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Katherine Dotten
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**ADHD IN ROMANTIC RELATIONSHIPS: EXPLORING RELATIONAL DIALECTICS
IN MIXED-NEUROTYPED COUPLES**

A thesis submitted to
the Graduate College of
Marshall University
In partial fulfillment of
the requirements for the degree of
Master of Arts
In
Communication Studies

by

Katherine Dotten

Approved by

Dr. Jill Underhill, Committee Chairperson

Dr. Clinton Brown

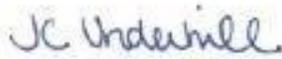
Dr. Barbara Tarter

Marshall University

August 2022

APPROVAL OF THESIS

We, the faculty supervising the work of Katherine Dotten, affirm that the thesis, *ADHD in Romantic Relationships: Exploring Relational Dialectics in Mixed Neurotype Couples*, meets the high academic standards for original scholarship and creative work established by the Communication Studies Department and the College of Liberal Arts. This work also conforms to the editorial standards of our discipline and the Graduate College of Marshall University. With our signatures, we approve the manuscript for publication.



Dr. Jill C. Underhill, Communication Studies Department

Committee Chairperson

8/17/2022

Date



Dr. Clinton Brown, Communication Studies Department

Committee Member

8/17/2022

Date



Dr. Barbara Tarter, Communication Studies Department

Committee Member

8/17/2022

Date

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ABSTRACT

The purpose of this study was to understand the way romantic relationship tensions are communicated between partners in couples affected by Attention Deficit Hyperactivity Disorder (ADHD). Extant research asserts that the presence of ADHD in one relational partner of romantic relationships is associated with relational dissatisfaction, poor relational communication practices, and a higher risk for dissolution of the relationship (Bruner et al., 2015; Eakin et al., 2004; Robin & Payson, 2002). Little effort has been made to understand what can be done to mitigate these risks. The present study focused on the communication practices at work in four cohabiting, romantic pairs consisting of a neurodivergent (ADHD) and neurotypical (non-ADHD) partner. The couples were screened for eligibility, then interviewed separately about their relational communication behaviors, their experiences with relational tensions, and how they manage dialectics within their relationship. Using Baxter and Montgomery's Relational Dialectics Theory (1996), this research highlights the way these mixed-neurotype couples successfully manage their romantic relationships.

CHAPTER 1

INTRODUCTION

Attention Deficit Hyperactivity-Disorder (ADHD) is a neurological disorder that is estimated to affect 7.2% of children (Thomas et al., 2015) and 3.4% of adults worldwide (Fayyad et al., 2007). The difference in these percentages is due to the previously held notion that ADHD (previously separated into ADD and ADHD) is a disorder that primarily affects male children in their school years and does not often follow the individual into adulthood (Pastor et al., 2015). Further meta-analyses have placed the prevalence of adult ADHD much higher, but research at this scale falls behind the developments in the understanding of this disorder in the psychiatric community.

ADHD is characterized by deficits in the regulation of focus in multiple settings to the detriment of one's daily life. The DSM-V characterizes this disorder as one of forgetfulness, mindlessness, and physical or mental hyperactivity¹ (American Psychological Association, 2013). Research in areas outside of developmental psychology rarely focuses on ADHD. This dearth of research poses a problem for individuals with ADHD because the condition affects the individual in multiple areas of their life and there is little guidance on how to achieve quality of life across multiple domains. One such area that is affected for adults with ADHD is relational life, specifically romantic relationships. Psychology research in relationship initiation, development, and maintenance occasionally involves the study of ADHD in romantic

¹ Previously, mental hyperactivity without the physical component would have been diagnosed as Attention Deficit Disorder (ADD). It is now diagnosed as ADHD-IA, which stands for Attention Deficit Hyperactivity Disorder Inattentive [presentation]. Physical hyperactivity was the presentation associated with classic ADHD, but it occasionally further specified as ADHD-HI for hyperactive/impulsive presentation. Some individuals present with both inattentiveness and physical hyperactivity, which is referred to as ADHD-C for combined type presentation (APA, 2013; Bunford et al., 2018).

relationships. many of these studies have found evidence to support the idea that the presence of ADHD can negatively affect relational outcomes (Ben-Naim et al., 2017; Brunet et al., 2015; Clarke Bell, 2014; Eakin et al., 2004; Ersoy & Ersoy, 2019; Kathju, 2021; Knies et al., 2021; Robin & Payson, 2002).

While the research is conclusive that ADHD can negatively affect romantic partnerships, the conclusive nature of these findings poses a difficulty for individuals with ADHD who seek to maintain their romantic relationships. The research does not provide information on how individuals with ADHD or their partners can adapt to increase relational success. The lack of guidance may be related to the lack of research conducted from a communication lens. Indeed, interpersonal communication research offers a variety of evidence-based theories and praxis for initiating and maintaining romantic relationships.

It is important to integrate what is already known about ADHD in romantic relationships with what is already known about the inner mechanisms of successful romantic relationships. Communication is foundational within all relationships, and effective communication can be used to improve relationships. Communication is especially necessary when couples experience relational tensions and seek to successfully navigate competing desires. Relational Dialectics Theory (Baxter & Montgomery, 1996) has provided an excellent theoretical foundation to understand relational communication and can be extended into the domain of different types of romantic relationships. By studying committed couples affected by ADHD and exploring their existing communication patterns and tension management behaviors, it is possible to uncover strategies that can help individuals with ADHD and their partners successfully manage their relational tension.

CHAPTER 2

LITERATURE REVIEW

Defining ADHD

The American Psychiatric Association (2013) defines attention deficit hyperactivity disorder (hereafter ADHD) as a neurodevelopmental disorder characterized by “a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development” (APA, 2013, p. 59). The diagnostic criterion¹ for this disorder adds that there are two symptom categories: inattention and hyperactivity-impulsivity. The behaviors in these categories identify the level of focus a person can apply to detail-oriented tasks and activities, as well as personality behaviors such as talking too much, and physical behaviors like an inability to sit still (American Psychiatric Association, 2013).

Barkley and colleagues (Barkley & Fischer 2010; Barkley, 2011, 2018) have repeatedly argued that ADHD should be understood through the lens of its core deficits of executive functioning and emotional regulation. One of the most experienced symptoms of ADHD is poor executive functioning (EF). Barkley begins working towards an official definition of EF in 2011, admitting that while many researchers discuss EF, not many of them offer a definition that has reached consensus. In 2018, Barkley defined the concept of EF as “those cognitive abilities needed for goal-directed action” and notes that EF tends to be used as an umbrella term (Barkley, 2018, p.6). Barkley further sections EF into Executive Attention and Function and lists the affected areas as poor persistence toward goals, tasks, and the future; distractibility; deficient task re-engagement following disruptions; impaired working memory; and diminished self-monitoring (Barkley, 2018).

Impact Of ADHD On Romantic Relationships

Research has shown that the presence of ADHD in one partner negatively affects romantic relationship satisfaction through the presence of symptoms, symptom types, and the levels at which they present (Bruner et al., 2015; Eakin et al., 2004; Robin & Payson, 2002).

Robin and Payson (2002) examined the impact of ADHD on marital relationships. In the study, 24 romantic pairs consisting of one ADHD partner and one non-ADHD partner rated ADHD-related behaviors on the Marital Impact Checklist. These behaviors fell into three categories: communication, task completion/time management, and self-regulation of affect (Robin & Payson, 2002). For each behavior, each participant indicated if this behavior occurs on the part of the ADHD partner. Next, they used a 5-point Likert scale to rate how unloved, unimportant, or ignored this behavior makes the non-ADHD partner feel. Then, they used a 5-point Likert scale to rate how negatively this behavior impacted the marriage (Robin & Payson, 2002). The top eight behaviors that made non-ADHD partners feel unloved were ranked identically between the couples. Task completion/time management behaviors were reported as the most common issues, followed by communication issues. The researchers acknowledged that while this study would need to achieve replication, it is important to note that the shared rankings of 80% of behaviors by the partners demonstrate a basis for understanding behavior modification to increase marital satisfaction.

Additional research has explored the effects of ADHD in marital contexts (Eakin et al., 2004). Eakin and colleagues sought to compare the marital adjustment of ADHD partners and their non-ADHD spouses as compared to a control group of non-ADHD romantic pairs. The ADHD partners exhibited lower ratings in all areas of marital life, evidencing low marital adjustment. The ADHD participants' non-ADHD partners evidenced comparable marital

adjustment to that of the control group pairs, minus their perception of marital satisfaction, which was lower than control (Eakin et al., 2004). This research demonstrates the need for individuals with ADHD to have strategies to adjust to the demands of marriage.

Looking at the earlier stages of romantic relationships, researchers Bruner et al. (2015) piloted a study of relationship quality among college students with ADHD. The sample consisted of 189 participants, 73 male and 116 female. These participants answered demographic questions about themselves and their romantic relationship experience(s), a separate measure of ADHD symptoms using the ADHD Self-Report Scale, the Couples Satisfaction Index to evaluate their romantic relationship, the Difficulties in Emotional Regulation scale to assess 6 dimensions of emotional regulation, the Perceived Stress Scale to ascertain the amount of perceived stress the participants feel in given situations, and the Hostile Relationship Conflict scale which rates the frequency of negative conflict interactions in the relationship. While gender did not moderate the relationship between ADHD and lower relationship satisfaction, the researchers found that young women with ADHD experienced lower relationship quality proportional to their symptom levels. The researchers additionally found that hostile relationship conflict mediated the association between relationship quality and ADHD symptoms, which led to their recommendation that many couples would benefit from early intervention to learn healthy conflict communication skills (Bruner et al., 2015).

Emotional and Self-Regulation

Emotional and Self-Regulation in ADHD

Barkley repeatedly calls attention to the idea that ADHD is not an attention regulation issue, but a self-regulation issue. Barkley (1997; 2011) maintains that the executive functioning issues that come along with ADHD are self-regulatory dysfunctions, and thus provides a

connection to the self-regulation abilities of those with ADHD. Those who can self-regulate well tend to experience less difficulty with their emotional regulation. Those who cannot regulate themselves tend to experience more turbulent emotions and emotional expression. According to Barkley and Fischer (2010), emotional dysregulation in individuals with ADHD can result in a higher level of impatience, quickness to anger, frequent and easily built frustration, emotional overreactions, excitability, quick loss of temper, and quickness to annoy. The research also suggests that individuals with ADHD show evidence of higher emotional impulsivity. This impulsivity applies to positive and negative emotions and refers to a deficit in regulating or filtering how emotions are displayed. Bunford et al., (2018) suggested that emotional dysregulation is present in individuals with ADHD regardless of subtype or presentation (ADHD-IA, ADHD-HI, or ADHD-C).

Qualitative research has also been used to explore the experience of women with ADHD in romantic relationships (Cain, 2020). This study recruited three women and used semi-structured interview questions focused on narratives provided by participants. The three women were all clinically diagnosed with ADHD from a young age, and each experienced the intervention of special education plans or an IEP before age 12. The participants ranged between ages 20 and 35, with the cut-off age being decided by the year in which ADHD was expanded to include ADD and ADD-H. Each participant was either in a romantic relationship or had been in a romantic relationship within the last 12 months at the time of data collection. The participants expressed difficulties with communication within romantic relationships, deciding whether to pursue or continue with dating interests, and determining how to negotiate quality time activities (Cain, 2020). This research highlights the emotional and self-

regulation challenges that individuals with ADHD may have when navigating romantic relationships.

Emotional and Self-Regulation affecting Relational Dissatisfaction

Because poor self-regulation can lead to a poor demonstration of emotional regulation, this deficit can create significant communication challenges for the individual who experiences it. These problems often exist intrapersonally and create interpersonal communication challenges. Bunford (2018) surveyed 180 middle-schoolers and their parents for the presence of emotional dysfunction. Results showed that reported emotional dysfunction predicted both parent- and self-reported social impairment in adolescents with ADHD (Bunford et al. 2018). This social impairment presents as poor performance in various social domains while experiencing negative or difficult emotions, and a lack of awareness of emotional responses in others. These patterns of behavior can lead to significant relational dissatisfaction.

Lopez (2015) found that the presence of ADHD itself was not the reason for demonstrated relational dissatisfaction; rather, it is the presence of poor emotional regulation. Participants (n=118) were surveyed about executive functioning within their relationship. The executive functions studied were self-management of time, self-organization/problem-solving, self-restraint, self-motivation, and self-regulation of emotion. The study also included a questionnaire on the participant's romantic relationships through the Couples Satisfaction Index (Lopez, 2015). The results of the study indicate that the presence of ADHD alone is not what appears to negatively impact relational satisfaction. Results showed a direct link between the presence of poor executive functioning in the self-regulation category and relational satisfaction in romantic relationships (Lopez 2015).

That said, emotional behaviors will negatively affect relational satisfaction. Bodalski and colleagues (2018) surveyed 159 participants, 59 of which had ADHD, who completed self-report

measures of ADHD symptoms, emotional regulation deficits, symptoms of resulting depression and anxiety, relationship satisfaction, and overall functional impairment. The results of this study concur with past research findings (Bruner et al., 2015), specifically that emotional regulation deficits affect relational satisfaction. This research also furthers our understanding by identifying two moderators, demonstrated level of avoidance and emotional regulation deficits, that impact the relationship between ADHD and overall functional impairment (Bodalski et al. 2018).

Also in 2018, Wymbs proposes that individuals with ADHD have a certain allotment of self-control resources, but that those resources can be depleted similarly to a battery. Wymbs (2018) conducted a study on this phenomenon in the context of a romantic relationship with mixed neurotype couples (one ADHD and one non-ADHD). It was hypothesized that depleted self-control resources would lead to an increased exhibition of poor emotional regulation in conversation with partners (Wymbs, 2018). The participants included 20 heterosexual, adult couples, having at least one ADHD partner; and a matched control group of 12 heterosexual, adult couples not affected by ADHD (Wymbs, 2018). First, the ADHD partners and the non-ADHD partners (who were otherwise demographically similar to them) were asked to view a video clip with specific instructions—"do not read or look at the words along the bottom, if you begin to read the words, redirect your gaze somewhere else on the screen" (Wymbs, 2018, p. 202). The non-ADHD partners were instructed to watch the video with no additional instructions. This depletion of self-control resources activity has been used in previous studies and has shown to be effective (Wymbs, 2018). After the depletion of self-control resources, the partners met for a 15-minute problem-solving discussion about three previously selected points of tension in their relationship. The partners individually ranked the top five areas of contention in their relationship from a 21-item list, and the shared top three were selected as the focus for the

problem-solving discussions (Wymbs, 2018). The presence of ADHD alone did not predict negative communication between partners; but ADHD combined with self-control resource depletion resulted in more negative communication between the partners (Wymbs, 2018). Overall, this research demonstrates that many individuals with ADHD have challenges with emotional and self-regulation that can have significant consequences within their romantic relationships. Often, the non-ADHD partner must make choices about how to support their partner and navigate relational dynamics.

Conflicting Desires in Loving a Disabled Partner

In any relationship, there can and will be conflicting desires between and within relational partners. Successful partnerships require that each individual understands the nature of conflicting desires and how to manage them. One of the most common intrapersonal conflicting desires experienced within a romantic relationship is best illustrated by the concept of opportunity cost. If one chooses to remain in a committed, closed relationship with their partner, there is a loss of opportunity to explore or experience other relational partners. Conversely, if one were to choose the experience of other relational partners, there is a loss of opportunity to grow the existing, established relationship.

This same type of thinking characterizes other conflicting desires in romantic relationships. Whitton and colleagues (2007) noted that an individual can choose whether to help their romantic partner, and this choice is based on a perception of sacrifice. In certain situations, romantic partners can occasionally perceive making accommodations or changes for their partner as a self-harmful sacrifice, which affects the relational satisfaction and outcome (Whitton et al., 2007). To examine the relationship between helping, sacrifice, and relational satisfaction, 145 heterosexual couples that lived together in a romantic cohabiting relationship or marriage were surveyed. The couples separately completed questionnaires that included demographic

information; the degree to which relational sacrifices are perceived to be harmful to the self; satisfaction with sacrificing for a romantic relationship or partner; willingness to sacrifice; commitment; relationship functioning; and depressive symptomatology (Whitton et al., 2007). The results were consistent with predictions that increased perceived harmfulness of sacrifice was negatively associated with relational satisfaction variables and positively associated with depressive symptoms (Whitton et al., 2007). The results also demonstrated that one of the factors in determining if a sacrifice will be perceived as self-harmful is the level of commitment in the relationship. If there is a higher level of commitment, partners are more likely to sacrifice for the sake of the relationship without perceived sacrifice harmfulness (Whitton, et al. 2007). In relationships that are not as committed, there is a higher chance of perceived sacrifice harmfulness when making accommodations for one's partner.

While Whitton's work focuses on general sacrifice in relationships, Duggan (2007) explored sacrifices made in efforts to care for a romantic partner. Duggan applies Le Poire's Inconsistent Nurturing as Control Theory (1994) to the context of romantic relationships in which one partner experiences depression. This theory explains how partners can use nurturing to control their partner who experiences a condition that interferes with daily functioning. According to the American Psychiatric Association (2013), depression can interfere with an individual's daily function. The researcher studied a sample of 68 cohabiting romantic couples in which one partner experienced clinically-significant depression that was undiagnosed until after the couple had moved in together (Duggan, 2007). The couples participated in two interviews, the first was completed together to ascertain a timeline of the presence and effects of depression in the depressed partner. The second interview was completed concurrently, but the partners

were separate from one another during its completion. The second interview explored the strategies implemented by the non-depressed partner during the pre-label, post-label, and post-frustration stages (Duggan, 2007). The interviews were coded into four categories: helping the partner get well, reinforcing depression, encouraging alternative emotional outlets, and withholding rewards. The results of this study suggest that there is a gendered difference in the exhibition of behaviors by the nondepressed partner. Female nondepressed partners are likely to actively help until the behavior is labeled as problematic, while male nondepressed partners are likely to actively help once the behavior is labeled as problematic (Duggan, 2007). After labeling, female nondepressed partners are more likely to encourage alternative outlets and male nondepressed partners are more likely to exhibit consistent negative approaches to active helping, such as withholding rewards or making harmful comments to the depressed partner (Duggan, 2007). Regardless of gender, these results support the assertion that nurture and control strategies change over time. This study illustrates a conflicting desire in the nondepressed partner by identifying changes in approach to their depressed partner's needs. At times, the non-depressed partner desires to find a helpful, effective solution. Other times, the non-depressed partner is uninterested in taking an approach, let alone ensuring their approach is effective. These types of dynamic tensions that exist within relationships can be explained well by extant communication theory.

Relational Dialectics Theory

Baxter and Montgomery's Relational Dialectics Theory (1996) is a communication theory that maintains four assumptions: relationships do not follow a linear fashion, change is a part of relational life, contradiction is ever-present in relational life, and that communication is the method for negotiating these facts of relationships. Together these assumptions reject the existence of relationships that progress in a linear fashion, free from conflict.

Furthermore, RDT rejects the common notion that contradiction is inherently negative within relationships. This theory introduces the approach of dialectical vision. Previously, human behavior has been viewed only through monologic or dualistic approaches. In relational communication, a monologic approach views contradictions as one side of a finite pole. A dualistic approach views contradictions as parallel. The two sides of the contradiction do not intertwine or affect each other. A *dialectic* approach views the contradiction as a multi-faceted overview of the contradiction which includes the history of the relationship and its participants.

Other elements that are central to this theory include totality, contradiction, motion, and praxis. Totality maintains that the people within a relationship are always interdependent. Contradiction focuses on polarization. For every desire, there is a contradictory desire that lies on the oppositional pole. Motion is the reflection on the past of the relationship and compares this to the current state of the relationship. Praxis is the idea that participants in a relationship have free will to make choices, yet those choices may be limited by the other choices we make.

The traditional interactional dialectics originally discussed by Baxter and Montgomery (1996) are those of autonomy versus connection; openness versus protection; novelty versus predictability; public versus private; and the real versus the ideal. Each of these pairs represents polarization in an area of relational negotiation. RDT maintains that relational partners are always moving between the poles rather than always towards one and away from the other.

RDT also discusses responses to dialectical tensions: cyclic alternation, segmentation, selection, and integration (Baxter, 1990; Baxter & Montgomery, 1996). An important feature of dialectical tensions is that of a cyclic alternation. This refers to alternating the choice of one dialectic over another. Segmentation is the negotiated choice to favor different poles over another for different contexts (Baxter, 1990; Baxter & Montgomery, 1996). Selection is the

conscious choice of one pole and denouncing the other. Integration is comprised of neutralizing, disqualifying, and reframing. Neutralization is choosing a middle ground between the poles. Disqualifying is the act of removing issues from the general pattern. Reframing is reconceptualizing the poles to no longer represent oppositional goals.

According to a study of dialectic presence in relational development conducted in 1990 by Baxter, these dialectics are experienced in varying degrees during most relational stages (Baxter, 1990). This is to be expected since dialectical tensions are central to relationships; but this finding also introduces an interesting avenue to explore the experiences of individuals who often struggle with relational development and maintenance.

Dialectical tensions are inseparable from the romantic relationship, but they present uniquely in each set of romantic partners. Hoppe-Nagao and Ting-Toomey (2002) explored relational dialectics in young, married couples. The study's participants were 20 heterosexual married couples. The mean age for husbands was 27 and for wives 25 and the mean length of marriage was 1 year, 8 months (Hoppe-Nagao & Ting-Toomey, 2002). The researchers chose to use an open-ended, semi-structured dyadic interviewing method and analyzed the interview data using thematic analysis. Emergent themes and communication strategies to navigate each dialectic were identified. Results showed that the most common dialectical tensions in these couples were autonomy-connection and openness-closeness. The study further explored how each of the tensions was perceived in the relationship, and the reported management strategies by the couple for each tension (Hoppe-Nagao & Ting-Toomey, 2002). This study was one of the first to demonstrate inter-partner tensions are experienced intrapersonally as well (Hoppe-Nagao & Ting-Toomey, 2002).

Research Questions

Extant research has found that having or being a partner with ADHD can negatively affect romantic relationship satisfaction and relational functioning (Ben-Naim et al., 2017; Bruner et al., 2015; Clarke Bell, 2014; Eakin et al., 2004; Ersoy & Ersoy, 2019; Kathju, 2021; Knies et al., 2020; Robin & Payson, 2002). When considering the effects of ADHD on a romantic relationship, it is important to go beyond the widely recognized stereotypes of physically hyperactive, male children and place an emphasis instead on the effects of executive dysfunction and self-regulatory actions in relationships. Executive functioning and self-regulatory challenges frequently increase relational dissatisfaction in the non-ADHD partner and ADHD partner, who worries about their relational efficacy as an equal, contributing partner (Bodalski et al., 2018; Bunford et al., 2014; Ting, 2019). The literature also points to relational maintenance as a goal-oriented task that can be draining and laborious to an individual with ADHD, regardless of intended commitment to the relationship (Ledet, 2020; Lopez, 2015). Whereas research has reported the issues within romantic relationships that are linked to one partner being affected by ADHD, scholars have yet to identify effective strategies and coping mechanisms that partners use to successfully negotiate the dialects of their relationship. Therefore, this study seeks to explore how couples experience relational dialectics within their relationships, and what strategies they use to navigate these tensions.

RQ 1: How are relational dialectics experienced in romantic relationships affected by ADHD?

RQ 2: How do partners in romantic relationships affected by ADHD manage existing tensions within the relationship?

CHAPTER 3

METHODS

Sampling and Recruitment Procedures

The population of interest was cohabitating couples wherein one partner has a diagnosis of clinically significant ADHD that persisted into adulthood, and their partner does not have a diagnosis or clinically significant symptoms of ADHD (identified as neurotypical in this study; NT). Participants were required to be 18 years of age or older; currently in a committed romantic, cohabitating relationship for at least 6 months; and both individuals in the relationship had to participate in individual interviews regarding their relational experiences.

Participants were recruited via convenience sampling. Approved recruitment materials were posted by the researchers to a large, international Facebook group for adults with ADHD and to their personal social media accounts (see Appendix B). Potential participants accessed a Qualtrics survey utilized as a screening tool. The questionnaire determined whether the individual met the study criteria (see Appendix C). It also provided a way for the participants and their partners to individually consent to participation in the research. Once completed, the couples who met the participation criteria were contacted via their provided email addresses to schedule an individual, virtual interview with the researchers.

Participants

The participants in this study were four couples affected by ADHD. Two of the couples were married, one couple was engaged, and one couple was dating. Each of the couples had been living together at the time of data collection for at least 6 months. The sample consisted of 2 participants who identified as female, one participant who identified as male, and one participant who identified as non-binary. The age range for participants was 26 to 43 years old and they all

identified as Caucasian. Although the presence or absence of children in the home or relationship was not mentioned in the participant criteria, none of the couples had children at the time of data collection.

Data Collection Methods

Interviews were conducted virtually through Microsoft Teams video meeting with each participant, the student researcher, and a faculty co-investigator. The session was recorded once the participant provided consent to be recorded, and once the recording began the participants were taken through the consent process. The interview consent form was sent to each participant, read to the participant, and comprehension of the consent was assessed before beginning the interview (see Appendix D).

The interview consisted of open-ended questions asked by the student researcher. The interview questions varied based on which partner was being interviewed. The neurotypical (NT) partner was asked about their experience in a relationship with an individual diagnosed with ADHD (see Appendix E). The partner with ADHD was asked about their experience in a relationship as an individual managing clinically significant ADHD in adulthood (see Appendix F). The interviews lasted between 53 and 106 minutes. After answering the questions, participants were thanked for their time and the interview recording ended.

Data Preparation

Interviews were conducted using an interview guide that promoted narrative disclosure (Flick, 2014). The narratives were provoked through a mix of general and specific probing questions about a specific phenomenon on which the interview was centered. The interviews were recorded and transcribed using Microsoft Teams. Each of the transcripts was verified by the student researcher to ensure accurate reporting and interpretation of responses.

After the transcription was verified, participants were assigned a code ranging from Participant 1 (P1) to Participant 8 (P8). The key for this code was kept on a password-protected computer. To protect individuals' confidentiality, all participants (when described by partners) will be referred to using gender-neutral pronouns, rather than their P# assignment (Flick, 2014).

Data Analysis

Grounded theory methodology was used to analyze the data. This method allows the data to speak for itself in the process of forming themes and drawing conclusions. It was developed by Glaser and Strauss (1967) to increase the legitimacy of qualitative research findings by using the data to form thematic conclusions into core theory. Additionally, grounded theory approach reduces the presence of confirmation bias. The data gathering and coding proceeded concurrently, with coding beginning after the first interview (Bryant & Charmaz, 2007). To keep ideas organized in the process of simultaneously collecting and analyzing data, memoing was utilized by the student researcher to link concepts, highlight unexpected information, and provide a place for visual presentation of ideas using concept mapping (Flick, 2014). The memos assisted the researcher in accurately recounting the steps taken in the research effort. Data collection concluded once theoretical saturation was achieved (Flick, 2014).

Multiple steps were completed in the coding process. First, each transcript was analyzed using open coding (Strauss & Corbin, 1998; Flick, 2014). Open coding is a process wherein the researcher reads the research transcripts and makes small notes throughout, which are the original codes. These codes are based on initial interpretations, and each code is often uniquely phrased. This method is an effective strategy to avoid the insertion of the researcher's personal experiences, motives, or beliefs into the responses (Charmaz, 2003). Each interview transcript was read through once in its entirety, then on the second pass, the researcher used the 'comment'

feature on Microsoft Word to highlight information and provide an initial code or reason for flagging the quote.

Next, axial coding was used to make connections and comparisons across the data, as well as narrow the focus of themes down to the research question (Strauss & Corbin, 1998; Flick, 2014). Specifically, the student researcher looked for similarities and differences between the partners' responses. The initial codes were studied to form larger code categories that are defined to include the common notes about the data. These code categories were then explored to form larger themes about the data and the answer to the two research questions posed in the study. After this was done for each interview, initial codes were categorized into ten larger codes that were defined and supported by the smaller codes. These ten codes were formed by considering the relevance, prevalence, and overall ideas within the participants' responses. From these ten codes, three overarching themes were created to represent the experience of the participants' relationships based on the consideration of their paired responses. The themes and their roots in the participant responses, as well as their relevance to the research questions, will be discussed in the next chapter.

CHAPTER 4

RESULTS

Three themes emerged from the data analysis:

- Managing tasks related to executive functioning are central for navigating relational dialectics.
- Understanding how ADHD affects their relationship helps couples navigate dialectical tensions.
- Navigating differences in cognition and behavior related to ADHD requires couples to acknowledge that relational tensions may arise from their neurological differences.

The dialectics of autonomy versus connection, openness versus protection, and novelty versus predictability were central to the interviews with participants, as well as the emergent themes. Each dialectic was briefly defined to the participants in the interviewing process, and the participants answered accordingly. However, in the process of relating each dialectic to their own relationship, many of them pulled specific examples or referenced specific behaviors that illustrate the couple's balance. The dialectic of autonomy versus connection mainly refers to the level of interdependence within a pair, and the negotiation of that preferred balance. The participants discussed this dialectic mainly in terms of how independently they function in everyday life, as well as the amount of time they prefer to spend together. Further, many of the participants detailed what their together time looks like, whether it is focused on intentional connection or just physical proximity while engaging in separate activities. The dialectic of openness versus protection refers to the level of disclosure within the relationship with any information. The participants' references to the experience and management of this dialectic focused mainly on their widespread preference to keep nothing secret from their partner. After

reminding them that this dialectic can also deal with the level of detail in disclosure, many of the participants referenced their partner's and their own behavior when deciding whether to admit that something is bothering them. The dialectic of novelty versus predictability refers to the preferred balance of comfort and newness in the relationship. The participants mainly referenced their beliefs about whether they had 'hit a rut' or 'gotten boring' in their relationships due to a high level of predictability. However, a few participants chose to reference their experiences with making and keeping plans set ahead of time, and how ADHD can have a unique effect on the success of these efforts. This was a welcome surprise to the presence of this dialectic in the research.

Managing Executive Functioning Within the Relationship

The emergent themes from this data suggest that a core facet of mixed neurotype couples is management tasks related to executive functioning within the relationship. The first form of management discussed by the participants is the management of the couple's schedule, such as social engagements and recurring bills. This area of management can often be referred to as the 'mental load,' when discussing cohabitating relationships and families. To differentiate this element of management from the overall theme, it will be referred to furthermore as mental load. This reference to management in the relationship was brought up by participants when asked about their preferences for autonomy or connection, novelty or predictability, and relational expectations. Another concept within the management theme is explicit versus implicit communication about management and mental load. When partners are asked about their processes in relational maintenance and management, they often specified whether the facilitation required an explicit discussion or if it was more often based on 'feeling it out.' This

idea of implicit and explicit discussion makes an appearance within many areas of the individuals' responses.

Mental Load. The mental load management for the couples was often referenced when the interview questions focused on the dialectics of autonomy and connection, novelty and predictability, and the concept of relational expectations. One participant describes their experience with executive functioning differences within the relationship:

I guess every relationship has its uniqueness. Uh one thing I do is I hyperfocus on certain things. So my husband being neurotypical, he is terrible at keeping track of his phone or he's almost never with it. So I very quickly became the person who does all the scheduling. So if I don't add it to my list it's gonna be missed or it's not gonna happen. -P5

In this area of focus, many participants found themselves associating connection with task sharing. One participant expresses their autonomy is honored by completing separate task lists.

We do a lot of those separately. And I think it's just how we were raised, like, my mom was a complete neat freak. So there's certain ways that I clean and growing up with a single dad then [there's] different ways that he cleans, so we definitely have our own spaces... the bathroom, I'll get to it where we could eat there off the floor in there. -P7

Another participant noted challenges in managing their autonomy and connection preferences in the domain of financial planning. This couple often prioritizes physical and emotional connection but must negotiate their differences when managing joint finances.

Uh and after that I was like, we need to save, we need to save, put away as much money as possible. So, and she- that culture is quite alien to her. So because she would

be like, 'the bills are paid and whatever else I can spend,' pretty much. So she was never in debt, but in turn there was never a buffer as it were, either, so.

And I was really rigid with that. -P1

Explicit/Implicit Relational Management. The tensions of autonomy versus connection and other dialectics can be managed through explicit or implicit means. This difference was noted in the coding process by identifying communication as explicit or implicit. Explicit means that the couples must plainly define or request the behavior that they need from their partner. Implicit means that the couple mainly relies on signals in their partner that they have learned over the course of the relationship. Most of the participants in our study favored explicit communication strategies. Participant 8 specifically states that the way the couple can remain aware of their relational expectations is by clearly defining them:

Uh I'd say kind of write [expectations] out like goals and then it's put down. I mean, those that we don't actually write it, but laying out how to achieve it and try to keep it as concrete, rather than abstract, as possible. -P8

This explicit communication is a way to ensure shared understanding in the relationship in meeting relational expectations, which maintains the balance of real versus ideal for the couples. Another area where a couple felt that it was best to be crystal clear is the dialectical balance between public and private, which refers to information shared about the relationship to individuals outside of the relationship.

Interviewer: Do you guys have to have conversations about what is OK to be shared and what is not? Or is it just kind of intuitive?

P4: Um, I feel like we have had conversations like that before, but we just kind of reiterate. Like usually it is intuitive, but like just in case, just like mention it real quick.

This couple demonstrates an understanding of the balance of feeling as though you and your partner are on the same page, but understanding communication is necessary for confirmation. Another example of using explicit conversations to outline goals for the household comes up when P3 explains their need for increased structure when meeting relational expectations and alleviating their partner's mental load, rather than guessing at what would help and leaving their partner feeling overwhelmed.

A lot of that is, especially on my end, more explicit. I do need to be given explicit tasks and have several reminders most of the time to make sure I am doing all the things and uh- like, generally, if I'm given like four things I need to do here in that day, it's a pretty good job if I've done two or three. Like, she- she expects me to forget at least one of the things that I'm supposed to do. -P3

Each of these examples highlight how the couples manage their relational tensions, expectations, and even finances through a mix of implicit cues or explicit conversations. Like many other parts of relational life, implicit and explicit conversation is a balance.

Understanding ADHD

Understanding ADHD. The second major theme encompassed how understanding ADHD and its associated behaviors can have a transformative effect on relationships. For many of the couples, the partners with ADHD expressed an increase in affirming and accommodating actions by their partner once they better understood the condition. Added insight into ADHD and its effects on communication, intimacy, and task completion can assist the couples in managing relational expectations in related areas for the relationship (Barkley, 2011; Ben-Naim et al., 2017). Prior to having an ADHD diagnosis or ability to explain their experience, participants cited higher levels of tension or disagreement within their relationships. For instance, Participant

I explained their partner's difficulties understanding differences in cognitive processing needs:

I need time to process. Whereas for her, she will come in and she'll just want to talk. And I'll say, look, this- I used to say 'I don't want to talk, why could you not understand this? Just leave me alone. Uh, so that caused a bit of friction, but I think now she understands as it's part of the diagnosis, that has had a marked difference. -P1

The partner also stated in the interview that they took this boundary personally. Now that both partners understand that the need for time and space to process stems from ADHD, which was undiagnosed at the time, the boundary is respected. Another participant recognized their own difficulties with accommodating their partner prior to diagnosis, as they did not understand how ADHD affects people outside of the typical hyperactive schoolchild stereotype. Interviewer:

So once you understood ADHD better, how did [the frustration] feel for you?

P4: I felt like an ass! Sorry, I cannot say that.

Interviewer: You can say whatever you want.

P4: I felt like an ass, cause like now, I just—I feel so bad cause the way they like explain it and the way I know now, and you know I've looked into and learned about it school, I'm like 'oh, they literally couldn't help it.'

This individual was unaware of the extent to which their partner was affected by ADHD; once they were able to understand the full extent, they began implementing more strategies to help their partner succeed. One thing that they are not fully able to know if they have reached shared meaning on is the experience of ADHD. Neurotypical partners describe their frustration with limited abilities for perspective taking:

...like seeing people with ADHD and reading about it and just knowing about it has helped me so much because like- I just like, I have no idea! And I like you can't put like I can't put myself in y'all's shoes. Like I have no idea what it's like in your brains and that bothers me a little bit 'cause like I wanna know. -P4

This frustration is echoed by a participant with ADHD about their inability to explain their own difficulties:

I really couldn't deal with [the job]. Like I was having a hard time with, you know, that now it was stressing me out a whole lot and it was hard for me to explain why it was bothering me when that's something that she's done that before. I mean, she worked there for about a year once and didn't really have the same sort of issues. I couldn't really like express, you know why something or- you know why that would bother me. So it's, you know, like trying to express it why things are hard, some things are harder for me- especially before actually being diagnosed. -P3

While it *is* incredibly difficult to explain this experience to someone who is not neurodivergent, many of the participants cite understanding one another, and especially understanding the nature of ADHD, as one of the most important strategies for limiting relational conflict.

Navigating Differences

While understanding allows partners to interpret their partner's behavior at a deeper level, it does not change the fact that their behaviors largely differ from one another. Throughout the interviews, the participants regularly note the differences between their own behavior and that of their partners which can make the management of tensions more difficult.

Regulatory Differences. Individuals with ADHD often struggle with inhibitory controls (Barkley, 2011; 2018; APA, 2013). These functions allow individuals to filter statements or recognize when it is no longer developmentally appropriate to tantrum. Poor regulatory control can lead to lower relational satisfaction, especially when it is not experienced by both individuals. When managing relational tensions and expectations, there is a certain level of regulatory control required to uphold these expectations. For example, when discussing what information can and cannot be shared with others, it will require the individual to filter private information out of their conversations.

Interviewer: Do you ever wish you could share more information with others or do you ever wish that you two shared less?

P5: I wish I knew when to stop sharing. He usually doesn't have a problem.

Interviewer: So it's not necessarily the issue of revealing the information, it's just like you wanna make sure you're doing it correctly.

P5: Yes, and doing it in the right time.

Other participants touch on sharing behaviors, but instead of sharing inside information to others outside of the relationship, they focus on the disclosure habits of their partner within the relationship.

Uh. Especially with conversations, she'll be talking to me about one thing and then all of a sudden, It will be uh- she'll go like four or five conversations ahead of herself, and I'll have to figure out where she went. -P6

Uhm. Sometimes I don't know like. [They are] usually very thoughtful about, what they say like. If they need to, they will like step back and think about it, but I think they let that kind of slide with me like they don't really think about what

they're gonna say, 'cause it's just me. So sometimes they'll say like some stupid shit and then go off, and then have to come back and be like, oh, I didn't even realize what I said. Oops. -P4

As previously mentioned, impulses do not only affect the individual's filter in conversations. They also affect an individual's ability to manage their emotions and express themselves healthfully. Participant 2 discusses the difference in their own emotional management and that of their partner.

We don't do things on purpose. They're, you know, I- I know for a fact that he wouldn't have done that on purpose. He wouldn't have not remembered that [thing] on purpose. It's an honest mistake and yeah, we've lost money, but it there's no point me getting annoyed with him because it is what it is. Whereas if it had been on the other hand, he would have been really cross. It would have been cross and I know he would have been cross. -P2

I think that that [reactivity] is something that, yeah, how him and I react is very different. -P2

Regulatory differences did not mean an inability to maintain a romantic relationship or relational satisfaction for these couples. It was arguably the awareness of differences associated with ADHD that helped the partners successfully manage tensions.

Interference Behaviors. The second area to explore in the difference theme is the idea of interference. Interference is a pattern of behavior that goes against the interest of managing tasks, goals, or relational tensions. The quote reference above from Participant 1 about having to be stern with their partner when creating and enforcing a budget demonstrates how potential

interference is proactively managed within the relationship. Participant 7 acknowledged their own interference in the plans set forth by their partner to give the couple a sense of predictability for the week that doubles as a smart financial move.

P7: He has a set plan. I'm the one who throws wrenches at the set plan.

Interviewer: Do you feel that that is tied to your ADHD?

P7: I think so. Cause I get in my brain like, oh Chipotle sounds really good, like right now. I mean, he probably wants to stay in the rest of the night and I'm like, Peddler mac 'n' cheese sounds really really good tonight. So, I'm gonna do whatever is in my power to make sure that happens.

Interviewer: Has this, does this ever cause disagreements between the two of you?

P7: Yes, it does. Because of course like he has a set plan for dinner and he's like- we gotta cook the ground beef in the fridge. So I'm like, do we have to?! And he's like, yes! It's thought out, so we're going to waste money if we don't cook this. Then I pout.

Additionally, the couples can interfere with tension management such as novelty versus predictability, as well as openness versus closedness. Participant 5 explains that their relationship with their partner is extremely open for all sorts of discussions, but that there are times when their partner poses an exception to the rule.

I mean, I feel like it, it's not always a bad thing. It's just, uh, usually it's when I'm doing something like I'm driving or we're on our way home or it's something like that. So I am able to focus on the conversation and something else, so I'm not as overwhelmed is why I think sometimes he does it. But I mean, we've been in the car all week together why are we just now having the conversation? -P5 Another couple struggles with both partners occasionally

interfering with the successful management of autonomy and connection. Participant 1 discusses that they have found a method for facilitating connection, but that they recognize that sometimes they do not uphold its expectations, despite knowing the method is the couple's preferred way to implement more connection.

The way that we manage [desiring presence in connection] is by being very intentional in setting aside time for things. And I guess when I also think about that, sometimes that also causes tension. So uhm, yeah particularly, and what I would say is this is totally me, this is not on her, this is totally on me- um, that if I've got- If I'm hyperfocused on something and we've already agreed, we've already set time aside, we agreed on something, but hyperfocus kicks in, then I often find it very difficult to come away from whatever it is. -P1

Both partners mention working to increase their success in facilitating connection by having a discussion on what would work best for them.

Compassion. Finally, compassion was noted as integral to managing the differences caused by ADHD. Compassion is an aspect of understanding that often follows once the partners understand one another's difficulties and needs. However, at times, the partners must remind one another to be compassionate towards themselves following a mistake.

Well it's—it is what it is. We, we don't do things on purpose they're- you know, I know for a fact that he wouldn't have done that on purpose. He wouldn't have not remembered that on purpose. It's an honest mistake and yeah, we've lost money, but there's no point me getting annoyed with him, because it is what it is. -P2

This reflection demonstrates a deeper understanding of partner behavior by considering the intentions behind the action. Because this neurotypical partner understands the experience of poor working memory, they know that their partner's mistake was not a calculated effort to harm anyone. This ties back in with understanding the experience of ADHD, which can allow individuals to accept differences in their neurotypes.

CHAPTER 5

DISCUSSION

Because ADHD is a neurodevelopmental disorder characterized by poorer executive function, poor working memory, low inhibitory control, and occasionally social deficits (APA, 2013), studying romantic relationships affected by ADHD should be a priority for interpersonal communication scholars. This priority is compounded by the existing research which suggests that one partner being affected by ADHD within a romantic relationship is associated with lower relational satisfaction, increased dissolution, and general dysfunction. These findings of poor relational satisfaction stem from research in areas of relational life that appear to be negatively impacted by the symptoms of ADHD, especially relationships between a partner with ADHD (neurodivergent) and a partner without (neurotypical). One of the areas of focus within psychology research is the regulatory function of individuals with ADHD within romantic relationships. This regulatory function is responsible for maintaining appropriate or conventionally expressed emotions, managing oneself as well as tasks, and social involvement. Research found that romantic relationships with neurodivergent and neurotypical partner pairs experience lower relational satisfaction on average than control, and the most plausible explanation is the differences in function (Bruner et al., 2015; Eakin et al., 2004; Robin & Payson, 2002).

The understanding from this body of research is that these individuals would not likely be involved in these relationships unwillingly, but that there is an aspect of resentment that may be explained by unmanaged relational tensions. To understand how romantic relationships affected by ADHD can reflect on their existing tensions, both managed and not, a relational dialectics theory framework was applied. Relational Dialectics Theory focuses on the neutral, essential existence of relational tension, and the ongoing behaviors geared towards managing those

tensions in order for them to remain neutral (Baxter & Montgomery, 1996). This framework allowed the present study to identify and explore sources of tension in mixed-neurotype relationships and offer insight to couples affected by ADHD, rather than provide blanket statements about poor satisfaction with no insight for increasing satisfaction. This research study uses qualitative interviewing of couples affected by ADHD to understand their experiences of relational dialectics.

The first emergent theme focused on how managing tasks related to executive functioning are central to navigating relational dialectics. The participants discussed finding unique approaches to management that prioritized success for the relationship, even if it meant forgoing the notion that relationships must always be an equal share of responsibilities. By being flexible, the couples experienced less tension. In two of the couples, the partner with ADHD uses their hyperfocus to shoulder the responsibility of task-management and planning, which are both made possible by their own executive functioning skills. In one of the couples, the neurotypical partner facilitated executive functioning abilities for their partner who is willing to complete tasks but lacks the ability to plan for what is needed and when. In another couple, the partners resemble a 50/50 partnership, but instead of expecting an equal contribution in every area, the individuals fully take over the areas that they are more equipped to manage. What each of these dynamics have in common is that they are uniquely tailored to fit the goals for the relationship and abilities for the partners. To do this efficiently, it requires communication within the partnership. This communication will oscillate between two types: implicit or explicit. To decide the plan, explicit communication is often used, meaning a direct conversation about the subject occurs. However, as partners grow in their understanding of one another, they may revert to more implicit communication. This means that they understand one another well enough to adjust when needed, without needing a conversation to directly re-negotiate the balance.

Previous research has shown that social and logistical management is a source of conflict for couples affected by ADHD (Bruner et al., 2015). The findings of the present study suggest that individuals with ADHD and their partners can implement a system of ensuring that the other person is clear on what needs to be managed and who is managing it, rather than an inflexible expectation that leaves room for resentment. This theme among the couples does not necessarily negate previous findings; instead, it provides a new lens for studying teamwork. This prioritization of flexible teamwork allows the couple to maintain a realistic understanding of management, rather than the idea that relationships must always be an equal division of tasks and responsibility. Robin and Payson (2002) studied marital functioning in individuals with ADHD, citing many management behaviors as essential for making a partner feel loved. Poor performance in these areas made participants feel unloved by their ADHD spouses. Once again, this likely relates to the idea of proper management being two individuals always operating as equals in all domains. This idea is not realistic for even many neurotypical pairs. Therefore, it is likely that the way that teamwork and management are negotiated within a relationship affects relational outcomes.

Previous research has also indicated that individuals with ADHD do not often equally share responsibilities within their romantic relationships (Biederman et al., 1993; Resnick, 2005; Robbins, 2005; Robin & Payson, 2002). Contrary to previous findings, the individual with ADHD was the one identified as the one who largely managed the couple's schedule, appointments, to-do lists, and other aspects of the mental load in two of the couples interviewed. In another pair, the individuals capitalized on their strengths when dividing the workload of managing a household and mental load. Participant 1 is cited above describing their superior abilities in saving money, which was developed to cope with financial impulsivity caused by their ADHD. Their partner expressed gratitude for their ability to assist in this area. Another

couple expressed that there is more management from the neurotypical partner, but that the partner with ADHD is often the one to carry out the requirements with guidance.

The relationships studied were not devoid of conflict or malfunction; instead, the effect of ADHD on the couple's chosen management styles did not significantly impact their satisfaction. In fact, within the management theme, there were noted elements of interference. This interference is attributed to ADHD at times, with Participant 7 highlighting their affinity for throwing off dinner plans due to dopamine-seeking behavior and Participant 1 highlighting a difficulty accepting previously planned activities if hyperfocus is in the way. However, it is also tied to the dialectical preferences of the individuals in the relationship regardless of ADHD. This is where tension management and understanding become important to the relationship, because tensions that are adequately managed will remain benign preferences (Baxter & Montgomery, 1996). The management behaviors exhibited in tension management by the couples focus on understanding which tensions can be managed implicitly, and which tensions must be managed with purposeful discussions. This is the balance of implicit and explicit discussion that was a hallmark of relational success for the couples in this study.

Barkley (2011) discussed executive functioning in individuals with ADHD and how, on a large scale, the executive functioning abilities are impaired for individuals with ADHD. Executive functioning facilitates reciprocity, cooperation, and communalism, which are all used for living and interacting amongst others, including romantic partners. One way that Barkley suggests improving the executive function of individuals with ADHD is to externalize it in every way possible: this includes visual and verbal reminders. While the individuals in the present study cite a successful mix of implicit (based on 'feel') and explicit (based on discussion) approaches to managing tensions, it is mentioned that if the couple is operating based on implicit

understanding and perceives an issue with the management of the tension, they will revert to explicit management. This trend, or preference, suggests that when an individual with ADHD appears to be engaging in interference, it is important to start with an explicit management approach rather than continuing to operate on implicit understanding and assuming their executive functioning remains at a constant performance level.

The second emergent theme focused on understanding how ADHD can affect management of relational dialectics and their resulting tensions. Participants reported increases in relational satisfaction and successful tension management when both partners learned how ADHD affects individuals. This knowledge also helped both partners calibrate their expectations within the relationship. Implementing strategies and working together often requires the neurotypical partner to learn more about how their partner experiences ADHD. Participants in this study noted that their relational maintenance improved as they learn more about one another and more about ADHD. This is an ongoing process for both individuals in the relationship, as it is difficult to understand a significantly different neurotype. It can be especially challenging for individuals with ADHD to explain how they are affected by it. Even then, the partner does not suddenly understand how it feels to have a poorly functioning memory, low executive function, or other common associated traits with ADHD. Each of these symptoms can affect the behaviors within the relationship as they relate to dialectical tensions.

Within this study, participants without ADHD reported more understanding of their partner's behaviors after learning about their diagnosis. Before diagnosis, the relationship tension was higher due to frustration with the ADHD partner's perceived shortcomings. These findings complement previous research in relational dialectics focused on the experience of depression in romantic pairs (Goodwin, 2020). Goodwin (2020) found that increased

understanding of depression lowered levels of frustration experienced within the relationship. Moreover, research on inter-partner support in romantic pairs with differing experiences of mental illness found that romantic pairs indicated difficulty with providing support to their partners before understanding their partner's experience of mental illness (Harris, 2006). While ADHD is a neurodevelopmental difference, symptoms which affect intimacy, executive function, and emotional regulation can mirror those of an individual experiencing mental illness. Overall, research showed that increased understanding of the ADHD diagnosis helped couples manage its effects on relational tensions.

Another important reason for prioritizing understanding ADHD in the relationship is to ensure that perceived relational transgressions or lack of cooperation are not misinterpreted. Previous survey research about the effect of ADHD on marital relationships found that neurotypical partners indicated certain behaviors associated with ADHD often made them feel unloved or have a negative impact on the relationship (Robin & Payson, 2002; Ersoy & Ersoy, 2019). These findings are somewhat mirrored in the present study when partners expressed a feeling of frustration or discouragement because of their partner's behavior. However, the findings differ in demonstrating a change in perspective once the ADHD partner can name and explain how their behaviors are tied to ADHD.

Behaviors that affect the balance of autonomy and connection, such as requiring less intimacy and increased alone time, were taken personally prior to partners receiving or disclosing their diagnosis (Ben-Naim et al., 2017). Post-diagnosis, both partners recognize that ADHD brings sensory sensitivities and challenges for the ADHD individual (APA, 2013; Wymbs, 2021). In the present study, issues with relational expectations of task-sharing and time management were a source of tension and frustration for the couples prior to diagnosis and

awareness of executive functioning difficulties. This challenge required the couples to shape their preference between real and ideal, which is the balance between what is idealized and desired for the relationship and what is realistic. Once the couples understand what is realistic, this dialectic can be better navigated. The existing research focused on ADHD in romantic relationships does not consider the possibility of individualized relational expectations. The previous studies focused instead on how well relationships meet an idealized standard, rather than on how well the relationship adapts to achieve goals realistically. This study allowed participants to express satisfaction in finding their relationship's unique set of expectations. The third emergent theme discussed how couples navigate differences in cognition and behavior related to ADHD, which can cause relational tensions. These differences relate back to the symptoms and processes discussed in the second theme, such as impulsivity, difficulties with emotion regulation, and lowered executive function. ADHD impulsivity relates to regulatory issues which are tied to the executive functioning issues experienced by individuals with ADHD (Barkley, 2011). These difficulties with regulating focus, emotion, and efforts can lead to difficulties in meeting goals or following through with previously discussed plans.

The participants in this study cite impulsivity and attention regulation as interfering with previously balanced dialectics. For autonomy versus connection, one couple both noted a more conscious effort was needed for connection, but the ADHD partner still finds themselves having a difficult time pulling out of hyperfocus. This behavior can cause tension in a previously managed dialectic to arise, even when the dialectic was originally managed with the understanding of ADHD symptoms. For the tension between novelty versus predictability, partners with ADHD noted that they sometimes interfere with previously negotiated balances. The tension was managed with the understanding by both partners that impulsivity can lead to

irresponsible decisions and can make passive cravings become obsessions. Impulsivity presents a major relational challenge because of its frequent occurrence for some partners. The neurotypical partner may become frustrated that this previously managed tension is being interfered with and become a recurring source of conflict.

Neurocognitive differences also account for differing behaviors in disclosure surrounding the relationship. An ADHD participant in this study frequently expressed frustration with themselves over their inability to disclose information appropriately. They tied this behavior back to impulsivity and regulation, as it is the product of a poorly functioning “filter” (Barkley, 2011). The dysregulation can affect the openness versus closedness dialectic in the relationship and create conflict. Within this dialectic, differences in communication style also emerged as a source of tension. For instance, the impulsive behavior of speaking before thinking about the impact that the statement may cause the couple to experience tension over the definition of openness in the relationship.

Impulsivity affects disclosure in any emotional state, but it can also affect the intensity with which emotions are displayed and communicated (Barkley, 2010; Barkley, 2011). In the relationships, there are differences in how the partners manage the expression of their own emotions. Neurotypical partners in this study noted that the emotional expression of their partner with ADHD is often heightened compared to their own form of expression. This heightened expression of emotion may cause the partners to reassess relational satisfaction. Previous research demonstrates that emotional regulation in individuals with ADHD affects relationship quality (Bodalski et al., 2018; Bruner et al., 2015). The present study adds to the current knowledge base by exploring how an understanding of existing neurological differences between two partners helps couples navigate their relationship.

Finally, a sub-theme of navigating differences is providing compassion. Eakin and colleagues (2004) found that individuals with ADHD rate their own marital functioning, family functioning, and relational satisfaction as lower than their partners. The researchers hypothesized the lower satisfaction was an indication that the partners with ADHD feel shame about their neurocognitive abilities. The present study supports this speculation from a different perspective, as partners without ADHD expressed concern that their partners with ADHD felt shame within the relationship. This revealed a pattern of compassion from neurotypical partners, which has not been discussed in previous research. However, the importance of compassion as a successful intervention for executive functioning difficulties is recognized by Barkley's Theory of Executive Functioning (Barkley, 2011). The implementation of compassion for self and their partner by these couples may, in part, explain their relational satisfaction.

Implications

Extant research on ADHD in romantic relationships often lacks recommendations for relational satisfaction and fails to provide individuals with ADHD with the information that they need to maintain healthy, happy, long-term relationships. The framework of this study allowed the participants to discuss what constitutes their successful partnerships. Instead of following the lead of existing literature that measures how well the mixed neurotype couples perceive themselves and their partners as fulfilling the roles in a standardized version of romantic partnership, this study allowed its participants to discuss and further explore how they negotiate their roles as partners. As a researcher and an ADHD partner to a neurotypical individual, this study taught me incredible lessons about the varying definitions and expectations of relational management, the importance of understanding how we differ from our partners, and the importance of compassion. The purpose of this study was to acknowledge the legitimacy and existence of previous research findings while adding a reminder that romantic relationships

cannot to be entirely understood through one dimension. The goal of this research was also to provide individuals with ADHD and those who love them with actionable insight, recommendations, and reminders that tensions *will* arise—and that the only harmful tensions are the ones that remain unmanaged.

The recommendations for couples can be boiled down into three parts. The first is to learn about ADHD and how it affects you or your partner. Seek to understand the strengths, weaknesses, needs, and behaviors associated with ADHD. The second recommendation is to practice compassion for yourself and your partner within the relationship. Understanding that mistakes and accidents will happen despite your partner trying their very best is an important part of maintaining a positive view of one's partnership, regardless of neurotype. The final, and most important recommendation is to engage in purposeful, explicit communication in relationships, especially ones where the partners experience the world differently. Openly discuss relational tensions. If you are feeling misunderstood, take a moment to calmly seek shared understanding. Communication with one another is the best way to negotiate tensions and maintain balance.

Limitations

There are a few limitations of this study. One of the central limitations of this study is the lack of diversity in the couples interviewed. All of the participants in this study were white and from the same region. Future research should seek to explore the experiences of mixed neurotype couples from different groups and lived experiences. Another potential limitation posed by the study's design is that proof of a clinical diagnosis of ADHD in one partner and a proven absence of ADHD in the other partner was not ascertained with certainty and depended on participant self-report. Finally, the participants selected themselves to participate in research that would

require both partners to agree to a recorded, video call interview around one hour in length. It may be more likely that couples in healthy, satisfying relationships would select themselves for participation than couples experiencing significant relational turbulence.

Future Research

As mentioned above, it would be valuable for interpersonal communication scholars to conduct research with historically excluded and minoritized populations. Specifically, it would be interesting to examine the intersections of gender, sexuality, and neurotype on relationship management and satisfaction. Additionally, a future step could recruit mixed-neurotype couples for a longitudinal study that initially gauges relational satisfaction at the time of recruitment and then provides the couples with an interpersonal communication intervention rooted in the relational dialectics' framework. Upon completion of the intervention, the couples' relational satisfaction would be measured once again for signs of improvement. This would provide insight into a unique ability for relational dialectics to positively guide mixed-neurotype couples in the management of relational tensions.

Conclusion

Eakin and colleagues (2004) examined the ways neurotypical partners discussed the difficult behaviors of their ADHD spouses (complaints) and the ways in which they compensate for the behavior (compensation). A few of the named behaviors included: a lack of follow through, poor financial management, disorganization, interpersonal difficulties, unpredictable mood and emotions, trouble with household management, and poor sense of time (Eakin et al., 2004). The study claimed that poor marital adjustment in the partner with ADHD affects relational satisfaction for *both* the partners with ADHD and their spouses. The present study supports the notion that individuals with ADHD often do not function the same way in romantic

relationships as neurotypical individuals do. However, introducing a dialectic framework allowed participants to express the ways in which ADHD affects their romantic relationships without the effects being classified as inherently negative. This framework allowed for the identification of tensions and their sources without defining them as negative strains on the health, function, or satisfaction in the relationship. Overall, this study provides encouragement that individuals with ADHD can find and maintain healthy, happy, long-term relationships.

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APPENDIX A

OFFICE OF RESEARCH INTEGRITY PROJECT APPROVAL



Office of Research Integrity
Institutional Review Board
One John Marshall Drive
Huntington, WV 25755

FWA 00002704

IRB1 #00002205
IRB2 #00003206

February 24, 2022

Jill Underhill, PhD
Communications Studies Department

RE: IRBNet ID# 1873494-1
At: Marshall University Institutional Review Board #2 (Social/Behavioral)

Dear Dr. Underhill:

Protocol Title: [1873494-1] Exploring Relational Dialectics in ADHD Relationships
Site Location: MU
Submission Type: New Project APPROVED
Review Type: Expedited Review

In accordance with 45CFR46.110(a)(6)&(7), the above study was granted Expedited approval today by the Marshall University Institutional Review Board #2 (Social/Behavioral) Chair. This approval also includes the Waiver of Written Documentation of Consent. An annual update will be required on February 24, 2023 for administrative review and approval. The update must include the Annual Update Form and current educational certificates for all investigators involved in the study. All amendments must be submitted for approval by the IRB Chair prior to implementation and a closure request is required upon completion of the study.

This study is for student Katherine Dotten.

If you have any questions, please contact the Marshall University Institutional Review Board #2 (Social/Behavioral) Coordinator Lindsey Taylor at (304) 696-6322 or l.taylor@marshall.edu. Please include your study title and reference number in all correspondence with this office.

Sincerely,

A handwritten signature in blue ink that reads 'Bruce F. Day'.

Bruce F. Day, PhD, CIP
Director, Office of Research Integrity

APPENDIX B

RECRUITMENT POST

Hello all! I am looking for participants for my thesis research study about couples in romantic relationships in which one partner has ADHD. Participation is fully voluntary and can be withdrawn at any time without penalty. This study has been approved by the Institutional Review Board and consists of a screening questionnaire to determine eligibility for participation in the video call interview. There is no benefit to participating in this study, and there is no more than minimal risk involved with participation. Below, you will find the link to the Qualtrics screening survey that will allow us to contact you for further involvement. Even after completing the questionnaire, you may withdraw your consent at any time.

Specific participant criteria:

MUST be over 18 years old.

MUST be in a romantic relationship and have cohabitated for 6 months or longer.

One partner (only one) MUST have ADHD.

Each partner will receive separate screening questionnaires and must both agree to participate.

To participate, please follow this link. **<https://www.qualtrics.com/link-here>**

APPENDIX C

QUALTRICS SURVEY

Pre-Interview Questionnaire (Qualtrics)

1. What is your gender?
 - a. Female
 - b. Male
 - c. Nonbinary
 - d. Other

2. What is your age in years? _____ (type box).

3. Race and Ethnicity
 - a. Check all that apply
 - i. White ii. Black or African American
 - iii. American Indian and Alaskan Native
 - iv. Asian
 - v. Native Hawaiian and Other Pacific Islander
 - vi. Hispanic vii. Other _____.

4. Employment Status: _____ (type box).

5. Relationship Status
 - a. Committed

- b. Engaged
 - c. Married
 - d. Single (skip logic—end of survey).
 - e. Separated (skip logic—end of survey).
6. How long have you been in your current relationship?
- a. Less than 6 months (skip logic—end of survey).
 - b. 6 months or longer.
7. Do you live with your partner?
- a. Yes
 - b. No (skip logic—end of survey).
8. How long have you and your partner lived together?
- a. Less than 6 months (skip logic—end of survey)
 - b. 6 months or longer.
9. Do you have ADHD?
- a. Yes (Q10)
 - b. No (Q12)
10. When did you learn of your ADHD? _____ (type box, proceed to Q11 after).
11. Does your partner have ADHD?

- a. Yes (skip logic—end of survey)
- b. No (Q14)

12. Does your partner have ADHD?

- a. Yes (Q13)
- b. No (skip logic—end of survey)

13. When did you learn that your partner has ADHD? _____ (type box, proceed to Q14 after)

14. Do you think your partner would be willing to participate in this study?

- a. Yes
- b. No (skip logic—end of survey)

15. What is the best email to contact you?

16. What is the best phone number to reach you?

17. Please enter a unique PIN number. This PIN number will help us to match you with your partner's responses. At the conclusion of this questionnaire, you will receive an email asking you to forward it on to your partner asking them to participate in this study.

PIN _____

APPENDIX D

VERBAL CONSENT

Consent to Participate in Research – Verbal Presentation

Hello, my name is Katherine Dotten. You have been recruited to be in a study about relational communication and ADHD. This study involves research. The purpose of this research study is to understand the way romantic relationship tensions are communicated between partners in couples affected by attention deficit hyperactivity disorder (ADHD). This will take around one hour of your time. The Marshall University Institutional Review Board has approved this study. If you choose to be in the study, I will be asking you questions about aspects of your relationship and you will be expected to answer them with as much or as little information so long as you are comfortable.

There is no more than minimal risk associated with participation in this study. Any participants who experience concerns about their mental or emotional state after reflecting on their relationship may contact the Marshall University Counseling Center at (304)-696-3111.

There is no cost or payment to you. If you have questions while taking part, please stop me and ask. We will do our best to make sure that your personal information is kept confidential.

However, we cannot guarantee absolute confidentiality. Federal law says we must keep your study records private. Nevertheless, under unforeseen and rare circumstances, we may be required by law to allow certain agencies to view your records. Those agencies would include the Marshall University IRB, Office of Research Integrity (ORI) and the federal Office of Human Research Protection (OHRP). This is to make sure that we are protecting your rights and your safety. If we publish the information we learn from this study, you will not be identified by name or in any other way. Interview recordings will be destroyed at the conclusion of the study.

If you have questions about this research, or study related problems, you may call the Principal Investigator Dr. Jill C. Underhill at (304)-696-3013. If you feel as if you were not treated well during this study, or have questions concerning your rights as a research participant call the Marshall University Office of Research Integrity (ORI) at (304) 696-4303.

Your participation in this research is voluntary, and you will not be penalized or lose benefits if you refuse to participate or decide to stop.

If you are willing to participate in this study, please say Yes to continue or No to end the study.

APPENDIX E

Interview Questions Neurodivergent (ADHD)

1. Tell me a little about your relationship with your romantic partner.
 - a. How did you meet?
 - b. How long have you known them?
2. When did you first reveal your ADHD to your partner?
 - a. How did you first reveal your ADHD to your partner?
 - b. What were your worries about revealing this, if any?
 - c. How do you manage your ADHD?
3. Can you talk a little bit about what it is like to be in a committed relationship as someone who has ADHD?
4. How does your ADHD affect communication within your relationship?
5. What are your partner's strengths when it comes to communication with you?
 - a. Can you provide an example?
6. What is the most challenging about your partner's communication with you?
 - a. Can you provide an example?
1. How do you and your partner navigate independence and connection together in your relationship?

- a. Do you and your partner experience disagreements about how much independence you should maintain?
 - b. Do you and your partner experience disagreements about how much connection you should maintain?
2. How does your partner's ADHD play into your ability to navigate independence and connection in your relationship?
- a. Do you ever desire an increased connection with your partner?
 - b. Do you ever desire increased separation from your partner?

(Openness/Protection)

3. How do you and your partner navigate openness and privacy with each other in your relationship?
- a. Do you and your partner experience disagreements about how much privacy you should maintain?
 - b. Do you and your partner experience disagreements about how much openness you should maintain?
4. How does your ADHD play into your ability to navigate openness and privacy in your relationship?
- a. Do you ever desire increased openness from or with your partner?
 - b. Do you ever desire increased privacy within your relationship?

(Novelty/Predictability)

5. How do you and your partner navigate novelty and predictability together in your relationship?
 - a. Do you and your partner experience disagreements about how much novelty you should maintain?
 - b. Do you and your partner experience disagreements about how much predictability you should maintain?
6. How does your ADHD play into your ability to navigate novelty and predictability in your relationship?
 - a. Do you ever desire increased novelty from your partner?
 - b. Do you ever desire increased predictability with your partner?

(Public/Private)

7. How do you and your partner navigate what information is public versus private about your relationship?
 - a. Do you and your partner experience disagreements about how much privacy you should maintain?
 - b. Do you and your partner experience disagreements about how much you share publicly?
8. How does your ADHD play into your ability to navigate what information is kept public versus private in your relationship?
 - a. Do you ever desire to share more information about your relationship with others?

- b. Do you ever desire increased privacy about your relationship?

(Real/Ideal)

9. How do you and your partner work together to make sure you both are satisfied with the relationship?

- a. Do you and your partner experience disagreements about relational expectations?

10. How does your ADHD play into your ability to navigate relational expectations?

- a. Do you ever desire more effort from your partner to meet relational expectations?

- b. Do you believe your partner's ADHD requires you to change your relational expectations?

11. Lessons Learned/Advice

1. What strategies would you recommend couples try to increase their relational satisfaction?

2. What strategies would you not recommend couples try in the future?

3. What advice would you give to individuals like you who are navigating relationships while managing ADHD?

APPENDIX F

Interview Questions Neurotypical (Non-ADHD)

1. Tell me a little about your relationship with your romantic partner.
 - a. How did you meet?
 - b. How long have you known them?
2. When did your partner first reveal their ADHD to you?
 - a. How did your partner first reveal their ADHD to you?
 - a. How did you react to that news?
 - b. How has their ADHD been treated?
3. Can you talk about what it is like to be in a committed relationship with someone who has ADHD?
4. How does your partner's ADHD affect communication within your relationship?
5. What are your partner's strengths when it comes to communication with you?
 - a. Can you provide an example?
6. What is most challenging about your partner's communication with you?
 - b. Can you provide an example?

Next, we want to look at how couples explore relational tensions.

(Autonomy/Connection)

1. How do you and your partner navigate independence and connection together in your relationship?
 - a. Do you and your partner experience disagreements about how much independence you should maintain?
 - b. Do you and your partner experience disagreements about how much connection you should maintain?
2. How does your partner's ADHD play into your ability to navigate independence and connection in your relationship?
 - a. Do you ever desire an increased connection with your partner?
 - b. Do you ever desire increased separation from your partner?

(Openness/Protection)

3. How do you and your partner navigate openness and privacy with each other in your relationship?
 - c. Do you and your partner experience disagreements about how much privacy you should maintain?
 - d. Do you and your partner experience disagreements about how much openness you should maintain?
4. How does your partner's ADHD play into your ability to navigate openness and privacy in your relationship?

- a. Do you ever desire increased openness from or with your partner?
- b. Do you ever desire increased privacy within your relationship?

(Novelty/Predictability)

- 5. How do you and your partner navigate novelty and predictability together in your relationship?
 - e. Do you and your partner experience disagreements about how much novelty you should maintain?
 - f. Do you and your partner experience disagreements about how much predictability you should maintain?
- 6. How does your partner's ADHD play into your ability to navigate novelty and predictability in your relationship?
 - a. Do you ever desire increased novelty from your partner?
 - b. Do you ever desire increased predictability with your partner?

(Public/Private)

- 7. How do you and your partner navigate what information is public versus private about your relationship?
 - g. Do you and your partner experience disagreements about how much privacy you should maintain?
 - h. Do you and your partner experience disagreements about how much you share publicly?

8. How does your partner's ADHD play into your ability to navigate what information is kept public versus private in your relationship?
 - a. Do you ever desire to share more information about your relationship with others?
 - b. Do you ever desire increased privacy about your relationship?

(Real/Ideal)

9. How do you and your partner work together to make sure you both are satisfied with the relationship?
 - a. Do you and your partner experience disagreements about relational expectations?
10. How does your partner's ADHD play into your ability to navigate relational expectations?
 - a. Do you ever desire more effort from your partner to meet relational expectations?
 - b. Do you believe your partner's ADHD requires you to change your relational expectations?

Lessons Learned/Advice

1. What strategies would you recommend couples try to increase their relational satisfaction?
2. What strategies would you not recommend couples try in the future?
3. What advice would you give to individuals like you who love someone with ADHD?