



# Impacts of Receiving an Autism Spectrum Diagnosis as an Adult on Relationship Satisfaction & Relationship-Specific Attachment

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## ABSTRACT

Our proposed research will explore how receiving an autism spectrum disorder (ASD) diagnosis as an adult impacts relationship satisfaction and relationship-specific attachment. Previous research has demonstrated benefits of ASD diagnosis for individuals, such as increased self-understanding and new language for lived experiences. We hope to expand this body of research by examining the effects of ASD diagnosis on couples. We will survey adult couples with at least one partner on a waitlist for an ASD evaluation using the Revised Dyadic Adjustment Scale (RDAS) to measure relationship satisfaction and the Experiences in Close Relationships-Revised questionnaire (ECR-R) to measure attachment avoidance and anxiety. After their evaluation, we will ask adults diagnosed with ASD and their partners to take the survey twice more at designated intervals. When we compare participants' satisfaction and attachment before and after diagnosis, we hypothesize that both relationship satisfaction and attachment will improve after diagnosis.

## INTRODUCTION

- Adults often have apprehension about pursuing a formal ASD diagnosis, but self-diagnosis can end in self-doubt instead of self-acceptance (Lewis, 2016).
- Individual benefits to receiving a diagnosis include factors that contribute to self-esteem (Stagg & Belcher, 2019), movement from self-criticism to self-compassion, and an increased sense of agency (Leedham, et al., 2020).
- Qualitative studies have shown that understanding ASD traits has led to self-acceptance and understanding (Lewis, 2016). This increases adults' ability to explain how ASD traits affect their romantic relationships (Stagg & Belcher, 2019) and allows more attunement to autistic partners' needs as relationships are renegotiated post-diagnosis (Leedham, 2020).
- Attachment theory posits secure attachment is associated with higher emotional self-regulation and willingness to seek support from others, which is especially relevant to ASD individuals (Mosser et al., 2017; Hancock et al., 2020).
- Keeping this in mind, there may be relationship and attachment security benefits to receiving a diagnosis. Previous adult autism research has not explored this area yet, which is why our proposed research would address the gap in existing literature.

## PRIMARY AIM AND HYPOTHESES

- RQ1: Does receiving a formal autism spectrum diagnosis as an adult impact relationship satisfaction?
- RQ2: Does receiving a formal autism spectrum diagnosis as an adult impact relationship-specific attachment?
- H1: Receiving a formal autism spectrum diagnosis as an adult will improve relationship satisfaction.
- H2: Receiving a formal autism spectrum diagnosis as an adult will improve relationship-specific attachment.

## METHODS

### Participants

- Our sample will consist of 300 adults who are waitlisted at one of several participating adult autism evaluation clinics and their partners with whom they are in committed, monogamous relationships.
- Participants will be recruited via online survey invite when one partner is put on the waitlist for an evaluation at an adult autism clinic.

### Exclusion Criteria

- Participants must be in the same committed, monogamous relationship throughout the study period (T1-T3). Participants must not have any comorbid diagnoses at any time during the study. Participants must not use any psychotropic medications or be under the influence of any other drugs throughout the study. Participants who were on the waitlist but not diagnosed with autism will also be excluded.

### Procedures

- Responses to all surveys completed by diagnosis-seekers and their partners will be collected online. The data will be collected at the time the person seeking evaluation is put on the waitlist (T1), at follow-up 4 weeks after receiving an autism diagnosis (T2), as well as one year after receiving a diagnosis (T3).

## MEASURES

### Relationship Satisfaction

- Participants' relationship satisfaction will be measured by the short form, 14-item Revised Dyadic Adjustment Scale questionnaire (RDAS) (Busby et al., 1995). We will obtain scores for all participants' relationship satisfaction at T1, T2, and T3 to determine relationship satisfaction before and after diagnosis.
- The RDAS allows for a reliable and economical measurement of marital and relationship quality (Crane, Middleton, & Bean, 2000). Summed scores range from 0 to 69. Scores of 48 and above indicate non-distress and scores of 47 and below indicate distress.

### Relationship-Specific Attachment Anxiety

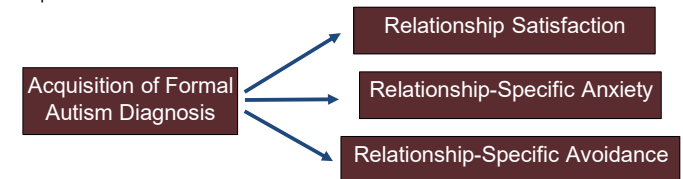
- The first 18 items of the Experiences in Close Relationships-Revised questionnaire (ECR-R) comprise the attachment-related anxiety scale (Fraley et al., 2000). We will obtain scores for participants' attachment-related anxiety at T1, T2, and T3 to determine relationship-specific attachment anxiety before and after diagnosis.

### Relationship-Specific Attachment Avoidance

- The last 18 items of the ECR-R comprise the attachment-related avoidance scale (Fraley et al., 2000). We will obtain scores for participants' attachment-related avoidance at T1, T2, and T3 to determine relationship-specific attachment avoidance before and after diagnosis.
- For the two ECR-R scales, the commonly used estimate of internal consistency reliability tends to be .90 or higher (Sibley & Liu, 2004). The individual items within each scale are averaged together for a final score. Scores for both scales range from 1 to 7 with higher scores indicating more attachment anxiety or avoidance.

## RESULTS

- We will run three two-way repeated measure ANOVA to determine changes in mean relationship satisfaction, mean relationship-specific anxiety, and mean relationship-specific avoidance over time.
- The two factors for the two-way repeated measure ANOVA are time (T1, T2, T3) and partner (the partner who received a diagnosis compared to the partner who did not).
- We will run a separate ANOVA for each dependent variable: one for relationship satisfaction, one for relationship-specific anxiety, and one for relationship-specific avoidance.



## DISCUSSION

### Potential Implications

- We hope that quantifying the relational benefits of receiving an ASD diagnosis will increase adults' comfort with pursuing a formal diagnosis.
- Additionally, we encourage clinicians to understand the real risks and consequences of formal diagnosis when discussing the option with clients. These risks include experiencing ableism, medical and workplace discrimination, implications in custody disputes, use as biased justification for removing children from homes, legal restrictions on immigration and military enlistment, and intersectional concerns for those who also experience other forms of systemic oppression such as racism and transphobia.

### Limitations

- Our study self-selects for people who want to receive a formal diagnosis and are able to obtain it. Because formal diagnoses are difficult to access and can be costly, our participants are relatively socioeconomically privileged.
- We also limited the generalizability of our research by excluding anyone with a comorbid diagnosis. Anxiety, depression, ADHD, and PTSD are some of the common comorbid diagnoses with ASD, especially considering the day-to-day stress experienced by people with an undiagnosed developmental disability.
- We also excluded anyone who uses psychotropic medications or uses any other drugs. This limits the generalizability of our study, especially considering that many people with ASD use self-medication as a way of coping.
- Given the above limitations, our sample is markedly unrepresentative of all adults seeking an ASD diagnosis. Our study is preliminary research that requires further work to adequately serve and understand this population as a whole.

### Future Research

- In the hopes of understanding the differences of our sample compared to people who accept a self diagnosis and that impact on the relationship, further studies should explore relationship satisfaction and attachment changes in the self-diagnosed population.
- We also recommend further research exploring distinct multicultural, multiracial, and queer relationship experiences of adults with ASD and other marginalized identities.