



# AUTONOMY, AFFILIATION & ACHIEVEMENT

The “3 As” &  
Older Adults’ Mental  
Health & Well-Being

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In 2021, Mather introduced the Person-Centric Wellness Model to better support wellness among older adults. The new model integrates aspects of Self-Determination Theory and the Social-Ecological Model to capture primary drivers of wellness as well as individual, community-level, and societal influences on wellness.

According to Self-Determination Theory, people have three universal psychological needs, or drivers, which Mather Institute has termed **autonomy**, **achievement**, and **affiliation** (Ryan & Deci, 2000), or the 3 As. Autonomy is the need for a person to have power over their own decisions and behaviors. Achievement is the need to demonstrate competence and mastery over one's environment so that they are learning and developing while taking actions that lead to desired outcomes. Affiliation is the need to have close relationships and meaningful interactions with others. It includes receiving support as well as providing support to others. Fulfilling one's need for autonomy, achievement, and affiliation creates a dynamic situation that fosters personal growth and wellness.

Previous research demonstrates that individuals exhibiting autonomy, affiliation, and achievement demonstrate greater psychological wellness than those without these characteristics (Ryan & Deci, 2000). However, the COVID-19 pandemic has

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had a powerful influence on the wellness of many as well as on people's ability to practice these psychological needs. An obvious example of the pandemic's influence is a general decrease in social interaction (affiliation). This decrease also limits one's ability to make choices for themselves (autonomy) and to seek opportunities for growth and mastery (achievement).

In the spring of 2021, Mather Institute developed a study to investigate the extent to which older adults' autonomy, affiliation, and achievement needs were being met. The study also investigates whether there was a relationship between these needs and mental health, and/or between these three needs and wellness. Just over 500 older adults completed an online survey to address this topic. (Details on the study sample and methodology can be found in the Appendix.).

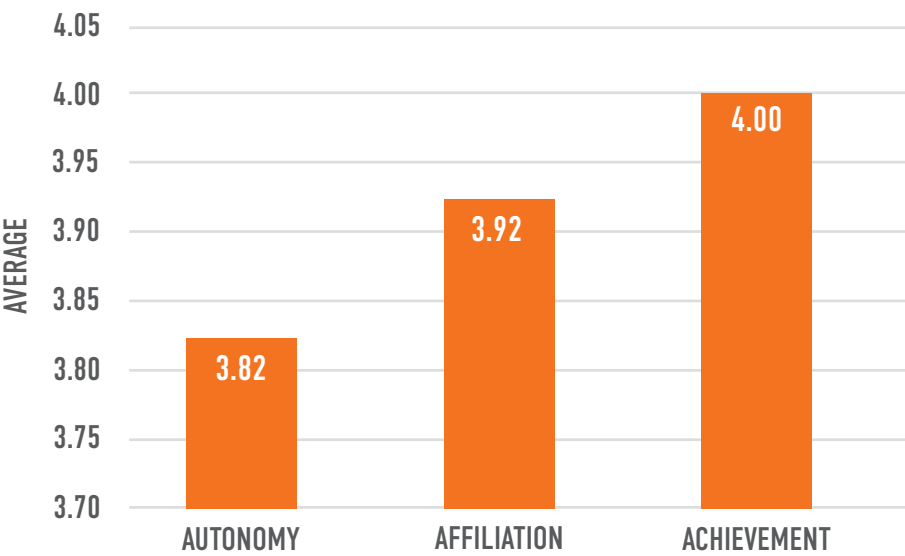
The results provide an interesting glimpse into the relationship between an individual's sense of autonomy, affiliation, and achievement as it relates to their mental health and wellness during the pandemic.



KEY FINDINGS

Survey responses indicate that participants experienced high levels of autonomy, affiliation, and achievement, even in the midst of the pandemic. Among these, they exhibited the most achievement, followed by affiliation and autonomy, respectively. The average rates for which respondents reported exhibiting the three drivers are depicted in Figure 1.

FIGURE 1. AUTONOMY, AFFILIATION, AND ACHIEVEMENT



There were significant differences in the extent to which different groups experienced autonomy, affiliation, and achievement (See Table 1 for details).

TABLE 1. ASSOCIATION BETWEEN DEMOGRAPHIC DIFFERENCES AND THE 3 As.

	AUTONOMY	AFFILIATION	ACHIEVEMENT
GENDER – Women		↑	
Men			
GREATER INCOME	↑	↑	↑
RACE – White/Caucasian			
Black/African American		↓	
Hispanic/Latino		↓	
Other race		↓	↓
GREATER EDUCATION			
Less than a bachelor’s degree	↓	↓	↓
More than a bachelor’s degree	↑	↑	↑

Positive Outcomes Negative Outcomes  
Direction of arrows indicates an increase (↑) or decrease (↓) in relation to the traits in the left column. Since outcomes may be positive (e.g., resilience) or negative (e.g., stress), colors highlight positive (teal) or negative (orange) outcomes. Spaces without arrows indicate that there is no association between the variables.

Relative to racial minority groups and men, those who were White/Caucasian or women reported higher levels of affiliation. Relative to those who were White/Caucasian, respondents who reported their race as “Other” were less likely to exhibit achievement.

Respondents with higher incomes and education were more likely to report greater autonomy, affiliation, and achievement than those with lower incomes and less education.



Greater AFFILIATION was associated with higher levels of intellectual and social wellness and was most strongly associated with social wellness.

THE 3 As & MENTAL HEALTH

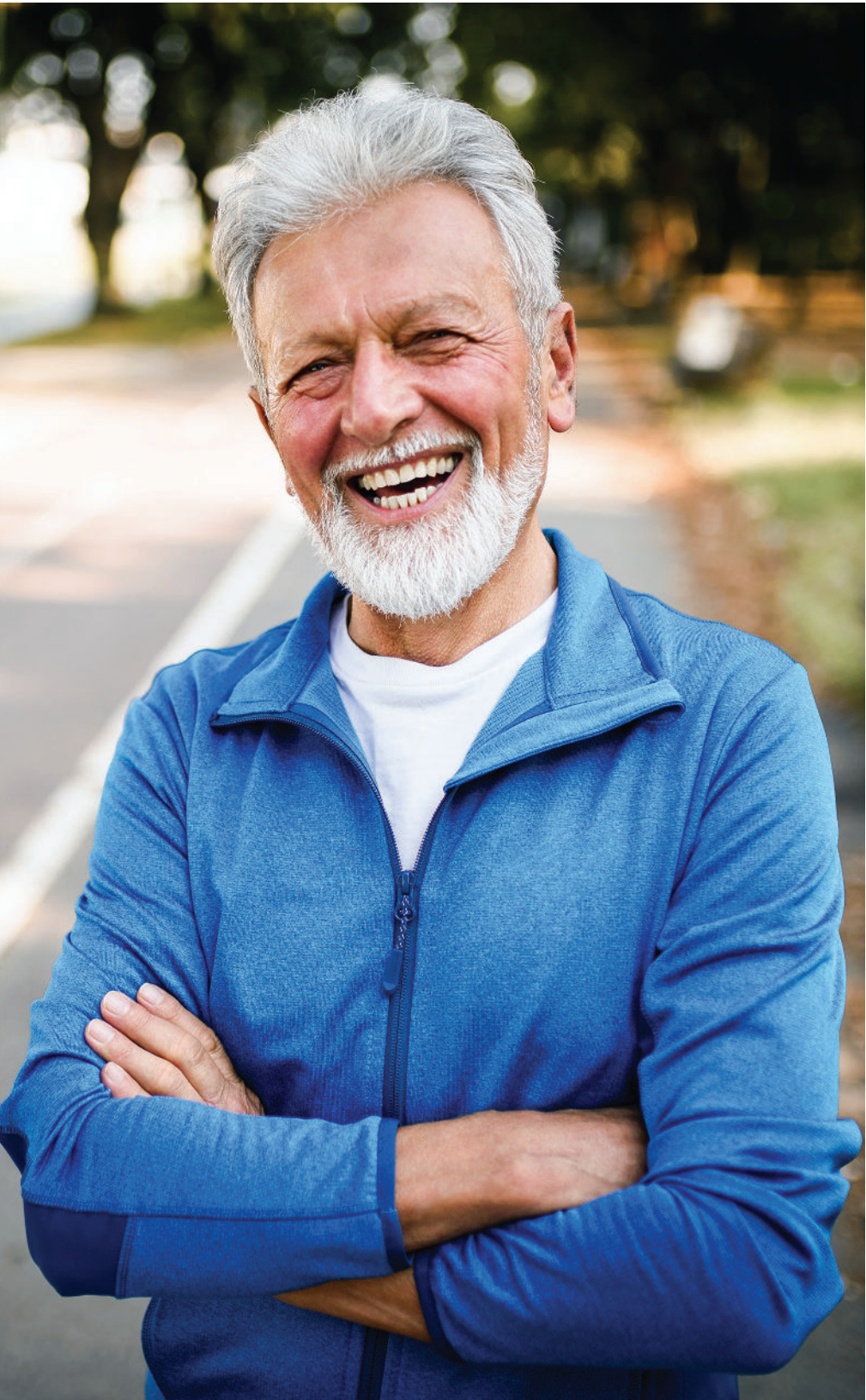
The researchers also examined whether the 3 As were associated with mental health, including COVID-19-related mental health concerns. Analyses controlled for potential effects of age, gender, race, education, marital status, full-time employment status, and income. (See Table 2 for details).

TABLE 2. ASSOCIATIONS BETWEEN THE 3 As AND THE MENTAL HEALTH INDICATORS.

	Negative Impact of COVID-19 on Mental Health	Concerns about returning to normalcy	Depression	Insomnia	Loneliness
AUTONOMY	↓		↓	↓	↓
AFFILIATION					↓
ACHIEVEMENT			↓	↓	↑

Positive Outcomes Negative Outcomes  
Direction of arrows indicates an increase (↑) or decrease (↓) in relation to the traits in the left column. Since outcomes may be positive (e.g., resilience) or negative (e.g., stress), colors highlight positive (teal) or negative (orange) outcomes. Spaces without arrows indicate that there is no association between the variables.

- Those with lower levels of autonomy and achievement were more likely to report depression, insomnia, and loneliness.
- Those with low autonomy were also more likely to report that COVID-19 has negatively impacted their mental health.
- Loneliness was associated with lower levels of autonomy and affiliation but higher levels of achievement.



THE 3 As & WELLNESS

In addition to uncovering relationships between the 3 As and mental health, the study also revealed relationships with various dimensions of wellness, including emotional, social, intellectual, spiritual, physical, and vocational wellness. This analysis controlled for effects of gender, race, income, and education.

- Greater autonomy was associated with higher levels of emotional, social, spiritual, and physical wellness. Greater autonomy was most strongly associated with greater emotional wellness.
- Greater achievement was associated with higher levels of vocational, emotional, intellectual, and physical wellness. It is most strongly associated with intellectual wellness, followed by emotional, vocational, and physical wellness, respectively.
- Greater affiliation was associated with higher levels of intellectual and social wellness and was most strongly associated with social wellness.

# DISCUSSION

This study examined how the 3 As relate to both mental health and to different types of wellness during the pandemic. Findings reveal that autonomy, achievement, and affiliation are associated with important mental health and wellness outcomes. The degree to which older adults experience autonomy seems to be particularly important to mental health, as findings indicate that a greater sense of autonomy is associated with four out of five mental health indicators.

While autonomy, affiliation, and achievement differently impact mental health outcomes, autonomy and achievement are associated with more wellness dimensions. Of the six wellness outcomes, for instance, four were associated with both autonomy and achievement while only two were associated with affiliation. Moreover, autonomy is most strongly associated with emotional wellness and achievement is most strongly associated with intellectual wellness.

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# STRATEGIES FOR INDIVIDUALS & AGING SERVICES PROVIDERS

Considering the relationships between the 3 As and mental health and wellness, it is worthwhile to consider ways people might increase their feelings of autonomy, achievement, and affiliation. The following are simple strategies individuals may utilize to this end:

- Develop new skills and knowledge in wellness-related areas that you choose and that interest you, whether they be cooking classes, tennis lessons, meditation sessions, or something else. You're more likely to succeed at completing tasks that you enjoy and choose for yourself.
- Increase your sense of achievement by setting specific, realistic wellness goals and tracking your progress toward those goals. If your goal is to walk more, for instance, build your endurance by first walking shorter, more manageable distances before challenging yourself to walk farther.
- Evaluate whether you have people in your life who are supportive of your health and wellness goals and seek social support (affiliation) as needed. Merely relying

on others for support can increase your interactions with others, which in turn boosts your social and intellectual wellness. If you feel you lack supportive people in your life, consider how you might create healthy social connections. This may be done in person through community centers, religious organizations, or social clubs or groups. Some people also find valuable social connections online; for example, by reconnecting with contacts they know on Facebook or by finding online social support groups.

Those in senior living communities and aging services can also support well-being among older adults by promoting the 3 As:

- To promote **autonomy**, design programs to maximize participant choice, including offering different types of programs at a variety of times. In addition, enable older adults to engage with the program in different ways and invite participants to establish their own goals or intentions.

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- To support **achievement**, develop programs that allow opportunity for mastery, not just participation. For example, try to incorporate ways for participants to gain a certain set of skills. In addition, ensure that different learning styles are considered so that all participants are able to succeed in achieving the desired outcomes.
- To enhance **affiliation**, offer opportunities for older adults to engage with others and form social connections. In doing so, it's important to ensure that the physical space is conducive to conversation.



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APPENDIX

TABLE 3. RESPONDENT CHARACTERISTICS

GENDER	PERCENT
Female	63.3%
Male	36.7
Race/Ethnicity	
White/Caucasian	39.0%
Black/African American	28.2%
Other Race (American Indian/Asian/Other)	20.6%
Hispanic	11.8%
Education	
Less than a bachelor's	43.4%
Bachelor's or more	56.6%

METHODS

Approximately 500 respondents to an online survey were asked questions examining their levels of COVID-related concerns, general mental health concerns, behavioral psychological characteristics, and different wellness outcomes.

COVID-19-Related Mental Health Concerns:

Respondents were asked the extent to which they agreed with the following questions on a scale ranging from 1 (Not at all) to 5 (A great extent):

- 1. To what extent has the pandemic negatively impacted your mental health?
- 2. Closings and restrictions due to the pandemic may be lifted in the coming months. Presuming most of the population is vaccinated, do you have any worries related to returning to your normal (pre-pandemic) level of activity?

**General Mental Health Concerns:** Respondents were asked a series of questions targeting the extent to which they exhibited depression,

insomnia, and loneliness. Depression was examined using a 4-item measure of depression from the Patient Health Questionnaire-4 (Lowe et al., 2010).

Respondents were asked how frequently they exhibited characteristics of depression on a scale ranging from 1 (Not at all) to 4 (Nearly every day). Insomnia was examined using the Insomnia Severity Index (Bastien, Vallières, & Morin, 2001). In order to examine insomnia, respondents were asked the extent to which they exhibited characteristics associated with poor sleep quality. These responses ranged from 1 (Not at all) to 5 (Very much interfering). Loneliness was examined using the Gierveld Loneliness Scale (Gierveld & Van Tilburg, 2010). On a scale ranging from 1 (No) to 3 (Yes), respondents were asked whether they exhibited characteristics of loneliness. Respondents were asked to rate all other types of wellness on a scale ranging from 1 (Not well at all) to 5 (Very well).

**BPR:** Using a 12-item version of the Basic Psychological Needs Satisfaction scale, respondents were asked the degree to which statements examining characteristics of autonomy, affiliation, and achievement were true at this point in their lives (Chen et al., 2015). Responses ranged from 1 to 5 (1=Not at all, 2=Slightly true, 3=Somewhat true, 4=Moderately true, 5=Completely true). Each of these psychological needs were derived from four of the twelve questions to create three separate composite scores ranging from 1 to 5.

**Wellness Outcomes:** On a scale ranging from 1 (Not well at all) to 5 (Very Well), respondents were asked the extent to which they exhibited physical, social, spiritual, intellectual, emotional, and vocational wellness.