

ADHD, DYSREGULATION, AND RELATIONSHIPS

ADHD TRAITS, EMOTION DYSREGULATION, AND ROMANTIC RELATIONSHIP
SATISFACTION IN COLLEGE STUDENTS

by

Toria Renee Davenport

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Approved by:

Will Canu, Ph.D., Thesis Director

Laura Gambrel, Ph.D., Second Reader

Andrew Smith, Ph.D., Psychology Department Honors Director

Angela Mead, The Honors College

**ADHD Traits, Emotion Dysregulation, and Romantic Relationship Satisfaction in College
Students**

Toria R. Davenport

Department of Psychology, Appalachian State University

Abstract

A few studies have shown that increased emotion dysregulation in adolescents and adults with ADHD is associated with lower romantic relationship satisfaction (Bodalski et al., 2018; Maherio et al., 2020). The aim of the current study is to examine the relationship between the aforementioned variables in college students. The sample consists of 135 female and 21 male college students aged “18” to “26 and older.” The Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004) was used to assess emotion dysregulation, along with the Couples Satisfaction Index (CSI-16; Funk & Rogge, 2007) for romantic relationship satisfaction. The DSM-5 Current Symptoms Questionnaire (APA, 2013) was used to assess ADHD traits. Additionally, participants were given the Conflict Measure (Gordon & Chen, 2016) and the Conflict Resolution Style Inventory (Self-Rating; CRSI-Self; Kurdek, 1994). Bivariate correlation analyses revealed that all independent and dependent variables were significantly correlated. The final model in our hierarchical regression analysis was statistically significant, but the only individual significant predictor of romantic relationship satisfaction was experienced conflict. Due to the simple correlations between all variables, however, the results may suggest that, rather than having no effect, ADHD traits and emotion dysregulation influence experienced conflict in relationships, which is likely a direct contributor to romantic relationship dissatisfaction. Future studies should verify these results in more diverse samples and with individuals who have an official diagnosis of ADHD.

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ADHD Traits, Emotion Dysregulation, and Romantic Relationship Satisfaction in College Students

According to the DSM-5 (2013), Attention-Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder characterized by impairing inattention (IA; e.g., lack of close and sustained attention, disorganization, and distractibility) and hyperactivity-impulsivity (HI; e.g., fidgeting, superfluous talking, and difficulties with turn-taking; American Psychiatric Association, APA, 2013). ADHD is estimated to affect approximately 5% of children worldwide (Polanczyk et al., 2007). While previously understood as a childhood disorder, ADHD now is considered to most often persist throughout the lifespan with differing manifestations in different stages of life (Barkley, 2008). Approximately 5% of U.S. adults have ADHD (Barkley, 2008). College students-- the population of interest for the current study-- are estimated to have a prevalence of ADHD between 2 and 8% (Dupaul et al., 2009).

ADHD often results in impairment across many domains of life. For students, ADHD is often associated with lower academic grades, SAT scores, class rank, school suspension and expulsion, and other difficulties (Frazier et al., 2007; Martin, 2014). Additionally, ADHD is associated with many areas of social dysfunction, including peer victimization, lower romantic relationship satisfaction, disrupted or contentious family relationships, and more (Ben-Naim et al., 2017; Fogleman et al., 2019; Robbins et al., 2005).

Emotion Dysregulation in ADHD

Along with the core symptoms of HI and IA in ADHD, emotion dysregulation has also emerged as a related trait. Emotion dysregulation, as it pertains to ADHD, is the inability to or difficulty with controlling (or regulating) one's situational emotional responses. Some studies have linked the executive functioning difficulties that theoretically contribute to the HI and IA

symptoms in ADHD with emotion dysregulation (Skirrow et al., 2009). Even in the absence of possible comorbid mood disorders such as major depression disorder and generalized anxiety disorder, which are basically defined by affective symptoms, emotion dysregulation is evident in samples of adults with ADHD (Reimherr et al., 2005). Several other studies have found that emotion dysregulation is significantly higher in groups with ADHD when compared to those without, as well (Materna et al., 2019; Mitchell et al., 2012). In fact, an extensive literature review revealed that approximately 34 to 70% of adults with ADHD had impairing difficulties with emotion regulation (Shaw et al., 2014).

Social Impairment in ADHD

As noted above, one major area of impairment in ADHD is social functioning. The majority of research on social dysfunction in ADHD has been with children. In one study, boys aged 7-12 with ADHD were rated as less likable by their peers without ADHD (Ronk et al., 2011). Possible reasons for this included using more attention-getting behaviors, talking about themselves frequently, inattention, and more (Ronk et al., 2011). Other studies found similar peer rejection and cited lack of recognizing social cues, higher levels of conflict, lower instances of cooperative play, increased negative affect, executive dysfunction (specifically spatial working memory), and positive illusory biases (e.g. overestimating one's abilities or likeableness) as potential causes (Chiang & Gau, 2014; Murray-Close et al., 2010; Normand et al., 2019; Tseng et al., 2014).

Interpersonal difficulties have been observed in adolescent and adult populations as well, including college students (Able et al., 2007; Sacchetti & Lefler, 2017). Romantic relationships are an aspect of social dysfunction commonly seen in adolescents and adults with ADHD. Rokeach & Wiener (2018) found that adolescents aged 13 to 18 with ADHD had more romantic

partners and shorter relationships. In a study conducted by Bruner et al. (2015), relational satisfaction was negatively associated with HI and IA in college women with ADHD. Ben-Naim et al. (2017) found that the spouses of adults with ADHD had lower intimacy and lower satisfaction in their marriages. Outside of romantic relationships, people with ADHD often have difficulties in their families as well (Robbins et al., 2005).

Many of the aforementioned studies also investigated general interpersonal conflict in ADHD as a potential variable regarding social impairment (Bruner et al., 2015; Normand et al., 2019; Robbins et al., 2005). One study revealed that couples in which one partner has ADHD (specifically the combined type) had lower romantic relational satisfaction, which also correlated with more negative and less positive behaviors during a conflict resolution task (Canu et al., 2014). Outside of individuals with ADHD, negative conflict resolution styles (e.g., withdrawal) and behavior have been associated with relationship satisfaction as well, and they have specifically been shown to predict lower relationship satisfaction (Iodice, 2020; Liu et al., 2014).

Emotion Dysregulation and Social Impairment

Emotion dysregulation has been linked to social impairment in the general population. For instance, higher levels of emotion dysregulation negatively predict romantic relationship quality and intimacy (Abbot, 2006; Tani et al., 2015). Family relationships (e.g., parent-child) have also been shown to be negatively affected by emotion dysregulation (Li et al., 2018). Treatment packages involving the use of Cognitive-Behavioral Therapy (CBT) and Dialectical Behavioral Therapy (DBT) have been shown to reduce emotion dysregulation and to concurrently improve romantic relationship satisfaction (Kirby & Baucom, 2007). Specifically, some studies have noted that the relationship between emotion dysregulation and social

impairment may stem from both emotionally inappropriate reactions and the tendency to overreact when perceiving criticism (Klein et al., 2016).

Emotion Dysregulation and Social Impairment in ADHD

While there are theoretically and empirically supported links between (a) ADHD and emotion dysregulation, (b) ADHD and social impairment, and (c) social impairment and emotion dysregulation, very few studies have linked all three of these constructs. Some of the studies that have associated the three have found that emotion dysregulation is associated with peer victimization in ADHD and general social impairment in ADHD (Barkley & Fischer, 2010; Fogleman et al., 2019). Increased emotion dysregulation has been associated with lower levels of romantic relationship satisfaction in adults with ADHD as well (Bodalski et al., 2018). Similarly, Margherio et al. (2020) found that higher levels of self-reported emotion dysregulation in adolescents with ADHD was associated with higher relationship turnover.

Current Study

The purpose of this study is to expand upon the limited research regarding the effects of emotion dysregulation in ADHD on romantic relationships in college students. Based on previous research, the first hypothesis is that emotion dysregulation will be strongly and positively related to the presence of the core ADHD symptoms (IA/HI). Second, it is hypothesized that ADHD symptoms will be negatively associated with relationship satisfaction. Finally, it is predicted that emotion dysregulation will at least partly explain the relationship between ADHD symptoms and relationship satisfaction. Due to the fact that conflict is frequently mentioned in the existent literature, the Conflict Measure (Gordon & Chen, 2016) and the Conflict-Resolution Styles Inventory- Self Version (CRSI-Self; Kurdek, 1994) were included

to assess conflict frequency and resolution style as potential influencing variables in relationship satisfaction.

Methods

Participants

Participants were 156 college students (86.5% biological female, $n = 135$) who completed an online Qualtrics survey. The colleges included in the survey were Appalachian State University and University of South Carolina. The only inclusion criteria was currently being in a romantic relationship. The participants ranged from “18 years old” to “26 and older,” with only 5 participants nominating the latter (mean age of 18-25-year-olds = 19.43, $SD = 2.38$). Regarding sexual orientation, 83.3% nominated heterosexual, with 10.9% as bisexual, 2.6% as gay/lesbian, 1.3% queer, 0.6% pansexual, 0.6% asexual, and 0.6% as not sure/exploring. Approximately 92.9% of the participants identified as White, 5.8% as Latinx/Hispanic, 2.6% Black, 2.6% Asian, 1.3% Native American/American Indian/Alaska Native/Indigenous, 0.6% Pacific Islander/Native Hawaiian, and 0.6% multiracial (unspecified). Regarding romantic relationship length, 16% of the sample had been together for less than 3 months, 8.3% for 3-5 months, 14.7% for 6-11 months, 32.1% for 1-2 years, and 28.8% for more than two years. Approximately 10.9% of the sample ($n = 17$) reported a previous ADHD diagnosis.

Measures

Demographics

The participants provided basic demographic information including age, sex, gender identity, race, and sexual preferences. Additionally, they were specifically asked to provide their relationship status, length, and number of past relationships. Students were asked if they had received a prior diagnosis for ADHD as well.

Difficulties in Emotion Regulation Scale

The Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004) is a 36-item questionnaire that measures emotion dysregulation. Responses are given based on the degree to which participants feel the statements apply to them on a 5-point Likert-type scale: 1 = *almost never (0-10%)*, 2 = *sometimes (11-35%)*, 3 = *about half the time (35-65%)*, 4 = *most of the time (66-90%)*, 5 = *almost always (91-100%)*. Along with an overall score, the DERS contains six subscales: Nonacceptance of Emotional Responses (6 items; e.g., “When I’m upset, I become angry at myself for feeling that way”), Difficulties Engaging in Goal-Directed Behavior (5 items; e.g., “When I’m upset, I have difficulty getting work done”), Impulse Control Difficulties (6 items; e.g., “I experience my emotions as overwhelming and out of control”), Lack of Emotional Awareness (6 items; e.g., “I pay attention to how I feel”), Limited Access to Emotion Regulation Strategies (8 items; e.g., “When I’m upset, I believe I will remain that way for a long time”), and Lack of Emotional Clarity (5 items; e.g., “I am clear about my feelings”). In the current study, internal consistency reliability was excellent for the total scale score ($\alpha = .90$).

Couples Satisfaction Index

The Couples Satisfaction Index (CSI-16; Funk & Rogge, 2007) is a 16-item questionnaire that measures relationship satisfaction. The questionnaire measures various aspects including relationship happiness, relationship expectations versus reality, satisfaction, and more. The questions all use Likert-type answers ranging from 6-point to 7-point. The CSI-16 provides a total score out of 81 points. Lower scores (below 51.5) are indicative of significant relationship dissatisfaction. In the current study, internal consistency reliability was excellent ($\alpha = .94$).

Conflict Measure

The Conflict Measure (Gordon & Chen, 2016) measures levels of conflict in romantic relationships. The measure contains 6 items, and all answers are given on a 7-point Likert scale (1= *strongly disagree*, 7= *strongly agree*). The questionnaire yields an overall score (arithmetic mean) with higher scores indicating higher levels of relational conflict. In the current study, internal consistency reliability was acceptable ($\alpha = .75$).

Conflict Resolution Styles Inventory (Self-Rating)

The Conflict Resolution Styles Inventory (Self-Rating; Kurdek, 1994), or the CRSI-Self, is a 16-item questionnaire that assesses conflict resolution styles of individuals in relationships, with four 4-item subscales: Conflict Engagement (e.g., “throwing insults and digs”), Positive Problem Solving (e.g., “negotiating and problem solving”), Withdrawal (e.g., “withdrawing, acting distant and not interested), and Compliance (e.g., “giving in with little attempt to present my side of the issue”). Participants give answers on a 5-point Likert-type scale (1= *never*, 5= *always*) based on how often they use the given styles in arguments or disagreements. Higher means in each category (1 to 5) indicate higher usage of that particular style of conflict resolution. In the current study, the three subscales that tap negative conflict styles (Conflict engagement, Withdrawal, and Compliance) were combined into a single index with good internal consistency ($\alpha = .88$); data regarding positive conflict behaviors was not utilized.

DSM-5 Current Symptoms Questionnaire

The DSM-5 Current Symptoms Questionnaire is a self-report checklist based on the exact wording of the 18 ADHD symptoms in the DSM-5 (APA, 2013). It has been used elsewhere (Lefler et al., 2020), including the added parenthetical clarifications, and it taps participants' self-perceived ADHD symptoms in the past six months. Items were scaled as follows: 0 (never/rarely), 1 (sometimes), 2 (often), or 3 (very often). A sum score was derived for each of

the primary symptom clusters (inattention and hyperactivity/impulsivity). In the current study, internal consistency reliability was excellent for inattention ($\alpha = .94$) and hyperactivity/impulsivity ($\alpha = .91$).

Procedure

Participants completed a comprehensive survey including all of the aforementioned questionnaires online on their personal computers as part of a broader online survey (housed via the Qualtrics platform). They received SONA course credit for completing the survey.

Participants indicated informed consent by completing the questionnaire; all procedures for this study were approved as exempt by the Appalachian State University Institutional Review Board.

Data Analytic Plan

Correlational analyses were used to examine the zero-level relationships between variables of interest (ADHD traits of IA and HI, emotion dysregulation, conflict resolution style, experienced conflict in relationship, relational satisfaction). A hierarchical multiple regression analysis examined the combined predictive relationships of IA, HI, emotion dysregulation, experienced conflict, and conflict resolution style on relational satisfaction. The first step of the equation will include the respective ADHD traits as predictors. The second step will add emotion dysregulation, and the third experienced conflict and negative conflict resolution.

Results

Bivariate correlations were run to assess the relationships between all independent and dependent variables, according to plan (see Table 1). All correlations were statistically significant. Notable correlations include (a) IA and experienced conflict ($r[154] = .171, p < .033$), (b) HI and experienced conflict ($r[154] = .168, p < .036$), (c) IA and negative conflict resolution strategies ($r[154] = .348, p < .001$), (d) HI and negative conflict resolution strategies

($r[154] = .295, p < .001$), (e) emotion dysregulation and experienced conflict ($r[154] = .219, p < .006$), and (f) emotion dysregulation and negative conflict resolution strategies ($r[154] = .476, p < .001$). Additionally, emotion dysregulation was significantly associated with both IA ($r[154] = .586, p < .001$) and HI ($r[154] = .512, p < .001$).

A hierarchical regression analysis was used to examine whether the combined and individual independent variables statistically predict relationship satisfaction. The first step included IA and HI as predictor variables and explained 6.3% of the variance in relationship satisfaction ($F[2, 153] = 5.18, p < .007$). Despite this, neither IA nor HI alone were statistically significant predictors of satisfaction in the first equation. The second step added emotion dysregulation and explained an additional 2.3% of the variation in relationship satisfaction ($F[3, 152] = 3.76, p < .05$). In this step, emotion dysregulation was the only significant predictor. The third and final step added experienced conflict and negative conflict resolution strategies, and accounted for an additional 34.2% of variance in satisfaction ($F[5, 150] = 44.80, p < .001$). The final model, including HI, IA, emotion dysregulation, experienced conflict, and negative conflict resolution strategies as predictors, thereby explained approximately 42.8% of the variance in relationship satisfaction and was statistically significant ($F[5, 150] = 22.43, p < .001$). The only significant predictor variable in the final regression model was experienced conflict ($t[5, 150] = -7.98, p < .001$). Table 2 includes further statistical detail regarding this analysis.

Discussion

The aim of this study was to examine the effects of emotion dysregulation related to ADHD on romantic relationship satisfaction in college students, including experienced conflict and resolution styles as possible influencing variables. ADHD traits of HI and IA, emotion dysregulation, experienced conflict, and conflict resolution style were all found to significantly

correlate with romantic relationship satisfaction. However, when all variables were considered together in a regression model, only experienced conflict was a significant predictor of relationship satisfaction.

As expected with the first hypothesis of this study, bivariate correlation analyses revealed that both ADHD IA and HI traits positively related to emotion dysregulation in our sample. This is congruent with existing literature that found emotion dysregulation to be elevated in individuals with ADHD (Materna et al., 2019; Mitchell et al., 2012; Shaw et al., 2014). Additionally, both ADHD traits negatively correlated with relationship satisfaction, as did emotion dysregulation. This supports the second hypothesis that ADHD traits would be negatively associated with satisfaction and, again, is consistent with the findings of previous studies on romantic relationships (Bruner et al., 2015; Tani et al., 2015). Though ADHD traits of IA and HI and emotion dysregulation were not significant predictors of relationship satisfaction in our final model, when these three variables alone were considered in a regression model, emotion dysregulation was a significant predictor of relationship satisfaction. This is seemingly consistent with the third hypothesis that emotion dysregulation could at least partly explain the relationship between ADHD traits and romantic relationship satisfaction.

Interestingly, both experienced conflict (e.g., argument frequency, feelings of irritation towards partner) and negative conflict resolution style (i.e., withdrawal, conflict engagement, compliance) were strongly associated with relationship satisfaction. Additionally, conflict resolution style was strongly related to experienced conflict. Since experienced conflict was the only statistically significant predictor of relationship satisfaction in the final regression model, one could possibly conclude that ADHD traits, emotion dysregulation, and conflict resolution style are unrelated to satisfaction. However, given the simple associations between the core

ADHD traits, emotion dysregulation, and negative conflict resolution style and experienced conflict, it seems possible that these traits indirectly affect satisfaction by way of perceived conflict in the relationship.

In summary, these findings suggest that individuals high in ADHD traits may have elevated levels of emotion dysregulation and may be more likely to use negative conflict resolution strategies (e.g., withdrawal, compliance, and conflict engagement), which then leads to experienced conflict in romantic relationships, and, ultimately, diminished relational satisfaction. It would be interesting to see if training people with elevated levels of ADHD traits in productive conflict resolution strategies improves their relationship satisfaction. While little work has been done in this area, one study suggests that couples therapy including partners with and without ADHD has proven to be effective in improving relationship satisfaction. Specifically, Wymbs & Molina (2015) found that targeting communication and problem-solving skills in partners with ADHD successfully ameliorated relationship quality. Additionally, as emotion dysregulation significantly predicted usage of negative conflict resolution strategies, this should be an area of focus in clinical settings as well. Again, there is some evidence to support this direction already, as Kirby & Baucom (2007) used CBT and DBT to reduce emotion dysregulation and to simultaneously improve romantic relationship satisfaction in couples. Regardless of the exact mechanism, these results are similar to previous research documenting conflict relating to dissatisfaction in other types of relationships of people with ADHD. For instance, Robbins et al. (2005) found that individuals with ADHD had more difficulties in their family relationships, specifically regarding conflict. Similarly, Normand et al. (2019) found that children with ADHD experienced increased conflict in their friendships and simultaneously less

companionship. Taken together, this all suggests that experienced conflict is one of the primary drivers of broad social impairment for those with ADHD.

Limitations and Future Directions

A salient limitation of this study is that it is entirely based on self-report measures. Romantic partner reports would have been particularly helpful, as it is difficult to accurately measure romantic relationship satisfaction and experienced conflict in relationships without input from both partners. Due to the demographic characteristics of the sample, the generalizability of our results is questionable. Aside from including only American college students, our sample consisted of mostly White, heterosexual females. Since sex-specific analyses were not done, we do not know if these results significantly apply to both biological males and females. Additionally, we do not know if the results would be the same for relationships that were not heterosexual. Relationship length was not controlled for or included in analysis; similarly, the perceived seriousness (e.g. dating, engaged, married) of the relationship was not analyzed. One might expect there to be different relationship dynamics (i.e. quality, levels of conflict) based on differences in both length and perceived seriousness, which could impact the exact nature of the findings.

Due to our sample size, we used a dimensional approach to analyze the effects of ADHD traits on other variables, as opposed to identifying “ADHD” and “non-ADHD” groups. As alluded to above, replications of this research should incorporate comparison of a clinically identified ADHD group to a non-diagnosed peer group. This sample only included 17 (approximately 10.9%) individuals who had an official ADHD diagnosis; in this dimensional analysis it is thus likely unclear how ADHD traits of IA and HI that meet clinical diagnostic standards influence relationship satisfaction. Possible avenues for further research include

whether or not targeting emotion dysregulation and conflict resolution strategies in individuals with ADHD improves their perceived relationship satisfaction.

Conclusions

The results of our analyses indicate, first, that individuals reporting elevated ADHD traits tend to also report elevated levels of emotion dysregulation. Regarding relationship satisfaction, when all independent variables were considered in a regression model (e.g., emotion dysregulation, experienced conflict, conflict resolution strategy, ADHD inattention traits, and ADHD hyperactivity/impulsivity traits), experienced conflict was the only significant predictor of relationship satisfaction. Due to bivariate correlations amongst all of the variables, it is possible that ADHD traits impact romantic relationship satisfaction through experienced conflict (and possibly emotion dysregulation and conflict resolution strategies) rather than having no impact.

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Table 1
Descriptive Statistics and Correlations for Variables

Variable	<i>n</i>	<i>M</i>	<i>SD</i>	1	2	3	4	5	6
1. CSI16	156	87.90	9.47	-					
2. IA	156	15.96	6.57	-.23**	-				
3. HI	156	14.08	5.40	-.25**	.75**	-			
4. CM	156	2.17	0.98	-.63**	.17*	.17*	-		
5. DERS	156	90.18	25.92	-.27**	.59**	.51**	.22**	-	
6. CRSI	156	1.53	0.55	-.41**	.35**	.30**	.49**	.48**	-

Note. CSI16 = Couples Satisfaction Index-16 (romantic satisfaction); IA = Inattentive ADHD symptoms; HI = Hyperactive/Impulsive ADHD symptoms; CM = Conflict Measure (couples' experienced conflict); DERS = Difficulties in Emotion Regulation Scale; CRSI = Conflict Resolution Styles Inventory (negative conflict resolution usage)

* $p < .05$ ** $p < .01$

Table 2

Summary of Hierarchical Regression Analysis for Variables Predicting Relationship Satisfaction (n = 156)

Variable	Model 1			Model 2			Model 3		
	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β
IA	-0.11	.17	-.09	-0.01	.17	-.01	0.03	.14	.02
HI	-0.28	.20	-.18	-0.20	.20	-.13	-0.17	.16	-.11
DERS				-0.07	.03	-.20*	-0.02	.03	-.06
CM							-5.45	.68	-.57**
CRSI							-1.37	1.35	-.08
R^2		.063			.086			.428	
<i>F</i> for change in R^2		5.18**			3.76*			44.80**	

Note. CSI16 = Couples Satisfaction Index-16 (romantic satisfaction); IA = Inattentive ADHD symptoms; HI = Hyperactive/Impulsive ADHD symptoms; CM = Conflict Measure (couples' experienced conflict); DERS = Difficulties in Emotion Regulation Scale; CRSI = Conflict Resolution Styles Inventory (negative conflict resolution usage)

* $p < .05$ ** $p < .01$