio, & Aronoff, 2014; Jordan & Hillis, 2011). Delayed or incorrect diagnoses are common occurrences due to the medical community's and the public's lack of awareness that stroke occurs in infants and children. Additionally, the symptoms of pediatric stroke mirror other health complications, and there are multiple risk factors that could cause the event (Jordan & Hillis, 2011), making the diagnosis difficult (Lopez-Vicente, Ortega-Gutierrez, Amlie-Lefond, & Torbey, 2010).

Although on average children will present within 1.7 hours following a stroke, clinicians do not always consider stroke as a possible diagnosis (Abma, 2010; Bowers et al., 2011). When the stroke occurs in utero, diagnosis is even more problematic because symptoms are subtle, do not appear at birth, or go unrecognized until the child fails to reach developmental milestones (Abma, 2010; Gordon et al., 2009), thus delaying the diagnosis for months or even years. Awareness of pediatric stroke is growing, but currently there is no standardized, evidence-based treatment protocol; and there are no clinical trials or longitudinal studies examining the different types of pediatric stroke (Abma, 2010; Friedman, 2009; Gordon et al., 2009; Lo, Stephens, et al., 2009; Statler, Dong, Nielson, & Bratton, 2011), or the treatment outcomes (Galvin, Hewish, Rice, & MacKay, 2011).

Delayed or misdiagnosis and a general lack of information and awareness about pediatric stroke make it difficult for parents to learn about the cause and possible long-term outcomes, and to make decisions regarding treatment options. Parents, mothers in particular since they are often the primary caregivers, experience difficulty accessing information about pediatric stroke through traditional resources such as print materials and professional guidance (Grover, 2014). Thus, they turn to the Internet as a resource for their learning. The purpose of this study was to explore the role online social networks, one element of Web 2.0 and the Internet, play in this self-directed learning experience, as the Internet increasingly becomes a widespread resource for knowledge-sharing during a health crisis.

Self-Directed Learning

While the concept of self-directed learning (SDL) has been investigated from diverse viewpoints for decades, it is still the subject of debate, with no unifying definition or construct. SDL has been depicted as a personal attribute or characteristic (Brockett & Hiemstra, 1991; Guglielmino, 1977), and as a process (Knowles, 1975; Tough, 1979). It has also been characterized as an instructional model, process, or technique within institutional settings (Brockett & Hiemstra,

1991; Grow, 1991; Long, 2009). This study acknowledges the relevance of all three perspectives, but focuses on the experience of the practice of SDL as an informal process and underscores the role other people play within it.

Within the diverse theoretical perspectives regarding SDL, there is agreement across the literature that the independence of the learner is an integral element. This means that self-directed learners bear much of the responsibility for their own learning, rather than engaging in a practice prescribed by a facilitator. The process of SDL has been described by Tough (1979) and Knowles (1975) as linear in nature, an organized activity in which the learner, independently for the most part, conceptualizes the project, establishes a plan, and evaluates the progress and learning outcomes. Tough's and Knowles' viewpoint is in contrast to those who describe SDL as occurring in a natural, less structured fashion where the focus changes depending on the context or circumstances of the learner (Candy, 1991; Danis & Tremblay, 1985; Garrison, 1997; Spear & Mocker, 1984).

The importance of the context in which learning occurs has been acknowledged by many (Brockett & Hiemstra, 1991; Danis, 1992; Garrison, 1997). Spear and Mocker (1984) suggested that a change or event in the learner's immediate environment precipitates learning; and, as situations change, learning is adjusted. They described the phenomenon of the *organizing circumstance*, when situational factors dictate what learning resources are used. Rager (2006) later revisited Spear and Mocker's (1984) concept to consider, with the propagation of technology use, what impact the advent of the Internet has made on SDL. As she put it,

Currently, the Internet represents both an opportunity and a challenge for self-directed learners. Problems such as the technology gap, Internet skills acquisition, information overload, and the lack of quality controls regarding content need to be resolved before the Internet lives up to its potential in this context. (p. 58)

Self-Directed Learning, Health, and Online Social Networks

The ability to direct one's own learning is valuable in countless situations, but during a health crisis there is an increased sense of urgency to understand a medical condition. In some cases, the act of knowledge acquisition becomes a matter of survival. In analyzing the research on SDL, Brookfield (1985) pointed out that all SDL activities are not equal in their significance to the learner. While learning techniques may be similar, "...it is evident that individual projects are very different in their internal characteristics, in their personal meaning to the adult concerned, and in their significance for society at large" (p. 13). The ability to locate and analyze information independently during a crisis is invaluable as patients confront subject matter they may have never before encountered.

Within the context of healthcare, numerous themes consistently emerge from the SDL literature. Many researchers suggest that SDL allows patients and caregivers a way to take responsibility for, and gain some semblance of control over, their health. Jackson's (2006) investigation found that people with a chronic

illness developed a sense of empowerment as they engaged with learning during the various phases of the experience. In her study, learning was important to coping, both prior to diagnosis and later when patients understood more profoundly what the illness meant for them. Kessler, Dubouloz, and Egan's (2009) findings supported those of Jackson (2006); they found that knowledge acquisition gave survivors of adult stroke a sense of governance over their lives, helping them take action.

However, Merriam and Bierema (2014) emphasize that, "Although it is thought that all adults have the capacity to be self-directed learners, the willingness, motivation and/or life circumstances to be self-directed vary" (p. 62). In one instance, Wathen and Harris (2007) examined the health information-seeking experiences of women living in a rural, medically underserved area, and the outcome of their learning efforts. Some participants in their investigation did not want to be the expert in their own healthcare; many felt it was a transgression against the doctor's expertise. Yet, when the same patients found guidance from their healthcare provider lacking, they turned to informal social networks and the advice of others who had experience with their unique situation. Papen's (2011) research involving adult basic education and ESOL (English for Speakers of Other Languages) students with various medical conditions also found that not all patients are motivated to advance their own learning. However, in Papen's study, constraints such as access to technological resources, low literacy and language skills, a lack of trust in their own learning competence, and the inability to muster the energy to learn because of their condition contributed to a lack of self-direction. Papen concluded that when patients did direct their own learning, it occurred with and through other people.

Another theme frequently found in the literature on learning and health is how information needs change throughout the course of a chronic illness. Depending upon each individual's unique circumstance, the search for information is not an isolated incident, but is cyclical. New issues present themselves during varying phases of any disease and new information is then necessary. Papen (2011) found that based on the patient's illness, learning continued in a series of sustained episodes. Francabandera (1992) explored how family members of individuals with multiple sclerosis directed their learning and realized that "new information and skills are needed from the time of diagnosis throughout the course of the illness" (p. 1).

The ability to access and retrieve data when it is needed via the internet is transforming healthcare because people can now quickly and easily gather information, direct their own learning, and share their knowledge. Individuals are not limited to their physicians as their only source of information. Civan, McDonald, Unruh and Pratt (2009) note that patients also engage in *triangulation of information*; they consult several sources in order to support advice they receive. In addition to traditional sources, patients and caregivers use social media to discuss health-related issues and seek answers to their questions by listening to podcasts, reading blogs, and participating in online discussion boards. These e-patients glean support from online communities whose members offer medical

referrals and guidance about any health condition imaginable, around the clock and around the world (Ferguson & Frydman, 2004).

This online activity has contributed to virtual social networking communities that have evolved from a need for information on acute health conditions or chronic illness. "Peer-to-peer healthcare acknowledges that patients and caregivers know things--about themselves, about each other, about treatments--and they want to share what they know to help other people. Technology helps to surface and organize that knowledge to make it useful for as many people as possible" (Fox, 2011, p. 1). Social network sites become knowledge warehouses for those with conditions from cancer to HIV/AIDS (Ginossar, 2008; Hoey, Ieropoli, White, & Jefford, 2008; Kalichman et al., 2002; Phoenix & Coulson, 2009).

People who have chronic conditions report a preference for receiving health information from doctors, nurses, and clinicians; and most adults perceive health professionals more able to provide accurate medical diagnoses than their friends, family members, and even other patients (Fox, 2011). However, as Scharer (2005) states, the model of care in place today does not allow for the kind of support available years ago. Less time is spent interacting with the nursing staff and the doctor. With time and resources at a premium, patients are increasingly involved in managing their own care (Liang & Scammon, 2011).

In their study of the literature related to online support groups, Barak, Boiel-Nissim, and Suler (2008) determined that rather than producing specific effects or changes, participation led to intangible outcomes such as a sense of empowerment. This sense of empowerment emerges as a result of factors such as the acquisition of pertinent information, social interaction, and enhancement of individual decision-making. The results of a study of participation on online support groups for people with breast cancer, arthritis, and fibromyalgia (Van Uden-Kraan et al., 2008) revealed that empowerment developed when people were able to share information. The personalized information they received from their peers was communicated in a language they understood, mostly devoid of complex medical nomenclature. Membership in the group made visits to the doctor more valuable because the patients were armed with information and questions and could take on a more active role in their treatment.

While the literature describes the experiences patients and caregivers living with various health conditions have with directing their own learning, there is a lack of research on how parents learn about pediatric stroke and other diseases when access to information is problematic and resources practically nonexistent. Increasingly, people are turning to the Internet, Web 2.0 technology in particular, for answers. The question framing this study was what role online social networks play in the self-directed learning efforts of mothers of children who have experienced a pediatric stroke.

Methods

A basic descriptive qualitative design served as the foundation for this study (Merriam, 2009). One-on-one, in-depth interviews were held with eight mothers;

each had a child who had experienced a pediatric stroke. Qualitative methodology was chosen to explore the role these mothers attributed to SDL as they engaged in a major learning effort to understand the cause of their child's stroke, treatment alternatives, and potential short and long term outcomes.

Following approval of the research design by the institution's Institutional Review Board (IRB), an invitation to participate was posted on the website of the Children's Hemiplegia and Stroke Association (CHASA), a non-profit organization whose purpose is to offer support and information to families with a child who has hemiplegia, hemiparesis, or hemiplegic cerebral palsy, conditions often caused by infant stroke. CHASA has in excess of 5000 members, hosts a national family retreat, and has 10 regional support groups and over 30 online discussion groups.

Face-to-face, semi-structured interviews lasting approximately two hours were held during an annual retreat of the organization's members. Prior to the interviews participants signed a consent form describing the voluntary nature of the study and the efforts that would be made to maintain their confidentiality. Demographic information such as the age of the child when the stroke occurred, the mother's occupation, and her level of education was also collected. The interview protocol consisted of eight questions intended to elicit details about the learning experiences of these mothers in relation to the pediatric stroke. The interviews were audiotaped and transcribed, and summaries were sent to each participant for member checking. Data analysis occurred through microscopic examination of the data both during and after data collection to generate ideas about the categories present and the relationships among these categories. Strauss and Corbin (1998) describe this process in terms of its use with grounded theory. Initial analysis, or open coding, involved reading and rereading the interview transcripts and observation notes to identify concepts and patterns. Concepts were then broken down into categories and subcategories and named, providing a better sense of the phenomena that were being revealed in the data. This process of axial coding revealed the context and conditions surrounding mothers' experiences and the outcomes of the strategies they used to direct their learning. Three major themes emerged from this process: How the Internet and online social networks provided a resource for mothers with an immediate need to know; how peers they communicated with online served as a resource for their learning; and how mothers' SDL was reinforced when they served as a resource for other parents attempting to direct their own learning.

Findings

Immediately after their children were diagnosed, each mother in this study began searching for information about pediatric stroke, its cause, treatment options, and what ramifications the child might face. Several mothers shared how their search for information was complicated by the seemingly endless series of doctor's appointments and the general lack of awareness regarding pediatric stroke on the part of the medical community. The limited number of medical practitioners who specialize in pediatric stroke or who have experience with its diagnosis or treatment

was a source of frustration for the learners. The lack of specialists also contributes to the negligible amount of information about the cause, treatment options, and long-term prognosis once a stroke diagnosis is finally made. Mothers reported a dearth of materials such as books, journal articles, or websites that address pediatric stroke and described “being on their own” to navigate the medical system and piece together the treatment their children needed to rehabilitate. Against this background of difficulty with information access, the following section describes three themes that emerged from interviews with mothers about their self-directed learning process.

Just-in-Time Answers to Mothers’ Questions

Participants described how they began their search for information about pediatric stroke on the Internet. While all participants reported finding an almost complete lack of information, what little they discovered was available only through the power of technology. They initiated the learning process by inputting search terms they had learned from their doctors; and, after finding little in the way of useful resources, they eventually discovered that online social networks held answers to most of their questions. They received responses from others quickly. Mary, for example, shared that her first step after her daughter was diagnosed was to go online. “You know, Internet’s easy. It’s instantaneous,” she said.

When asked about the first step she took after her daughter’s diagnosis, Monica responded that she “...started looking it up on the Internet. Thank goodness for the Internet, I guess, or maybe it’s too dangerous – who knows.”

Olivia’s learning process also began with the Internet: “Thankfully, the Internet is so convenient.” During her search she eventually came across two organizations with an online presence, CHASA and the Stroke Association:

...that’s how I gathered my information about symptoms, what I need to watch for, what possible long-term issues there might be, what kinds of therapies there are. I’ve been able to educate myself on what issues these kids usually have.

Susan shared how she knew before her daughter was diagnosed that her health had been compromised. Only after she read the description of pediatric stroke through an online social network did she recognize the problem. She believes clinicians missed the early signs of the stroke even after she expressed concern; even after the diagnosis was finalized, she found a lack of information “out there” and realized that parents were “on their own with it.” She also expressed frustration with not fully understanding the information she found on the Internet.

Peers as a Critical Learning Resource

Mothers revealed that their primary resource for learning is other parents whose child has had a stroke, rather than practitioners in the medical community.

Organizations with an online presence connect parents with one another by sponsoring social media tools like Facebook groups and listservs that function as a conduit for advice, information, and resource exchange. The result of this interaction is a peer-to-peer network where participants become co-creators of knowledge and build a repository of resources regarding all aspects of pediatric stroke. Susan described this as “an online community,” claiming, “we get most of our information from each other.” Mary echoed this:

I feel like most of the information I get is from other moms, and for me, I’m thankful there’s these groups online, like Facebook, which is so accessible...almost everything I get is from other parents. I mean literally *almost everything* I get is from other parents.

The reality of their situation is that the children’s pediatricians and other medical specialists have little experience with pediatric stroke and often are not able to provide much counsel. The low number of pediatric neurologists in many areas of the country also means that doctors have little time to spend with parents during office visits. Olivia said:

CHASA; Stroke Association--that’s how I gathered my information about symptoms, what I need to watch for, what possible long-term issues there might be, what kinds of therapies there are...we have a lot of parents that have gone through the same thing, so we can ask questions...now I also know who I can ask.

Cara described her learning experience in this way:

I would go to the listserv and say this is the question I have, and they could give me an answer. The parent-to-parent resource was better than the doctor-to-parent resource.

Parents face the additional challenge of finding treatment for their children’s changing conditions. Mothers reported that the severity of the stroke, the current age of the child, the child’s age when the stroke occurred, and the specific cognitive, physical, and emotional problems the stroke has caused influence these changes. In some cases new problems continually present themselves throughout childhood and adolescence and even into early adulthood. Thus, the search for information about treatment or recommendations for specialists continues throughout the child’s development, extending mothers’ learning indefinitely. Again, they turn to their peers for advice. Decisions are often based on feedback parents get from other members of the group. This was true for Elise, who stated, “I get feedback from them, and then I base information...I base things off of what they say helps.”

Olivia agreed, saying that it was difficult to determine whether information and advice she received about a treatment option was credible, so she consulted with her social network:

... I have parents in the support group that can tell me a little bit more about it. They can tell me how it helped their child, or how it did not help their child. A lot of times, I would ask our pediatrician and I would ask our physical therapist, and then again, I would go back to the support group. This is kind of how I would decide what was best for him.

Reinforcement of SDL through Knowledge Sharing

Self-directed learners take the initiative to develop their own knowledge about a particular topic or skill. One outcome of the SDL process of these mothers was the opportunity to reinforce their own learning through serving as a resource for other parents who were engaging in SDL. Participation in a social network gives mothers an opportunity to become a resource, sharing their knowledge and experiences with other mothers. This was one of the more positive aspects of their journey, the ability to answer questions, provide recommendations about clinicians, describe therapies that were successful with their own child, and caution mothers of the newly diagnosed about systemic challenges they might face with the schools or with insurance. This co-creation of knowledge supported mothers' independent learning efforts and built their confidence in their own learning. Through this experience of SDL and participation in the social network, they began to recognize that they themselves were now a resource. Cara, for example, conveyed the satisfaction she found in talking with parents who were going through some of the things she herself experienced:

I probably enjoy talking more to the parents who have just been diagnosed and [saying] this is what you need to know, making sure they know to be advocates for themselves and their child, because if they don't advocate for themselves, they will not get the help they need, especially in terms of the school system. We had seen that firsthand, where if we did not advocate for our child, he was just pushed off to the side.

Similarly, Nancy shared this about herself: "I've also moved on to the point too, where I make it a point to talk to other parents that are new, that have just gotten the diagnosis..."

Rather than passively watching virtual conversations occur on the forum, they are building knowledge with others, engaging when they feel they can add value to the conversation. Mary discussed her involvement with two online groups, describing a time when a parent posted her distress about her child not yet walking when she believed he should be:

...I do try and respond if I feel I have valid input to maybe help some mom understand; recently there was somebody... she was all upset

because her son was 15 months and had not walked... not every kid is the same, that they may have walked at 12 months or something, but for the majority of us, our kids were more like almost two or two-plus. Some moms, their kids were three. Some, they don't walk, and so you just try to go out and give assurance...

Discussion and Conclusions

Learning one's child has had a stroke was, predictably, a difficult experience for study participants and evoked a range of emotions as they struggled to digest the medical, emotional, financial, and familial ramifications. Further complicating participants' experiences was insufficient post-diagnosis support from the medical community and limited awareness among the general public, pediatricians, and other healthcare practitioners relative to helping parents care for their children. Post-diagnosis physician instructions were often devoid of information outside a physical therapist referral, leaving self-directed learners to assemble information on their own. Traditional resources such as pamphlets, books, and health-related websites are almost nonexistent for pediatric stroke. Consequently, balancing their independent learning efforts while simultaneously navigating the medical, insurance and educational systems transformed their parental roles from advocate to expert.

While mothers did not consciously choose to direct their learning agenda, the process was necessitated by the limited resources available from the medical community. This challenge supports the concept of Spear and Mocker's (1984) organizing circumstance in that the context of a health crisis shaped mothers' efforts to learn, as well as Brookfield's (1985) point that not all SDL activities are equal in their meaning to the learner. The diagnosis of stroke created an urgent need to know (Knowles, Holton, & Swanson, 2011).

Like participants in Wathen and Harris' (2007) study, these mothers turned to others with shared experiences. Children who have experienced a stroke typically encounter different issues as they grow and develop; therefore, mothers like those in Papen's (2011) study must continually learn as they confront new conditions. Other parents who share timely, relevant advice about treatment and locating healthcare specialists are a critical source of information. In this study, their interaction occurred online through a virtual community of mothers who became both providers and recipients of information, and co-creators of knowledge through an online social network. The results from this study highlight the function of information exchange and illustrate that in the aftermath of pediatric stroke, online social networks were the primary source of knowledge acquisition for the study participants.

Web 2.0 technology facilitates information exchange between and among people in new ways. For autonomous learners, technology creates access to resources they would not have had before. Mothers whose children have had a stroke can together build a knowledge base, a clearinghouse of information or an aggregation of data that others can access as needed. Geographic barriers are

overcome and learning occurs in real time because situation-specific questions are posted and answers are dispensed quickly. Despite the lack of material on pediatric stroke on the Internet, mothers located information through connection with others living with the impact of stroke. This learning process was not linear (Knowles, 1975; Tough, 1979). In the absence of resources and facilitators, learning took place in a more disjointed fashion. The process was interactive, shaped by the context (Candy, 1991; Danis & Tremblay, 1985; Garrison, 1997; Spear & Mocker, 1984).

Although pediatric stroke is more common than many realize, it is still difficult to diagnose. However, patients continue to look to their doctors as the experts on this condition. The increased cost of healthcare and the short time that patients are able to spend with the physician in the office, as well as the difficulty of processing what they are told during the appointment, necessitates continued support. Healthcare providers can use technology as an opportunity to support patients' self-directed learning efforts by familiarizing themselves with organizations that have a presence on the Internet and the kinds of information they provide in order to direct patients to reputable sources of information. In addition, health care providers can learn from the treatment advice being exchanged. Patients are introducing knowledge gleaned from consultations with doctors, the experiences of other patients and caregivers, and providing anecdotal accounts of what has worked for them personally. This practice challenges the existing paradigm of the doctor as expert model.

Physicians, nurses, and others in the wellness community may be unaware of their own potential role in increased Internet usage among patients for healthcare. There is a need for healthcare organizations to sponsor, monitor, and support their own virtual communities where e-patients can access trustworthy content provided by professionals on the front lines. Successful self-directed learning requires resources. Participants in this study were forced to rely on people they were unlikely to meet in person, virtual peers who shared their experience and guided their knowledge acquisition. Social networking made this interaction possible.

One limitation of this study was that participants were all actively involved in an organization with a strong online presence. Future studies should include newly diagnosed patients and their caregivers who are just beginning their search for sources of trustworthy information and have not established a presence with a particular group. Additionally, participants in this study were competent in their use of technology; not all patients are computer literate, and reliable access to technology is not a reality for every learner. Socio-economic status of the learner should also be considered. Finally, this study focused on mothers, but more fathers are taking on the role of primary caregiver, and their experiences with self-directed learning should also be investigated.

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LINKING POSITIVE PSYCHOLOGY WITH SELF-DIRECTED LEARNING: A MODEL OF SELF-DIRECTED WELLNESS

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In order to better serve our students and encourage academic and personal growth, we explore the interconnections between self-directed learning and positive psychology through the creation of the Self-Directed Wellness Model. This paper describes the foundation of the model, Seligman's (2011) well-being theory, and how the constructs of self-directed learning intertwine with positive psychology. Through the description of our model and drawing from the literature, we illuminate these intersections and discuss their implications for research and practice. To highlight these connections, this paper discusses macro and micro examples of the utility of the model with students and researchers. Finally, we offer potential limitations and future research directions.

What if instructors could, through some small adaptations in their teaching strategy, not only facilitate self-direction in their learners but also improve their learners' overall well-being? By examining the overlaps in foci between self-directed learning and positive psychology, we created the Model of Self-Directed Wellness, which we propose may provide insight into helping students flourish and become more self-directed. According to the field of positive psychology, individuals flourish when they experience positive emotions, are interested or engaged in activities, and identify a purpose in or meaning to their lives (Seligman, 2011). Huppert and So (2009) assert that individuals who are flourishing also display three or more of the following attributes: positive relationships, self-determination, vitality, resilience, optimism, or self-esteem (p. 2). Seligman (2011) notes that "when individuals flourish, health, productivity, and peace follow" (p. 240).

Researchers have been exploring the connections between education and positive psychology. Some of these studies found that encouraging well-being in students creates lifelong learners (Pajares, 2001), greater engagement in students (Ouweneel, La Blanc, & Scheaufeli, 2011), and increased attendance and better performance (Huppert & So, 2009). In fact, positive psychology is a growing field that has begun to influence education policy and theory, and there have been calls to further explore positive psychology's utility in educational practice (Brockett, 2006; Ouweneel et al., 2011; Pajares, 2001; Seligman, 2011; Seligman, Ernst, Gillham, Reivich, & Linkins, 2009). For example, Brockett (2009) states that future research agendas within adult education should seek to "build bridges to new fields or areas of study, and to seek an understanding of SDL [Self-Directed Learning]

through new lenses” (p. 38). Our Model of Self-Directed Wellness connects research on positive psychology and education with theory from both positive psychology and self-directed learning to illuminate areas of inquiry and practical application.

In this paper, we discuss the development and utility of our model. We begin with broad overviews of both positive psychology and self-directed learning. Next, we focus on Seligman’s (2011) well-being theory, which provides the theoretical framework for our model. We then discuss how we developed our model and its conceptual connections to the literature. In addition, we explore how instructors may utilize the model. Finally, we conclude with limitations of the model and suggestions for areas of future research.

Positive Psychology

Positive psychology provides a shift in perspective in the field of psychology from primarily addressing the diagnosis and treatment of disorders and problems, which are inherently negative, to focusing on identifying and developing strengths, which are inherently positive (Seligman & Csikszentmihalyi, 2000). Research and theory in this emerging field, therefore, focus on apithology (which centers on positive experiences), what is working well in one’s life, and how those beneficial adaptive qualities can be further developed (Kristjánsson, 2010; Park, Peterson, & Seligman, 2004; Seligman & Csikszentmihalyi, 2000). Thus, positive psychology is defined as “the study of the conditions and processes that contribute to the flourishing or optimal functioning of people, groups, and institutions” (Gable & Haidt, 2005, p. 104). Huppert and So (2009) identify flourishing as one of the central tenets of positive psychology, defining it as “a combination of feeling good and functioning effectively” (p. 1). Consequently, much of the current attention in positive psychology is on examining how to help people flourish, and this is often accomplished through character strength development. These strengths are “described as positive traits reflected in thoughts, feelings, and behaviors” (Park et al., 2004, p. 604). Peterson and Seligman (2004) identify 24 character strengths that promote subjective well-being and life satisfaction. These character strengths are grouped into the following six categories: Wisdom and Knowledge, Courage, Humanity and Love, Justice, Temperance, and Transcendence (Seligman, 2011). Additionally, Seligman, in his 2011 book, *Flourish*, proposed a theory of well-being. According to this theory, one experiences greater well-being when one has positive emotion, engagement, meaningful relationships, meaning in one’s life, and accomplishments. Seligman refers to these collectively as “PERMA” (p. 16).

While positive psychology has shown promise in multiple fields including psychology and education (as discussed later), some limitations have been identified in the current research on and conceptualization of positive psychology. These include (a) a heavy reliance on correlational and cross-sectional research designs (Lazarus, 2003; McNulty & Fincham, 2012) with limited connections to education (Kristjánsson, 2012), (b) too great a focus in the studies and analysis of positive psychology on individual traits that do not represent the full complexity of human thought and behavior (Gable & Haidt, 2005; Miller, 2008), (c) an assumption that utilizing positive psychology as a lens through which to improve a situation is appropriate in all cases (McNulty & Fincham, 2012), and

(d) the polarization and categorization of “traits and processes” as positive versus negative (Lazarus, 2003; McNulty & Fincham, 2012). For example, McNulty and Fincham (2012) state, “an understanding of the complete human condition requires recognizing that psychological traits and processes are not inherently positive or negative—whether they have positive or negative implications depends on the context in which they operate” (p. 107–108). While these limitations and criticisms are valid and require more attention, many studies have shown beneficial effects from the utilization of positive psychology, including those in the field of higher education.

Research in Higher Education

Seligman et al. (2009) report that increasing students’ well-being “is synergistic with better learning” (p. 294). As a result of this and similar research, positive psychology and educational researchers and practitioners have begun to explore connections between positive psychology and education. The effort to incorporate positive psychology into the field of education has been termed *positive education*. Seligman et al. (2009) define this as “education for both traditional skills and for happiness” (p. 293). Much of Seligman’s own work has been focused at the K–12 level, but other researchers have looked at higher educational systems. This section, therefore, focuses on higher education because the empirical research connecting positive psychology and education beyond K-12 centers there. However, the benefits identified in higher education research will likely be seen in other areas of adult education and lifelong learning. Thus, those are areas needing further research in order to flesh out our understanding of the relationships between these fields.

In this growing interdisciplinary endeavor, research has been and is being conducted to test the attributes of positive psychology in higher education (e.g., Bowman, 2010; Heikkilä, Niemivirta, Nieminen, & Lonka, 2010; Karris & Craighead, 2012; Macaskill & Denovan, 2011; Ouwenel et al., 2011; Pajares, 2001; Villavicencio & Bernardo, 2013). For example, Macaskill and Denovan (2011) found that possession of high levels of certain character strengths were predictors of self-esteem, self-efficacy, and autonomy. Additionally, connections were identified between positive emotions and study engagement, which led to greater levels of self-regulation and autonomy (Macaskill & Denovan, 2011; Villavicencio & Bernardo, 2013). When focusing on academic self-beliefs, Pajares (2001) found “positive dispositions such as optimism, perceptions of authenticity, self-acceptance and regard, and acceptance and regard for others are themselves related to academic motivation and achievement” (p. 33). Furthermore, Heikkilä et al. (2010) found a connection between well-being, self-direction, and success in college (identified by high GPA). Finally, from an interpersonal perspective, some research has emphasized the importance of positive relationships between faculty and students (Bowman, 2010). In sum, these studies suggest that helping students develop well-being (as a whole or through one of its many parts) may bolster students’ academic achievement and self-direction, supporting Brockett’s (2009) call for expanding self-directed learning through the use of new lenses.

Self-Directed Learning

In order to connect the theory and research of these two fields, we analyzed the core concepts of self-directed learning. Through our research, we found no singular or universal definition of self-directed learning. Current definitions are broad and can describe it as a process, an outcome, a set of personal characteristics, or a combination thereof. As a result, theory and research within the field explores all of these areas of interest. For example, Knowles (1975) describes self-directed learning as

a process in which individuals take the initiative, with or without the help of others, in diagnosing their learning needs, formulating learning goals, identifying human and material sources for learning, choosing and implementing appropriate learning strategies, and evaluating learning outcomes. (p. 18)

Beyond this description, there are processes through which individuals may become self-directed (Merriam & Bierema, 2014). For example, Caffarella (1993) summarizes the importance of learner control in the facilitation of self-directed learning, stating “greater learner control means that learners are given the time and opportunity to think about what they want to learn, how they want to learn, and how they want to go about their learning” (p. 30). Furthermore, Grow’s (1991) Staged Self-Directed Learning Model describes both a process and an outcome as the learner transitions from a dependent learner (Stage 1) to an independent learner (Stage 4) through experience and the development of the ability to take on the responsibility for one’s own learning.

Additionally, learners might possess certain characteristics and behaviors that promote their ability to be self-directed (Carr, 2009; Guglielmino, 1977; Long, 2009). More specifically, Long (2009) describes the self-directed learner “as an inquisitive, inquiring, searching, meaning-making being who develops knowledge, awareness, skills, and understanding through personal agency” (p. 20). Narrowing the focus, Guglielmino (1977) identified desirable characteristics of a self-directed learner through a Delphi process. Some theorists focus on self-directed learning as an interplay between internal characteristics of the learner and a learning process. According to Brookfield (1985), self-directed learning does not occur in isolation, and he therefore advocated for a greater focus on the environment (including relationships). Similarly, Brockett and Hiemstra (1991) in the development of their Personal Responsibility Orientation Model, called for combining the learner self-direction traits with the process of learning, stating, “Self-direction in learning refers to both the external characteristics of an instructional process and the internal characteristics of the learner where the individual assumes primary responsibility for a learning experience” (p. 24). From these examples, we concluded that, as a concept, self-directed learning is multifaceted, and each focus is important for our overall understanding of what self-directed learning is. We consider all of these definitions (process, characteristics, and/or outcomes) important; thus we kept them in mind during the development of our Self-Directed Wellness Model. As a result, our model illuminates the connections between the characteristics of positive psychology and self-directed learning and encourages the usage of processes to develop these traits with the goal of improving self-direction and wellness in learners.

The Self-Directed Wellness Model

We initially developed our Self-Directed Wellness Model (Figure 1) in an effort to better understand both self-directed learning and positive psychology. After reading extensively in both fields, and we soon discovered similarities between the two disciplines that led to the question guiding this study: Are there commonalities between self-directed learning and positive psychology? In order to answer this question, we identified and defined important terms and concepts in each field and then analyzed the similarities and differences between them. Next, we synthesized the material and each of us individually developed visual representations of the connections between the terms. Finally, we selected the model that best fit our collaborative vision based on detailed analysis and discussion. We have since presented the model in relation to other topics at several conferences and have received positive feedback about its potential utility in the field.

In our review of the literature we found support for the idea that positive psychology and self-directed learning should be more closely interconnected. Park et al. (2004) found correlations between the character strengths of hope, zest, gratitude, love, and curiosity to one's level of perceived life satisfaction; and Brockett (1985) identified a positive relationship between life satisfaction and self-directed learning. Building upon these findings and their connection to life satisfaction, we postulate that our Model of Self-Directed Wellness may provide the bridge between the two fields, linking self-directed learning and well-being.

As a result, our Model of Self-Directed Wellness utilizes Seligman's (2011) theory of well-being as its foundation. This theory has five core elements: *Positive Emotion*, *Engagement*, *Positive Relationships*, *Meaning*, and *Accomplishment* (PERMA). These elements have been explored and described in detail in the literature. *Positive emotion* promotes flourishing (Fredrickson, 2001). As Fredrickson states, "positive emotions are worth cultivating, not just as end states in themselves but also as a means to achieving psychological growth and improved well-being over time" (p. 218). *Engagement* is "absorption and what is sometimes referred to as flow, focused attention on what one is doing" (Diener & Seligman, 2004, p. 4). In addition to engagement as a state of activity (flow), it is also a process of focusing and being engaged (Seligman, 2011). Both positive emotion and engagement are assessed subjectively; however, positive emotion is assessed in the present and engagement is assessed after the fact through reflection, as individuals do not usually note their subjective state when in flow (Seligman, 2011). *Positive relationships* refers to one's beneficial connections with other people (Seligman, 2011). A positive relationship "expands the competence of all involved and predicts enhanced functioning for all involved" (Conoley & Conoley, 2010, p. 75). *Meaning* is defined as "a larger judgment of belonging to and serving something larger than the self" (Diener & Seligman, 2004, p. 4). Finally, the element of *accomplishment* is more than merely winning; rather it is about learning, improving skills, or solving problems (Duckworth, Peterson, Matthews, & Kelly, 2007; Seligman, 2011). Although these elements have been defined individually or as separate processes, "[n]o one element defines well-being, but each contributes to it" (Seligman, 2011, p. 24).

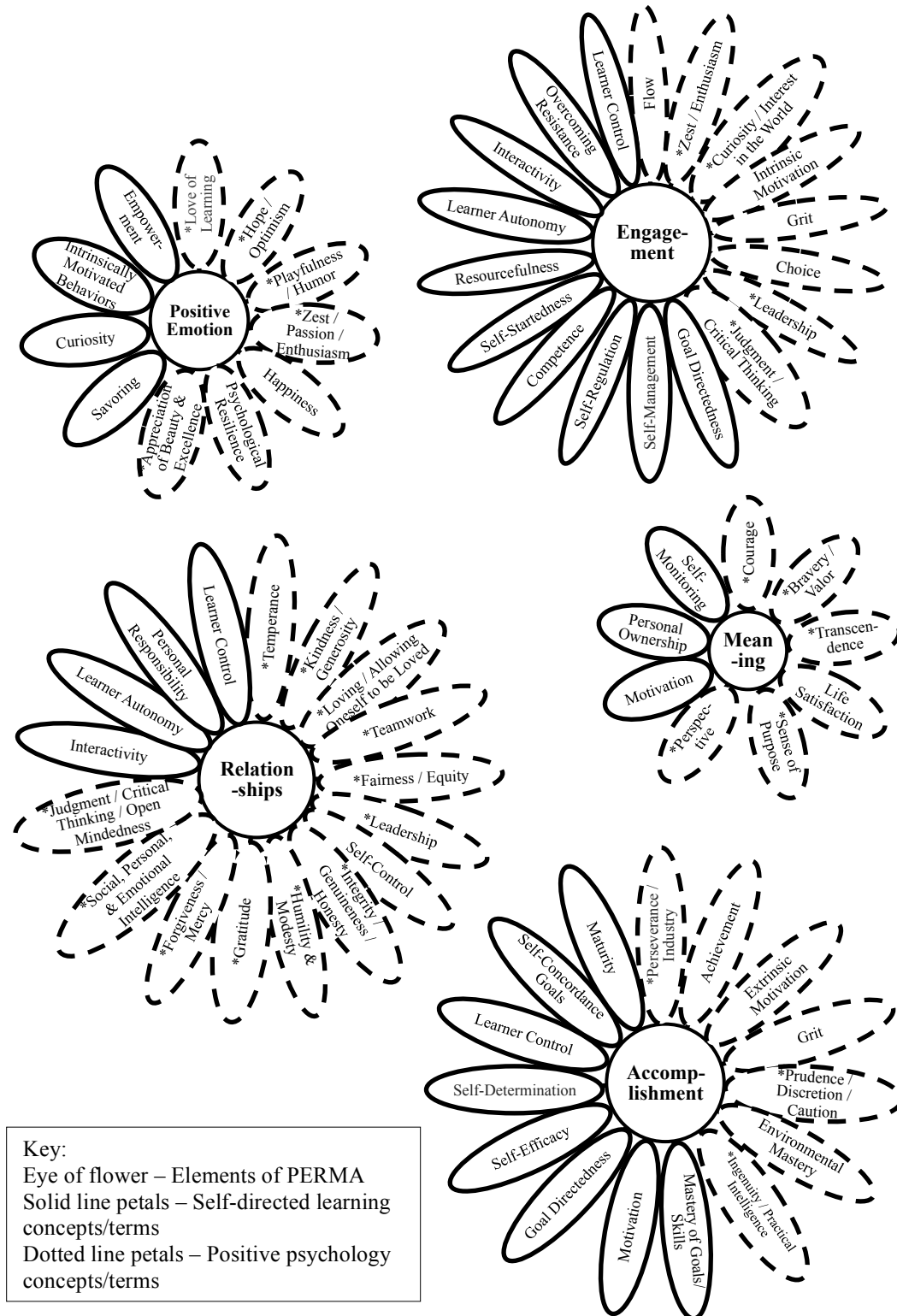


Figure 1. Self Directed Wellness Model.

We chose Seligman's (2011) theory of well-being as the framework for our model for several reasons. First, it is grounded in positive psychology, which focuses on individuals' assessments of their own positive strengths, traits, characteristics, and aspects of life rather than on theories of well-being that focus on socioeconomic factors based on societal standards or other outside influences. Second, this theory, as well as positive psychology as a whole, connects well with humanistic psychology that is theoretically "oriented toward health, growth, and self-actualization" (Grogan & Richardson, 2008, p. 1). A foundational aspect of humanistic psychology is its attention to people's strengths, creativity, and potential (Grogan & Richardson, 2008). The humanistic view of learning stresses "human nature, human potential, human emotions, and affect" (Merriam, Caffarella, & Baumgartner, 2007, p. 294). The constructivist teaching and learning relationship (learner-centered) grew out of a humanistic perspective (Merriam et al., 2007). The learner-centered approach to the teaching and learning relationship connects well with both self-directed learning and positive psychology. Third, what emerges from a review of literature based on positive psychology in higher education (as indicated earlier) is that the elements of the well-being theory, PERMA, are applicable in and beneficial to the educational setting. This focus on strengths and the encouragement of flow in the classroom may lead to greater motivation or drive in the students, which may also result in greater learning and personal growth. Therefore, the literature and our connection with the theoretical paradigm support our choice of well-being theory, specifically PERMA, as the framework of our Self-Directed Wellness Model.

Description of the Model

Utilizing Seligman's PERMA as the basis of our model enabled us to plot positive psychology and self-directed learning concepts and terms in relation to these elements. We referred to each part of the model as *flowers* because of their appearance. Around each element of PERMA, we placed the terms and concepts of positive psychology (with dotted line *petals*) and self-directed learning (with solid line petals). For example, Positive Emotion is the *eye* of one flower with each associated self-directed learning and positive psychology term as the petals. In order to create these conceptual flowers, we identified frequently occurring terms and concepts from both the self-directed learning and the positive psychology literature. For example, in self-directed learning, we began with articles from *Emerging Directions in SDL* (Ponton & Derrick, 2009), articles from the past ten years of the *International Journal of Self-Directed Learning* (www.sdlglobal.com), and *Learning in Adulthood*, (3rd edition) by Merriam et al., (2007). Examples in positive psychology include Seligman's *Flourish* (2011), *The Journal of Positive Psychology* (www.tandfonline.com) and *Character Strengths and Virtues: A Handbook and Classification* by Peterson and Seligman (2004), among others. Frequently cited authors led us to other works from which we gleaned additional terms and definitions. We found definitions for each term and determined the element(s) of PERMA to which they best connected. As this process evolved, we began to deepen our discussion and understanding of the terms. We discovered that a few terms fit under more than one element of PERMA. For example, we associated the term *motivation*, which Garrison (1997) states "reflects perceived value and anticipated success of learning goals" (p. 26), with two PERMA elements: *meaning* (value) and *accomplishment* (success). Other terms required more in-

depth dialogue and further research about how the terms were used in both the self-directed learning and positive psychology literature. Over time, we came to consensus about the placement of terms based upon the methods described above. [An appendix with definitions of all terms and concepts represented in the model was not included due to space limitations, but is available from the lead author.]

Through these collaborative efforts, we were able to see striking similarities of focus between the two fields. For example, the concepts connected to the *accomplishment* and *engagement* eyes appear to be the most evenly developed between positive psychology and self-directed learning, as evidenced by the total number of terms associated with each. This indicates that accomplishment and engagement are important to both fields. Similarly, the model suggests areas where self-directed learning as a field may want to explore further. For example, the *positive relationship* flower has few self-directed learning terms. This may be an area in which the field of self-directed learning could benefit from more focus, e.g., making the mentor or peer relationship more effective.

In order to better illustrate the conceptual development of our model, we highlight the *meaning* flower of our model. In the literature, we found very similar definitions of meaning. Essentially, meaning incorporates a sense of being a part of and working for the greater good (Diener & Seligman, 2004; Seligman, 2011). As an example of our decision-making process, we place the self-directed learning term *self-monitoring* on the meaning flower as a result of Garrison's (1997) definition: "the process whereby the learner takes responsibility for the construction of personal meaning" (p. 24). Similarly, for positive psychology, we connect the term *perspective* with meaning because it is related to the way in which a person conceptualizes and makes sense of the world (Seligman, 2011). As a result of this and similar examinations, we see how the two fields may be mutually beneficial.

Discussion

In this section, we discuss the potential applications of the model and the implications those applications may have. We also explore the limitations in the development of the model and its utility in a variety of settings. Finally, we offer suggestions for future research such as testing the model and exploring its efficacy for use in educational theory and practice.

Applications of the Model in Practice

As demonstrated within our conceptual development description, we found positive psychology and self-directed learning to be mutually supportive. In explaining the utility of the Self-Directed Wellness Model, we begin with a narrowed view, and then expand outward into other areas of usefulness. One benefit of this model is its flexibility in allowing individuals to use their best judgment in how to apply the constructs purposefully. For the remainder of this section, we offer two possible ways to apply the model. First, instructors may identify the self-directed learning skill(s) they are trying to encourage within their students. Next, they can find the positive psychology terms on the same flower on the Model that may enhance the process of developing the chosen self-directed learning skill. Once those terms have been identified, instructors may learn more

about how to incorporate strategies to bolster those positive psychology elements in their students.

To demonstrate this in action, we return to the concepts of self-monitoring (self-directed learning) and perspective (positive psychology) to illuminate how perspective may enhance self-monitoring. For example, if students are primarily attributing positive learning events to external causes, then they may be guided to see how their personal actions are contributing to those positive events. This would then guide them to connect their “selves” to an increasingly positive worldview. More specifically, perspective may affect self-monitoring in cases where students’ perspectives of their abilities in relation to a learning event is one of learned helplessness (a belief that they are incapable of being successful; Seligman & Maier, 1967). This may mean the students will not attempt to complete the event. In contrast, if students have a more positive perspective on their abilities, they may feel that self-monitoring tools will enhance their learning experience.

Flipping these concepts, we use self-monitoring to show how perspective may be enhanced in positive psychology. Using the same scenario, incorporating self-monitoring tools and seeing small successes may make the students’ perspectives on these learning tasks more positive and motivating, thereby bolstering their perspectives and, through this, improving their well-being. Part of the process of learning is to develop a deeper understanding of the world and our place in it. When we engage in self-monitoring, we are better able to identify and take ownership of our personal goals for learning and the meaning of that learning in our lives.

For a broader application of the model, its ultimate goal may be to promote well-being, lifelong learning, and self-direction through the development of a variety of self-directed learning and positive psychology strategies. This can be achieved as shown above by focusing in on individual elements of the model, but it can also be encouraged by looking at the model as a whole. The interconnections between flowers and elements may illuminate the paths to student development for both the students and the instructor. For example, presenting the model to the students may enable them to identify their own strengths and needs as well as find new methods to reach their goals. This may also help students find more value and meaning in academic and life tasks because they see how these elements influence their well-being and learning.

Finally, this model can be used with individual learners or, on the other end of the continuum, to influence program, curriculum, and course design. It may also be beneficial in analyzing institutional structure and goals if that institution decides to promote self-direction and well-being. Because this model was derived from the literature, it represents the concepts that are essential to each field: self-directed learning and positive psychology. Therefore, this model provides a tangible way to apply a wide swath of theory to practice.

Research Applications

This model has potential utility as a research tool because it provides a snapshot of current research foci within both fields. As such, it can be used as a lens through which to discover new avenues of potential collaboration and gaps within the research. For instance, the smallest flower deals with the concept of *meaning*, which indicates that a smaller number of terms in both fields are dedicated to exploring meaning. This could be an area that would benefit from further analysis.

Limitations and Future Directions

As an evolving line of inquiry, we propose addressing the following limitations and future directions of our model. The limitations stem from the fact that this model is conceptual and requires more research in a variety of areas in order to discover its utility and application in practice in both the self-directed learning and positive psychology fields. Currently, lack of empirical testing is the leading limitation for the efficacy of the Self-Directed Wellness Model. In particular, correlational testing and qualitative inquiry are needed to further assess the relationships between positive psychology and self-directed learning. Beyond empirical testing, some future directions may include (a) discovering whether the application of the model may be situational or context-specific; (b) determining the level at which positive psychology can affect self-directed learning—in both the learner-teacher transactions and learner knowledge, characteristics, and skills; (c) considering ethical concerns; and (d) exploring the reach of this model and/or the impact of the model on classroom culture. Overall, these limitations provide the springboard for the next steps and outline opportunities for future research.

Conclusions

Our review of the literature revealed numerous similarities in the conceptualizations of well-being and self-directed learning and a call to connect positive psychology with adult education, higher education, and self-directed learning (Brockett, 2006; Seligman et al., 2009). Researchers are beginning to examine how positive psychology influences adult and higher education (e.g., Karris & Craighead, 2012; Ouweneel et al., 2011; Villavicencio & Bernardo, 2013). Our Self-Directed Wellness Model, which synthesizes the research and literature from both fields, is expected to assist researchers and practitioners in making meaningful connections across the two fields.

In this paper, we first discussed how Seligman's (2011) well-being theory connects with concepts in self-directed learning. Next, we visually represented those connections in the Self-Directed Wellness Model, described how they intersect, and discussed the implications of those connections through the lens of the model. Expanding on these connections, we identified both a broad and a focused example of how to utilize the model with students. Thus, this model may assist instructors when thinking about ways to support positive psychology and self-directed learning in their students. It also provides instructors with a tangible way to apply theory to practice in terms of linking self-directed learning and positive psychology. Finally, we suggested that the model might be a tool to assist researchers in examining their field of inquiry and administrators in evaluating their school's mission.

Therefore, our paper provides suggestions for practitioners, directions for research, and a lens through which to analyze two fields. This enables all parties to self-assess and see potential opportunities for growth and interdisciplinary connection. Opening a new line of inquiry for both the self-directed learning and positive psychology fields in higher education, our Self-Directed Wellness Model is complex and can be used in a variety of ways; it is a versatile tool that provides the opportunity to open new horizons for inquiry.

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LEARNER AUTONOMY IN JAPANESE HIGH SCHOOLS: AN EXPLORATORY STUDY

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Michael Wilkins, and Shirley Ando**

This study was conducted to investigate the current learning situations in Japanese high schools as far as autonomous learning is concerned. Its goal is to examine the perceptions of learner autonomy dimensions held by Japanese high school teachers of English. These learner dimensions are responsibility, ability, and activities. Specifically, we sought to find out teachers' perceptions of their students' learning responsibilities, their ability to perform the learner autonomy-related tasks, and the activities that students do inside and outside the classroom. Results show that Japanese high school teachers of English perceived their students as not being capable of being more involved in their own learning.

Keywords: learner autonomy, self-directed learning, EFL, language teaching, Japan

Learner Autonomy in Language Teaching

It has been four decades since learner autonomy in the field of language education was conceptualized. In 1971 the Council of Europe's Modern Languages Project established the Centre de Recherches et d'Applications en Langues (CRAPEL) at the University of Nancy in France, which became the center of research and practice in the field of language teaching. When Yves Châlon, the founder of CRAPEL who has been considered as the father of autonomy in language learning, passed away, Henri Holec took the leadership of CRAPEL. Holec's (1980) project report to the Council of Europe became a key early document on autonomy in language learning. As Gremmo and Riley (1995) pointed out, interest in the concept of autonomy within the field of language education seen in Holec's project report was in part a response to ideals and expectations aroused by the political turmoil in Europe in the late 1960s. The project aimed to provide adults with opportunities for lifelong learning, and the approach developed at CRAPEL was

influenced by proposals from the emerging field of adult self-directed learning. These proposals emphasized the importance of building individuals' freedom by developing learning abilities that would enable them to act more responsibly in running the affairs of the society in which they live. This connection between education, individual freedom, and social responsibility also reflected prevailing views of personal autonomy in European and North American political philosophy at the time. Since then, learner autonomy in language teaching has become a popular topic among educators and researchers around the world.

Autonomy, or the capacity to take charge of one's own learning, was seen as a natural product of the practice of self-directed learning, or learning in which the objectives, progress, and evaluation of learning are determined by the learners themselves (Benson, 2011). Guglielmino (1977, 2008) described self-directed learning in terms of *context*, *activation* and *universality*. *Context* is simply the situation where self-direction in learning happens. For example, it can occur in a wide variety of situations, ranging from a teacher-directed classroom to self-planned and self-conducted learning projects developed in response to personal or workplace interests or needs and can be conducted independently or collaboratively (Guglielmino, 1977, 2008). Self-access resource centers and the idea of learner training, which are the key innovations in the CRAPEL approach, are believed to provide opportunities and support for self-directed language learning. Currently, technology-based learning can provide context for self-directed learning to occur. Learner orientation is also identified as a means to support self-directed learning (Dickinson & Craver, 1980; Holec, 1980). To carry out effective self-directed learning after being involved in traditional instruction, most learners need guidance in developing skills related to self-management, self-monitoring, and self-assessment. Teachers who are committed to concepts of learner-centeredness and autonomy must therefore help their learners to develop this knowledge and these skills. They can do this by incorporating into their teaching a set of learning process goals to sit alongside language content goals (Nunan, 1997).

Activation refers to the learner taking responsibility for his or her own learning. "Although certain learning situations are more conducive to self-direction in learning than are others, it is the personal characteristics of the learner—including his or her attitudes, values, and abilities—that ultimately determine whether self-directed learning will take place in a given learning situation" (Guglielmino, 2008, p. 2). When learners are able to take charge of their own learning, they can determine their own needs and act upon them. Learners can perform the learning tasks their own way, at their own pace, using a variety of materials and resources.

Universality refers to the existence of self-direction in learning along a continuum; that is, it is present in each person to some degree (Guglielmino, 1977, 2008). There is general agreement in the literature that learners may be at different stages of becoming independent or autonomous learners (Farmer & Sweeney, 1994; Nunan, 1997; Sheerin, 1997). The degree of autonomy may vary from one context to another (Farmer & Sweeney, 1994).

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Why promote autonomy? Why foster self-directed learning? The reasons are explained in the Norwegian National Common Core Curriculum for primary and secondary schools, which states:

Education shall provide learners with the capability to take charge of themselves and their lives, as well as with the vigor and will to stand by others. Education must teach the young to look ahead and train their ability to make sound choices, allow each individual to learn by observing the practical consequences of his or her choices, and foster means and manners, which facilitate the achievement of the results they aim at. (Trebbi, 2008, p. 42)

Trebbi (2008) notes that the French as a second foreign language curriculum for lower secondary shares a similar explanation:

The learning task will enable pupils to discover and explore the language, to use it right from the start, and through their own use of it gradually systematize their discoveries and try out their knowledge of the language. The pupils' evaluation of their own texts, and the actual process, helps them gain insight into their own language learning. (p. 45)

Learner Autonomy In Japan

Learner autonomy in language teaching in Japan is relatively new. The Japanese government recently began requiring each educational institution to conduct its activities by emphasizing the importance of motivating students to learn autonomously and to develop communicative competence to solve problems and act independently and interdependently in response to social changes (MEXT, 2013). Developing communicative competence, which is the focus of communicative language teaching (CLT), means developing learner ability to use language in context, which contrasts sharply with the previously established traditions that emphasize learner knowledge of formal language features (Savignon & Wang, 2003). In CLT using the target language (meaning-focus) is encouraged with less emphasis on accuracy (form-focus), and language is to be taught at the discourse level rather than at the sentence level, unlike more traditional approaches (Celce-Murcia, 1991). As Finocchiaro and Brumfit (1983) further explain, in order to develop communicative competence, learners should be provided with ample opportunities to learn the target language for communicative through using it. Thus, focus should be placed on learner-centered and experience-based instruction. Learner-centered instruction encourages teachers to utilize techniques that focus on or account for learner needs, styles and goals; techniques that give some control to the student (e.g., group work or strategy training); and techniques that allow for student creativity and innovation (Brown, 2001). Experience-based learning, on the other hand, considers experience as the foundation of, and the stimulus for,

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learning, and encourages learners to acknowledge and build on taken-for-granted processes, which are often ignored in educational contexts (Boud, Cohen & Walker, 1993). Currently, many high schools and universities in Japan have established curricula designed to improve students' communicative abilities and promote learner autonomy in language learning.

Even before the Ministry of Education, Culture, Sports, Science and Technology (MEXT) had revised its educational policies, studies were conducted to examine the perception that Japanese students are somehow less autonomous than learners from other cultural backgrounds (Holden & Usuki, 1999). Results seemed to suggest that Japanese learners are not less autonomous than learners from other cultures, and that perhaps behavioral standards or educational goals for language learning have created an environment in which learners are implicitly discouraged from being autonomous learners.

As important as learner views of learner autonomy are teacher perceptions of it. Teacher views of learning cannot be ignored, in particular, when there is a mismatch between teacher perceptions and learner perceptions. Understanding these views enables teachers to design a curriculum tailored to fit the self-directed learning needs of their students. Understanding these views also includes teachers reflecting on the teacher role. Thavenius (1999) proposes the following questions for reflection: Who can change the teacher's role? Who can help learners become autonomous? Can teachers be independent enough to let learners become independent?

The present study, involving Japanese high school teachers of English, was an attempt to better understand their perceptions of learner autonomy dimensions. These learner dimensions are responsibility, ability and activities. The specific questions we sought to address are:

1. What are teachers' perceptions of their students' learning responsibilities?
2. What are teachers' perceptions of their students' ability to perform the learner autonomy-related tasks?
3. What are teachers' perceptions of the activities that their students do inside and outside the classroom?

Responsibility is seen as one of the two main features of learner autonomy (Littlewood, 1999). One of Littlewood's main points is that students should take responsibility for their own learning because only the students themselves can carry out all the learning in the end. In addition, they need to develop the ability to continue learning after the end of their formal education. The second point defines taking responsibility as learners taking ownership (partial or total) of many processes which have traditionally belonged to the teacher, such as deciding on learning objectives, selecting learning methods, and evaluating the process. *Ability*, as another dimension of learner autonomy utilized in this study, refers to students' capability of accomplishing those many processes or tasks previously mentioned. The development of this ability is necessary for students to take responsibility for their own learning (Scharle & Szabo, 2000). *Activity* refers to tasks that involve active cognitive processes, such as creating, problem solving, reasoning, decision-

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making, and evaluation (University of Oregon CASLS, 2011). Practice in these tasks needs to take place in a classroom environment that is warm, open, and encourages students to participate. Students need to feel comfortable asking questions and have maximum opportunity to communicate in the target language.

Method

Participants

The study participants were 251 Japanese high school teachers of English from different high schools in Japan. One hundred seventy-two (172) teach at public high schools, while 79 teach at private high schools. One hundred forty-seven (147) are males and 104 are females.

Instrumentation

This exploratory study utilized Ustunluoglu's (2009) questionnaire, after permission to use it was sought and granted. The questionnaire was originally designed to investigate the perceptions of university students and teachers regarding students' responsibilities and abilities related to autonomous learning and the autonomous activities students were engaged in inside and outside the classroom in Turkey. The present study adapted the questionnaire to examine the perceptions of Japanese high school teachers of English regarding their responsibilities and abilities related to autonomous learning of their students and the activities the students do inside and outside the classroom. The only adaptation made was in the instruction in Section one. In Section one in Ustunluoglu's questionnaire, the instruction is, "When you are teaching English classes at university, whose responsibility should it be?" (followed by a list of activities). In the present study, the term "university" was changed to "high school" since the participants involved were high school teachers of English.

The questionnaire contains a total of 42 questions and is divided into four sections. Sections one and two each consist of ten questions. The first section relates to respondents' perceptions of responsibility and the second to those of ability. For example, question one in section one and question 11 in section two correspond in content and both ask about ensuring students' progress during English lessons. Question one in section one, however, asks who should take this responsibility, while Question 11 in section two inquires how well (ability) respondents can check such progress. Response choices for section one are "Yours," "Student's," or "Both." Responses in section 2 were scored from 1 ("Very Poor") to 5 ("Very Good") on a Likert scale. For ease of interpretation, the data were collapsed into a three-point scale. For example, data for "Very Poor" and "Poor" were merged and labeled as "Poor."

Section three contains 22 questions pertaining to the activities students did inside and outside the classroom. It begins with the general question, "Last year and in this academic year, how often do you think your students have ~ . . ." This was followed by 22 items such as "done assignments which are not compulsory?"

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“noted down new words and their meanings?” and so on. Responses in section three were scored from 1 (“Never”) to 5 (“Always”). Section four contains items that ask for teachers’ personal data, such as year level they teach, as well as motivational level of students. In regard to motivational level, the teachers had to check whether they thought their students were “Highly Motivated,” “Motivated,” or “Unmotivated.”

The questionnaire was translated into Japanese and vetted by two Japanese professors of English for clarity and accuracy. To make certain of the comprehensibility as well as the reliability of the questionnaire, it was administered to a test group of 24 Japanese high school teachers of English. The questionnaire had good psychometric properties, having Cronbach’s alpha coefficients that range between .807 and .850, with a total reliability index of .837.

Results

As shown in Table 1, a majority of the teachers perceived stimulating interest (80%), deciding objectives of class (51%), deciding what to learn next in lessons (72%), choosing activities to use in lessons (67%), and deciding how long to spend on activity (61%) as their responsibility. As far as making progress during English lessons (90%), ensuring progress outside class (66%), identifying weakness (53%), choosing materials to use in lessons (61%), and evaluating learning (51%), also a majority of the teachers thought that those should be the responsibility of both the students and the teachers.

A higher percentage of teachers perceived identifying weakness (46%) and evaluating learning as their responsibility (49%), while indicating class objectives are the responsibility of both the students and the teachers (49%). No teachers described either of these tasks as the responsibility of the students.

Table 1. *Teachers' Perceptions of Responsibility for Classroom Tasks*

	Yours	Student's	Both
	n(%)	n(%)	n(%)
Q1 Making progress during Eng. lessons	25(10%)	1(0.4%)	225(90%)
Q2 Ensuring progress outside class	12(5%)	73(29%)	166(66%)
Q3 Stimulating interest	199(80%)	2(0.8%)	49(20%)
Q4 Identifying weakness	116(46%)	2(0.8%)	133(53%)
Q5 Deciding objectives of class	127(51%)	1(0.4%)	123(49%)
Q6 Deciding what to learn next in lessons	180(72%)	3(1%)	68(27%)
Q7 Choosing activities to use in lessons	169(67%)	3(1%)	79(31%)
Q8 Deciding how long to spend on activity	152(61%)	2(0.8%)	97(39%)
Q9 Choosing materials to use in lessons	96(38%)	2(0.8%)	153(61%)
Q10 Evaluating learning	122(49%)	1(0.4%)	128(51%)

n = number of respondents.

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A majority of the teachers (53%~57%) believed that their students have poor ability in performing all of the autonomy-related classroom tasks, from making progress during English lessons to evaluating learning. Only a few (13%~32%) indicated that their students are capable of doing all these tasks by themselves. These data are displayed in Table 2.

Table 2. *Teachers' Perceptions of Students' Ability to Accomplish Classroom Tasks*

	Poor	OK	Good
	n(%)	n(%)	n(%)
Q11 Making progress during English lessons	137(55%)	65(26%)	49(20%)
Q12 Ensuring progress outside class	142(57%)	66(26%)	43(17%)
Q13 Stimulating interest	136(55%)	59(25%)	56(22%)
Q14 Identifying weakness	135(54%)	57(23%)	58(23%)
Q15 Deciding objectives of class	134(53%)	80(32%)	37(15%)
Q16 Deciding what to learn next in lessons	134(53%)	47(19%)	70(28%)
Q17 Choosing activities to use in lessons	134(53%)	33(13%)	84(34%)
Q18 Deciding how long to spend on activity	140(56%)	40(16%)	71(28%)
Q19 Choosing materials to use in lessons	138(55%)	51(20%)	62(25%)
Q20 Evaluating learning	140(56%)	51(20%)	59(24%)

n = number of respondents.

The data in Table 3 indicate that a majority of the teachers perceived that six autonomy-related classroom tasks are always performed by their students. These tasks include

- writing new words and their meanings (61%),
- reading English books or magazines (53%),
- listening to English songs (54%),
- talking to foreigners in English (57%),
- doing group study (60%), and
- taking notes while studying (87%).

Also, a majority of them believed that five autonomy-related tasks are never done by their students:

- reading newspapers in English (64%),
- doing self-study at the English lounge (94%),
- planning lesson/study (53%),
- doing outlining while studying (65%), and
- summarizing lessons while studying (72%).

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Finally, the majority of the respondents (63%) reported that asking questions of the teacher when they were confused was sometimes done by their students.

Table 3. *Teachers' Perceptions of Students' Activities*

	Always	Sometimes	Never
	n(%)	n(%)	n(%)
Q21 Doing compulsory assignments	105(42%)	35(14%)	111(44%)
Q22 Writing new words and its meanings	151(61%)	76(31%)	22(9%)
Q23 Reading newspapers in English	40(16%)	49(20%)	161(64%)
Q24 Visiting teacher about work	87(35%)	83(33%)	80(32%)
Q25 Reading English books or magazines	133(53%)	36(14%)	82(33%)
Q26 Watching English TV programs	79(32%)	90(36%)	82(33%)
Q27 Listening to English songs	136(54%)	82(33%)	33(13%)
Q28 Talking to foreigners in English	142(57%)	77(31%)	29(12%)
Q29 Practicing speaking English	84(34%)	70(28%)	97(39%)
Q30 Doing grammar exercises	114(46%)	86(35%)	48(19%)
Q31 Doing group study	150(60%)	20(8%)	79(32%)
Q32 Doing self-study at the English lounge	11(5%)	5(2%)	230(94%)
Q33 Asking teacher when confused	45(18%)	157(63%)	49(20%)
Q34 Making suggestions to the teacher	40(16%)	114(45%)	97(39%)
Q35 Planning lesson/study	45(18%)	72(29%)	133(53%)
Q36 Activating prior knowledge	59(24%)	93(37%)	99(40%)
Q37 Making inferences about the lesson	43(17%)	108(43%)	100(40%)
Q38 Doing outlining while studying	27(11%)	61(24%)	163(65%)
Q39 Summarizing lessons while studying	33(13%)	38(15%)	179(72%)
Q40 Taking notes while studying	213(87%)	13(5%)	19(8%)
Q41 Using resources while studying	85(34%)	68(28%)	94(38%)
Q42 Working cooperatively with friends	73(29%)	81(32%)	97(39%)

n = number of respondents.

Discussion

Based on the findings, the majority of Japanese high school teachers of English perceived that the performance of half of all classroom tasks related to autonomous

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learning should be the responsibility of the teacher, and another half were thought to be the responsibility of both the teachers and the students. None of the classroom tasks was believed to be the sole responsibility of the students. These results are consistent with similar study conducted by Ustunluoglu (2009), who utilized Turkish university students. The results show that the teachers saw themselves as taking almost all responsibilities. These results suggest that teachers of the learners utilized in this study may have failed to provide an environment where students could be involved in the performance of those autonomy-related classroom tasks. Although their study utilized Japanese university students as respondents, Holden and Usuki (1999) reported that students simply did not have adequate opportunities to develop their autonomy because they usually learned English in teacher-centered classes. Students are unlikely to be able to realize learner autonomy if their teachers still take the whole responsibility in a teacher-centered way and/or students fail to practice their ownership of learning processes (Sakai et al., 2008). Littlewood (1999) argues that East Asian learners have the same aptitude for autonomy as Western learners if they are given the right preparation and teachers promote an environment where learner autonomy is encouraged.

As far as ability is concerned, the findings show that a majority of the Japanese teachers of high school believed that their students have poor ability to carry out the autonomy-related classroom tasks. The lack of ability to perform the classroom tasks was the same reason why Turkish university teachers saw themselves to be responsible for performing most of the classroom tasks. These findings contradict the results found by Gamble et al. (2011), which reveal that the majority of the Japanese high school students seemed to understand what autonomy is and they knew what they were capable of doing, but they did not have confidence in their ability to take responsibility for their learning. Holden and Usuki's (1999) findings also revealed that students had a conception of themselves as independent learners and had meta-cognitive awareness of various means that could be used to facilitate learning, but were unclear about how to actually apply this knowledge to the task of learning. These findings reveal the need to show students that they can achieve on their own and the need to teach them to apply autonomy-supporting learning strategies, which is likely to lead to greater autonomous learning.

Finally, the results reveal that the majority of the respondents believed that, out of twenty-two autonomy-related classroom tasks, only seven tasks were always performed by their students. Five tasks were rarely done, and one task was sometimes performed. These findings suggest that the respondents were not given opportunities to develop autonomy in performing these tasks. Again, as pointed out by Sakai et al. (2008), students are unlikely to be able to realize learner autonomy if their teachers still take the whole responsibility in a teacher-centered way and/or students fail to practice their ownership of learning processes. Research by Scharle and Szabo (2000) supports this observation; they note that both autonomy and responsibility need active involvement; therefore, in order for learners to develop a sense of responsibility, they need encouragement from teachers to realize that success in learning is the responsibility of both the teacher and student.

Conclusion and Implications

The findings reveal that Japanese high school teachers of English perceived their students as incapable of being more involved in their own learning. However, a similar study conducted that involved Japanese students (Gamble et al., 2011) found that the students understood what autonomy is and they knew what they were capable of doing, but they did not have confidence in their ability to take responsibility for their learning. Students often did not act on these feelings due to a perception that it was the teacher's responsibility or from a lack of confidence. These results tell us that there is ample room in the typical Japanese high school classroom for change in the direction of students taking more responsibilities for their own learning. This transformation process should include not only informing teachers about the benefits of learner autonomy but also providing professional development on how to create a classroom where students are more involved. Students should be educated and trained about learning strategies to narrow the gap between their perceived abilities and the learning responsibilities they take on.

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**THE RELATIONSHIPS OF SELF-EFFICACY FOR
AUTONOMOUS LEARNING, ENTITLEMENT, AND
MOTIVATION: AN EXPLORATORY STUDY OF
COLLEGIATE AT-RISK STUDENTS**

**Michael K. Ponton, Rebekah Reysen, Nancy R. Wiggers, and
Talunja Eskridge**

The purpose of this correlational study was to determine if predicted relationships exist among self-efficacy in autonomous learning, academic entitlement, intrinsic motivation, extrinsic motivation, and amotivation for a group of academically at-risk students at the collegiate level. Findings were consistent with predictions: self-efficacy was positively correlated with intrinsic and extrinsic motivation and negatively correlated with entitlement and amotivation.

Keywords: self-efficacy, academic entitlement, motivation, at-risk students

Attrition is an important concern in higher education. Institutions invest greatly in recruiting and admitting students ostensibly qualified to earn academic degrees. When such students fail to perform, they are at risk of being academically dismissed. The dismissal of these students represents not only a financial cost to the institution due to reduced revenue but also a developmental cost to the students as they have left the institution with an unfinished education, possibly carrying with them psychological (e.g., weakened efficacy, lowered esteem) or financial burdens (e.g., increased debt without a better opportunity to earn). Thus, institutions seek interventions that can enable academically at-risk students to move forward productively toward graduation and beyond.

Conceptual Framework

Ponton (1999) defined autonomous learning as “an agentic learning process in which the conative factors of desire, initiative, resourcefulness, and persistence are manifest” (p. xiii). Conceptualizing autonomous learning from the perspective of human agency recognizes it as “purposeful, intentional learning” (Ponton & Rhea,

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2006, p. 45) in which the learner chooses to engage in order to accomplish personally valued goals. Busey and Bandura (1999) stated the following:

In the agentic sociocognitive view ... people are self-organizing, proactive, self-reflective, and self-regulating, and not just reactive organisms shaped and shepherded by external events. The capacity to exercise control over one's thought processes, motivation, affect, and action operates through mechanisms of personal agency. Among the mechanisms of agency, none is more central or pervasive than people's beliefs in their capabilities to produce given levels of attainments [i.e., self-efficacy]. Unless people believe they can produce desired effects by their actions, they have little incentive to act or to persevere in the face of difficulties. Perceived efficacy is, therefore, the foundation of human agency. (p. 691)

A strong sense of self-efficacy in autonomous learning is a characteristic of the learner who can exercise control over his or her learning and proactively shape trajectories of personal development. In this regard, self-efficacy in autonomous learning provides determinative influence in both formal (e.g., college) and nonformal settings (Ponton, 2009).

Seemingly at the other end of the agentic spectrum is the construct of academic entitlement. "Entitled students believe that they deserve certain outcomes [e.g., high grades or degrees] simply because they (or their parents) pay tuition" (Kopp, Zinn, Finney, & Jurich, 2011, p. 107). The prevalence of academically entitled students appears to be on the rise in postsecondary education (Greenberger, Lessard, Chen, & Farruggia, 2008) with implications associated with student incivility, retention, and achievement (Chowning & Campbell, 2009). As consequences are psychologically decoupled from performances (Twenge, 2009, p. 401), there is little incentive to engage in mastery experiences that foster a strong sense of efficacy (cf. Bandura, 1997); thus, *we predict self-efficacy in autonomous learning is negatively correlated with academic entitlement.*

"The term *extrinsic motivation* refers to the performance of an activity in order to attain some separable outcome and, thus, contrasts with *intrinsic motivation*, which refers to doing an activity for the inherent satisfaction of the activity itself" (Ryan & Deci, 2000, p. 71). Extrinsic motivation can be manifest in varying degrees of personal autonomy based upon the extent to which personal choice is perceived to exist; as an example of greater autonomy, a student who recognizes the relationship between academic success and career goals is extrinsically motivated to personally choose to engage in diligent study (Ryan & Deci, 2000). In general, research has established "strong links between intrinsic motivation and satisfaction of the needs for autonomy and competence [efficacy]" (Ryan & Deci, 2000, p. 71). Conceptually, amotivation refers to the absence of either form of motivation (Vallerand, Pelletier, Blais, Brière, Senécal, & Vallières, 1993).

Most human performances are cognitively motivated "through the exercise of forethought" (Bandura, 1997, p. 122). Incorporating this anticipatory mechanism, people prioritize valued outcomes; appraise personal capabilities

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required to accomplish such outcomes; based upon perceived efficacy, formulate plans and establish performance goals designed to attain desirable consequences; and self-motivate action, reflection, and regulation; thus, “efficacy beliefs play a central role in the cognitive regulation of motivation” (Bandura, 1997, p. 122). From a sociocognitive perspective, both intrinsic and extrinsic motivation play facilitative roles in self-motivation and self-directedness (Bandura, 1986). In this regard, *we predict self-efficacy in autonomous learning is positively correlated with academic intrinsic and extrinsic motivation but negatively correlated with academic amotivation.*

Method

Procedures

Participants were recruited through two retention-based college programs, EDHE 101 - Academic Skills for College and EDHE 202 - Fundamentals of Active Learning, at a state university (Carnegie classification: RU/H) in the southern U.S. Both courses are required when a student’s cumulative GPA falls below 2.0; EDHE 101 is required for first-year students whereas EDHE 202 is for second-year students or higher. During the Spring 2014 semester, 402 and 236 students were enrolled in EDHE 101 and EDHE 202, respectively, with 278 who agreed to participate in this study (43.6% response rate). All participants were offered extra credit for participating, which was the equivalent of one homework assignment. Those who did not want to participate were given the opportunity to complete an alternative assignment for the same amount of credit. The study was advertised through the University’s learning management system, and those who chose to participate were able to access the instruments via an embedded hyperlink. Note that delimiting participants to a single institution limits the generalizability of the findings.

Instrumentation

Five constructs were investigated in this study: self-efficacy in autonomous learning, academic entitlement, intrinsic motivation, extrinsic motivation, and amotivation. The Appraisal of Learner Autonomy (ALA; Ponton, Derrick, Hall, Rhea, & Carr, 2005) was used to measure self-efficacy in autonomous learning; the Academic Entitlement Questionnaire (AEQ; Kopp et al., 2011) was used to measure academic entitlement; and the Academic Motivation Scale (AMS; Vallerand et al., 1993) was used to measure the three motivation related constructs. All measures are appropriate for college students; additional validation details are available in the respective citations.

The ALA is a 9-item instrument that requests participants to rate how confident they are in engaging in a learning activity that is unrequired by others while in the face of nine separate impediments (e.g., “feeling tired,” “experiencing personal problems,” and “when there are other interesting things to do”; Ponton et

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al., 2005, p. 61). Each item is scored from 0 (*Cannot do at all*) to 100 (*Certain can do*).

The AEQ is an 8-item instrument that requests participants to rate their level of agreement with each item via a Likert scale from 1 (*strongly disagree*) to 7 (*strongly agree*). Example items are as follows: “If I am struggling in a class, the professor should approach me and offer to help”; “Because I pay tuition, I deserve passing grades” (Kopp et al., 2011, pp. 125-126). For this scoring scheme, a higher score indicates a stronger feeling of entitlement.

The AMS is a 28-item instrument that requests participants to rate their level of correspondence with each item via a 7-point scale from 1 (*does not correspond at all*) to 7 (*corresponds exactly*) designed to determine their motivation for attending college. These 28 items are categorized into 3 scales as follows: intrinsic motivation (subscales: to know, to accomplish things, and to experience stimulation), extrinsic motivation (subscales: identified, introjected, and external regulation), and amotivation (i.e., lack of intrinsic and extrinsic motivation). Example items are as follows: “Because I experience pleasure and satisfaction while learning new things” (intrinsic motivation), “Because with only a high-school degree I would not find a high-paying job later on” (extrinsic motivation), and “I can’t see why I go to college and frankly, I couldn’t care less” (amotivation). None of these items were reverse coded; thus, a higher score for amotivation indicates a greater lack of motivation. Note that only the findings associated with the 3 scales are presented (i.e., subscales were not analyzed separately).

Sample

The original sample included 278 cases; however, listwise deletion due to missing values resulted in a final sample size of 257. The majority of the sample was male (52.1%) and White (67.7%; see Table 1); most participants attended EDHE 101 (74.3%; see Table 2) versus EDHE 202.

Table 1. *Gender and Ethnicity*

Characteristic	<i>n</i>	<i>P</i>
Gender		
Female	123	47.9
Male	134	52.1
Ethnicity		
Asian	3	1.2
Black or African American	67	26.1
Hispanic or Latino	9	3.5
Two or More Races	4	1.6
White	174	67.7

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Table 2. *Course Attendance*

Course Group	<i>n</i>	<i>P</i>
EDHE 101	191	74.3
EDHE 202	66	25.7

Results

All instruments were assumed to be interval measures. Except for extrinsic motivation, independent samples *t* tests showed no differences in the means of these measures between the EDHE 101 and EDHE 202 course groups; the mean for extrinsic motivation was higher for EDHE 101 versus EDHE 202, $p = .012$ (see Table 3).

Table 3. *Descriptive Statistics by Course Group*

Variable	Possible Range	<i>M</i>	<i>SD</i>
Academic Entitlement	8-56		
EDHE 101		27.8	7.5
EDHE 202		26.4	8.1
Amotivation	4-28		
EDHE 101		8.5	5.6
EDHE 202		9.5	5.6
Intrinsic Motivation	12-84		
EDHE 101		53.8	14.9
EDHE 202		51.5	16.4
Extrinsic Motivation	12-84		
EDHE 101		68.5	13.1
EDHE 202		63.7	13.6
Self-efficacy	0-900		
EDHE 101		407.3	162.0
EDHE 202		432.3	171.0

Note. Only the course group means for extrinsic motivation are statistically different, $t(255) = 2.52$, $p(\text{two-tailed}) = .012$.

Statistically significant correlations involving academic entitlement and amotivation with other measures were negative, which is consistent with these two measures representing undesirable student characteristics. As predicted, self-efficacy was positively correlated with intrinsic and extrinsic motivation and negatively correlated with academic entitlement and amotivation ($p < .01$);

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although statistically significant, these statistics suggest little practical significance (cf. Hinkle, Wiersma, & Jurs, 1998).

Table 4. *Correlation Matrix*

Measure	1	2	3	4	5
1. Academic Entitlement		.27*	-.07	-.09	-.16*
2. Amotivation			-.12	-.32*	-.21*
3. Intrinsic Motivation				.67*	.26*
4. Extrinsic Motivation					.19*
5. Self-efficacy					

* $p < .01$; two-tailed.

In order to determine which of the four variables (i.e., academic entitlement, amotivation, intrinsic motivation, and extrinsic motivation) accounted for the most variance in self-efficacy, a simultaneous multiple linear regression analysis was performed. Assumptions were evaluated as follows:

1. Sample size: For $\alpha = .05$, $\beta = .20$, and assuming “a medium-size relationship between the IVs [independent variables] and the DV [dependent variable],” a minimum sample size of $N \geq 50 + 8m$ (m is the number of IVs) is required (Tabachnick & Fidell, 2007, p. 123), which yields a minimum sample size of 82 for the present study. Thus, the study’s sample size of 257 was assumed sufficient.

2. Multivariate outliers: Mahalanobis distances were evaluated for each case against a critical value of $\chi^2(4) = 18.47$, $p < .001$ (Mertler & Vannatta, 2013, p. 53) yielding three cases as multivariate outliers (Mahalanobis distances for the these cases ranged from 19.08 to 25.47); however, removing these cases did not change in any substantive manner the resultant regression statistics. Thus, the cases were included in the omnibus analysis.

3. Independence of observations: A Durbin-Watson statistic within the range of 1.5 to 2.5 supports this assumption (Rovai, Baker, & Ponton, 2014, p. 426). For the present study, the Durbin-Watson statistic was 1.77.

4. Absence of multicollinearity: The variable inflation factor (VIF) for each IV should not exceed 4 (Rovai et al., 2014, p. 428). As all VIFs were less than 4 (see Table 5), multicollinearity was assumed absent.

5. Normality, linearity, and homoscedasticity of residuals: An examination of the scatterplot of the standardized residuals versus standardized predicted values yielded a distribution consistent with the exemplar provided by Tabachnick and Fidell (2007, p. 126); thus, all three assumptions were deemed tenable.

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The resultant model was statistically significant ($p < .001$) and accounted for 11% of the variance in self-efficacy (see Table 5). Note that only amotivation and intrinsic motivation had statistically nonzero beta weights with p values of .010 and .002, respectively.

Table 5. *Regression Analysis: Self-Efficacy as the Dependent Variable*

Model	<i>B</i>	<i>SE B</i>	β	<i>p</i>	VIF
(Constant)	405.85	67.97			
Academic Entitlement	-2.19	1.33	-.10	.101	1.08
Amotivation	-4.96	1.92	-.17	.010	1.22
Intrinsic Motivation	2.76	.87	.26	.002	1.87
Extrinsic Motivation	-.53	1.05	-.04	.612	2.05

Note. $F(4,252) = 7.81, p < .001; R^2 = .110$.

Discussion

The present findings suggest that stronger beliefs in self-efficacy to engage in autonomous learning are associated with greater levels of academic intrinsic and extrinsic motivation and lower levels of academic entitlement and amotivation. Omnibus multiple linear regression analysis indicated that the variance in self-efficacy is primarily associated with amotivation and intrinsic motivation.

A strong sense of personal efficacy to engage in autonomous learning in the face of impediments is indicative of a greater sense of agency; that is, the ability to control one's development through self-selected, self-motivated, and self-regulated learning. From an agentic perspective of human functioning, results are proactively produced by performances; thus, strengthening students' beliefs of personal efficacy in autonomous learning will influence their choices, motivation, perseverance, and accomplishments (cf. Bandura, 1997). Agency promotes a feeling of empowerment rather than a sense of entitlement that decouples outcomes from performance attainments.

Those who develop intervention strategies for at-risk students should consider strengthening percepts of self-efficacy in autonomous learning by attending to the four sources of efficacy information: mastery experiences, verbal persuasion, vicarious experiences, and emotive/physiological arousals (Bandura, 1977, 1997). Because the present study was correlational with limitations associated with causal inferences, experimental designs should be used to assess the psychological effectiveness of such interventions in strengthening self-efficacy, increasing academic motivation, and reducing academic entitlement; institutional considerations (e.g., decreased attrition) can also be evaluated. If successfully intervened, this stronger sense of personal agency has the potential to exert determinative influence on individual development long after matriculation.

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