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The impact of neuroticism and personal autonomy on decision-making capacity

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Abstract

The aim of this study was to identify the impact of autonomy and neuroticism on decision-making ability. To achieve this goal, hypotheses were formulated and evaluated on a sample of 40 people aged 18-50 years, both students and employees. Using tools such as a decision-making capacity assessment test, a personal autonomy assessment questionnaire and a personality questionnaire tailored to the Romanian population, the research explores the complex relationships between these variables and decision-making behavior.

By analyzing the collected data, the study confirms a moderately significant correlation between personal autonomy and decision-making capacity, indicating that individuals with a higher level of personal autonomy tend to exhibit a more effective decisional capacity. This result is supported by the literature, which highlights the crucial role of autonomy in improving performance and professional satisfaction.

At the same time, the research finds a significant negative correlation between neuroticism and decision-making ability, suggesting that individuals with higher levels of neuroticism tend to have lower decision-making capacity. This finding highlights the importance of managing negative emotions in decision making and the need to develop coping skills to improve performance in professional and social environments.

In conclusion, the study highlights the importance of personality traits such as autonomy and neuroticism in influencing decision-making and provides valuable insights into the development of interventions and strategies aimed at optimizing decision-making capacity and improving psychological resilience in the face of stress and uncertainty.

Keywords. Decision-making capacity, personal autonomy, neuroticism



1. Theoretical framework

1.1 Decision-making capacity

1.1.1. Definitions and features

The decision involves the accumulation of a large amount of information on the phenomenon of which it is decided, which requires a relatively large capacity for reception, storage and processing of information, and, analytical thinking capable of identifying possible alternatives and critical thinking designed to compare and prioritize them. Moreover, it presupposes the prospective ability of the present and the consequences of each variant (Moraru, 1976).

Decision making is a complex interaction between multiple cognitive processes involved in evaluating available options and choosing a mode of action (Dolan & Dayan, 2013).

(Byrnes, 1998) defines decision making as choosing a course of action between two or more alternatives.

According to the American Psychological Association, 2018, decision making involves a process of choosing from a variety of alternatives, starting from relatively clear solutions (ordering a kind of menu) to complex ones (choosing a ground floor).

Decision-making capacity involves skills in choosing and hierarchizing specific means of completing the optimal solution and involves engaging the decision-maker in terms of affectivity and willingness to evaluate problems and undertake efforts to to exceed them (Tarrow, 2020).

The main variables in decision making include uncertainty of results, where uncertainty can influence preferences for risky but potentially favorable options, and individual variables on exploring an immediately available secure option with the possibility of a future benefit, possibly uncertain (Badre, Doll, Long, & Frank, 2012).

An operational decision requires rapidity in terms of vulnerable aspects: reception and processing of information, establishment of possible variants, choice and establishment of appropriate necessary means (Moraru, 1976).

1.1.2. Descriptive and normative theories

The normative theories of decision making provide prescriptions on how people should make optimal and correct decisions through mathematical optimization (Simon, 1971).

This normative research proposes prescriptive functions or decision rules that serve as comparative rational standards, helping people obtain solutions that maximize the expected utility, he said, taking into account the probability distributions of the results of different actions (Johson & Busemeyer, 2010).

Descriptive theories focus on identifying the circumstances in which decision-makers manifest themselves rationally correctly or erroneously (Chapman & Sonnenberg, 2000). Studies suggest and argue that individuals are less likely to adopt analytical mechanisms developed under the regulatory approach, as psychological factors influence decision-making (Johson & Busemeyer, 2010).

These decision strategies refer to the processes that individuals undertake to use to evaluate the extent to which their actions serve the necessary goals, including, even if the choice chosen may not be the optimal one (Chapman & Sonnenberg, 2000)



Therefore, decisions are made within the foreseeable limits of capacities and decision-makers operate within reason, with rationality inevitably occurring in the cognitive process, where satisfactory alternatives are sought (Simon, 1971).

1.1.3. Heuristics of prejudice (bias)

Heuristics are quick mind commands in making the decision used to simplify the process by avoiding details and sequential steps. They reflect simple deliberately applied rules or strategies based on moral values, personal experiences, preferences, and stereotypical choices (Camic, 1992).

Individuals tend to simplify situations that involve choices, formulating decisions based on limited opinions that focus only on certain aspects, ignoring other relevant information. Thus, they can be satisfied without engaging in a detailed process (Hickson & Khemka, 2014).

Detailed processing of information may be undermined during decision making by the presence of biases such as framing effects. Most of the time, how a decision issue is presented can influence the decision-making approach (Kahneman, 2011).

Types of influential heuristics that play a significant role in forming intuitive judgments about probabilities, size, and frequency are as follows:

- a. Heuristics of representativeness – refers to the probability that a situation or person belongs to a category according to the degree of similarity of that category;
- b. Availability heuristics – individuals estimate the frequency or probability of an event or feature based on easy-to-remember examples;
- c. Anchoring – cognitive phenomenon by which the initial values are used as a reference point (Kahneman & Tversky, 1979).

1.2. Personal autonomy

1.2.1. Definition of the concept of autonomy

Autonomy is the ability of a person to function independently, according to his own rules, being considered a form of self-determination by conscious self-regulation (Neveanu, 1978). This concept is an essential psychological need, manifesting itself through a will of its own and self-determination in thinking, emotions and behaviors (Legault, 2016).

Personal autonomy has been studied from two points of view: self-determination, where it is seen as a specific need, and psychological well-being, in which it is considered a personality trait (Ryan & So, 2000).

This concept is defined as an innate fundamental inclination that causes a person to engage in beneficial behaviors for the development of flexible interactions with the social environment (Serdiuk, Danyliuk, & Chaika, 2018).

Personal autonomy is a personality trait that includes the ability to self-determine, the ability to make decisions on your own initiative in managing your own life and implement them through initiation, organization and review, without support, taking into account personal interests, needs, desires, goals, objectives and values (Albu, 2007).

(Clark, Olympia, Jensen, Tuesday-Heathfield, & Jensen, 2004) states that autonomy reflects the possibility of making choices and making decisions about one's own life, without external influences or negative interference. Moreover, it refers to the setting of own-initiative goals and actions, free of constraints or influences (Ryan & Lynch, 1989).



1.2.2. Dimensions of personal autonomy

Autonomy has been studied in the literature as a multidimensional concept, and the main types highlighted by them are the following autonomies: cognitive, emotional, behavioral, attitudinal and value.

(Levita, 2008) classifies autonomy from the perspective of maturity:

a. Emotional autonomy - refers to the release of dependence from a sentimental and relational point of view by establishing goals independent of the wishes of the parents

b. Behavioral autonomy - the ability to make decisions independently and implement them without compliance or submission;

c. Value autonomy - involves the ability to possess personal attitudes and beliefs about the moral, political, and spiritual life, but also to think abstractly by observing essential differences from general ones.

(Albu, 2007) identified other dimensions of personal autonomy, namely cognitive, attitudinal and functional:

a. Cognitive autonomy involves the ability to reason independently without seeking social validation

b. Attitudinal autonomy is a cognitive process of making choices and acting accordingly based on one's own capabilities, reflection, and set goals

c. Functional autonomy involves the processes of developing strategies by means of self-regulation and self-control

1.3. Neuroticism

Neuroticism is the tendency to express negative emotions, characterized by different facets of anxiety, angry hostility, depression, self-awareness, impulsivity, and also vulnerability (Costa & McCrae, 1992). High neurosis predisposes individuals to anxiety disorders, because these neurotic experiences manifest themselves as a preventive strategy that prevents the individual from confronting and challenges his irrational fears of threatening and ambiguous stimuli (Lommen et al., 2010). In general, high neuroticism is a risk factor for several psychopathologies, such as depression (Claridge & Davis, 2001), schizophrenia, and, post-traumatic stress disorder and eating disorders (Cervera et al., 2003).

People with high levels of neuroticism tend to experience chronic negative effects as a result of less developed adaptation strategies (Gunthert et al., 1999) alongside chronic stress, which subsequently leads to poor physical health, preceded by marital instability and continual discontent (Kelly & Conley, 1987).

Mynard & Joseph (1997) found that in children aged 8 to 13 years, those who were violent had low levels of self-esteem and high levels of neuroticism, which is why they use aggression to increase their reputation by establishing dominance over others. For various reasons, this trait will negatively influence the cognitive assessments of situations, and they will be seen as threatening compared to others (Jonason & Sherman, 2020).

Neuroticism causes the individual to regularly experience unpleasant events. These experiences tend to be more thorough and are accompanied by low levels of self-development resources in response to stressful situations or environments (Barlow et al., 2014).



Empirically, neuroticism has been analyzed as a relationship moderator from the perspective of several conditions (e.g., events or behavioral analysis of other people) (Junca-Silva & Silva, 2022). For example, the theory of affective events (Weiss & Cropanzano, 1996) claims that such actions trigger emotional reactions that influence attitudes; however, they do, personality traits blur the way individuals react affectively to different types of events. From this point of view, neuroticism creates the manifestation in which people react contextually (for example, the behavior of the leader). As is rationally clear, highly neurotic individuals are more easily capricious, angry, and frustrated, perceiving negative behaviors more severely (Thompson, 2008). Moreover, they are more susceptible to situational influence and how to act and react in certain circumstances (Goddard et al., 2001). And they tend to be more prone to mental health problems, so they become emotionally depleted and enter burnout more easily (Lunansky et al., 2020).

2.2. Research methodology

2.1. Objectives

The main objective is to identify the impact of autonomy and neuroticism on decision-making ability.

2.2. Hypothesis

1. It is presumed that there is a correlation between decision-making capacity and personal autonomy.
2. It is presumed that there is a correlation between decision-making capacity and neuroticism.

2.3. Lot of participants

The group of participants in this study consists of a sample of 40 people aged between 18 and 50, female and male, female, covering certain areas of activity and domiciles located both in the urban area and in the rural area.

The present sample is balanced in terms of gender of the participants, having 19 male and 21 female gender. Subjects' home environment is weighted, as 23 participants come from rural areas and 17 from urban areas.

Also, the main professional occupations highlighted by the participants were: students, sellers, engineers and programmers, more exactly 10 of the subjects are students, 18 commercial workers, etc, 7 Engineers and 5 IT engineers, respectively.

2.4. Research instruments

For the purposes of determination and measurement that a number of sample measuring instruments have been used, as follows:

The first instrument used was the decision-making capacity assessment tool which includes 14 items describing decision-making situations and presenting alternatives for which subjects can choose, whereas they are built in the form of situations with answers of choice. The test is administered in a time limit of 7 minutes in a secure environment and away from noise.

The personal autonomy assessment questionnaire (PA) evaluates four dimensions of autonomy: cognitive, behavioral, emotional, and value. It is used for personality diagnosis, clinical



field, health and educational. It is administered individually or collectively without the pressure of time. It consists of 36 items that represent a description of a behavior, and their measurement is done through the Likert scale that signifies how it fits the way it thinks, feels or act and choose one of the variants from „very little” to „very much”.

Neuroticism was evaluated using the ZKPQ personality questionnaire adapted to the population of Romania and contains 99 items grouped in six scales: impulsive search for sensations, sociability, neuroticism-hostility, neuroticism, social activity and desirability.

The instrument shall be administered individually or collectively, and the quotation of the responses shall be made by giving a point if the replies coincide with that indicated by the grid and zero points otherwise.

2.5. Research design

The design of the research is composed of a plan that highlights the procedure for making this work. The research plan:

- Enunciation of the problem concerned,
- Theoretical basis of concepts,
- Establishing research objectives and hypotheses,
- Choice of collection methods and tools,
- Application of questionnaires to a lot of participants,
- Statistical processing of the results,
- Presentation of results,
- Presentation of the conclusions.

2.6. Research results and their significance

Hypothesis 1: *There is a presumed correlation between decision-making capacity and personal autonomy*

Regarding the statistical verification of the first hypothesis stated is the testing of the normality of the score distribution obtained from the application of the instruments.

Table 2.6.1. – The normality test for the variables of autonomy and decisional capacity

Tests of Normality

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
decisional capacity	.187	40	.001	.924	40	.010
autonomy	.162	40	.010	.925	40	.011

a. Lilliefors Significance Correction

Following the application of the normality test on the variables that measure autonomy and decisional ability, a non-normal distribution can be observed both on the autonomy scale and on the decisional capacity scale, whereas both variables according to the Kolmogorov-Smirnov coefficient have sig. 0.001, sig.010, lower than 0.05.

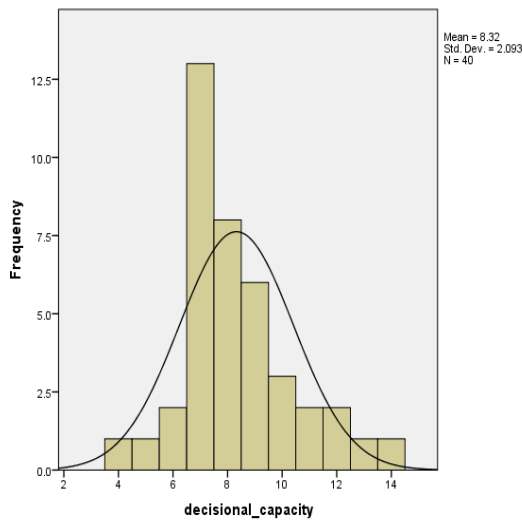


Fig. 2.6.1. – Score distribution for decisional capacity scale

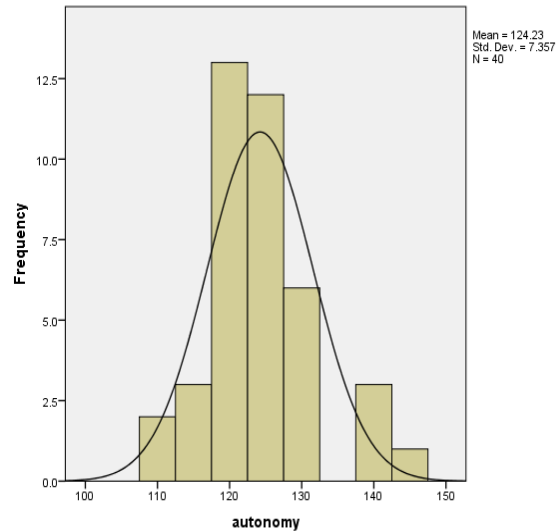


Fig. 2.6.2. – Score distribution for autonomy scale

As can be seen in the two histograms attached above, the distribution of scores for autonomy and decisional capacity scales reaches the threshold of non-normality, that is, they are asymmetric. In terms of media, the autonomy scale scored 124.23 and the decision-making capacity reached an average of 8.32.

Having regard to the previous results, to investigate the statistical relationship between the two variables, namely autonomy and decisional capacity, it will be necessary to apply a statistical test of non-parametric correlation Spearman.

Table 2.6.2. – Spearman test results for autonomy and decisional capacity variables

Correlations				
			decisional_capacity	autonomy
Spearman's rho	decisional_capacity	Correlation Coefficient	1.000	.469**
		Sig. (2-tailed)	.	.002
		N	40	40
	autonomy	Correlation Coefficient	.469**	1.000
		Sig. (2-tailed)	.002	.
		N	40	40

** . Correlation is significant at the 0.01 level (2-tailed).

From the table, one can observe the existence of a moderate correlation between autonomy and decisional capacity. The coefficient of significance indicates that it is statistically significant, being Sig. (2-tailed) 0.002 less than 0.05 indicating a significant correlation.



observation, education, to changing the architecture and incentives to choose and, ultimately, to eliminating elections.

Griffiths and West (2015) have redefined some types of intervention as “improving autonomy”, such as providing information and the possibility of choice. This change was based on the idea that people are not always able to adhere to their goals so that external forces can support autonomy in the sense of rational self-control (Walker, 2008). A similar line of reasoning refers to recent advances in research on cognitive improvement (e.g., Bostrom & Sandberg, 2009) and stimulation (e.g., Grune-Yanoff & Hertwig, 2016), and emphasizing the importance of external interventions aimed at mental functioning in order to increase personal autonomy in the service of achieving goals.

Hypothesis No 2: *There is a presumed to be a significant difference between decision-making capacity and neuroticism*

Regarding the statistical verification of the first hypothesis stated is the testing of the normality of the score distribution obtained from the application of the instruments.

Table 2.6.3. – The normality test for the variables of neuroticism and decisional capacity

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
decisional_capacity	.187	40	.001	.924	40	.010
neuroticism	.207	40	.000	.897	40	.002

a. Lilliefors Significance Correction

Following the application of the normality test to measure the neuroticism variables and the decisional capacity, a non-normal distribution can be observed both on the neuroticism scale and on the decision-making capacity scale, according to the Kolmogorov-Smirnov coefficient au sig. 0.001, sig.000, lower than 0.05, respectively.

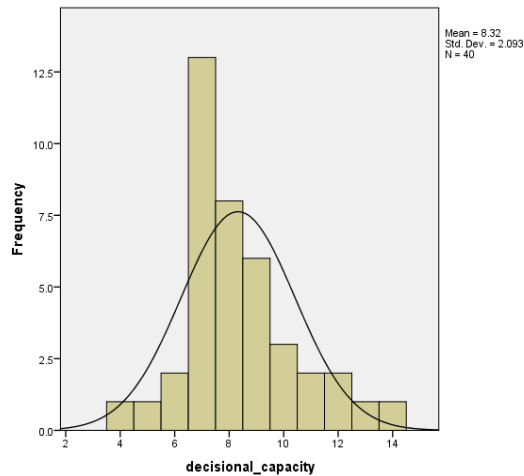


Fig. 2.6.4. – Score distribution for decisional capacity scale

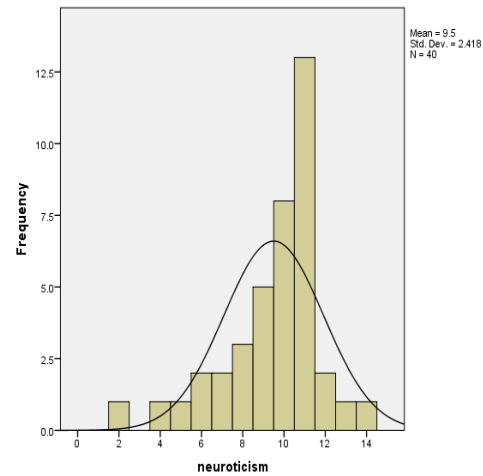


Fig. 2.6.5. – Score distribution for neuroticism scale

As shown above attached histograms, the distribution of scores for neuroticism and decision-making scales reaches the threshold of non-normality, that is, they are asymmetric. In terms of average, the neuroticism scale scored 9.5, and the decision-making capacity reached an average of 8.32.

Having regard to the previous results, in order to investigate the statistical relationship between the two variables, namely neuroticism and decisional capacity, it will be necessary to apply a statistical test of non-parametric correlation Spearman.

Table 2.6.4. – Spearman test results for neuroticism and decisional capacity variables

			decisional_ca capacity	neuroticism
Spearman's rho	decisional_capacity	Correlation Coefficient	1.000	-.481**
		Sig. (2-tailed)	.	.002
		N	40	40
	neuroticism	Correlation Coefficient	-.481**	1.000
		Sig. (2-tailed)	.002	.
		N	40	40

** . Correlation is significant at the 0.01 level (2-tailed).

From the table, one can observe the existence of a moderate correlation between neuroticism and decision-making capacity. The coefficient of significance indicates that it is statistically significant, being Sig. (2-tailed) 0.002 less than 0.05

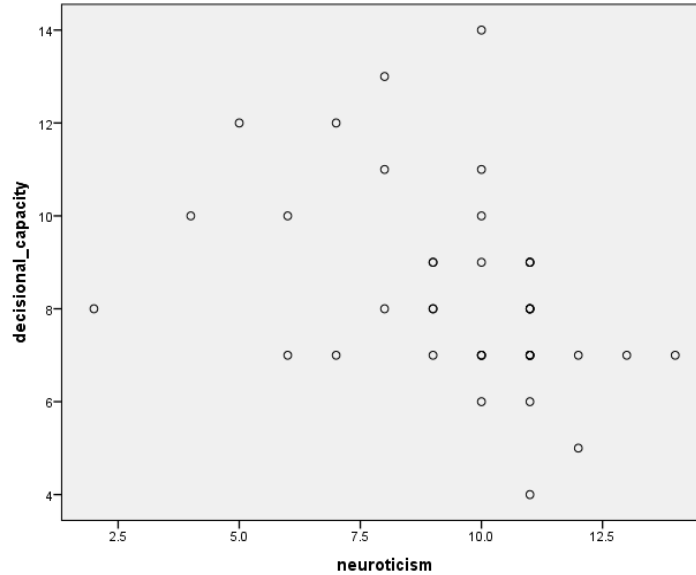


Fig. 2.6.6. The score cloud related to the correlation verification between the neuroticism variable and the decisional capacity variable

The scatter plot (scatter plot) shows a negative relationship between the two investigated variables, highlighting the correlation between them through the cloud of points formed by the recorded values.

Interpretation of the significance of the statistical results of hypothesis 2

Following statistical testing, the hypothesis that there is a correlation between neuroticism and decisional capacity is confirmed.

Neuroticism is the tendency to demonstrate a weak emotional adjustment in the form of stress, anxiety and depression, and individuals who achieve a high score are considered anxious, depressed, impulsive, and depressed, insecure and emotional (Judge & Ilies, 2002).

This personality trait is related to impulsive behavior, low concentration caused by negative emotions, indecision, rumination and uncertainty (Meyer, 2024).

A study in the literature concluded that people who are neurotic are more likely to avoid engaging in decision-making activities because they doubt their own abilities, they become vulnerable to stressors and fear the consequences that could be produced by their own decisions (Wang, Jome, Haase & Bruch, 2006).

(Tamir, 2005) stressed that the high level of neuroticism in individuals increases the level of concern over their own choices in experienced environments.

Research on 196 elite young judges in the UK has shown that people with a high score on the neuroticism scale tend to have a particular focus on stimuli, this indicates the likelihood of reacting automatically to external factors, resulting in much faster and more effective responses in the context of the decision under threat (Bell, Mawn & Poynor, 2013).



However, a theoretical approach to examining pressure suffocation during decision making is provided by distraction theory, which proposes that pressure-filled situations distract attention from pregnancy, weaker performance (Lewis & Linder, 1997). Unlike explicit monitoring theory that applies in the context of procedural skills (Baumeister, 1984), distraction theory is relevant to cognitive processes such as decision making (Lewis & Linder, 1997).

According to research on distraction theory, pressure generates mental distractions that decrease the available resources of working memory (WM) that should be allocated to cognitively demanding tasks (Beilock & Carr, 2005, Beilock et al., 2004). In the context of decision making, people who are concerned about the pressure component of a decision may be more likely to have reduced cognitive resources available to make an optimal decision.

Conclusion

Following the research, we have achieved our goal, which is to study the influence of decision-making capacity on neuroticism and autonomy, discovering the attitude of the examined people regarding this cognitive ability, depending on gender, depending on, the environment of origin and the field of activity.

The first instrument used was a decision-making capacity assessment, composed of 14 items describing various decision-making situations and offering alternatives from which subjects can choose. This test is designed in the form of problematic multiple-response situations and dilemmas and is administered over a 7-minute interval in a safe and quiet environment.

The next tool applied was the personal autonomy assessment questionnaire (PA) that evaluates four dimensions of autonomy: cognitive, behavioral, emotional and value. The questionnaire consists of 36 items describing behaviors, and the responses are measured on a Likert scale, indicating the degree to which subjects identify with these behaviors.

Neuroticism was also evaluated using the ZKPQ personality questionnaire, adapted for the Romanian population. It contains 99 items divided into six scales: impulsive search for sensations, sociability, neuroticism-hostility, activity and social desirability.

We subjected to our study, people from different backgrounds like rural and urban, different genders, that is, feminine and masculine with ages between 18 and 50. The assumptions were built according to the reference to the entire sample, even if they were predominantly women, most of them from rural areas and who attended the academic field.

The theoretical part introduced presents a detailed analysis of the concepts of neuroticism, autonomy and decisional capacity, together with the descriptive and normative and heuristic theories of judgments. By integrating these concepts and theories, the research aimed to investigate the complex relationships between personality traits, decision-making processes and human behavior, with the aim of identifying the factors that influence decision making and developing effective interventions and strategies for improving these processes in various areas of life and work.

Regarding the first hypothesis, the research started from the assumption that there is a significant correlation between autonomy and decision-making capacity in the participants of this study. The hypothesis was confirmed by rigorous statistical analysis, which showed a strong positive relationship between the two variables. The results showed that participants with a higher level of personal autonomy tend to have better decision-making capacity. This correlation has been



consistently observed in all four dimensions of autonomy. Participants who demonstrated superior cognitive autonomy, i.e., the ability to think and analyze independently, tended to make more effective and informed decisions. Behavioral autonomy, which reflects the degree of self-control and self-direction in actions, has also been associated with superior decision-making ability.

These findings are supported by the literature. Previous studies have shown that autonomy plays a crucial role in the work environment, positively influencing performance and professional satisfaction. For example, research in the field of organizational psychology has shown that employees who enjoy more autonomy in the workplace have an increased ability to make effective decisions, they are more motivated and have a higher level of commitment to the organization.

The second hypothesis of the research started from the assumption that there is a significant difference between neuroticism and decision-making ability, suggesting a negative correlation between these two variables. In practical terms, this means that participants with high levels of neuroticism would tend to have lower decision-making capacity. The results of the statistical analysis confirmed the initial hypothesis, showing a significant negative correlation between neuroticism and decision-making capacity. This means that participants with higher scores on neuroticism tended to perform worse in decision-making capacity tests. This result is according to the literature, which suggests that people with high levels of neuroticism are often overwhelmed by negative emotions, which can negatively affect cognitive processes and the ability to make effective decisions.

Previous studies have indicated that neuroticism is associated with difficulties in managing stress and with a greater susceptibility to anxiety and uncertainty, factors that can interfere with your ability to make clear and rational decisions. For example, research has shown that people with high levels of neuroticism are more likely to postpone decisions, avoid decision making, or make impulsive decisions under the influence of negative emotions.

In the professional environment, these traits can have significant consequences. Employees with high levels of neuroticism may have difficulty managing their decision-making responsibilities and may be less effective in roles that require quick and accurate decision making. This underlines the importance of assessing personality traits in recruitment and selection processes, as well as the need to implement personal development programs to help manage negative emotions and improve decision-making capacity.

The constraints and limits of this research were summed up in the small sample format, along with the way of application, which are online, they are, the results may be distorted due to the electronic system or the objective responses of the participants.

Bibliography

Albu, M. (2007). A new tool for assessing personal autonomy in adolescents. *Research Gate*.

Association, A. P. (2018). *American Psychological Association*.

Barlow, D. H., Ellard, K. K., Sauer-Zavala, S., Bullis, J. R., & Carl, J. R. (2014). The origins of neuroticism. *Perspectives on Psychological Science*, 9(5), 481-496.

Badre, D., Doll, B., Long, N., & Frank, M. (2012). Rostrolateral prefrontal cortex and individual differences in uncertainty-driven exploration. *Neuron*.



Bell, J. Mawn, L., & Poynor, R. (2013). Haste makes waste, but not for all: The speed-accuracy trade off does not apply to neurotics. *Psychology of Sport and Exercise*

Beilock, S. L., & Carr, T. H. (2005). When high-powered people fail: Working memory and “choking under pressure” in math. *Psychological Science*, 16, 101–105.

Beilock, S. L., Kulp, C. A., Holt, L. E., & Carr, T. H. (2004). More on the fragility of performance: Choking under pressure in mathematical problem solving. *Journal of Experimental Psychology: General*, 133, 584–599.

Byrnes, J. (1998). *The nature and development of decision-making: A self-regulation model*. Erlbaum.

Bostrom, N., & Sandberg, A. (2009). Cognitive enhancement: Methods, ethics, regulatory challenges. *Science and Engineering Ethics*, 15, 311–341. <https://doi.org/10.1007/s11948-009-9142-5>

Baumeister, R. F. (1984). Choking under pressure: Self-consciousness and paradoxical effects of incentives on skillful performance. *Journal of Personality and Social Psychology*, 46, 610–620.

Camici, C. (1992). *Decision-making: Alternatives to rational choice theory*. Sage.

Chapman, G., & Sonnenberg, F. (2000). *Decision making in health care: theory, psychology, and applications*. Cambridge University Press.

Costa Jr, P. T., & McCrae, R. R. (1992). Four ways five factors are basic. *Personality and individual differences*, 13(6), 653-665.

Cervera, S., Lahortiga, F., Angel Martínez-González, M., Gual, P., de Irala-Estévez, J., & Alonso, Y. (2003). Neuroticism and low self-esteem as risk factors for incident eating disorders in a prospective cohort study: Neuroticism. *International Journal of Eating Disorders*, 33(3), 271–280. <https://doi.org/10.1002/eat.10147>.

Clark, E., Olympia, D., Jensen, J., Tuesday-Heathfield, L., & Jenson, W. (2004). Striving for Autonomy in a Contingency-Governed World: Another Challenge for Individuals with Developmental Autonomy in a Contingency-Governed World: Another Challenge for Individuals with Developmental. *Psychology in the School*.

Claridge, G., & Davis, C. (2001). What’s the use of neuroticism? *Personality and Individual Differences*, 31(3), 383–400. [https://doi.org/10.1016/S0191-8869\(00\)00144-6](https://doi.org/10.1016/S0191-8869(00)00144-6)

Dolan, R., & Dayan, P. (2013). Goals and Habits in the Brain. *Neuron*.

Feinberg, J. (1988) —Autonomy, in Christman (1989), Ch. 2; originally published in his *Harm to Self*, Ch. 18 (Oxford: Oxford University Press, 1986).

Goddard, R., Patton, W., & Creed, P. (2001). Psychological distress in Australian case managers working with the unemployed. *Journal of employment counseling*, 38(2), 50-61.

Griffiths, P. E., & West, C. (2015). A balanced intervention ladder: Promoting autonomy through public health action. *Public Health*, 129, 1092–1098. <https://doi.org/10.1016/j.puhe.2015.08.007>

Grüne-Yanoff, T., & Hertwig, R. (2016). Nudge versus boost: How coherent are policy and theory? *Minds and Machines*, 26, 149–183. <https://doi.org/10.1007/s11023-015-9367-9>

Gunthert, K. C., Cohen, L. H., & Armeli, S. (1999). The role of neuroticism in daily stress and coping. *Journal of Personality and Social Psychology*, 77(5), 1087–1100.



Hickson, L., & Khemka, I. (2014). The Psychology of Decision Making. *International Review of Research in Developmental Disabilities*.

Johson, J., & Busemeyer, J. (2010). Decision making under risk and uncertainty. *Wires Cognitive Science*.

Judge, T. A., & Ilies, R. (2002). Relationship of personality to performance motivation: A meta-analytic review. *Journal of Applied Psychology*, 87(4), 797–807. Doi:10.1037//0021-9010.87.4.797

Junça-Silva, A., & Silva, D. (2022). How is the life without unicorns? A within-individual study on the relationship between uncertainty and mental health indicators: The moderating role of neuroticism. *Personality and Individual Differences*, 188, 111462.

Kahneman, D. (2011). *Thinking, fast and slow*. New York: Farrar, Straus, and Giroux.

Kahneman, D., & Tversky, A. (1979). Prospect theory: An analysis of choice under risk. *Econometrica*.

Kelly, E. L., & Conley, J. J. (1987). Personality and compatibility: A prospective analysis of marital stability and marital satisfaction. *Journal of Personality and Social Psychology*, 52(1), 27–40. <https://doi.org/10.1037/0022-3514.52.1.27>.

Jonason, P. K., & Sherman, R. A. (2020). Personality and the perception of situations: The Big Five and Dark Triad traits. *Personality and Individual Differences*, 163, 110081.

Lommen, M. J. J., Engelhard, I. M., & van den Hout, M. A. (2010). Neuroticism and avoidance of ambiguous stimuli: Better safe than sorry? *Personality and Individual Differences*, 49(8), 1001–1006. <https://doi.org/10.1016/j.paid.2010.08.012>.

Legault, L. (2016). *The need for autonomy*. USA.

Levița, A. (2008). Psychological peculiarities of autonomy at preadolescents .

Lewis, B. P., & Linder, D. E. (1997). Thinking about Choking? Attentional Processes and Paradoxical Performance. *Personality and Social Psychology Bulletin*, 23(9), 937-944. <https://doi.org/10.1177/0146167297239003>

Lunansky, G., van Borkulo, C., & Borsboom, D. (2020). Personality, resilience, and psychopathology: A model for the interaction between slow and fast network processes in the context of mental health. *European Journal of Personality*, 34(6), 969-987.

Mele, A. R. 2001. Autonomous agents: From self-control to autonomy

Meyer, C. (2024). *Neuroticism Personality Trait*. Preuat de pe Thomas.co.

Moraru, I. (1976). Decision and temperament in Action, decision, responsibility. Studies of praxiology, Bucharest : Publishing House of the Academy of the Socialist Republic of Romania

Mynard, H., & Joseph, S. (1997). Bully/victim problems and their association with Eysenck's personality dimensions in 8 to 13 year-olds. *British Journal of Educational Psychology*, 67(1), 51–54. <https://doi.org/10.1111/j.2044-8279.1997.tb01226.x>.

Nuffield Council on Bioethics (2007). Public health: Ethical issues. Nuffield Council on Bioethics.

Neveanu, P. P. (1978). *Dictionary of psychology*. București: Albatros.

Ryan, R., & Deci, E. (2000). The «what» and «why» of goal pursuits: Human needs and the self determination of behavior. *Psychological Inquiry*.

Ryan, R., & Lynch, J. (1989). Emotional Autonomy versus Detachment: Revisiting the Vicissitudes of Adolescence and Young Adulthood. *Child Development*.



Serdiuk, L., Danyliuk, I., & Chaika, G. (2018). PERSONAL AUTONOMY AS A KEY FACTOR OF HUMAN SELF-DETERMINATION. *SOCIAL WELFARE INTERDISCIPLINARY APPROACH*.

Simon, H. A. (1971). *Administrative behavior: A Study of Decision-making Process in Administrative Organization*. Free Press.

Spiță, M. (2020). The role of attention, memory and cognition in the decision-making process in the adolescent student. Yearbook of the "Petre Andrei" University of Iasi.

Tamir, M. (2005). Don't worry, be happy? Neuroticism, trait-consistent affect regulation, and performance. *Journal of Personality and Social Psychology*, 89(3), 449–461. :10.1037/0022-3514.89.3.449

Thompson, E. R. (2008). Development and validation of an international English big-five mini-markers. *Personality and individual differences*, 45(6), 542-548.

Wang, N., Jome, L. M., Haase, R. F., & Bruch, M. A. (2006). The role of personality and career decision-making self-efficacy in the career choice commitment of college students. *Journal of Career Assessment*, 14(3), 312–332. Doi:10.1177/1069072706286474

Walker, R. L. (2008). Medical ethics needs a new view of autonomy. *The Journal of Medicine and Philosophy: A Forum for Bioethics and Philosophy of Medicine*, 33, 594–608. <https://doi.org/10.1093/jmp/jhn033>

Weiss, H. M., & Cropanzano, R. (1996). Affective events theory. *Research in organizational behavior*, 18(1), 1-74.