Title: The Relationship between Autonomy Support and Well-Being in Adults with Intellectual Disability

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Introduction: Over the past years, the importance of subjective well-being of people with intellectual disabilities (ID) has been highlighted as outcome measure for support. The Self-Determination Theory (SDT; Ryan & Deci, 2000) highlights the imperative role of autonomy support to improve health and well-being outcomes, including subjective well-being. That is, in the general population, autonomy supportive environments supporting the satisfaction of the three basic psychological needs for autonomy, relatedness, and competence foster autonomous motivation for activities and enhanced subjective well-being. It has been argued that the relationships between autonomy support, autonomous motivation, need satisfaction, and subjective well-being are universally applicable. However, they have seldom been tested in people with ID, partly due to a lack of psychometrically sound instruments. Studying these relationships using valid and reliably instruments is critical, as autonomy support, autonomous motivation, and the needs for autonomy, relatedness, and competence are important concepts that are meaningful and functional for people with ID, and it may provide valuable insights into how to support them to achieve optimal well-being. Hence, after the validation of three self-report questionnaires regarding autonomy support, need satisfaction, and autonomous motivation, the purpose of this study was to test whether an SDT-model linking these concepts would fit the data derived from people with mild to borderline ID (IQ 50-85).

Method: In total, 186 people with mild to borderline ID were selected through simple random sampling from four ID-services in a mixed urban / rural area in the southern part of the Netherlands participated in this study. The participants were between 18 and 84 years of age, with a mean age of 40.3 years (SD = 14.9); 110 were male and 75 were female. The Health Care Climate Questionnaire – Intellectual Disability (HCCQ-ID; Frielink, Schuengel, & Embregts, submitted) was administered to measure autonomy support. In addition, the Basic Psychological Needs Satisfaction and Frustration Scale – Intellectual Disability (BPNSFS-ID; Frielink, Schuengel, & Embregts, 2016) was administered to measure satisfaction and frustration with the three basic needs, and the Self-Regulation Questionnaire (SRQ; Frielink, Schuengel, & Embregts, submitted) to measure autonomous motivation for continuing support. Moreover, measurements regarding subjective well-being (Satisfaction with Life Scale, Cantrill-ladder) were also administered.

Results: Using Structural Equation Modelling, the results showed that: 1) perceived autonomy support from support staff was positively associated with autonomous motivation for support and with satisfaction of the needs for autonomy, relatedness, and competence; 2) autonomous motivation for support and need satisfaction were associated with higher well-being; 3) autonomous motivation and need satisfaction statistically mediated the association between autonomy support and well-being; and 4) need satisfaction was negatively associated with controlled motivation but not with autonomous motivation.

Discussion: This study shows that autonomy-supportive staff will increase their client’s subjective well-being, which is, among others, an essential outcome measure for support. Hence, the universality claims of the SDT were bolstered. However, more importantly, SDT shows potential as a guide towards enhancing subjective well-being and thus quality of life of people with mild to borderline ID through support focusing on autonomy. Given the important role of an autonomy supportive environment, need satisfaction, and autonomous motivation in subjective well-being, it is recommended to examine these three SDT-constructs in more detail in future research with people with ID.

References/Citations: