

# Autonomy-Decision in Gerontology

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## Abstract

Several studies have shown that autonomous regulation is positively associated with active participation in treatment programs, particularly in alcoholic clients [1] obese clients [2] adolescents undergoing programs to help clients with diabetes [3-5]. In gerontology little has been done, with older people who underwent hip fracture surgery [6]. People feel more competent when they are stimulated towards autonomy and autonomous motivation and the perception of competence are good predictors of maintenance of change [3,7] This review highlights this aspect and pretends to show studies that evidence the importance of autonomy for all ages, including elderly people.

**Keywords:** Autonomy; Gerontology; Motivation; Self determination

## Introduction

Motivation is not static it is a dynamic process. A client who displays a certain type of motivation at a given point in Therapy may change to another type of motivation, positive, depending on situational influences, namely the therapist's style. Pelletier LG et al. [8] advocate a therapeutic environment that stimulates autonomy as a way of achieving a more positive therapeutic result and identify three dimensions of the therapeutic environment and their functional meanings, which occur in certain events and have different effects on the subject's autonomy and consequently on their motivation:

- A. Control
- B. Feedback
- C. Involvement

### Control

Refers to the degree to which a given event is controlling or, on the contrary, fosters autonomy. Controlling events are those that pressure people to feel, think or behave in a certain way. The person does not have much room for choice and experiences their behavior as being the result of pressure and, as such, tends to perceive an external locus of control and experience low levels of self-determination. On the other hand, events that foster autonomy provide the individual with a sense of choice and encourage their autonomy. They allow the person to experience their behavior as being caused by their motives and goals and promote a perception of internal locus of control and high levels of self-determination.

### Feedback

When the feedback is positive, it provides useful information, as it allows the individual to interact effectively with their environment. It promotes a feeling of competence. Negative feedback, or failure, provides a feeling of incompetence.

### Involvement

seeks to understand the extent to which someone significant (for example, a therapist) is involved in the therapeutic relationship and encourages the client's self-determination. The Experience of inter-relational rejection and the denial of interpersonal involvement

undermines intrinsic motivation (or self-determination). Therapists who promote client autonomy, especially in the geriatric population, increase their self-determination and their internal locus of control. A style that provides the client with choices, thus stimulating their internal locus of causality. To assess intrinsic motivation and self-determination in Therapy, Pelletier LG et al. [9] adapted a scale entitled Therapist Interpersonal Style, composed of a set of sub-scales that aim to understand the therapist's style about a therapeutic context that promotes autonomy and opportunities for choices for the client:

- a) Support for autonomy, "my therapist gives me the opportunity to make personal decisions"
- b) Control, "my therapist pressures me to do what he or she wants"
- c) Care/Support, "I feel that my therapist cares about me"
- d) Feedback/Competence, "the feedback I receive from my therapist is constructive and helps me improve"

## Discussion

Several studies have shown the importance of providing individuals with choices as a way of making them more effective. Cooper [10] compared two groups of clients, one who had the option of undergoing psychotherapy and the other who were not given that choice. The first group had better therapeutic results when compared to the second group of clients who were not given that option. Similarly, Gordan [11] gave one group a choice of two types of relaxation and another group did not give them any choice. The first group reported that the treatment was more effective than the second group. Other studies have manipulated the degree of choice given to clients during treatment, for example, by varying the different styles of therapists. According to Patterson GR et al. [12] one therapist exhibited didactic and confrontational (controlling) behaviors, while the other therapist exhibited supportive and dispositive behaviors. And emotional facilitation (information/autonomy).

The first obtained high levels of resistance from its clients when compared to the second. Costello [13], Parker MW et al. [14] concluded that providing patients with a selection of intervention alternatives, promoting their autonomy, reduces dropouts, increases confidence and increases the effectiveness of the overall intervention program. Thus, the more forms of self-determined motivation there are and the greater the degree of autonomy given to the client, the better the learning, interest, life satisfaction, persistence and mental health. The Motivation Questionnaire for Therapy, by Pelletier LG et al. [8] and the Therapeutic Environment Perception Questionnaire, by Ryan RM et al. [15] fit into the Self-determination Theory proposed by Deci and Ryan (1985, 1991). The authors suggest that human behavior is regulated by three basic forms of motivation: Intrinsic, Extrinsic and Amotivation. Following these developments, Pelletier LG et al. [8] developed the Motivation for Therapy Questionnaire and Ryan et al. [15]

developed the Therapeutic Environment Perception Questionnaire. The latter aims to assess the extent to which therapists and patients perceive the therapeutic climate as stimulating autonomy or not. This instrument is also based on Self-Determination Theory and distinguishes between autonomous and controlled behavioral regulation. According to [16] behaviors are considered autonomous when the person experiences a true sense of choice and will. If elderly people are depressed, this sense of autonomy is even more important [17, 18] On the other hand, they are considered controlled when people feel pressured to perform a certain behavior, whether by internal or external pressures. According to the Self-Determination Theory, behavioral regulation becomes more autonomous when the regulation is entirely internalized and becomes controlled when the regulation is external (for example, the subject behaves in a certain way to please another person). Williams GC et al. [16] state that regulation can also be partially internalized, for example, when it is controlled by anxiety or guilt [17-19].

## Conclusion

Fostering autonomy decision processes in Therapy-through providing choices, supportive feedback and a therapeutic environment that encourages self-determination-leads to better treatment outcomes. This approach aligns with Self-Determination Theory, which emphasizes that autonomous motivation and internalized regulation improve overall effectiveness, persistence and satisfaction in therapeutic settings. More studies should be carried out on geriatric populations to enhance this connection between autonomy-decisions and effective treatments.

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