



Cognitive autonomy among adolescents with and without hearing loss: Associations with perceived social support



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ABSTRACT

Cognitive autonomy is a skill which may help adolescents prepare for important decisions in adulthood. The current study examined the associations between cognitive autonomy and perceived social support among adolescents with and without hearing loss. Participants were 177 students: 55 were deaf and hard of hearing (dhh) and 122 were hearing. They completed the Cognitive Autonomy and Self-Evaluation Inventory, the Multidimensional Scale of Perceived Social Support, and a demographic questionnaire. Significant positive correlations were found between some of the cognitive autonomy variables and some of the perceived social support variables. However, among the dhh group, they were fewer and weaker. Family support was found to be a significant predictor of three out of the five cognitive autonomy variables. In addition, significant differences were found between the dhh and hearing participants in some of the cognitive autonomy variables, but not in perceived social support. Implications for theory and practice are discussed.

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Understanding the development of an adolescent's ability to think independently is important since fostering cognitive autonomy and self-evaluation skills in adolescents can help them prepare for important decisions in adulthood (Jacobs & Klaczynski, 2002). A number of studies have supported social factors that influence adolescents' autonomous choices, including peers and parental behaviors (e.g., Kelly, Melnyk, Jacobson, & O'Haver, 2011).

Contrary to adolescents with typical development, youth with hearing loss may be at risk with respect to their cognitive development, despite normal nonverbal intelligence (Macaulay & Ford, 2013). Such problems are attributed to the central role of language in human learning. Through language, children can participate in social interactions that impart factual knowledge about the world; such interactions also teach thinking skills and promote sharing of attitudes and ideas (Marschark & Wauters, 2011). However, the vast majority of children with hearing loss (about 95%), typically develop in language environments that are restricted by their limited access to spoken language (see Lederberg, Schick, & Spencer, 2013) and by having parents who are not fluent in sign language (Stanzione & Schick, 2014). Thus, it seems that the relations between cognitive development and interactions with social figures are especially important when considering this population. The current study focused on the associations between cognitive autonomy and perceived social support and examined them among adolescents with and without hearing loss.

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Deaf and hard of hearing adolescents

About 5% of adolescents in industrialized countries have at least a mild level of hearing loss (Pinquart & Pfeiffer, 2014). Following Erikson's (1963) theoretical model, adolescents with hearing loss may face challenges in accomplishing their developmental tasks due to personal, family, and social life conditions. Various studies have reported that these adolescents may suffer from difficulties in establishing trustworthy relationships, exhibiting self control and personal autonomy, and expressing initiative behavior and belief in their abilities, as compared to their hearing peers (e.g., Andersson, Olsson, Rydell, & Larsen, 2000; Kent, 2003).

As for their cognitive development, youth with hearing loss may be at risk, especially if raised and educated in a hearing environment (Macaulay & Ford, 2013; Strong & Prinz, 1997, 2000). For example, as students they tend to exhibit lower levels of academic achievements (e.g., Traxler, 2000). However, cognitive risk is not inherent in being deaf or hard of hearing (dhh) per se. Studies have reported that factors such as parents' hearing status and main mode of communication may be a confounding variable, since students with deaf parents often show higher academic functioning compared to their peers with hearing parents (Israelite, Ewoldt, & Hoffmeister, 1992).

It is well known that children with hearing loss, whether they use spoken or sign language, are more reliant on vision and visual orientation than hearing peers, and they are more likely to miss or to misunderstand bits of information in their environment (Marschark & Hauser, 2008). In addition, they are at risk of suffering from less diversity in early experience (Marschark, 2007), less incidental learning (Calderon & Greenberg, 2003), and less exposure to a variety of cause–effect relationships (Marschark & Hauser, 2008) than their hearing peers. Such circumstances may lead to both cognitive (e.g., Pisoni, Conway, Kronenberger, Henning, & Anaya, 2010) and social difficulties (e.g., Eriks-Brophy et al., 2006). The current study examined the cognitive autonomy and the perceived social support of adolescents with and without hearing loss.

Cognitive autonomy

Cognitive autonomy includes an individual's ability to evaluate thought, to voice opinions, to make decisions, to capitalize on comparative validations, and to self-assess (Beckert, 2007). An adolescent's quest for a degree of cognitive autonomy (see Yeh & Yang, 2006) is considered a theoretical construct important in adolescent psychosocial development (Lee & Beckert, 2012). While there are quite a few studies that focus on behavioral and emotional autonomy, scholars of adolescence have given little attention to cognitive aspects of autonomy (Lee & Beckert, 2012).

Understanding the development of an adolescent's ability to think independently is important since fostering cognitive autonomy and self-evaluation skills in adolescents can help them prepare for important decisions in adulthood (Jacobs & Klaczynski, 2002). In absence of adequate cognitive development young teens often rely on instinct rather than good judgment in contemplating risk-taking behavior (Beckert, 2007). However, in contrast to behavioral and emotional autonomy, which are earlier developmental tasks, cognitive autonomy is a developmental task that reaches its peak in adolescence, and theoretically acts complementarily with the others (see Erikson, 1963).

Most of the existing research on the cognitive autonomy of youth has conceptualized independent thought and cognitive autonomy in a decision making model (see Jacobs & Klaczynski, 2005). Unquestionably, decision making is a critical component of adolescent independent thought but it represents only one aspect of cognitive autonomy. The current study follows Beckert's (2007) conceptualization regarding cognitive autonomy as entailing the additional aspects of evaluative thinking, voicing opinions, comparative validation, and self-assessment.

Several studies have examined cognitive abilities of children and adolescents with hearing loss. For example, Kronenberger and colleagues (Kronenberger, Pisoni, Henning, & Colson, 2013) who explored children, adolescents, and young adults with and without hearing loss, reported that the participants with hearing loss scored lower than the hearing sample on several measures of short-term/working memory, fluency–speed, and inhibition–concentration. In another study, Figueras, Edwards, and Langdon (2008) found that dhh children scored lower than hearing children on neuropsychological measures of executive functioning (processes used for directing and controlling thought and behavior), including inhibition, planning, set-shifting, working memory, and some types of attention. Thus, it seems that at least in some related aspects of cognitive autonomy, such as planning, dhh individuals may be at a disadvantage compared with their hearing peers. However, none of the above studies have fully explored the different elements of cognitive autonomy (i.e., evaluative thinking, voicing opinions, making decisions, comparative validation, and self-assessment) as well as the dhh children's linguistic environment. Since youth with hearing loss may exhibit lower levels of cognitive functioning, and due to its role in adolescent development, it is important to examine cognitive autonomy among dhh adolescents as well.

According to Beckert (2007), addressing adolescents' independent thought requires the examination of a complex pattern of environmental and developmental factors. This claim is in accordance with other scholars who addressed specific factors. For example, Steinberg (2001) emphasized the role of parents in the development of adolescents' own opinions and beliefs. In contrast, Skourtout and colleagues (Skourtout, Kourtis-Kazoullis, & Cummins, 2006) stress the impact of teachers' pedagogical styles on the ability of students to be autonomous in their learning. In the current study cognitive autonomy was examined in association with the perceived support from three types of social figures simultaneously – family, friends, and significant others.

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