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ADHD Symptoms And Adult Romantic Relationships: The Role Of Partner Attachment Style, Emotion Recognition, And Personality

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ADHD SYMPTOMS AND ADULT ROMANTIC RELATIONSHIPS: THE ROLE OF PARTNER ATTACHMENT STYLE, EMOTION RECOGNITION, AND PERSONALITY

by

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DEDICATION

I dedicate this milestone to two very special people in my life.

Grandma, this very document would not exist without your love and faith in me. You are my rock. My partner *Josh*, thank you for seeing me and most importantly, loving all of me.

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ABSTRACT

The purpose of this project was to examine the impact of ADHD within the context of adult romantic relationships more thoroughly than has previously been examined. Whereas symptoms of ADHD do seem to contribute to the quality of a relationship (Canu, 2014; Orlov, 2010; Pera, 2008), no prior research has examined the interaction between individual characteristics and partner ADHD symptoms in predicting relationship quality. The present study addressed this gap in the literature by examining the characteristics of both partners, specifically, how certain characteristics of one partner interact with the other partner's ADHD symptoms in predicting relationship quality. Participants were 159 individuals, recruited by a variety of methods, 18 to 56 years of age, in a monogamous romantic relationship (heterosexual or homosexual) for at least one year, married or unmarried. Using an online survey, participants completed a validated measure of ADHD symptoms about their partner in addition to a number of self-report questionnaires pertaining to relationship quality, attachment style, emotion recognition ability, and personality characteristics. Study results provide substantial evidence that individual characteristics of participants are significantly associated with many domains of relationship quality and in some cases, moderate the relation between partner ADHD symptoms and relationship quality. This study provided an important opportunity to advance the understanding of ADHD within the context of adult romantic relationships. Implications for research and practice are discussed, including suggestions for treatment.

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CHAPTER I

INTRODUCTION

Traditionally, mental health professionals and researchers working in the field of romantic relationships believed that individual deficits were solely responsible for relationship outcomes (Johnson, 2013). In the last decade, they realized they were only looking at one-half of the equation and began to incorporate both partners' characteristics in their conceptualization of relationship outcomes (Coie et al., 1999; Cook & Kenny, 2005; Robins, Caspi, & Moffitt, 2002; Watson et al., 2004; Whisman, Uebelacker, & Weinstock, 2004). Just like any relationship, people in romantic relationships are not distinct entities. They are part of a dynamic where each person's actions spark and fuel reactions in the other (Johnson, 2008; 2002).

Yet, what still seems to be lagging behind this momentous shift in the understanding of adult romantic relationships is the role of Attention Deficit/Hyperactivity Disorder (ADHD) within the context of these relationships. In the current literature and popular media are titles containing phrases such as, "ADHD Traits That Can Destroy Your Marriage," "Coping with an ADHD Partner," and "Married to ADHD." Not only is the focus on the impact of ADHD, all of these phrases suggest that the partner with ADHD is solely responsible for, or at the very least, poses a threat to the relationship's trajectory.

The purpose of this project was to examine the impact of ADHD within the context of adult romantic relationships more thoroughly than has previously been

examined. Whereas symptoms of ADHD do seem to contribute to the quality of a relationship (Canu, Tabor, Michael, Bazzini, & Elmore, 2014; Orlov, 2010; Pera, 2008; Wymbs & Molina, 2015), no prior research has examined the interaction between individual characteristics and partner's ADHD symptoms in predicting relationship quality. Using adult attachment as our theoretical framework, the present study addresses this gap in the literature by examining the characteristics of both partners, specifically, how certain characteristics of one partner interact with the other partner's ADHD symptoms in predicting relationship quality.

ADHD and Adult Romantic Relationships

Attention Deficit/Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder that is characterized by symptoms of inattention, hyperactivity, and/or impulsivity (APA, 2013). Although once considered a childhood disorder, the American Psychiatric Association (APA) reports that ADHD occurs in approximately 2.5% of adults (2013). Other recent studies have yielded results showing up to 5% of the adult population having ADHD (Barkley, Murphy, & Fischer, 2008; Garnier-Dykstra, Pinchevsky, Caldeira, Vincent, & Arria, 2010). Research on both children with ADHD followed to adulthood as well as clinic-referred adults with ADHD have shown decreased educational achievement, poorer occupational functioning, the propensity to engage in risky sexual behavior and substance abuse, greater divorce rates, increased driving risks, and poorer personal health choices (Barkley, 2006; Barkley, Murphy, & Fischer, 2008; Bierderman, Faraone, & Spencer, 1993; Flory & Lynam, 2003; Flory, Molina, Pelham, Gnagy, & Smith, 2006).

Despite the ample research on ADHD in both adults and children, research on ADHD and romantic relationships is limited. The existing research on social outcomes in adults with ADHD highlights greater difficulty developing and maintaining relationships (Barkley, Murphy, Fischer, 2008; Biederman et al., 2006; Canu & Carlson, 2007; Canu et al., 2014; Eakin et al., 2004; Minde et al., 2003; Wymbs & Molina, 2015). Some research further suggests that divorce is more common (Biederman, Faraone, & Spencer, 1993; Murphy & Barkley, 1996) and that overall relationship satisfaction is lower in couples with a partner with ADHD (Murphy & Barkley, 1996) as compared to couples without a partner with ADHD. For instance, Bierderman, Faraone, and Spencer (1993) found a higher incidence of separation and divorce among adults with ADHD (28%) compared to those without (15%), also noting that a greater percentage of the adults with ADHD were male and of a lower socioeconomic status. Murphy and Barkley (1996) reported that clinic-referred adults with ADHD get married more than non-ADHD clinic patients, implying that adults with ADHD have a higher rate of failed marriages than adults without ADHD. This is consistent with Biederman and colleagues' findings described above (1993). Comparatively, research conducted by Canu and Carlson (2007) and Faigel (1995) also reported that college students with ADHD were more likely to experience relationship/marital discord and divorce.

Through a series of clinical interviews, Weiss, Hechtman, & Weiss (1999) documented that non-ADHD spouses often report feeling resentful and overwhelmed. Barkley (2008) cites Coleman (1988), explaining that effective communication requires sending and receiving information, necessitating paying attention, interpreting feedback, reading body language, asking for clarification, and accurate listening. These skills,

especially processing cognitive and affective information, are often challenging for individuals with ADHD (Barkley 1994; 2008; Barkley & Murphy, 2010) but frequently misinterpreted by non-ADHD partners as a lack of interest or investment (Barkley, 1994; Hansen, Weiss, & Last, 1999). Furthermore, Canu and colleague's (2014) highlighted that individuals with ADHD, especially those with many combined symptoms, have difficulty disengaging from conflict and regulating anger. Given that a couple's ability to deescalate from conflict together is a significant predictor of relationship well-being overtime, (Gottman, 2012; Gottman and Levenson, 1992; 2000; Johnson, 2002; 2004; 2012), Salvatore and colleagues (2011) argue that an ADHD partner's inability to self-regulate may engender a residual state of tension that creates additional barriers to joint decision-making and other tasks that require partners to work as a team.

As this review of the literature on ADHD and romantic relationships suggests, the majority of the research in this area is sparse, descriptive only, and has focused primarily on the impact of ADHD in one partner and how this leads to negative outcomes for the relationship, such as poor relationship quality or divorce. The majority of recommendations for treating couples with one partner who has ADHD are also consistent with the focus being just on the partner with ADHD in contributing to relationship difficulties (Barkley, Murphy, & Fischer, 2007; Hallowell & Ratey, 1994; Orlov, 2010; Pera & Barkley, 2008; Tuckman, 2009; Wymbs & Molina, 2015). Highlighted earlier, one of the most salient themes generated by the recent revolution in relationship science is the idea that relationship success is a reciprocal process (Hazan & Shaver, 1987; 2007; Johnson, 2004; 2008; 2012; Lebow, Christensen, & Johnson, 2012). Not only is the current literature on ADHD and romantic relationships limited, the

approach for treating these couples seems to have missed this conceptual leap altogether. The following are common recommendations provided for treating a couple where one partner has ADHD:

> [1] "Traditional marriage counseling often isn't very helpful unless ADHD is diagnosed and treated. Once ADHD has been identified and is being managed directly, couples can begin to do the work of rebuilding their relationship together" (Weir, 2012, p. 68).
>
> [2] "If romantic partners are willing and able to voice their concerns in the moment to adults with elevated ADHD symptoms, they could play an important role in helping them recognize when their behavior causes difficulties for their relationship (and possibly other domains of functioning)" (Wymbs & Molina, 2015, p. 162)

Even though these two recommendations mention working on the relationship together, their language suggests that the individual with ADHD is most "culpable" for the relationship's discordance. The first recommendation implies that the relationship's fate is conditional upon whether or not the ADHD symptoms are treated. The second recommendation could be misleading if taken out of context; however, it is one of a list of three recommendations and none of them advise exploring the non-ADHD spouse's contributions to the relationship's well-being. Simultaneously considering both partner's feelings is one of the most basic and important principles of couple's therapy (Burgess-Morse & Johnson, 1990; Johnson, 2004). Drawing specific attention to partners with ADHD in these recommendations suggests they are the main reason for the relationship difficulties.

In summary, despite the research and best practice consensus that all relationships are impacted by both partners' characteristics, the current research and treatment recommendations seem to only take ADHD-related behaviors into account. The current study addressed this limitation in the literature by looking at the interaction of several

individual characteristics and partner ADHD symptoms in predicting relationship quality. These individual characteristics included attachment style, emotion recognition ability, and personality.

Relationship Quality: An Adult Attachment Perspective

There are several terms in the existing literature used to refer to the well-being or stability of a relationship, but the definition of relationship quality still remains unclear. Terms such as satisfaction, adjustment, success, happiness, and companionship tend to be used interchangeably (Fincham & Rogge, 2010; Hassebrauck & Fehr, 2002). There is increasing recognition of two major approaches to the central construct studied by marital researchers. They focus on the relationship and on intrapersonal processes, respectively (Fletcher, Simpson, & Thomas, 2000).

The relationship or interpersonal approach typically looks at patterns of interaction such as companionship, conflict, and communication and tends to favor the use of such terms as *adjustment.* In contrast, the intrapersonal approach focuses on individual judgments of spouses, namely their subjective evaluation of the marriage. This approach tends to use such terms as *marital satisfaction* and *happiness*. Much of the conceptual confusion regarding relationship quality appears to be based on the assumption that constructs related at the empirical level are equivalent at the conceptual level, raising concern about the actual construct validity of these measures (Feeney, 1999; Fincham & Bradbury, 2002; Fincham & Rogge, 2010; Robins & Boldero, 2003).

Many studies have identified adult attachment as a strong predictor of relationship quality (Butzer & Campbell; 2008; Cann, Norman, Welbourne, & Calhoun, 2008; Feeney, 1999) In the last 10 years, research on adult attachment has demonstrated that

secure relationships show higher levels of intimacy, trust, and satisfaction (Johnson & Whiffen, 1999). Attachment theory offers a guide to adult love that reflects current research on relationship distress (Babcock, Jacobson, Gottman, & Yerington, 2000; Huston, Coughline, Houts, Smith & George, 2001; Johnson, 2006). This theory suggests most relationship problems will be about the security of the bond between partners, about the struggle to define the relationship as a safe haven and a secure base (Bowlby, 1969; Cassidy & Shaver, 1999; Johnson, 2012). The key issue and underlying concerns become a matter of emotional accessibility and responsiveness of the other partner. Behind the content of an argument are really the questions, "Can I count on you?" "Will you be there if I reach for you?" "Do I matter to you?" (Bowlby, 1973; Johnson; 2012, 2002). The absence of fighting is not the indicator of a strong relationship. Stable couples still argue. The difference is that they also know how to tune into each other and restore emotional connection (Johnson, 2013).

The emphasis on being wired for connection distinguishes attachment theory from the traditional behavioral approach to intimate relationships. Presenting more as a negotiation, the behavioral approach is based upon social exchange theory (Thibaut & Kelley, 1959), which would view a stable relationship as two partners who are able to bargain for more equitable and satisfying exchanges. Within the context of couples therapy, the behavioral therapist teaches partners communication skills (Jacobson, 1981). Essentially a prescription of "dos" and "don'ts," couples are taught that happiness can be achieved by consistently executing negotiations that maximize benefits and minimize costs. While there is research demonstrating behavioral approaches to couples therapy as effective, it is unclear how stable the recovery rate is. Traditional behavioral couples

therapy (BCT), which is primarily skills based appears to have a recovery rate between 35-50% (Jacobson et al., 2000; Johnson, 2003; 2010). The limitation of this approach is the expectation for couples to implement technical and rationally-based strategies during times of great emotional distress. It is akin to trying to fit a square peg into a round hole or mixing oil and water – they do not work together. Instead, as research in the past decade has increasingly shown, emotionally distressed transactions between two partners seem to require emotionally-based tools (Burn, Carr, & Clark, 2004; Johnson & Greenberg, 1985; Lebow & Sexton, 2015). These emotionally based tools are typically provided in the context of approaches most consistent with attachment theory, such as Emotionally Focused Couples Therapy (EFT) or Integrative Behavioral Couples Therapy (IBCT) (Johnson & Lebow, 2000; Lebow, Christensen, & Johnson, 2012; Papp, Kouros, & Cummings, 2010).

Attachment theory conceptualizes relationships as bonds instead of bargains (Hazan & Shaver, 1987; Johnson, 2003; Mikulincer & Shaver, 2007). Adult intimate relationships display attachment characteristics similar to those exhibited in parent-child interactions (Ainsworth, 1973; Bowlby, 1973; Weiss 1982). Johnson (1986) posits that adults, like children, show desire for easy access to attachment figures – a desire for closeness in times of stress and increased anxiety when they perceive their partners to be inaccessible. Johnson warns us not to underestimate the power of separation distress to which she refers to as "primal panic," which results from the loss, even if only momentary, of an attachment figure (2013, p. 54).

A person's basic attachment style forms in childhood (Bowlby, 1969). In adulthood, one's partner becomes the object of attachment from which individuals

receive support and to whom they provide care (Brennan et al., 1998). Secure attachment, the optimal style, develops when an individual grows up knowing they can count on their main caregiver to be accessible and responsive. Those who had unpredictable, inconsistent, or even abusive caregivers tend to develop an insecure attachment style. Insecure attachment is organized along two dimensions: anxiety and avoidance. Although anxious and avoidant attachment styles can both be detrimental to relationship quality, they differ in the way in which they affect the relationship (Cassidy & Shaver, 1999; Johnson, 2012; Shaver, 2007). Attachment anxiety is associated with a negative working model of a self who holds the belief that he or she is not worthy of support from caregivers (Bartholomew & Horowitz, 1991). Individuals with attachment styles characterized by high anxiety experience heightened emotion during perceptions of abandonment (Dutton, Workman, & Hardin, 2014) frequently questioning the commitment of their partner (Bowlby, 1988; Holland, Fraley, & Roisman, 2012; Fraley & Waller, 1998; Wallin, 2007). Avoidant attachment typically manifests as physiological distress linked with suppressed and delayed expression of emotion. Individuals with an avoidant attachment style will often become silent and task-focused with the intention of avoiding distressing attempts to engage their partners. Essentially, these individuals feel paralyzed with the fear of exacerbating conflict. A third type of insecure attachment, referred to as "disorganized" or "fearful avoidant" presents with a combination of seeking closeness with fearful avoidance (Johnson, 2013; Rholes et al., 1999). The defining factor in each of these attachment styles is how one navigates emotion in situations where vulnerability is present. Does the individual respond by protecting him/herself (e.g., shutting down or becoming over emotional) or does he/she reach to get needs met?

When partners feel disconnected from the other, a process of separation anxiety ensues (Johnson, 2006). If the frequency of this disconnection continues, couples develop negative interaction cycles that underlie nearly every argument or confrontation. Referring to a typical cycle when a couple argues, Johnson argues the "dance of distress" is predictable and reflects the process of separation distress (2012). What John Gottman refers to as "bids," (1994) one partner will pursue for emotional connection, but often in a critical manner, while the other partner will withdraw to deescalate the argument or protest him/herself from criticism. Each partner's steps in this "dance" forms a type of feedback loop. The positions distressed partners take when engaged in negative interaction patterns can be understood as self-maintaining patterns of social interaction and emotion regulation strategies (Johnson, 2005). Ultimately, we are all wired to seek emotional connection and fear rejection and abandonment.

Within the context of having a partner who has ADHD or exhibits many ADHD-related symptoms, an individual's attachment style would likely be indicative of the way they interpret and respond to their ADHD partner's behaviors. Given what we know about the challenges faced by individuals with ADHD, such as sustained attention, time management, restlessness, etc., individuals with more of an insecure attachment style could misinterpret this behavior as disinterest or lack of investment in the relationship, which would ultimately pose a significant threat to their perception of the relationships' level of security. Specifically, an individual with more of an anxious attachment style may react by criticizing or accusing their partner of not caring, whereas an individual with more of an avoidant attachment style may interpret their partner's distance as a reflection of having done something wrong themselves. Regardless, attachment is an

integrative theory, dealing with both the intrapersonal and interpersonal processes in romantic relationships. Given the extensive literature on the impact of attachment on relationship outcomes and the self-perpetuating nature of these social interactions, the current study examined individual attachment style as it interacts with partner ADHD symptoms to predict relationship quality.

The variables selected to assess relationship quality are consistent with this conceptual model while also providing a comprehensive and multi-dimensional approach to measurement. Therefore, relationship quality overall was operationalized as the security of the bond between partners. Security was distilled into three key components: 1) How emotion is navigated in vulnerable situations, referred to later as "Conflict," 2) Perception of partner's investment in the relationship, referred to later as "Underlying Concerns," and 3) Overall feeling of satisfaction in the relationship, referred to later as "Satisfaction." The specific measures that were utilized in the study are described in the methods section of this paper.

Emotion Recognition Ability and Relationship Quality

People experience some of their strongest emotions during conflicts with romantic partners. Research over the past two decades consistently identifies emotion as an essential factor to consider when accounting for variability in relationship quality (Fincham & Beach, 1999; Fincham, Bradbury, & Beach, 2000; Thomas Fletcher, & Lange, 1997). Both attachment theorists and experientially-based couples interventions view emotion as the glue in romantic relationships – partners form emotional bonds that

organize and prioritize their lives. While emotions can pull two partners together, they can also push them apart.

Emotion is not something we only experience privately; it is also something that can be expressed and perceived by a partner. A current trend in research seems to be on individual differences and how they play a role in social adjustment. In a meta-analysis, Hall, Andrezjewski, and Yopchick (2009) found interpersonal perception to be connected to healthy psychological functioning that is developed in both intrapersonal and interpersonal domains. There is sufficient research demonstrating that at a minimum, couples are able to recognize each other's affective reactions during conflict (Noller & Ruzzene, 1991; Papp, Kouros and Cummings, 2010). It appears that people are especially perceptive of negative emotions in others (Blagrove & Weston, 2010; Eastwood, Smilek, Merikle, 2001; Mogg & Bradley, 1999). This is consistent with other studies investigating conflict in couples, which found that couples are more attuned to perceiving negative emotions than positive emotions (Fischer & Manstead, 2008; Overall, Simpson, Fletcher, & Fillo, 2015). Negative emotions especially communicate to others that support is needed, a problem needs attention, or something undesirable must change.

We know that people are generally attentive to facial expressions of emotions in others and can quickly discriminate between these expressions (Tracy & Robins, 2008). The question that is still unclear is how well do couples decode emotion – that is, during conflict, how accurately do individuals perceive their partner's emotions? Previous research has found that people are generally able to recognize the extent to which their partners experience negative affect during conflicts (Fischer & Manstead, 2008; Overall,

Simpson, Fletcher, & Fillo, 2015; Sanford, 2012), but it is still unclear whether they can accurately identify which specific types of emotion are being experienced.

In romantic relationships especially, failing or neglecting to interpret emotions can increase partner distress and threaten their sense of emotional safety (Fletcher & Kerr, 2010; Johnson, 2002). Accurately perceiving such emotions is critical to repair conflict and sustain relationships. People tend to become concerned about threats to their status when they perceive hard emotion (i.e., anger) and they tend to become concerned about a partner's level of investment when they perceive a lack of soft emotion (i.e., willingness to be vulnerable) (Sanford, 2007; Sanford & Grace, 2011). Different perceptions of partner emotion are also related to different patterns of communication behavior (Clark, Clark, Fitness, & Brissette, 2001; Sanford 2007). Within the context of having a partner who has ADHD, we know that processing affective information is often a challenge. An individual's level of emotion recognition ability could potentially either exacerbate conflict if weak or buffer the negative effect of the ADHD partner's difficulties if strong. Given that emotion recognition ability has been shown to predict relationship satisfaction and that people have varying reactions to perceiving different types of emotion, it seems valuable to clarify whether they are reasonably accurate in distinguishing between different types of emotion. Therefore, the current study examined individual emotion recognition ability as it interacts with partner ADHD symptoms in predicting relationship quality.

Personality and Relationship Quality

Romantic relationships are a powerful context for eliciting and regulating emotions (Butler, 2011; Zaki & Williams, 2013). Overtime, affective exchanges between

romantic partners can shape each other's responses. Personality dimensions predispose individuals to regulate their emotions in a certain way. There is a significant body of research demonstrating that personality is an important predictor of relationship outcomes (Caughlin, Huston, & Houts, 2000; Gross & John, 2003; Karney & Bradbury, 1995; 1997; Robins, Caspi, & Moffitt, 2002; Wang, Repetti, & Campos, 2011). Huston and Houts (1998) suggest that personality contributes to the ''psychological infrastructure'' of enduring relationships and are therefore key predictors of relationship success.

Vater and Schroder-Abe (2015) posit that the interdependence of personality and relationship satisfaction can by understood by considering both intrapersonal processes (e.g., emotion regulation) and interpersonal processes (perception and behavior) occurring during a conflict. Essentially, due to different combinations of personality traits, individuals vary in the way they respond to conflict.

The majority of these studies have used the Five Factor Model of personality, as it allows one to assess basic individual differences. The five-factor model of personality consists of neuroticism, extraversion, openness to experience, agreeableness, and conscientiousness, each in turn consisting of six facets (Hendriks, Hofstee, & De Raad, 1999). Numerous studies have indicated that high neuroticism and low agreeableness consistently emerge as predictors of negative relationship outcomes such as relationship dissatisfaction, conflict, abuse, and dissolution (Kurdek, 1993; Karney & Bradbury, 1997; 1995; Wallace & Newman, 1998). Russell and Wells (1994), for instance, accounted for over 60% of the variance in marital quality by means of the personality traits of the two spouses. Likewise, Jockin, McGue, and Lykken (1996) suggested that personality in married individuals might explain as much as 25% of the variance in

divorce risk.

Previous research demonstrates that personality often predicts emotion regulation strategies (Gross & John, 2003; Wang, Repetti, & Campos, 2011). Individuals with high levels of neuroticism tend to experience more negative affect and emotional instability than those with low levels (Donnellan et al., 2005; Robins et al., 2002). They have the tendency to ruminate during and after arguments and generally perceive the existence of conflict more (Vater & Schroder-Abe, 2015). Cote´ and Moskowitz (1998) suggest that those higher in neuroticism are less satisfied with their relationships because they are less satisfied with their lives generally, possibly because they perceive life events more negatively. This is consistent with several studies that have noted stable personality traits as predictive of relationship satisfaction (Caughlin, Huston, & Houts, 2000; Karney & Bradbury, 1997; Kurdek, 1999; Neyer & Asendorpf, 2001; Robins, Caspi, & Moffitt, 2000; Watson, Hubbard, & Wiese, 2000).

In summary, the literature suggests that relationship-specific dynamics are manifestations of enduring personality traits. The thoughts, feelings, and behaviors that occur within the context of a relationship are not generated entirely through an interactional process; individual characteristics also heavily influence the stability of relationships. Therefore, the current study examined individual personality traits as they interact with partner ADHD symptoms in predicting relationship quality.

The Current Study

The purpose of this project was to examine the impact of ADHD within the context of adult romantic relationships more thoroughly than has previously been examined. Whereas symptoms of ADHD do seem to contribute to the quality of a

relationship (Canu, 2014; Orlov, 2010; Pera, 2008), no prior research has examined the interaction between individual characteristics and partner ADHD symptoms in predicting relationship quality. The present study addressed this gap in the literature by examining the characteristics of both partners, specifically, how certain characteristics of one partner interact with the other partner's ADHD symptoms in predicting relationship quality.

Research questions.

Primary (1) Does an individual's attachment style interact with partner ADHD symptoms to predict relationship quality?

Hypotheses. It was hypothesized that there would be a significant positive relation between the number of partner ADHD symptoms and poorer relationship quality. Additionally, it was hypothesized that there would be a significant positive relation between insecure attachment style and poorer relationship quality. Further, it was predicted that an individual's attachment style would moderate the relation between number of partner ADHD symptoms and relationship quality, such that when partner ADHD symptoms is high and attachment style is more insecure, there would be poorer relationship quality.

Primary (2) Does an individual's emotion recognition ability interact with partner ADHD symptoms to predict relationship quality?

Hypotheses. It was hypothesized that there would be a significant positive relation between emotion recognition ability and relationship quality. Further, it was predicted that an individual's emotion recognition ability would moderate the relation between number of partner ADHD symptoms and relationship quality,

such that when partner ADHD symptoms is high and emotion recognition ability is low, there would be poorer relationship quality.

Secondary: The current study also conducted several exploratory analyses.

[1] The first set of exploratory analyses examined whether an individual's personality profile (i.e., personality traits organized into four domains) predicts relationship quality.

[2] The second set of exploratory analyses examined whether an individual's personality profile interacts with partner ADHD symptoms to predict relationship quality**.**

Hypotheses. Since these secondary analyses were exploratory, no hypotheses were made.

The current study examined ADHD symptoms measured as a continuous variable, as opposed to a categorical variable of ADHD diagnosis, since subthreshold symptoms of ADHD are associated with several difficulties. Subthreshold ADHD symptoms have been associated with other comorbid psychological symptoms, such as depression, anxiety, mania, trauma, and substance abuse, and other risk-taking behavior in adult populations (Barkley, Murphy, Fisher, 2008; Flory, Milich, Lynam, Leukefeld, & Clayton, 2003; Frazier, Youngstrom, Glutting, & Watkins, 2007; Molina & Pelham, 2003; Wilens & Fusillo, 2007). Additionally, previous research has found that ADHD is best measured on a continuum of symptom severity (i.e., a dimensional model) as opposed to relying on categorical diagnoses (i.e., dichotomous model) (Marcus & Barry, 2011). Using

subthreshold ADHD symptoms rather than discrete ADHD diagnoses may allow for a clearer picture of the levels of impairment associated with varying degrees of ADHD symptom severity. The current study addressed continuous symptoms of ADHD in three domains (Inattentive, Hyperactive, and Combined) given that adult ADHD typically presents as primarily inattentive or both hyperactive and inattentive (combined symptoms) in adulthood (Barkley & Murphy, 2006) and that the current literature highlights that adults, especially younger adults with a higher number of combined symptoms, tend to have the most difficulty with psychosocial adjustment and maintaining social relationships in general Barkley, Murphy, & Fischer, 2007; Hansen, Weiss, & Last, 1999; Murphy & Barkley, 1996a; 1996b).

In the current study, the participants completed a measure on ADHD-related behaviors for themselves and a separate measure on their partner. Research suggests that assessments of symptoms of ADHD in young adults should include multiple reporters, stressing the importance of getting additional collateral information for clinical diagnosis (Barkley, 2006). In adults, the agreement on current symptoms of ADHD has shown to be consistently higher between nonclinical adults and informants than it is between adults with ADHD and informants (Murphy, (2003; O'Donnell, McCann, & Pluth, 2001). Adults with ADHD tend to underreport symptoms, especially internalizing behavior such as inattention problems (Barkley, 1997; Danckaerts, Heptinstall, Chadwick, & Taylor, 1999). This has important consequences for both research and clinical practice because the validity of self-report may be questionable (Gnagy, Molina, & Evans, 2000; Kooj et al., 2008; Young, 2004). We believe this existing research supports our rationale for the participant reporting on their partner's current ADHD symptoms.

The current study included both heterosexual and homosexual couples. Based on the current literature's failure to detect any differences in relationship quality based on sexual orientation (Eskridge, 1996; Kurdek, 1991; 1994), we did not expect any differences in results by sexual orientation.

CHAPTER II

METHODS

Participants

Two hundred and eighty-eight participants initially completed the survey and met all screener criteria. However, after closer investigation of the participants' ratings of both their own and their partner's ADHD-related behaviors (described in more detail below), 159 participants and their partners met all eligibility criteria. The majority of participants identified as White/Non-Hispanic (84.3%), female (80.5%) and their partners as male (78%). The majority of participants (69.8%) and their partners (67.3%) were between 18 and 24 years old, in a heterosexual relationship (95.6%), unmarried (85.5%) and not currently living together (64.2%). The majority of partners had an official diagnosis of ADHD (74.2%) and about half were prescribed and currently taking prescription medication for ADHD (50.3%). See Tables 2.1-2.2 for a comprehensive breakdown of individual participant, partner, and relationship characteristics.

Seventy-one percent of the participants were either undergraduate or graduate students, faculty, or staff members from a large public university in a small urban city in the Southeastern region of the United States. The other 28.9% of the sample population were 1) Residents from the region surrounding the public university, recruited by flyers were also posted around town (e.g., coffee shops, doctors' offices, etc.) targeting individuals who have a partner that has a diagnosis of ADHD or believes exhibits ADHD-related behaviors 2) Individuals across the United States recruited through

professional organizations, listservs (electronic mailing lists), and word-of-mouth, and 3) The majority of the 28.9% (20.8%) were individual workers for Amazon's Mechanical Turk (MTurk), an online labor market where requesters post jobs and workers choose which jobs to do for pay. MTurk is a platform commonly used in online behavioral research. The principal investigator created a request for study participants which included a description of the research, study design, eligibility criteria, and an agreement to compensation of $1.00 for successful completion of the survey. Once these individuals accepted the terms, they were given a link to access the Qualtrics survey.

Participants from the university were recruited through various methods. The primary investigator of this study and the undergraduate research assistant contacted the appropriate staff member in multiple departments and asked for permission to obtain their respective student, faculty, and staff listservs. Email announcements included a description of the study and a link to the online survey. The primary investigator and undergraduate research assistant also asked professors for permission to visit their classes to introduce the study. Professors were asked to offer extra credit to students who participated in the study. The study was also posted on the psychology department's human participant pool, a website offering students enrolled in undergraduate psychology courses the opportunity to be involved in experimental research in exchange for extra credit. Flyers were also posted across campus, targeting individuals who have a partner that has a diagnosis of ADHD or believes exhibits ADHD-related behaviors.

Eligibility requirements were male, female, or transgender individual adults, 18 to 56 years of age. The rational for selecting 56 as the cutoff age was to minimize the risk of cognitive decline being a confounding variable. The World Health Organization (1963)

defines 'middle-age' as being 45-59 years, 'elderly' as being 60-74 years and the 'aged' as over 75 years of age. Although the majority of individuals who have various forms of dementia or Alzheimer's disease are over the age of 65, at least 5% of this population has an 'early onset' of symptoms in their 50s (Smith, 2014).

Participants had to be in a monogamous romantic relationship (heterosexual or homosexual) for at least one year, married or unmarried. They had to have a partner they believe consistently exhibits ADHD-related behaviors or has an official diagnosis of ADHD. Participants were not excluded due to the presence/indication of emotional and/or behavioral disorders. However, they could not have a previous diagnosis of ADHD themselves or endorse a clinically significant number of ADHD symptoms. The procedures section of this chapter provides a thorough description of the screen-out process.

Measures

Measures utilized in the study are described below. Measures took between 50-60 minutes for the participants to complete. With the exception of the measure assessing ADHD, all measures utilized were self-report and completed by the participants involved in the study. For the ADHD measure, participants completed a measure assessing their own symptoms and another measure where they reported on their partner's ADHD-related symptoms.

Demographics. The study utilized a demographic questionnaire that the participant completed about themselves and their partner, including variables such as affiliation with the university, age, sex, race/ethnicity, level of education, sexual orientation, length of relationship, relationship status (married vs. unmarried),

cohabitation, number of children together, number of children from a previous relationship, current diagnosis of ADHD, current prescription for and use of medication for ADHD, and age when received diagnosis of ADHD (if applicable).

ADHD.

Current adhd symptoms scales (CSS) and (CSSO). To assess the number of ADHD symptoms (self-report and report on partner), this study used the CSS by Barkley and Murphy (2006). The CSS Self-Report Form was used to assess the number of ADHD symptoms for the participants. The CSS Other-Report Form (CSSO) was used for the participants to rate their partner's ADHD symptoms. The CSS is designed for assessing adults 18 and over. It consists of the 18 *DSM-IV-TR* (American Psychiatric Association, 2000) inattentive and hyperactive-impulsive symptom items, worded in the first person and with some wording modified to fit adults (e.g. "playing" changed to "engaging in leisure activities"). Participants first completed the whole scale on themselves, by rating their behavior over the past six months with respect to each item on a 4-point Likert scale (Never or Rarely, Sometimes, Often, or Very Often) scored 0-3. Per measure instructions, a symptom was considered to be endorsed if the participant selected a score of 2 or 3. According to *DSM-IV-TR* criteria, the cutoff number for clinical significance is six symptoms for each of the inattentive and hyperactive scales (12 symptoms for combined). However, Barkley suggested a lower cutoff for adults given that the *DSM-IV-TR* criteria was originally created for children and thus "overly restrictive for diagnosing adult ADHD" (Barkley & Brown, 2008, p. 980). Given the norms provide for each age group, the study utilized a cutoff of four symptoms instead. Next, participants indicated the age of onset for endorsed symptoms. Finally, they rated how often these symptoms

have interfered with functioning in ten areas of life. Participants completed the Other-Report Form after they completed all of the other self-report measures. Formatted the same as the Self-Report Form, participants completed the whole scale on their partner. In the original study, Barkley and Murphy (2006) reported adequate psychometric properties, including good internal consistency (α = .84, informant/self-report ratings), high correlations between these scales and similar ADHD ratings scales (r = 0.70 to 0.84), and good convergent validity (correlations between self and informant ratings were r = 0.76). The Inattentive and Hyperactive subscales showed satisfactory internal consistency (α = .91 and .86, respectively; Barkley et al., 2008; Barkley & Murphy, 2006; Barkley, Murphy, & Bush, 2001; Murphy, Barkley, & Bush, 2001). Internal consistency was recalculated for each subscale. Cronbach alpha for both Inattentive (α = .75) and Hyperactive (α = .76) subscales were lower but still considered adequate.

Relationship quality.

Romantic partner conflict scale (RPCS). The Romantic Partner Conflict Scale (RPCS) was designed to examine the process of "routine, normative episodes of romantic conflict" (Zacchilli, Hendrick, & Hendrick, 2009, p. 1077). The scale is comprised of 39 items, each rated on a 5-point Likert scale ranging from “Strongly Disagree to “Strongly Agree.” The study examined each of the six subscales on the RPCS: Compromise (α = .95), Avoidance (α = .87), Interactional Reactivity (α = .82), Separation (α = .83), Domination (α = .87), and Submission (α = .82). Scores on the scale have been found to be correlated with communication, satisfaction, respect, love, and sexual attitudes (2009). Test–retest correlations for the scales were as follows: Compromise (.82), Avoidance (.70), Interactional Reactivity (.85), Separation (.76), Domination (.85), and Submission

(.72) (2009). Internal reliability of each domain was recalculated yielding consistent results ranging from α = .81 to α = .95.

Couples satisfaction index (CSI). Developed by Funk and Rogge (2007), the CSI is a 32-item scale designed to measure one's satisfaction in a relationship. The scale has a variety of items with different response scales and formats. Each item is rated on a 7-point Likert scale, ranging from "Extremely Unhappy" to "Perfect." In the original study, the CSI scales demonstrated strong convergent validity with the existing measures of relationship satisfaction, showing appropriately strong correlations with those measures, even with the well-known Marital Adjustment Test [MAT; Lock & Wallace, 1959] (r = .88) and Dyadic Adjustment Scale [DAS; Spanier, 1976] (r = .95). Authors suggest that the CSI offers conceptual equivalents to measures like the MAT and DAS, though assesses the same constructs with more precision (Funk & Rogge, 2007). Previous studies have reported strong internal consistency, above α = .90 (Fincham, Cui, Braithwaite, & Pasley, 2008; Funk & Rogge, 2007) Internal consistency was recalculated for the current study, confirming strong reliability (α = .97).

Couple underlying concerns inventory (CUCI). To assess participants' underlying concerns about their partner, the study used the CUCI (Sanford, 2010). It is a 16-item measure of perceived threat and perceived neglect. Each item is rated on a 5-point Likert Scale, ranging from "Disagree Strongly" to "Agree Strongly." Half the items comprise a scale measuring *perceived partner threat* (e.g., "My partner seemed demanding" and "I felt blamed"). The other half of items comprise a scale measuring *perceived partner neglect* (e.g., "My partner seemed uncommitted" and "I felt neglected"). Authors report that the original study provided evidence for both convergent

and divergent validity, strong internal consistency for both perceived threat and (α = .93) and perceived neglect (α = .91), and demonstrated measurement invariance across different ethnic/racial groups (Sanford, 2010). Results were consistent when Cronbach alpha was recalculated for the current study, Perceived Threat (α = .90) and Perceived Neglect (α = .91).

Attachment style.

Experiences in close relationships revised (ECR-R). To assess attachment style, the study used the ECR-R a 36-item measure of adult attachment style (Fraley et al., 2000). The ECR-R items were selected from an exhaustive set of more than 300 attachment items previously collated by Brennan et al., (1998). Each item is rated on a 7-point Likert scale, ranging from "Strongly Disagree" to "Strongly Agree." Fraley et al., (2000) analyzed these items using an innovative combination of classical psychometric techniques, such as factor analysis, and item response theory analysis. The ECR-R measures individuals on two subscales of attachment: Avoidance and Anxiety. In general, Avoidant individuals find discomfort with intimacy and seek independence, whereas Anxious individuals tend to fear rejection and abandonment. The anxiety and avoidance subscales of the ECR-R displayed between 84% and 85% shared variance and yielded Cronbach alphas over .90 (2000). Strong internal consistency was confirmed in the current study for the two subscales, Anxious (α = .92) and Avoidant (α = .90).

Emotion recognition.

Geneva emotion recognition task short version (GERT-S). To assess emotion recognition ability, this study used the short version of the Geneva Emotion Recognition Test (*GERT-S)* (Schlegel, Grandjean, & Scherer, 2014). It is a computer-administered

performance-based test to measure individual differences in people's ability to recognize others' emotions in the face, voice, and body (i.e., multimodal emotion expressions). The test's duration is about 10 minutes, consisting of 42 short video clips with audio in which ten actors (five male, five female) express 14 different emotions in pseudolinguistic sentences (amusement, anger, disgust, despair, pride, anxiety, interest, irritation, joy, fear, pleasure, relief, surprise, and sadness). These clips were taken from the Geneva Multimodal Emotion Portrayals database (GEMEP, Bänziger et al., 2011). After each clip, participants were asked to choose which of the 14 emotions were expressed by the actor. Scored automatically by the computer task itself, one point was given for every correct answer; thus, the highest score possible was 42. The GERT was developed and validated based on modern psychometric principles of Item Response Theory. In the original study, the variance percentage in the GERT-S explained by one general factor was 68% and that the total reliable variance in the test explained by all factors was 89%. Internal consistency was adequate (α = .80; Schlegel, Grandjean, & Scherer, 2014). These results suggest that although additional factors explain more variance, the contribution of one general factor is strong. Test-score reliability in original sample was excellent (.92) (2014).

Personality.

International personality item pool neo personality inventory (IPIP-NEO-120).

To examine personality, the study used the International Personality Item Pool NEO Personality Inventory (IPIP-NEO-120) - a measure abbreviated from the original 300-item scale (Goldbery, 1999) designed to measure constructs similar to those assessed by the 30 facet scales in the NEO Personality Inventory-Revised (NEO-PI-R; Costa &

McCrae, 1992). Like the NEO-PI-R, and IPIP-NEO-300 item scale, the 120-item scale can yield scores for both the five broad domains of the Five-Factor Model (Neuroticism, Extraversion, Conscientiousness, Agreeableness, and Openness to Experience) and also six narrower facets of each broad domain. (*Neuroticism* – Anxiety, Anger, Depression, Self-Consciousness, Immoderation, and Vulnerability; *Extraversion* – Friendliness, Gregariousness, Assertiveness, Activity level, Excitement Seeking, and Cheerfulness; *Openness to Experience*- Imagination, Artistic Interests, Emotionality, Adventurousness, Intellect, and Liberalism; *Agreeableness* – Trust, Morality, Altruism, Cooperation, Modesty, and Sympathy; *Conscientiousnes*s – Self-Efficacy, Orderliness, Dutifulness, Achievement-striving, Self-Discipline, and Cautiousness) (Maples, Guan, Carter, & Miller, 2014). Each item asks the individual to rate how well the item best corresponds to their agreement or disagreement. Each item on the measure is rated on a 5-point Likert scale, ranging from "Strongly Disagree" to "Strongly Agree." In the original study, all facets met Item Response Theory reliability criteria and had strong internal consistency ranging from $\alpha = .87$ to .90, with a median of $\alpha = .88$. With regard to convergent validity with the NEO-PI-R item scale, the overall mean convergent correlation of the IPIP-NEO-120 score was $r = .69$ (2014). Reliability (Internal consistency) was recalculated, ranging from .73 - .76. Although the Cronbach alphas were lower than the original study, internal consistency was still adequate.

Procedure

This study utilized an electronic survey method (Qualtrics) to investigate the research questions. Upon connecting to the online survey link provided, participants were prompted with a consent form approved by the University's Institutional Review Board.

After acknowledging that they read through the consent form, a series of screener questions followed. If participants provided a response that did not meet eligibility criteria, a message appeared thanking them for their participation and informing them they were ineligible.

The participants first provided the demographic information noted above for themselves and their partner. The participants then completed the CSS Self-Report Form about their behavior, serving later as a method to screen-out participants with a significant number of ADHD-related symptoms. The remaining self-report measures were given in the following order: ECR-R, IPIP-NEO-120, RPCS, CSI, CUCI, and GERT-S. The CSS Other Form was given last. Giving the GERT-S as the final self-report measure was intentional given the research that shows how emotion recognition ability can be impaired when aroused (Dewitte, 2011; Mikulincer & Shaver, 2007; Walla & Panksepp, 2013; Wilhelm, Hildebrandt, Manske, Schact, & Sommer, 2014). Not only did the RPCS and CUCI, which was given right before the GERT-S, specifically ask the participant to think about a "significant conflict/issue that you and your partner have disagreed about recently," the cumulative effect of answering all of the other measures beforehand intended to have a priming effect. The aim was to generate a level of arousal that was at least somewhat heightened in comparison to the participant's state at the beginning of the survey. Although this most likely did not simulate the level to which the participant is typically aroused during conflict with their partner, this method of emotional priming has been used in several research studies (Gasper & Clore, 2002; Schaefer, Nils, Sanchez, & Phillippott, 2010; Westerman, Spies, Stahl, & Hessel, 1996). Last, the participant completed the CSS Other Form about their partner, with instructions

(if applicable) to answer each question based on their partner's behavior when not using stimulant medication.

Incentives for participating included a chance to win a monetary reward (e.g., Visa or Target gift card) or a gift certificate for a couple's massage accessible nation-wide. There were four chances to win a $50 gift card and ten chances to win a $5 gift card. For those participants who live close to the University, they also had the option to enter a drawing for three free 60-minute couples therapy sessions with the principal investigator of the study. Participants picked which drawing they preferred to enter. At the end of the survey they selected a link to a google form without any connection to their survey responses and provided their email address and raffle preference. Eighty-four percent of the participants entered the drawing for a Target/Visa gift card and 15.9% entered the drawing for a couple's massage gift certificate. None of the participants opted for couples therapy.

Table 2.1

Demographic Variables of Participants and Their Partners

	Participants		Partners	
	N	%	*N*	%
MTurk				
Yes	33	20.8	-	-
No	126	79.2	-	-
USC Student/Faculty/Staff				
Yes	113	71.1	45	28.3
No	46	28.9	114	71.7
Sex				
Male	30	18.9	124	78
Female	128	80.5	35	22
Transgender	1	0.6		
Race				
White NH/Latino	134	84.3	136	85.5
White H/Latino	7	4.4	3	1.9
Black NH/Latino	9	5.7	12	7.5
Black H/Latino	1	0.6		
Asian	3	1.9	1	0.6
Middle Eastern	1	0.6	1	0.6
Multiracial	3	1.9	3	1.9
Native American			3	1.9
Prefer not to answer	1	0.6		
Age				
18-24	111	69.8	107	67.3
25-29	16	10.1	19	11.9
30-34	12	7.5	13	8.2
35-39	7	4.4	3	1.9
40-44	3	1.9	5	3.1
45-49	4	2.5	5	3.1
50-56	6	3.8	7	4.4
Education				
Some High School	0	0	1	0.6
High School Diploma/GED	24	15.1	34	21.4
Some College	86	54.1	70	44.0
Trade/Tech/Vocational	0	0	2	1.3
Associates Degree	9	5.7	8	5.0
Bachelor's Degree	25	15.7	32	20.1
Master's Degree	11	6.9	6	3.8
Doctorate	4	2.5	6	3.8
ADHD Diagnosis				
Yes	0	0	118	74.2
No	159	100	41	25.8
Prescription for ADHD Meds				
Yes	0	0	80	50.3
No	159	100	79	49.7

Note. H = Hispanic, NH = Non-Hispanic

Table 2.2

Frequencies and Percentages of Relationship Variables

	N	%
Relationship Type		
Heterosexual	152	95.6
Homosexual	7	4.4
Marital Status		
Married	23	24.5
Dating	136	85.5
Length of Marriage		
1-2 years	2	8.7
3-5 years	2	8.7
6-9 years	7	30.4
10-14 years	7	30.4
10-15 years	2	8.7
20-29 years	1	4.3
30+ years	2	8.7
Length Dating		
1-2 years	92	67.6
3-5 years	35	25.7
6-9 years	6	4.4
10-14 years	2	1.5
20-29 years	1	0.7
Cohabitation		
Yes	57	35.8
No	102	64.2
Children Together		
0	139	87.4
1	9	5.7
2	10	6.3
3	1	0.6
Children from Previous Relationship		
Yes	8	5.0
No	151	95.0

CHAPTER III

RESULTS

Preliminary Analyses

Analyses were conducted using the Statistical Package for Social Sciences version 22 (SPSS, 2013).

Missing data. Because forced responding was a feature enabled with Qualtrics, the survey did not yield any missing data. However, due to a few outliers detected in three of the outcome measures, pairwise deletions were made (see assumptions below and Table 2.3).

Assumptions. Assumptions of multiple regression moderation analyses were examined, including linearity, independence of errors (residuals), absence of multicollinearity, homoscedasticity of residuals, absence of significant outliers, and normal distribution.

[1] Linearity was confirmed by assessing partial regression plots and plots of studentized residuals against predicted values.

[2] Independence of errors (residuals) was confirmed by examining the Durbin-Watson statistic for all models (acceptable range of 1.9-2.2).

[3] Absence of multicollinearity was confirmed by assessing tolerance and VIF values for all models. All tolerance values were greater than .01 and under 5.

[4] Homoscedasticity of residuals was confirmed by examining plots of studentized residuals versus unstandardized predicted values.

[5] Absence of significant outliers Absence of significant outliers was assessed by examining the studentized deleted residuals. Any cases that were greater than ±3 standard deviations were considered potential outliers, thus pairwise deletions were made, maximizing all data available by an analysis by analysis basis while also increasing statistical power (Field, 2009; Keith, 2015). Specifically, for the outcome variable measuring conflict (RPCS), five cases were removed from *Compromise* and two cases were removed from *Avoidance*. For the outcome variable measuring underlying concerns, two cases were removed from *Perceived Partner Neglect.*

[6] A normal distribution was indicated by examining Q-Q plots of all dependent variables.

Descriptive statistics

In order to gain more insight into the current study's sample, descriptive statistics were conducted for each of the study's main predictor and outcome variables (see Tables 3.1-3.2).

Attrition. After the initial screen out process described earlier, the total sample included 288 participants/couples. Next, the number of ADHD symptoms participants endorsed for themselves and their partners were carefully reviewed. One hundred and twenty-nine participants were eliminated from the study due to either the participant endorsing more than three ADHD symptoms for themselves or less than four ADHD symptoms for their partner.

Covariates. Bi-variate correlational analyses were conducted to evaluate the association between demographic, predictor, and outcome variables (see Tables 3.3-3.5). Any demographic variables that significantly predicted outcome variables were included as covariates. Given the current literature on ADHD (Ramtekkar, et al., 2010) the original data analytic plan anticipated using sex, age, socioeconomic status, and race as covariates, but analyses only indicated the use of participant sex as a covariate for *Satisfaction*, participant race for *Compromise and Interactional Reactivity*, and partner race for *Perceived Neglect.* Additionally, analyses revealed partner ADHD medication for *Domination,* participant affiliation with the university for *Separation* and *Perceived Threat. Avoidance* and *Submission,* two subdomains of conflict, did not indicate the use of any covariates.

Power analyses.

A priori. A priori power analyses were originally conducted to ensure sufficient power to test statistical significance at the error rate of .05. Using four total predictor variables (i.e., three predictors of interest, and one covariate), it was found that a total of 80 participants were needed to detect a medium effect size of .15, and a total of 544 participants were needed to detect a small effect size of .02.

Post-hoc. Because the study's final sample size was smaller than originally anticipated (300 vs. 159 participants whose partners also met study eligibility criteria) and correlational analyses suggested the use of additional covariates, post-hoc power analyses were conducted to re-test the power to test statistical significance at a probability rate of .05. Given the large number of regression and moderation analyses, the different covariates identified for each domain of relationship quality, and varying

number of total predictors for each research question, power analyses were conducted separately for each of the research questions and their domains. Using the most conservative model with seven predictor variables (i.e., six predictors of interest and one covariate), analyses indicated strong power to detect a medium effect size (.97) but insufficient power to detect a small effect size (.21). All other models yielded statistical power greater than or equal to .97.

A Bonferonni correction was considered given the large number of analyses (nine dependent variables for each of the three separate models for Partner Inattentive, Hyperactive, and Combined ADHD Symptoms. However, reducing the probability level would greatly increase the likelihood of Type II error given our sample size of 159 participants. For example, if we reduced our probability level to .001, our power to detect a medium effect size would have been .69. Furthermore, given the novelty of this research, the current study's function is more akin to exploratory analyses that will identify potential follow-studies (Aiken & West, 1991).

Primary Analyses

Continuous measures of ADHD symptoms (Inattention, Hyperactivity, and Combined), Attachment Style (Anxious and Avoidant), and Emotion Recognition Ability were used as predictor variables in the primary data analyses. Continuous measures of Relationship Quality (Conflict, Satisfaction, and Underlying Concerns) served as the outcome variables in three separate models.

Primary Research Question (1): Does an individual's attachment style interact with partner ADHD symptoms to predict relationship quality?

Hypotheses.

[1] It was hypothesized that there would be a significant positive relation between the number of partner ADHD symptoms and poorer relationship quality.

[2] Additionally, it was hypothesized that there would be a significant positive relation between insecure attachment style and poorer relationship quality.

[3] Further, it was predicted that an individual's attachment style would moderate the relation between number of partner ADHD symptoms and relationship quality, such that when partner ADHD symptoms is high and attachment style is more insecure, there would be poorer relationship quality.

To examine whether an individual's attachment style interacts with partner ADHD symptoms to predict relationship quality, nine hierarchal multiple regression analyses were each conducted separately for Inattentive, Hyperactive, and Combined partner ADHD symptoms. Each measure of Relationship Quality (Conflict (RPCS), Satisfaction (CSI), and Underlying Concerns (CUCI)) served as outcome variables for their respective models. Covariates revealed in preliminary correlational analyses were added in the first step of each model. The number of Partner ADHD symptoms (*Inattentive, Hyperactive, and Combined*) was added in the second step of their respective models. Because the measure we used to assess Attachment Style (ECR-R) was designed to measure the domains of Attachment two-dimensionally (Fraley, Waller, & Brennan, 2000) the Avoidant and Anxious subscales were both added in the third step of each model. However, the authors note that two subscales can be used separately to explore interaction effects and have been measured as such in many studies (Fraley & Bonanno,

2004; Fraley & Spieker, 2003; Fraley & Waller, 1998; Roisman, Fraley, & Belsky, 2007). Therefore, three separate interaction terms of Partner ADHD symptoms and each subscale of Attachment were created and added in the fourth step of their respective models to examine the moderating effects of Attachment Style on the relation between ADHD symptoms and Relationship Quality (i.e. 1. *Partner ADHD Symptoms* x *Avoidance*, 2. *Partner ADHD Symptoms* x *Anxiety*, 3. *Avoidance x Anxiety*). Lastly, a three-way interaction term was examined for each of the symptom models (i.e., *Partner ADHD Symptoms* x *Avoidance* x *Anxiety*). Results of each model are presented in tables 3.6-3.29 including B, SE, β, and *p* values, as well as R^2, and *F* for ΔR^2 values.

Conflict (RCPS). Because *Conflict* was analyzed with six individual sub-domains (*Compromise, Avoidance, Interactional Reactivity, Domination, Submission, and Separation*) we used the same model described for each domain (6 sub-models, 1 outcome variable).

Compromise (Table 3.9).

[1]. Inattentive symptoms

a) Covariates and Main Effects: Preliminary analyses indicated the use of Participant race as a covariate in this model, accounting for 3.6% of the total variance in Compromise. The second step did not indicate a main effect of Partner Inattentive Symptoms. The third step yielded main effects of both Anxious and Avoidant Attachment, accounting for an additional 17.6% of the variance in Compromise. Specifically, higher levels of Anxious Attachment were associated

with lower levels of Compromise and higher levels of Avoidant Attachment were associated with higher levels of Compromise.

b) Moderating Effects: Contrary to hypotheses, there were no significant interactions between Attachment and Partner Inattentive Symptoms for Compromise.

[2]. Hyperactive symptoms

a) Covariates and Main Effects: Preliminary analyses indicated the use of Participant race as a covariate in this model, accounting for 3.6% of the total variance in Compromise. Hyperactive Symptoms yielded very similar results to Inattentive Symptoms (i.e., No main effect of Hyperactive Symptoms, negative main effect of Anxious Attachment and positive main effect of Avoidant Attachment, accounting for an additional 18.6% of the variance in Compromise).

b) Moderating Effects: Contrary to hypotheses, there were no significant interactions between Attachment and Partner Hyperactive Symptoms for Compromise.

[3]. Combined symptoms

a) Covariates and Main Effects: Preliminary analyses indicated the use of Participant race as a covariate in this model, accounting for 3.6% of the total variance in Compromise. Combined Symptoms yielded the same results as Inattentive and Hyperactive Symptoms (i.e., No main effect of Combined Symptoms, negative main effect of Anxious Attachment, and positive main effect

of Avoidant Attachment, accounting for an additional 17.7% of the variance in Compromise).

b) Moderating Effects: Contrary to hypotheses, there were no significant interactions between Attachment and Partner Combined Symptoms for Compromise.

Avoidance.

[1]. Inattentive symptoms

a) Covariates and Main Effects: Preliminary analyses did not indicate the use of any covariates in this model. Results did not indicate any main effects of Partner Inattentive Symptoms or Attachment.

b) Moderating Effects: Contrary to our hypotheses, there were no significant interactions between Attachment and Partner Inattentive Symptoms for Avoidance.

[2]. Hyperactive symptoms

a) Covariates and Main Effects: Preliminary analyses did not indicate the use of any covariates in this model. Results did not indicate any main effects of Partner Hyperactive Symptoms, Avoidant Attachment, or Anxious Attachment for Avoidance.

b) Moderating Effects: Neither of the two-way interactions were significant in the third step. The three-way interaction between Hyperactive

Symptoms and both subscales of Attachment (Hyperactive x Anxious x Avoidant) at first appeared to be significant until the ANOVA table indicated that the model was not an adequate fit to predict a significant interaction for Avoidance.

[3]. Combined symptoms

a) Covariates and Main Effects: Preliminary analyses did not indicate the use of any covariates in this model. Results did not indicate any main effects of Partner Combined Symptoms or Attachment for Avoidance.

b) Moderating Effects: Neither of the two-way interaction were significant in the third step. Identical to the Hyperactive Symptoms model, the three-way interaction between Combined Symptoms and both subscales of Attachment (*Combined* x *Anxious* x *Avoidant*) at first appeared to be significant until the ANOVA table indicated that the model was not an adequate fit to truly predict a significant interaction.

Interactional reactivity (Table 3.10).

[1]. Inattentive symptoms

a) Covariates and Main Effects: Preliminary analyses indicated the use of Participant race as a covariate in the first step of this model, accounting for 3.4% of the variance in Interactional Reactivity. Results revealed a significant positive relationship between Partner Inattentive Symptoms and Interactional Reactivity in the second step, accounting for an additional 6.2%. However, it was no longer significant once Attachment was entered into the following step. Both of the

Attachment subscales were also significant in the third step, accounting for an additional 14% of the variance in Interactional Reactivity. Specifically, higher levels of Anxious Attachment and lower levels of Avoidant Attachment were associated with higher levels of Interactional Reactivity.

b) Moderating Effects: Contrary to our hypotheses, there were no significant interactions between Attachment and Partner Inattentive Symptoms for Interactional Reactivity.

[2]. Hyperactive symptoms

a) Covariates and Main Effects: Preliminary analyses indicated the use of participant race as a covariate in the first step of this model, accounting for 3.4% of the variance in Interactional Reactivity. Hyperactive Symptoms yielded the same results as Inattentive Symptoms (i.e., Main effect of Hyperactive Symptoms, accounting for an additional 4.9% of the variance in Interactional Reactivity, a positive main effect of Anxious Attachment and a negative main effect of Avoidant Attachment, accounting for an additional 14.2% of the variance in Interactional Reactivity).

b) Moderating Effects: Contrary to our hypotheses, there were no significant interactions between Attachment and Partner Hyperactive Symptoms for Interactional Reactivity.

[3]. Combined symptoms

a) Covariates and Main Effects: Combined Symptoms yielded the same results as Inattentive and Hyperactive Symptoms (i.e., Main effect of Combined

Symptoms (accounting for an additional 8.2% of the variance in Interactional Reactivity), and a positive main effect of Anxious Attachment and negative main effect of Avoidant Attachment, accounting for an additional 12.7% of the variance in Interactional Reactivity.

b) Moderating Effects: Contrary to hypotheses, there were no significant interactions between Attachment and Partner Combined Symptoms for Interactional Reactivity.

Domination (Table 3.11).

[1]. Inattentive symptoms

a) Covariates and Main Effects: Preliminary analyses indicated the use of partner ADHD medication (partners prescribed/currently taking medication for ADHD) as a covariate in the first step of this model, accounting for 2.9% of the total variance in Domination. Specifically, there was a significant negative association between partners on ADHD medication levels of Dominance. There was no main effect of Partner Inattentive Symptoms in the second step. There was a main effect of Anxious Attachment in the third step, accounting for an additional 5.2% of the variance in Domination. Specifically, higher levels of Anxious Attachment were associated with higher levels of Domination.

b) Moderating Effects: Contrary to our hypotheses, there were no significant interactions between Attachment and Partner Inattentive Symptoms for Domination.

[2]. Hyperactive symptoms

a) Covariates and Main Effects: Preliminary analyses continued to indicate the use of Partner ADHD medication as a covariate in the first step of this model, accounting for 2.9% of the total variance in Domination. There was a main effect of Hyperactive Symptoms in second step, accounting for an additional 4.7% of the variance in Domination. Specifically, higher levels of Hyperactive Symptoms were associated with higher levels of Domination. The fourth step also indicated a main effect of Anxious Attachment, accounting for an additional 3.9% of the variance in Domination, such that higher levels of Anxious Attachment were associated with higher levels of Domination.

b) Moderating Effects: Contrary to our hypotheses, there were no significant interactions between Attachment and Partner Hyperactive Symptoms for Domination.

[3]. Combined symptoms

a) Covariates and Main Effects: Preliminary analyses continued to indicate the use of Partner ADHD medication as a covariate in the first step of the model, accounting for 2.9% of the total variance in Domination. Combined Symptoms significantly predicted Domination in the second step, accounting for an additional 3.7% of the variance; however, Combined Symptoms was no longer significant in the following step when results indicated a main effect of Attachment. Specifically, Anxious Attachment significantly accounted for an

additional 3.9% of the variance in Domination, such that higher levels of Anxious Attachment were associated with higher levels of Domination.

b) Moderating Effects: Contrary to our hypotheses, there were no significant interactions between Attachment and Partner Combined Symptoms for Domination.

Submission (Table 3.12).

[1]. Inattentive symptoms

a) Covariates and Main Effects: Preliminary analyses did not indicate the use of any covariates in this model. Inattentive Symptoms did not significantly predict Submission in the first step of this model; however, there was a main effect of Anxious Attachment in the second step, which accounted for a total of 8.8% of the variance in Submission. Specifically, higher levels of Anxious Attachment were associated with higher levels of Submission.

b) Moderating Effects: There at first appeared to be a significant interaction between Avoidant Attachment and Partner Inattentive Symptoms for Submission, as the coefficient for the interaction term was significant ($p < .05$); however, the additional variance accounted for by the interaction was not significant in the final model. Therefore, contrary to our hypotheses, there were no moderating effects of Attachment in this model.

[2]. Hyperactive symptoms

a) Covariates and Main Effects: The model for Partner Hyperactive Symptoms yielded nearly identical results to Inattentive Symptoms (i.e., no covariates, no main effect of Hyperactive Symptoms, and a positive main effect of Anxious Attachment, accounting for 8.9% of the variance in Submission).

b) Moderating Effects: Like the previous model for Inattentive symptoms, there at first appeared to be a significant interaction between Avoidant Attachment and Partner Hyperactive Symptoms for Submission; however, the additional variance accounted for by the interaction was not significant in the final model for Submission. Therefore, contrary to our hypotheses there were no moderating effects of Attachment in this model.

[3]. Combined symptoms

a) Covariates and Main Effects: The model for Partner Combined Symptoms yielded very similar results to Inattentive and Hyperactive Symptoms in the first two steps (i.e., no covariates, no main effect of Combined Symptoms, and a positive main effect of Anxious Attachment, accounting for 8.9% of the variance in Submission).

b) Moderating Effects: The third step yielded a significant interaction between Partner Combined Symptoms and Avoidant Attachment, $R^2 = 14.2$, $F(7, 151) = 4.177$, $p < .001$ which accounted for an additional 5.3% of the total variance in Submission (see Figure 3.1). Simple slopes analyses revealed that the number of Partner Combined Symptoms was significantly related to Submission

at both low (B = -.040, p = .021) and high (B = .052, p = .003) levels of Avoidant Attachment. Specifically, with regard to partners with a lower number of Combined Symptoms, participants with a low level of Avoidant Attachment had higher levels of Submission during conflict than participants with a high level of Avoidant Attachment. With regard to partners with a higher number of combined symptoms, participants with a high level of Avoidant Attachment had higher levels of Submission during conflict than participants with a low level of Avoidant Attachment.

Separation (Table 3.13).

[1]. Inattentive symptoms

a) Covariates and Main Effects: Preliminary analyses indicated the use of participant affiliation with the university in the first step of this model, accounting for 6.1% of the total variance in Separation. Specifically, results suggested that participants who were affiliated with the University scored lower on Separation. There was no main effect of Partner Inattentive Symptoms in the second step. There was a main effect of Avoidant Attachment in the third step, accounting for an additional 3.9% of the variance in Separation. Specifically, higher levels of Avoidant Attachment were associated with lower levels of Separation.

b) Moderating Effects: Contrary to our hypotheses, there were no significant interactions between partner Inattentive Symptoms and Attachment for Separation.

[2]. Hyperactive symptoms

a) Covariates and Main Effects: Results in the Hyperactive Symptoms model were very similar to Inattentive Symptoms (i.e., participant affiliation with the university as a covariate in the first step, accounting for 2.9% of the total variance in Separation, no main effect of Partner Hyperactive Symptoms, and a negative main effect of Avoidant Attachment in the third step, accounting for an additional 4% of the variance in Separation.

b) Moderating Effects: Contrary to our hypotheses, there were no significant interactions between partner Hyperactive Symptoms and Attachment for Separation.

[3]. Combined symptoms

a) Covariates and Main Effects: Results in the Combined Symptoms model were also very similar to Inattentive and Hyperactive Symptoms in the first three steps (i.e., participant affiliation with the university as a covariate in the first step, accounting for 2.9% of the total variance in Separation, no main effect of Partner Hyperactive Symptoms, and a negative main effect of Avoidant Attachment in the third step, accounting for an additional 4.1% of the variance in Separation.

b) Moderating effects: In the fifth step, results indicated a significant three-way interaction between Combined Symptoms and both Attachment subscales for Separation, $R^2 = 15.1$, $F(8, 150) = 3.343$, $p < .001$ (see Figure 3.2).

Simple slope analyses revealed that the number of Partner Combined Symptoms was significantly related to Separation at low levels of Avoidant Attachment across high levels of Anxious Attachment (B = -.138, p = .001). Specifically, for partners with a lower number of Combined Symptoms and participants with a high level of Anxious Attachment, those participants who also had a low level of Avoidant Attachment had higher scores for Separation.

Satisfaction (Table 3.14)

[1]. Inattentive symptoms

a) Covariates and Main Effects: Preliminary analyses indicated participant sex as a covariate in the first step of this model, accounting for 3.4% of the total variance in Satisfaction. There was a significant negative association between Partner Inattentive Symptoms and Satisfaction in the second step, which accounted for an additional 3.4% of the variance, until Attachment was entered in the third step, significantly predicting an additional 20.6% of the variance in Satisfaction. Specifically, higher levels of Anxious Attachment and lower levels of Avoidant Attachment were associated with lower levels of Satisfaction.

b) Moderating effects: The fourth step yielded a significant interaction between Partner Inattentive Symptoms and Satisfaction, R^2 = .31, F(7,151) = 9.708, p = .000 which accounted for an additional 3.1% of the total variance in Compromise (see Figure 3.3). Simple slopes analyses revealed that the number of Partner Inattentive Symptoms was significantly related to Satisfaction at high levels of Anxious Attachment (B = -4.382, p = .009). Specifically, for partners

with a higher number of Inattentive Symptoms, participants with a high level of Anxious Attachment had the lowest Satisfaction scores compared to participants with a low level of Anxious Attachment.

[2]. Hyperactive symptoms

a) Covariates and Main Effects: Participant sex continued to be used as a covariate, accounting for 3.4% of the total variance in Satisfaction. There was no main effect of Partner Hyperactive Symptoms. The third step yielded main effects of Anxious and Avoidant Attachment, accounting for an additional 21.8% of the variance in Satisfaction. Specifically, higher levels of Anxious Attachment and lower levels of Avoidant Attachment were associated with lower levels of Satisfaction.

b) Moderating Effects: Contrary to our hypotheses, there were no significant interactions between Partner Hyperactive Symptoms and Attachment for Satisfaction.

[3]. Combined symptoms

a) Covariates and Main Effects: Results for Combined symptoms were similar to Inattentive Symptoms. Participant sex was used as a covariate, accounting for 3.4% of the total variance in Satisfaction. There was a significant negative association between Partner Combined Symptoms and Satisfaction in the second step, which accounted for an additional 5.4% of the variance, until Attachment was entered in the third step, significantly predicting an additional

20.3% of the variance in Satisfaction. Specifically, higher levels of Anxious Attachment and lower levels of Avoidant Attachment were associated with lower levels of Satisfaction.

b) Moderating Effects: Contrary to our hypotheses, there were no significant interactions between Partner Combined Symptoms and Attachment for Satisfaction.

Underlying concerns.

Perceived neglect (Table 3.15)

[1]. Inattentive symptoms

a) Covariates and Main Effects: Preliminary analyses indicated the use of partner race as a covariate in the first step of this model, accounting for 2.8% of the variance in Perceived Neglect. There was a significant positive association between Partner Inattentive Symptoms and Perceived Neglect in the second step, which accounted for an additional 3.5% of the variance, until Attachment was entered in the third step, significantly predicting an additional 12% of the variance in Perceived Neglect. Specifically, there was a main effect of Anxious Attachment, such that higher levels of Anxious Attachment were associated with higher levels of Perceived Neglect.

b) Moderating Effects: Contrary to our hypotheses, there were no significant interactions between Partner Inattentive Symptoms and Attachment for Perceived Neglect.

[2]. Hyperactive symptoms

a) Partner race continued to be used as a covariate in the first step of this model, accounting for 2.8% of the variance in Perceived Neglect. There was no main effect of Hyperactive Symptoms in the second step. There was a main effect of Anxious Attachment in the third step, significantly predicting an additional 11.6% of the variance in Perceived Neglect. Specifically, higher levels of Anxious Attachment were associated with higher levels of Perceived Neglect.

b) Moderating Effects: Contrary to our hypotheses, there were no significant interactions between Partner Hyperactive Symptoms and Attachment for Perceived Neglect.

[3]. Combined symptoms

a) Covariates and Main Effects: Results for the Combined Symptoms model were nearly identical to Inattentive Symptoms. Preliminary analyses indicated the use of partner race as a covariate in the first step of this model, accounting for 2.8% of the variance in Perceived Neglect. There was a significant positive association between Partner Combined Symptoms and Perceived Neglect in the second step, which accounted for an additional 3.5% of the variance, until Attachment was entered in the third step, significantly predicting an additional 11.6% of the variance in Satisfaction. Specifically, there was a main effect of Anxious Attachment, such that higher levels of Anxious Attachment were associated with higher levels of Perceived Neglect.

b) Moderating Effects: Contrary to our hypotheses, there were no significant interactions between Partner Combined Symptoms and Attachment for Perceived Neglect.

Perceived threat (Table 3.16).

[1]. Inattentive symptoms

a) Covariates and Main Effects: Preliminary analyses indicated the use of participant affiliation with the university in the first step of this model, accounting for 2.8% of the total variance in Perceived Threat. There was no main effect of Partner Inattentive Symptoms in the second step. The third step yielded main effects of both Anxious and Avoidant Attachment, accounting for an additional 8.2% of the variance in Perceived Threat. Specifically, higher levels of Anxious Attachment and lower levels of Avoidant Attachment were associated with higher levels of Perceived Threat.

b) Moderating Effects: The fourth step yielded a significant three-way interaction between Attachment and Partner Inattentive Symptoms for Perceived Threat, which accounted for an additional 5.9% of the variance in Perceived Threat, $R^2 = .194$, $F(8, 150) = 4.50$, $p = .000$ (see Figure 3.4). Simple slope analyses revealed that the number of Partner Inattentive Symptoms was significantly related to Perceived Threat at high levels of Avoidant Attachment across high levels of Anxious Attachment (B = .237, $p = .011$). Specifically, for partners with a lower number of Inattentive Symptoms and participants with a high level of Anxious Attachment, those participants who also had a low level of

Avoidant Attachment had higher scores for Perceived Threat than those who also had a high level of Avoidant Attachment.

Simple slope analyses also revealed that the number of Partner Inattentive Symptoms was significantly related to Perceived Threat at low levels of Avoidant Attachment across low levels of Anxious Attachment (B = .187, p = .028). For partners with a higher number of Inattentive Symptoms and participants with a low level of Anxious Attachment, those participants who also had a low level of Avoidant Attachment scored higher on Perceived Threat.

[2]. Hyperactive symptoms

a) Covariates and Main Effects: Preliminary analyses continued to indicate the use of participant affiliation with the university in the first step of this model, accounting for 2.8% of the total variance in Perceived Threat. There a positive main effect of Partner Hyperactive Symptoms in the second step, accounting for an additional 7.4% of the variance in Perceived Threat. Similar to the Inattentive Symptoms model above, the third step yielded main effects of both Anxious and Avoidant Attachment, accounting for an additional 6.4% of the variance in Perceived Threat. Specifically, higher levels of Anxious Attachment and lower levels of Avoidant Attachment were associated with higher levels of perceived threat.

b) Moderating Effects: Contrary to our hypotheses, there were no interactions effects between Attachment and Partner Hyperactive Symptoms for Perceived Threat.

[3]. Combined symptoms

a) Covariates and Main Effects: Results for Combined Symptoms were very similar to those of Inattentive symptoms. Participant affiliation with the university was utilized as a covariate in the first step of this model, accounting for 2.8% of the total variance in Perceived Threat and there was no main effect of Partner Combined Symptoms in the second step. The third step yielded main effects of both Anxious and Avoidant Attachment, accounting for an additional 8.2% of the variance in Perceived Threat. Specifically, higher levels of Anxious Attachment and lower levels of Avoidant Attachment were associated with higher levels of Perceived Threat.

b) Moderating Effects: The fourth step yielded a significant three-way interaction between Attachment and Partner Combined Symptoms for Perceived Threat, $R^2 = .115$, $F(6, 152) = 3.304$, $p = .004$ (see Figure 3.5). Simple slopes analyses were similar to Inattentive symptoms, but more pronounced. Results indicated that the number of Partner Combined Symptoms was significantly related to Perceived Threat at high levels of Avoidant Attachment across high levels of Anxious Attachment (B = .141, $p = .000$). Specifically, for partners with a lower number of Combined Symptoms and participants with a high level of Anxious Attachment, those participants who also had a low level of Avoidant Attachment had higher scores for Perceived Threat.

Simple slopes analyses also revealed that the number of Partner Combined Symptoms was significantly related to Perceived Threat at low levels of Avoidant

Attachment across low levels of Anxious Attachment (B = .100, p = .004). For partners with a higher number of Combined Symptoms and participants with a low level of Anxious Attachment, those participants who also had a low level of Avoidant Attachment scored higher on Perceived Threat.

Primary Research Question (2) Does an individual's emotion recognition ability interact with partner ADHD symptoms to predict relationship quality?

Hypotheses.

[1] It was hypothesized that there would be a significant positive relation between Emotion Recognition Ability and Relationship Quality.

[2] Further, it was predicted that an individual's Emotion Recognition Ability would moderate the relation between number of Partner ADHD Symptoms and Relationship Quality, such that when Partner ADHD Symptoms are high and Emotion Recognition ability is low, there would be poorer Relationship Quality.

To examine whether an individual's Emotion Recognition Ability interacts with Partner ADHD Symptoms to predict relationship quality, nine hierarchal multiple regression analyses were each conducted separately for Partner Inattentive, Hyperactive and Combined ADHD symptoms. Each measure of Relationship Quality (Conflict (RPCS), Satisfaction (CSI), and Underlying Concerns (CUCI)) served as outcome variables for their respective models. Covariates revealed in preliminary correlational analyses were added in the first step of each model. The number of Partner ADHD symptoms (*Inattentive, Hyperactive, Combined*) was added in the second step of their

respective models. Emotion Recognition Ability (GERT-S) was added in the third step of each model. An interaction term of Partner ADHD Symptoms and Emotion Recognition Ability was created and added in the fourth step of their respective models to examine moderating effects of Emotion Recognition Ability on the relation between ADHD symptoms and Relationship Quality. Results of each model are presented in tables, including B, SE, β, and *p* values, as well as R^2, and *F* for ΔR^2 values.

Conflict (RCPS).

Compromise (Table 3.17).

[1]. Inattentive symptoms

a) Covariates and Main Effects: Preliminary analyses indicated the use of Participant race as a covariate in this model, accounting for 3.6% of the total variance in Compromise. No main effects of Inattentive Symptoms or Emotion Recognition Ability for Compromise were detected in this model.

b) Moderating Effects: Contrary to hypotheses, there were no significant interactions between Emotion Recognition Ability and Partner Inattentive Symptoms for Compromise.

[2]. Hyperactive symptoms

a) Covariates and Main Effects: Preliminary analyses indicated the use of Participant race as a covariate in this model, accounting for 3.6% of the total variance in Compromise. Consistent with Inattentive Symptoms, no main effects of Hyperactive Symptoms or Emotion Recognition Ability for Compromise were detected in this model.

b) Moderating Effects: Contrary to hypotheses, there were no significant interactions between Emotion Recognition Ability and Partner Hyperactive Symptoms for Compromise.

[3]. Combined symptoms

a) Covariates and Main Effects: Preliminary analyses indicated the use of Participant race as a covariate in this model, accounting for 3.6% of the total variance in Compromise. Consistent with Inattentive and Hyperactive Symptoms, no main effects of Combined Symptoms or Emotion Recognition Ability for Compromise were detected in this model.

b) Moderating Effects: Contrary to hypotheses, there were no significant interactions between Emotion Recognition Ability and Partner Combined Symptoms for Compromise.

Avoidance. For all three models of Partner ADHD symptoms, preliminary analyses did not indicate the use of any covariates. Results did not indicate any main effects of Partner Inattentive, Hyperactive, Combined Symptoms or Emotion Recognition Ability. Contrary to our hypotheses, there were no significant interactions between Emotion Recognition Ability and Partner ADHD Symptoms for Avoidance.

Interactional reactivity (Table 3.18).

[1]. Inattentive symptoms

a) Covariates and Main Effects: Preliminary analyses indicated the use of Participant race as a covariate in the first step of this model, accounting for 3.4% of the variance in Interactional Reactivity. Results revealed a significant positive relationship between Partner Inattentive Symptoms and Interactional Reactivity in the second step, accounting for an additional 6.2%. There was no main effect of Emotion Recognition Ability in this model.

b) Moderating Effects: Contrary to our hypotheses, there were no significant interactions between Emotion Recognition Ability and Partner Inattentive Symptoms for Interactional Reactivity.

[2]. Hyperactive symptoms

Preliminary analyses indicated the use of participant race as a covariate in the first

step of this model, accounting for 3.4% of the variance in Interactional Reactivity. Hyperactive Symptoms yielded the same results as Inattentive Symptoms (i.e., Main effect of Hyperactive Symptoms (accounting for an additional 4.9% of the variance in Interactional Reactivity) but not main effect of Emotion Recognition Ability.

b) Moderating Effects: Contrary to our hypotheses, there were no significant interactions between Emotion Recognition Ability and Partner Hyperactive Symptoms for Interactional Reactivity.

[3]. Combined symptoms

a) Covariates and Main Effects: Combined Symptoms yielded the same results as Inattentive and Hyperactive Symptoms (i.e., Main effect of Combined Symptoms (accounting for an additional 8.2% of the variance in Interactional Reactivity) but no main effect of Emotion Recognition Ability.

b) Moderating Effects: Contrary to hypotheses, there were no significant interactions between Emotion Recognition Ability and Partner Combined Symptoms for Interactional Reactivity.

Domination (Table 3.19).

[1]. Inattentive symptoms

a) Covariates and Main Effects: Preliminary analyses indicated the use of partner ADHD medication (partners prescribed/currently taking medication for ADHD) as a covariate in the first step of this model, accounting for 2.9% of the total variance in Domination. Specifically, there was a significant negative association between partners on ADHD medication levels of Domination. There was no main effect of Partner Inattentive Symptoms or Emotion Recognition Ability.

b) Moderating Effects: Contrary to our hypotheses, there were no significant interactions between Emotion Recognition Ability and Partner Inattentive Symptoms for Domination.

[2]. Hyperactive symptoms

a) Covariates and Main Effects: Preliminary analyses continued to indicate

the use of Partner ADHD medication as a covariate in the first step of this model, accounting for 2.9% of the total variance in Domination. There was a positive main effect of Hyperactive Symptoms in second step, accounting for an additional 4.7% of Domination. Specifically, higher levels of Hyperactive Symptoms were associated with higher levels of Domination. Results did not indicate a main effect of Emotion Recognition Ability in this model.

b) Moderating Effects: The fourth step yielded a significant interaction between Partner Hyperactive Symptoms and Domination, $R^2 = .01$, $F(4, 154) = 4.291$, $p = .003$ which accounted for an additional 3% of the total variance in Domination (see Figure 3.6). Simple slopes analyses revealed that the number of Partner Hyperactive Symptoms was significantly related to Domination at high levels of Emotion Recognition Ability (B = .157, $p = .001$). Specifically, for partners with a higher number of Hyperactive Symptoms, participants with a high level of Emotion Recognition Ability had the highest level of Domination during conflict compared to participants with a low level of Emotion Recognition Ability.

[3]. Combined symptoms

a) Covariates and Main Effects: Preliminary analyses continued to indicate the use of Partner ADHD medication as a covariate in the first step of the model, accounting for 2.9% of the total variance in Domination. There was a positive main effect of Combined symptoms in the second step, accounting for an

additional 3.7% of the variance in Domination. Results did not indicate a main effect of Emotion Recognition Ability in this model.

b) Moderating Effects: The fourth step yielded a significant interaction between Partner Combined Symptoms and Emotional Recognition Ability for Domination, which very similar results to Hyperactive Symptoms in the previous model, $R^2 = .096$, $F(4,154) = 4.087$, $p = .004$ which accounted for an additional 3% of the total variance in Domination (see Figure 3.7). Simple slopes analyses revealed that the number of Partner Combined Symptoms was significantly related to Domination at high levels of Emotion Recognition Ability (B = .097, $p = .000$). Specifically, for partners with a higher number of Combined Symptoms, participants with a high level of Emotion Recognition Ability had the highest level of Domination during conflict compared to participants with a low level of Emotion Recognition Ability.

Submission. For all three models of Partner ADHD symptoms, preliminary analyses did not indicate the use of any covariates. Results did not indicate any main effects of Partner Inattentive, Hyperactive, Combined Symptoms or Emotion Recognition Ability. Contrary to our hypotheses, there were no significant interactions between Emotion Recognition Ability and Partner ADHD Symptoms for Submission.

Separation. Preliminary analyses indicated the use of participant affiliation with the university in the first step for each model of ADHD symptoms, accounting for 6.1% of the total variance in Separation. Results did not indicate any main effects

of Partner Inattentive, Hyperactive, Combined Symptoms or Emotion Recognition Ability. Contrary to our hypotheses, there were no significant interactions between Emotion Recognition Ability and Partner ADHD Symptoms for Separation.

Satisfaction (Table 3.20).

[1]. Inattentive symptoms

a) Covariates and Main Effects: Preliminary analyses indicated participant sex as a covariate in the first step of this model, accounting for 3.4% of the total variance in Satisfaction. There was a significant negative association between Partner Inattentive Symptoms and Satisfaction in the second step, which accounted for an additional 3.4% of the variance. Specially, a higher number of Inattentive symptom were associated with lower levels of Satisfaction. There was a positive main effect of Emotion Recognition Ability in the third step, accounting for an additional 5.7% of the variance in Satisfaction. Specifically, higher levels of Emotion Recognition Ability were associated with higher levels of Satisfaction.

b) Moderating effects: Contrary to our hypotheses, there were no significant interactions between Emotion Recognition Ability and Partner Inattentive Symptoms for Satisfaction.

[2]. Hyperactive symptoms

a) Covariates and Main Effects: Participant sex continued to be used as a covariate, accounting for 3.4% of the total variance in Satisfaction. There was no main effect of Partner Hyperactive Symptoms. Consistent with Inattentive Symptoms, the third step yielded a positive main effect of Emotion Recognition Ability, accounting for an additional 5.6% of the variance in Satisfaction.

b) Moderating Effects: Contrary to our hypotheses, there were no significant interactions between Partner Hyperactive Symptoms and Emotion Recognition Ability for Satisfaction.

[3]. Combined symptoms

a) Covariates and Main Effects: Results for Combined symptoms were similar to Inattentive Symptoms. Participant sex was used as a covariate, accounting for 3.4% of the total variance in Satisfaction. There was negative main effect of Partner Combined Symptoms in the second step, which accounted for an additional 3.2% of the variance in Satisfaction. There was also a positive main effect of Emotion Recognition Ability entered in the third step, accounting for an additional 5.5% of the variance in Satisfaction.

b) Moderating Effects: Contrary to our hypotheses, there were no significant interactions between Partner Combined Symptoms and Emotion Recognition Ability for Satisfaction.

Underlying concerns.

Perceived neglect (Table 3.21).

[1]. Inattentive symptoms

a) Covariates and Main Effects: Preliminary analyses indicated the use of partner race as a covariate in the first step of this model, accounting for 2.8% of the variance in Perceived Neglect. There was a positive main effect of Partner Inattentive Symptoms, accounting for an additional 3.5% of the variance in Perceived Neglect. Specifically, a higher number of Inattentive symptoms was associated with higher levels of Perceived Neglect. Results did not indicate a significant main effect of Emotion Recognition Ability for Perceived Neglect.

b) Moderating Effects: Contrary to our hypotheses, there were no significant interactions between Partner Inattentive Symptoms and Emotion Recognition Ability for Perceived Neglect.

[2]. Hyperactive symptoms

a) Partner race continued to be used as a covariate in the first step of this model, accounting for 2.8% of the variance in Perceived Neglect. There were no main effects of Hyperactive Symptoms or Emotion Recognition Ability for Perceived Neglect in this model.

b) Moderating Effects: Contrary to our hypotheses, there were no significant interactions between Partner Hyperactive Symptoms and Emotion Recognition Ability for Perceived Neglect.

[3]. Combined symptoms

a) Covariates and Main Effects: Results for the Combined Symptoms model were nearly identical to Inattentive Symptoms. Preliminary analyses continued to indicate the use of partner race as a covariate in the first step of this model, accounting for 2.8% of the variance in Perceived Neglect. There was a positive main effect of Partner Combined Symptoms in the second step, which accounted for an additional 3.6% of the variance. Results did not indicate a main effect of Emotion Recognition Ability for Perceived Neglect in this model.

b) Moderating Effects: Contrary to our hypotheses, there were no significant interactions between Partner Combined Symptoms and Emotion Recognition Ability for Perceived Neglect.

Perceived threat (3.22).

[1]. Inattentive symptoms

a) Covariates and Main Effects: Preliminary analyses indicated the use of participant affiliation with the university in the first step of this model, accounting for 2.8% of the total variance in Perceived Threat. There were no main effects of Partner Inattentive Symptoms or Emotion Recognition Ability for Perceived Threat in this model.

[2]. Hyperactive symptoms

a) Covariates and Main Effects: Preliminary analyses continued to indicate the use of participant affiliation with the university in the first step of this model,

accounting for 2.8% of the total variance in Perceived Threat. There a positive main effect of Partner Hyperactive Symptoms in the second step, accounting for an additional 7.4% of the variance in Perceived Threat. Results did not indicate a main effect of Emotion Recognition Ability in this model.

b) Moderating Effects: Contrary to our hypotheses, there were no interactions effects between Emotion Recognition Ability and Partner Hyperactive Symptoms for Perceived Threat in this model.

[3]. Combined symptoms

a) Covariates and Main Effects: Results for Combined Symptoms were very similar to Inattentive and Hyperactive Symptoms. Participant affiliation with the university was utilized as a covariate in the first step of this model, accounting for 2.8% of the total variance in Perceived Threat. There was a positive main effect of Partner Combined Symptoms in this model, accounting for an additional 6.3% of the variance in Perceived Threat.

b) Moderating Effects: Contrary to our hypotheses, there were no interactions effects between Emotion Recognition Ability and Partner Combined Symptoms for Perceived Threat in this model.

Secondary Analyses

The proposed study also conducted several exploratory analyses. Continuous measures of ADHD symptoms (*Inattentive, Hyperactive, and Combined)* and Personality (IPIP-NEO-120) were used as predictor variables in the data analyses. Continuous

measures of Relationship Quality (Conflict, Satisfaction, and Underlying Concerns) served as the outcome variables in these models.

Exploratory (1) The first set of exploratory analyses examined whether an individual's personality profile (i.e., personality traits organized into five domains) predicts relationship quality.

Hypotheses. Since these analyses were exploratory, no hypotheses were made.

Findings.

Conflict (RCPS).

Compromise. After controlling for participant race, Agreeableness significantly predicted Compromise, such that higher levels of Agreeableness were associated with higher levels of Compromise.

Avoidance. Agreeableness also significantly predicted Avoidance, such that higher levels of Avoidance were associated with higher levels of Avoidance. Conversely, Openness had a significant negative relationship with Avoidance, such that higher levels of Openness were associated with lower levels of Avoidance.

Interactional reactivity. After controlling for participant race, Neuroticism significantly predicted Interactional Reactivity, such that higher levels of Neuroticism were associated with higher levels of Interactional Reactivity. Agreeableness continued to be significant, but had a negative relation to Interactional Reactivity, such that higher levels of Agreeableness were associated with lower levels of Interactional Reactivity.

Domination. After controlling for partner ADHD medication, Neuroticism significantly predicated Domination, such that higher levels of Neuroticism were associated with higher levels of Domination. Agreeableness also had a significant negative relation to Domination, such that higher levels of Agreeableness were associated with lower levels of Domination.

Submission. Neuroticism significantly predicted Submission, such that higher levels of Neuroticism were associated with higher levels of Submission.

Separation. Results indicated that none of the five personality domains significantly predicted Separation.

Satisfaction (CSI). Results indicated that none of the five personality domains significantly predicted Satisfaction.

Underlying concerns.

Results indicated that none of the personality domains significantly predicted Perceived Neglect or Threat.

Exploratory (2) The second set of exploratory analyses examined whether an individual's personality profile interacts with partner ADHD symptoms to predict relationship quality.

Hypotheses. Since these analyses were exploratory, no hypotheses were made.

Findings. To examine whether an individual's personality profile interacts with partner ADHD symptoms to predict relationship quality, nine hierarchal multiple regression analyses were conducted separately for Partner Inattentive, Hyperactive, and

Combined ADHD symptoms. Each measure of Relationship Quality (Conflict (RPCS), Satisfaction (CSI), and Underlying Concerns (CUCI)) served as outcome variables for their respective models. Covariates revealed in preliminary correlational analyses were added in the first step of each model. The number of Partner ADHD symptoms (*Inattentive, Hyperactive, and Combined*) was added in the second step of their respective models. For Personality, the subscale score of each of the five trait domains (Neuroticism, Extraversion, Agreeableness, Openness to Experience, and Conscientiousness) was added in the third step of each model. The subscale score of each of the five trait domains was included in five separate interaction terms with the number of Partner ADHD symptoms added in the fourth step of their respective models (i.e., *Inattentive symptoms* + five subscales; *Hyperactive symptoms* + five subscales, and *Combined symptoms* + five subscales). Results of each model are presented in tables, including B, SE, β, and *p* values, as well as R^2, and *F* for ΔR^2 values.

Conflict (RPCS).

Compromise (Table 3.23).

[1]. Inattentive symptoms

a) Covariates and Main Effects: Preliminary analyses indicated the use of Participant race as a covariate in the first step of this model, accounting for 3.6% of the total variance in Compromise. Inattentive Symptoms did not significantly predict Compromise in the second step, but there was a main effect of Agreeableness in the third step, accounting for an additional 6% of the variance in

Compromise. Specifically, higher levels of Agreeableness were associated with higher levels of Compromise.

b) Moderating Effects: Initially, there appeared to be an interaction between Extraversion and Inattentive Symptoms; however, the model did not account for a significant amount of additional variance. Therefore, there were no significant interactions between Personality and Partner Inattentive Symptoms for Compromise.

[2]. Hyperactive symptoms

a) Covariates and Main Effects: Preliminary analyses continued to indicate the use of Participant race as a covariate in the first step of this model, accounting for 3.6% of the total variance in Compromise. Consistent with Inattentive Symptoms, Hyperactive Symptoms did not significantly predict Compromise in the second step, but there was a positive main effect of Agreeableness in the third step, accounting for an additional 5.8% of the variance in Compromise.

b) Moderating Effects: Initially, there appeared to be two interaction effects between Hyperactive Symptoms and both Conscientiousness and Openness for Compromise in the fourth step; however, the model did not account for a significant amount of additional variance. Therefore, there were no significant interactions between Personality and Partner Hyperactive Symptoms for Compromise.

[3]. Combined symptoms

a) Covariates and Main Effects: Preliminary analyses continued to indicate the use of Participant race as a covariate in the first step of this model, accounting for 3.6% of the total variance in Compromise. Consistent with Inattentive and Hyperactive Symptoms, Partner Combined Symptoms did not significantly predict Compromise in the second step, but there was a positive main effect of Agreeableness in the third step, accounting for an additional 8.4% of the variance in Compromise.

b) Moderating Effects: Results indicated a significant interaction in the fourth step between Conscientiousness and Partner Combined Symptoms for Compromise. $R^2 = .10$, $F(4,149) = 4.133$, $p = .003$ (see Figure 3.8). Simple slope analyses revealed that the number of Partner Combined Symptoms was significantly related to Compromise at high levels of Conscientiousness (B = -.064, $p = .000$). Specifically, with regard to partners with a lower number of Combined Symptoms, participants with a high level of Conscientiousness had higher ratings of relationship Satisfaction than participants with a lower level of Conscientiousness and as well as the highest ratings overall.

Avoidance. For all three models of Partner ADHD Symptoms, preliminary analyses did not indicate the use of any covariates. Aside from Openness, which accounted for only 4.2% of the total variance in Avoidance, results did not indicate any main effects of Partner Inattentive, Hyperactive, Combined Symptoms or any of the other four personality domains. There were no significant

interactions between Personality and Partner ADHD Symptoms for Avoidance (see Table 3.24).

Interactional reactivity (Table 3.25).

[1]. Inattentive symptoms

a) Covariates and Main Effects: Preliminary analyses indicated the use of Participant race as a covariate in the first step of this model, accounting for 3.4% of the variance in Interactional Reactivity. Results revealed a significant positive relationship between Partner Inattentive Symptoms and Interactional Reactivity in the second step, accounting for an additional 6.2% of the variance in Interactional Reactivity. There was a positive main effect of Neuroticism and a negative main effect of Agreeableness in the third step, accounting for an additional 17.3% of the variance in Interactional Reactivity. Specifically, higher levels of Neuroticism and lower levels of Agreeableness were associated with higher levels of Interactional Reactivity.

b) Moderating Effects: There were no significant interactions between Personality and Partner Inattentive Symptoms for Interactional Reactivity.

[2]. Hyperactive symptoms

Preliminary analyses continued to indicate the use of participant race as a covariate in the first step of this model, accounting for 3.4% of the variance in Interactional Reactivity. There was a significant positive association between Hyperactive Symptoms and Interactional Reactivity in the second step, accounting for an additional 4.9% of the variance in Interactional Reactivity.

However, Hyperactive Symptoms was no longer significant when Personality was entered in the third step. Consistent with Inattentive Symptoms, there was a positive main effect of Neuroticism and a negative main effect of Agreeableness for Interactional Reactivity, accounting for an additional 15.1% of the variance in Interactional Reactivity.

b) Moderating Effects: There were no significant interactions between Personality and Partner Hyperactive Symptoms for Interactional Reactivity.

[3]. Combined symptoms

a) Covariates and Main Effects: Combined Symptoms yielded similar results to Inattentive Symptoms. There was a positive main effect of Combined Symptoms in the second step, accounting for an additional 8.2% of the variance in Interactional Reactivity. There was a positive main effect of Neuroticism and a negative main effect of Agreeableness in the third step, accounting for an additional 14.6% of the variance in Interactional Reactivity.

b) Moderating Effects: There were no significant interactions between Personality and Partner Combined Symptoms for Interactional Reactivity.

Domination (Table 3.26).

[1]. Inattentive symptoms

a) Covariates and Main Effects: Preliminary analyses indicated the use of partner ADHD medication (partners prescribed/currently taking medication for ADHD) as a covariate in the first step of this model, accounting for 2.9% of the total variance in Domination. Specifically, there was a significant negative

association between partners on ADHD medication and Domination. There was no main effect of Partner Inattentive Symptoms in the second step, but there was a positive main effect of Neuroticism and a negative main effect of Agreeableness in the third step, which accounted for 24.7% of the variance in Domination. Specifically, higher levels of Neuroticism and lower levels of Agreeableness were associated with higher levels of Domination.

b) Moderating Effects: There were no significant interactions between Personality and Partner Inattentive Symptoms for Domination.

[2]. Hyperactive symptoms

a) Covariates and Main Effects: Preliminary analyses continued to indicate the use of Partner ADHD medication as a covariate in the first step of this model, accounting for 2.9% of the total variance in Domination. Partner Hyperactive Symptoms had a significant positive association with Domination in second step, accounting for an additional 3.7% of additional variance. However, Hyperactive Symptoms was no longer significant once Personality was added in the third step. Consistent with Partner Inattentive Symptoms, there was a positive main effect of Neuroticism and negative main effect of Agreeableness, accounting for an additional 21.4% of the variance in Domination.

b) Moderating Effects: There were no significant interactions between Personality and Partner Hyperactive Symptoms for Domination.

[3]. Combined symptoms

a) Covariates and Main Effects: Preliminary analyses continued to indicate the use of Partner ADHD medication as a covariate in the first step of the model, accounting for 2.9% of the total variance in Domination. Consistent with Hyperactive Symptoms, Partner Combined Symptoms had a significant positive association with Domination in the second step, accounting for an additional 3.7% of the variance in Domination. However, Partner Combined Symptoms was no longer significant once Personality was entered in the third step. Consistent with the previous two models, there was a positive main effect of Neuroticism and negative main effect of Agreeableness, accounting for an additional 22.3% of the variance in Domination.

b) Moderating Effects: There were no significant interactions between Personality and Partner Combined Symptoms for Domination.

Submission.

a) Covariates and Main Effects. For all three models of Partner ADHD Symptoms, preliminary analyses did not indicate the use of any covariates. Results did not indicate any main effects of Partner Inattentive, Hyperactive, or Combined Symptoms. Similarly, there were no main effects of any of the personality traits in all three models. There were no significant interactions between Personality and ADHD Symptoms for Submission.

Separation. Preliminary analyses indicated the use of Participant affiliation with the university in the first step for each model of ADHD Symptoms, accounting for

6.1% of the total variance in Separation. However, results did not indicate any main effects of Partner Inattentive, Hyperactive, Combined Symptoms or Personality. There were no significant interactions between Personality and Partner ADHD Symptoms for Separation.

Satisfaction (Table 3.27).

[1]. Inattentive symptoms

a) Covariates and Main Effects: Preliminary analyses indicated participant sex as a covariate in the first step of this model, accounting for 3.4% of the total variance in Satisfaction. There was a negative main effect of Inattentive Symptoms for Satisfaction in the second step, which accounted for 3.4% of the variance in Satisfaction. Specifically, a higher number of Partner Inattentive Symptoms were associated with lower levels of Satisfaction. There were no main effects of Personality for Satisfaction.

b) Moderating effects: There were no significant interactions between Personality and Partner Inattentive Symptoms for Satisfaction.

[2]. Hyperactive symptoms

a) Covariates and Main Effects: Participant sex continued to be used as a covariate, accounting for 3.4% of the total variance in Satisfaction. There was no main effect of Partner Hyperactive Symptoms or Personality for Satisfaction in this model.

b) Moderating Effects: There were also no significant interactions between Personality and Partner Hyperactive Symptoms for Satisfaction.

[3]. Combined symptoms

a) Covariates and Main Effects: Results for Combined symptoms were similar to Inattentive Symptoms. Participant sex was used as a covariate, accounting for 3.4% of the total variance in Satisfaction. There was negative main effect of Partner Combined Symptoms in the second step, which accounted for an additional 3.2% of the variance in Satisfaction. There was no main effect of Personality for Satisfaction in this model.

b) Moderating Effects: There were no significant interactions between Personality and Partner Combined Symptoms for Satisfaction.

Underlying concerns.

Perceived neglect (3.28).

[1]. Inattentive symptoms

a) Covariates and Main Effects: Preliminary analyses indicated the use of partner race as a covariate in the first step of this model, accounting for 2.8% of the variance in Perceived Neglect. There was a positive main effect of Partner Inattentive Symptoms, accounting for an additional 3.5% of the variance in Perceived Neglect. Specifically, a higher number of Inattentive Symptoms was associated with higher levels of Perceived Neglect. Results did not indicate a main effect of Personality for Perceived Neglect.

b) Moderating Effects: There were no significant interactions between Personality and Partner Inattentive Symptoms for Perceived Neglect.

[2]. Hyperactive symptoms

a) Partner race continued to be used as a covariate in the first step of this model, accounting for 2.8% of the variance in Perceived Neglect. However, there were no main effects of Hyperactive Symptoms or Personality in this model.

b) Moderating Effects: There were no significant interactions between Personality and Partner Hyperactive Symptoms for Perceived Neglect.

[3]. Combined symptoms

Combined Symptoms yielded the same result as Hyperactive Symptoms (i.e., Partner race as a covariate, no main effects or interactions).

Perceived threat (3.29).

[1]. Inattentive symptoms

a) Covariates and Main Effects: Preliminary analyses indicated the use of participant affiliation with the university in the first step of this model, accounting for 2.8% of the total variance in Perceived Threat. There were no main effects of Partner Inattentive Symptoms or Personality for Perceived Threat in this model.

b) Moderating Effects: There were no significant interactions between Personality and Partner Inattentive Symptoms for Perceived Threat.

[2]. Hyperactive symptoms

a) Covariates and Main Effects: Preliminary analyses continued to indicate the use of participant affiliation with the university in the first step of this model, accounting for 2.8% of the total variance in Perceived Threat. There a positive main effect of Partner Hyperactive Symptoms in the second step, accounting for an additional 7.4% of the variance in Perceived Threat. Results did not indicate a main effect of Personality in this model.

b) Moderating Effects: There were no significant interactions between Personality and Partner Hyperactive Symptoms for Perceived Threat.

[3]. Combined symptoms

a) Covariates and Main Effects: Results for Combined Symptoms were very similar to Hyperactive Symptoms. Participant affiliation with the university was utilized as a covariate in the first step of this model, accounting for 2.8% of the total variance in Perceived Threat. There was a positive main effect of Partner Combined Symptoms but no main effect of Personality.

b) Moderating Effects: There were no significant interactions between Personality and Partner Combined Symptoms for Perceived Threat.

Summary of Findings

Given the number of analyses conducted, instead of summarizing by describing the results, three summary tables were created (one for each research question), highlighting which models yielded main effects and interactions. The data associated with these main effects and interactions are in separate regression tables (see Tables 3.6-

3.8). A note at the bottom of each summary table provides a guide for interpretation. The table contains nine rows, one for each dependent variable. The cells with a white background indicate significant at $p < .05$. The cells highlighted in dark grey indicate that there was not a significant association. Positive associations are indicated with (+) and negative association with (-). Higher scores on the Compromise, Separation, and Satisfaction scales indicate positive relationship outcomes. For all other independent variables, higher scores represent poorer relationship outcomes.

Table 3.1

Data Used in Analyses for Each Measure

	n	%
RPCS		
Compromise	154	96.9
Avoidance	157	98.7
Interactional Reactivity	159	100
Separation	159	100
Domination	159	100
Submission	159	100
CSI	159	100
CUCI		
Perceived Partner Threat	159	100
Perceived Partner Neglect	157	98.7
CSSO		
Self-Report	159	100
Other Report	159	100
ECR-R		
Anxiety	159	100
Avoidance	159	100
GERT-S	159	100
IPIP-NEO		
Neuroticism	159	100
Extraversion	159	100
Agreeableness	159	100
Openness	159	100
Conscientiousness	159	100

Table 3.2

Descriptive Statistics

	M	SD	*Min. - Max*
CSS (Participant)			
Inattentive Symptoms	.33	.621	0 - 3
Hyperactive Symptoms	.61	.927	0 - 3
Combined Symptoms			0 - 6
CSSO (Partner)			
Inattentive Symptoms	6.31	2.227	0- 9
Hyperactive Symptoms	5.47	2.006	0 - 9
Combined Symptoms	11.77	3.487	5 - 18
RPCS			
Compromise	2.97	.654	1 - 4
Avoidance	2.67	1.021	0 - 4
Interactional Reactivity	1.34	.947	0 - 4
Separation	2.16	.949	0 - 4
Domination	1.71	.946	0 - 4
Submission	1.68	.888	0 - 4
CSI Total	117.88	27.917	37 - 160
CUCI			
Perceived Partner Threat	2.97	1.006	1 - 5
Perceived Partner Neglect	2.45	.927	1 - 5
ECR-R			
Anxious	2.98	1.139	1 - 6
Avoidant	4.37	.549	3 - 6
GERT-S	22.74	6.258	5 - 36
IPIP-NEO			
Neuroticism	68.18	14.222	31 - 107
Extraversion	85.45	13.505	39 - 116
Agreeableness	89.70	12.584	48 - 115
Openness	76.65	9.819	46 - 102
Conscientiousness	91.38	12.593	63 - 120

Note. CSS is measure of participant ADHD symptoms. CSSO is measure of Partner ADHD Symptoms. CSSO is the independent variable in all regression analyses. RPCS is an outcome variable measuring Conflict and includes six domains (listed above). The CSI is an outcome variable measuring relationship satisfaction. The CUCI is an outcome variable measuring Underlying Concerns about the relationship and includes two domains (Perceived Neglect and Perceived Threat). The ECR-R is the moderator in research question #1, measuring Attachment Style dimensionally. It includes two domains (Anxious and Avoidant). Higher scores in either domain indicates higher level of insecure attachment. Lower scores represent more secure attachment. (GERT-S) is a computer task measuring Emotion Recognition Ability and serves as the moderator in research question #2. The IPIP-NEO-120 is the moderator in research question #3, measuring personality traits within five domains.

Table 3.3

Correlations Among Predictor and Outcome Variables

	Partner Inattention Symptoms	Partner Hyper Symptoms	Partner Combined Symptoms	ECR-R Avoidance	ECR-R Anxiety	GERT-S	IPIP Neuroticism	IPIP Extraversion	IPIP Agreeableness	IPIP Openness	IPIP Conscientiousnes
CSI Total	-.192*	-.128	-.192*	.430**	-.278**	.277**	-.045	.122	.207**	-.086	.126
CUCI Perceived Threat	.155	.264**	.258**	-.257**	.185*	-.109	.126	-.034	-.127	-.016	-.127
CUCI Perceived Neglect	.179*	.108	.172*	-.088	.361**	-.144	.175*	-.165*	-.180*	-.068	-.152
RPCS Submissive	.066	.090	.095	-.050	.296**	-.071	.256**	-.112	-.139	-.107	-.272**
RPCS Compromise	-.155	-.105	-.157	-.342**	-.331**	.191*	-.176*	.182*	.287**	.005	.133
RPCS Interactional Reactivity	.265**	.244**	.308**	-.288**	.348**	-.182*	.315**	-.158*	-.348**	.028	-.253**
RPCS Avoidance	-.059	-.059	-.072	.057	.006	-.028	.057	-.067	.126	-.193*	-.037
RPCS Separation	.026	-.017	.004	-.195*	.060	-.082	-.008	.014	.037	.025	.073
RPCS Dominance	.080	.201*	.174*	-.128	.216**	-.001	.313*	-.196*	-.414*	-.005	-.225**

Note. * $p < .05$ (two-tailed). ** $p < .01$ (two tailed).

Table 3.4

Correlations Among Demographic and Outcome Variables

	University		Age		Race		Sex		Education		Marital Status	Children Together	ADHD Meds	ADHD DX	Length Dating	Length Marriage	Cohabitation	MTurk
	P1	P2	P1	P2	P1	P2	P1	P2	P1	P2								
CSI Total Score	.184*	.065	-.192*	-.132	.099	.009	-.183*	.095	.073	-.006	-.059	-.171*	-.045	-.045	-.141	.003	-.038	-.140
CUCI Perceived Threat	-.168*	-.080	.134	.131	-.152	.129	.037	-.162*	-.064	-.107	.105	.155	-.008	-.005	.057	-.057	.089	.120
CUCI Perceived Neglect	.072	.016	-.101	-.130	-.135	-.167*	-.001	.060	-.103	-.056	.047	.005	-.082	.006	.104	-.101	-.091	-.031
RPCS Submission	-.087	.051	.071	.037	-.069	-.082	.094	-.140	-.103	-.102	.038	.083	.031	.024	.132	-.027	.040	.149
RPCS Compromise	.083	.010	-.082	-.054	.189*	.061	-.028	.098	.083	.013	-.003	-.139	.092	.048	-.087	-.061	-.007	-.075
RPCS Avoidance	-.026	-.071	.003	.021	.086	.089	.046	-.114	-.057	-.059	.005	.124	-.136	-.037	-.040	.060	.068	.065
RPCS Interactional Reactivity	-.121	-.012	.029	-.009	-.183*	-.120	.075	-.101	-.121	-.155	.111	.135	-.038	.070	.159*	-.160*	-.051	.073
RPCS Separation	-.246**	.005	.204**	.151	-.113	-.025	.004	.026	-.040	-.044	.047	.085	.071	.082	.070	-.006	.133	.152
RPCS Domination	-.085	-.035	.015	-.010	-.089	-.025	.159*	-.181*	-.200*	-.235**	.107	.119	.170*	-.043	.076	-.136	.069	.076

Note. * $p < .05$ (two-tailed). ** $p < .01$ (two-tailed).

Table 3.5

Correlations Among Demographic and Predictor Variables

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	21.	22.	23.	24.	25.	26.	27.	28.
1. University (P1)	(1)																											
2. University (P2)	.370**	(1)																										
3. Age (P1)	-.849**	-.322**	(1)																									
4. Age (P2)	-.827**	-.349**	.943**	(1)																								
5. Education (P1)	-.230**	-.086	.239**	.256**	(1)																							
6. Education (P2)	-.138	.031	.184*	.144	.709**	(1)																						
7. Sex (P1)	-.211**	-.063	.195*	.198*	-.014	-.007	(1)																					
8. Sex (P2)	.096	-.071	-.114	-.115	.115	.084	-.811**	(1)																				
9. Race (P1)	.067	.041	-.055	-.030	-.086	-.063	-.224**	.188**	(1)																			
10. Race (P2)	-.026	-.059	.037	.058	-.074	-.046	-.068	.084	.363**	(1)																		
11. Marital Status	-.605**	-.179*	.586**	.552**	.173*	.132	.068	-.040	.030	.118	(1)																	
12. Length Married	.373**	.061	-.361**	-.338**	-.115	-.085	.009	-.025	.018	-.042	-.663**	(1)																
13. Length Dating	-.495**	-.225**	.465**	.410**	.182*	.207**	.127	-.008	-.156*	-.011	.482**	-.319**	(1)															
14. MTurk	-.802**	-.322**	.643**	.635**	.172*	.047	.296**	-.177*	-.162*	.034	.451**	-.227**	.411**	(1)														
15. Cohabitation	-.680**	-.149	.708**	.709**	.169*	.144	.228**	-.236**	-.109	-.028	.513**	-.313**	.451**	.588**	(1)													
16. Children	-.535**	-.188*	.518**	.487**	.101	.055	.063	-.085	.053	.096	.620**	-.129	.353**	.481**	.452**	(1)												
17. P2 ADHD Dx	-.091	-.076	.012	.043	-.008	-.070	.036	.034	.101	.044	.038	-.047	-.021	.124	.021	-.004	(1)											
18. P2 ADHD meds	.004	.010	-.059	-.058	.038	.019	-.051	.019	.124	.020	-.092	.026	-.171	-.019	-.070	-.138	.564**	(1)										
19. CSSO-I	-.110	-.020	.063	.087	-.049	-.032	.035	-.108	-.098	.045	.071	-.020	.111	.030	.167*	.118	.033	.078	(1)									
20. CSSO-H	.082	.080	-.085	-.090	.142	.137	.103	-.045	-.005	-.099	-.044	-.027	.024	-.012	-.129	-.038	-.132	-.054	-.094	(1)								
21. CSSO-C	-.038	.001	-.040	.003	-.073	-.078	.069	-.109	-.137	.102	-.035	.046	.026	.047	.041	.024	.044	.098	.802**	.843**	(1)							
22. ECR-R Anxious	.063	.044	-.090	-.104	-.081	-.101	.046	-.041	-.093	.042	-.037	.032	-.068	-.030	-.112	.031	.060	-.054	.172*	.270**	.218**	(1)						
23. ECR-R Avoident	.063	-.154	-.039	-.015	-.005	-.003	-.078	.101	.077	-.077	-.019	.064	.007	-.038	.092	-.072	-.065	-.090	-.130	-.025	-.167*	-.079	(1)					
24. GERT-S	.164*	.096	-.135	-.114	.013	.016	-.229**	.223**	.248**	.040	-.051	.108	-.178*	-.292**	-.088	-.071	.067	.053	-.027	-.135	-.053	-.047	.202*	(1)				
25. IPIP-NEO-120 Neuroticism	.109	-.003	-.170*	-.149	-.089	-.085	-.096	.121	-.017	.085	.042	-.040	-.051	-.117	-.142	-.020	.113	-.069	.159*	.197*	.231**	.472**	-.073	.250**	(1)			
26. IPIP-NEO-120 Extraversion	.246**	.087	-.213**	-.211**	-.007	-.031	-.139	.139	.139	-.041	-.307**	.269**	-.140	-.214**	-.244**	-.116	-.053	.124	-.096	.021	-.110	-.243**	.088	-.055	-.435**	(1)		
27. IPIP-NEO-120 Openness	-.271**	-.001	.272**	.236**	.263**	.220**	.126	.025	-.114	-.036	.161*	-.154	.160*	.181*	.294**	.029	-.008	-.078	-.013	.099	.008	.003	.079	.177**	.053	-.160*	(1)	
28.. IPIP-NEO-120 Agreeableness	.010	-.049	.036	.028	.129	.129	-.388**	.375**	.279**	.173*	-.023	.041	.059	-.131	.082	-.041	-.052	-.018	-.014	-.109	-.120	-.256**	.198*	.277**	-.061	.021	.115	(1)
29. IPIP-NEO-120 Conscientiousness	-.181*	.016	.273**	.268**	.188*	.213**	-.183*	.119	.007	-.076	.129	-.027	.207**	.107	.255**	.188*	-.111	-.103	.073	-.134	-.056	-.282**	.091	.054	-.411*	.230*	.114	.295**

Note. * p < .05 (two-tailed). ** p < .01 (two-tailed).

Table 3.6

Summary Table of Results for Primary Research Question 1: Moderating Effects of Attachment Style on Relation Between Partner ADHD Symptoms and Relationship Quality

Dependent Variables	Covariates	Main Effect Inattentive	Main Effect Hyperactive	Main Effect Combined	2-way Interaction Inattentive	2-way Interaction Hyperactive	2-way Interaction Combined	3-way Interaction Inattentive	3-way Interaction Hyperactive	3-way Interaction Combined
Conflict										
Compromise	P1 Race +	1. Anxious - 2. Avoidant +	1. Anxious - 2. Avoidant +	1. Anxious - 2. Avoidant +						
Avoidance										
Interactional Reactivity	P1 Race -	1. Inattentive + 2. Anxious + 3. Avoidant –	1. Hyperactive + 2. Anxious + 3. Avoidant –	1. Combined + 2. Anxious + 3. Avoidant –						
Domination	P2 ADHD Meds -	Anxious +	1. Hyperactive + 2. Anxious +	*1. *Combined* + 2. Anxious +						
Submission		Anxious +	Anxious +	Anxious +	Avoidant, but non-significant ΔF in final model	Anxious, but non-significant ΔF in final model	Avoidant			
Separation	P1 Univ. -	Avoidant -	Avoidant -	Avoidant -						YES
Satisfaction	P1 Sex -	*1. *Inattention* - 2. Anxious - 3. Avoidant +	1. Anxious - 2. Avoidant +	*1. *Combined* - 2. Anxious - 3. Avoidant +	Anxious					
Underlying Concerns										
Perceived Neglect	P2 Race -	*1. *Inattention* + 2. Anxious +	Anxious +	*1. *Combined* + 2. Anxious +						
Perceived Threat	P1 Univ. -	1. Anxious + 2. Avoidant -	1. Anxious + 2. Avoidant - 3. Hyperactive +	1. Anxious + 2. Avoidant -				YES		YES

Note. Cells with white background = significance at $p < .05$ level (2-tailed). Cells highlighted in dark grey = no significant association. P1=Participant; P2=Partner; Positive associations = [+] and Negative associations = [-]. Higher scores on the Compromise, Separation, and Satisfaction scales indicate more positive outcomes. For all other scales, higher scores indicate more negative outcomes. *ADHD Symptoms with font *italicized* indicate significance until Attachment Style was entered in the following step. **Bold** print indicates main effect in presence of interaction. See text and graphs for interpretation of interactions.

Table 3.7

Summary Table of Results for Primary Research Question 2: Moderating Effects of Emotion Recognition Ability (ERA) on Relation Between Partner ADHD Symptoms and Relationship Quality

Dependent Variables	Covariates	Main Effect Inattentive	Main Effect Hyperactive	Main Effect Combined	Interaction Inattentive	Interaction Hyperactive	Interaction Combined
Conflict							
Compromise	P1 Race +						
Avoidance							
Interactional Reactivity	P1 Race -	Inattentive +	Hyperactive +	Combined +			
Domination	P2 ADHD Meds -		**Hyperactive +**	**Combined +**		YES	YES
Submission							
Separation	P1 Univ. -						
Satisfaction	P1 Sex -	1. Inattentive - 2. ERA +	ERA+	1. Combined - 2. ERA +			
Underlying Concerns							
Perceived Neglect	P2 Race -	Inattentive +	Hyperactive +	Combined +			
Perceived Threat	P1 Univ. -		Hyperactive+	Combined +			

Note: Cells with white background indicated significance at $p < .05$ level (2-tailed). Cells highlighted in dark grey indicate no significant association. P1=Participant; P2=Partner; Positive associations are indicated with [+] and Negative associations with [-]. Higher scores on the Compromise, Separation and Satisfaction scales indicate more positive outcomes. For all other scales, higher scores indicate more negative outcomes. **Bold** print indicates main effect in presence of interaction. See text and graphs for interpretation of interactions.

Table 3.8

Summary Table of Results for Secondary Research Question: Exploratory Analyses and Moderating Effects of Personality on the Relation Between Partner ADHD Symptoms and Relationship Quality

Secondary (Personality)	Covariates	Main Effect Inattentive	Main Effect Hyperactive	Main Effect Combined	Interaction Inattentive	Interaction Hyperactive	Interaction Combined
Conflict							
Compromise	P1 Race +	Agreeableness +	Agreeableness +	**Agreeableness +**	Extraversion but non-significant ΔF in final model	Conscientiousness and Openness but non-significant ΔF in final model	Conscientiousness
Avoidance				Openness -			
Interactional Reactivity	P1 Race -	1. Inattentive + 2. Neuroticism + 3. Agreeableness -	*1. Hyperactive +* 2. Neuroticism + 3. Agreeableness -	1. Combined + 2. Neuroticism + 3. Agreeableness –			
Domination	P2 ADHD Meds -	1. Neuroticism + 2. Agreeableness -	*1. Hyperactive +* 2. Neuroticism + 3. Agreeableness -	1. Combined + 2. Neuroticism + 3. Agreeableness -			
Submission							
Separation	P1 Univ. -						
Satisfaction	P1 Sex -	Inattentive -		Combined -			
Underlying Concerns							
Perceived Neglect	P2 Race -	Inattentive +					
Perceived Threat	P1 Univ. -		Hyperactive +	Combined +			

Note: Cells with white background indicated significance at $p < .05$ level (2-tailed). Cells highlighted in dark grey = no significant association. P1=Participant; P2=Partner; Positive associations = [+] and Negative associations with [-]. Higher scores on the Compromise, Separation and Satisfaction scales = positive outcomes. For all other scales, higher scores = more negative outcomes. **Bold** print indicates main effect in presence of interaction. See text and graphs for interpretation of interactions.

Table 3.9

Summary of Hierarchical Regression Analysis for Moderating Effects of Attachment Style on the Relation Between Partner ADHD Symptoms and Level of Compromise During Conflict

INATTENTIVE	Model 1			Model 2			Model 3			Model 4			Model 5		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P1 Race (cov)	.339	.143	.189*	.315	.142	.176*	.241	.130	.135	.223	.132	.125	.226	.132	.126
Inattentive				-.045	.026	-.138	-.017	.024	-.053	-.020	.025	-.062	-.021	.025	-.065
Anxious							-.164	.042	-.285**	-.164	.043	-.286**	-.156	.045	-.272**
Avoidant							.360	.087	.302**	.355	.090	.298**	.350	.090	.294**
I x Anxious										.003	.023	.010	-.001	.024	-.004
I x Avoidant										.048	.047	.075	.063	.052	.100
Anx x Avoid										-.014	.079	-.013	-.016	.079	-.015
I x Anx x Avoid													.037	.052	.060
R^2		.036			.086			.232			.237			.240	
F Δ for R^2		5.649*			2.996			17.161**			.359			.503	

HYPERACTIVE	Model 1			Model 2			Model 3			Model 4			Model 5		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P1 Race (cov)	.339	.143	.189*	.320	.144	.179*	.250	.130	.140	.248	.132	.139	.248	.134	.139
Hyperactive				-.024	.024	-.083	.004	.022	.012	.004	.022	.014	.004	.022	.014
Anxious							-.170	.042	-.296**	-.173	.044	-.301**	-.173	.046	-.301**
Avoidant							.369	.087	.310**	.357	.093	.300**	.357	.094	.300**
H x Anxious										.002	.021	.006	.002	.021	.006
H x Avoidant										.016	.043	.028	.016	.044	.028
Anx x Avoid										-.010	.081	-.010	-.010	.083	-.010
H x Anx x Avoid													-.001	.043	-.001
R^2		.036			.043			.229			.230			.230	
F Δ for R^2		5.649*			1.062			18.020**			.051			.000	

COMBINED	Model 1			Model 2			Model 3			Model 4			Model 5		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P1 Race (cov)	.339	.143	.189*	.306	.143	.171*	.243	.130	.136	.235	.132	.131	.239	.133	.133
Combined				-.025	.015	-.133	-.004	.014	-.024	-.004	.014	-.023	-.005	.014	-.025
Anxious							-.166	.042	-.289**	-.170	.044	-.296**	-.165	.046	-.288**
Avoidant							.363	.087	.305**	.350	.091	.294**	.347	.092	.291**
C x Anxious										.002	.014	.011	.001	.014	.008
C x Avoidant										.018	.026	.053	.020	.027	.058
Anx x Avoid										-.009	.081	-.009	-.013	.082	-.012
C x Anx x Avoid													.008	.027	.023
R^2		.036			.053			.229			.232			.233	
F Δ for R^2		5.649*			2.769			17.038**			.180			.081	

Note. Table represents three separate regression analyses for Partner ADHD symptoms (Inattentive, Hyperactive, & Combined Symptoms) as measured by CSS-O. Covariate is participant race. Moderator is Attachment Style measured in two domains (Anxious and Avoidant) by the ECR-R. Outcome is one of six subdomains of Conflict (Compromise) measured by the RPCS. * $p < 0.05$ (two-tailed). **$p < 0.01$ (two-tailed).

Table 3.10

Summary of Hierarchical Regression Analysis for Moderating Effects of Attachment Style on the Relation Between Partner ADHD Symptoms and Level of Interactional Reactivity During Conflict

INATTENTIVE	Model 1			Model 2			Model 3			Model 4			Model 5		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P1 Race (cov)	.475	.203	-.183*	-.412	.198	-.159*	-.316	.184	-.122	-.324	.186	-.125	-.316	.186	-.122
Inattentive				.118	.036	.250**	.082	.034	.173*	.087	.035	.183*	.084	.035	.178*
Anxious							.240	.060	.288**	.232	.060	.279**	.254	.063	.306**
Avoidant							-.402	.123	-.233**	-.352	.127	-.204*	-.366	.127	-.212*
I x Anxious										.026	.033	.060	.015	.034	.034
I x Avoidant										.034	.066	.037	.075	.072	.081
Anx x Avoid										.177	.111	.118	.171	.111	.114
I x Anx x Avoid													.098	.073	.111
R^2		.034			.095			.236			.251			.260	
F Δ for R^2		5.455*			10.632**			14.141**			1.043			1.826	

HYPERACTIVE	Model 1			Model 2			Model 3			Model 4			Model 5		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P1 Race (cov)	-.475	.203	-.183*	-.401	.200	-.155*	-.312	.186	-.120	-.318	.186	-.123	-.294	.188	-.113
Hyperactive				.095	.033	.224*	.059	.031	.140	.058	.031	.137	.059	.031	.139
Anxious							.243	.060	.292**	.237	.061	.285**	.253	.065	.305**
Avoidant							-.406	.124	-.235**	-.408	.132	-.236**	-.420	.132	-.243*
H x Anxious										-.020	.030	-.050	-.021	.030	-.054
H x Avoidant										.081	.061	.098	.092	.062	.112
Anx x Avoid										.106	.114	.071	.083	.117	.056
H x Anx x Avoid													.049	.060	.064
R^2		.034			.083			.225			.245			.248	
F Δ for R^2		5.455*			8.402*			14.166**			1.302			.658	

COMBINED	Model 1			Model 2			Model 3			Model 4			Model 5		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P1 Race (cov)	-.475	.203	-.183*	-.372	.197	-.144	-.295	.184	-.114	-.302	.185	-.117	-.280	.186	-.108
Combined				.078	.021	.288**	.053	.020	.194*	.052	.020	.191*	.050	.020	.185*
Anxious							.230	.060	.277**	.226	.061	.272**	.250	.065	.301**
Avoidant							-.388	.123	-.225	-.374	.128	-.217*	-.391	.129	-.227*
C x Anxious										-.005	.020	-.019	-.008	.020	-.029
C x Avoidant										-.044	.036	.088	.055	.037	.110
Anx x Avoid										.126	.114	.084	.105	.115	.070
C x Anx x Avoid													.041	.038	.086
R^2		.034			.115			.242			.258			.264	
F Δ for R^2		5.455*			14.383**			12.863**			1.120			1.188	

Note. Table represents three separate regression analyses for Partner ADHD symptoms (Inattentive, Hyperactive, & Combined Symptoms) as measured by CSS-O. Covariate is participant race. Moderator is Attachment Style measured in two domains (Anxious and Avoidant) by the ECR-R. Outcome is one of six subdomains of Conflict (Interactional Reactivity) measured by the RPCS. * $p < 0.05$ (two-tailed). **$p < 0.01$ (two-tailed).

Table 3.11

Summary of Hierarchical Regression Analysis for Moderating Effects of Attachment Style on the Relation Between Partner ADHD Symptoms and Level of Domination During Conflict

INATTENTIVE	Model 1			Model 2			Model 3			Model 4			Model 5		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P2 Meds (cov)	-.321	.148	-.170*	-.335	.149	-.178*	-.329	.146	-.175*	-.371	.145	-.197*	-.377	.145	-.200*
Inattentive				.044	.037	.094	.021	.037	.045	.004	.038	.008	.001	.038	.002
Anxious							.157	.065	.189*	.171	.065	.206*	.197	.067	.237*
Avoidant							-.211	.134	-.123	-.194	.137	-.113	-.210	.137	-.122
I x Anxious										-.052	.035	-.117	-.065	.036	-.147
I x Avoidant										.129	0.71	.140	.176	.078	.192*
Anx x Avoid										.095	.120	.063	.088	.119	.059
I x Anx x Avoid													.112	.078	.127
R^2		.029			.038			.090			.131			.142	
F Δ for R^2		4.689*			1.413			4.395*			2.375			2.058	

HYPERACTIVE	Model 1			Model 2			Model 3			Model 4			Model 5		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P2 Meds (cov)	-.321	.148	-.170	-.356	.146	-.188*	-.349	.144	-.185*	-.349	.146	-.185*	-.356	.147	-1.88*
Hyperactive				.092	.033	.216*	.072	.033	.170*	.071	.033	.168*	.071	.034	.167*
Anxious							.137	.064	.165*	.126	.066	.152	.115	.069	.138
Avoidant							-.184	.133	-.107	-.193	.141	-.112	-.185	.142	-.108
H x Anxious										.002	.032	.005	.003	.032	.007
H x Avoidant										.075	.065	.091	.066	.067	.081
Anx x Avoid										.112	.122	.075	.129	.126	.086
H x Anx x Avoid													-.035	.064	-.046
R^2		.029			.076			.115			.129			.130	
F Δ for R^2		4.689*			7.850*			3.427*			.791			.300	

COMBINED	Model 1			Model 2			Model 3			Model 4			Model 5		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P2 Meds (cov)	-.321	.148	-.170*	-.357	.147	-.189*	-.380	.145	-.184*	-.380	.146	-.201*	-.380	.147	-.201*
Combined				.052	.021	.193*	.037	.022	.138	.036	.021	.134	.036	.022	.134
Anxious							.139	.065	.167*	.139	.066	.168*	.139	.070	.168*
Avoidant							-.186	.134	-.108	-.190	.138	-.110	-.190	.140	-.110
C x Anxious										-.021	.021	-.082	-.021	.021	-.082
C x Avoidant										.068	.039	.135	.068	.040	.135
Anx x Avoid										.083	.122	.055	.083	.125	.055
C x Anx x Avoid													-7.816E-5	.041	.000
R^2		.029			.066			.105			.135			.135	
F Δ for R^2		4.689*			6.137*			3.394*			1.757			.000	

Note. Table represents three separate regression analyses for Partner ADHD symptoms (Inattentive, Hyperactive, & Combined Symptoms) as measured by CSS-O. Covariate is partner ADHD medication. Moderator is Attachment Style measured in two domains (Anxious and Avoidant) by the ECR-R. Outcome is one of six subdomains of Conflict (Domination) measured by the RPCS. * $p < 0.05$ (two-tailed). **$p < 0.01$ (two-tailed).

Table 3.12

Summary of Hierarchical Regression Analysis for Moderating Effects of Attachment Style on the Relation Between Partner ADHD Symptoms and Level of Submission During Conflict

INATTENTIVE	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
Inattentive	.029	.035	.066	.005	.035	.012	-.009	.035	-.020	-.010	.036	-.023
Anxious				.227	.061	.292**	.236	.061	.303**	.248	.063	.319**
Avoidant				-.042	.125	-.026	-.037	.128	-.023	-.044	.129	-.027
I x Anxious							-.025	.033	-.060	-.031	.034	-.075
I x Avoidant							.140	.066	.163*	.163	.073	.189*
Anx x Avoid							.036	.112	.026	.033	.113	.023
I x Anx x Avoid										.053	.074	.064
R^2		.004			.088			.120			.123	
F Δ for R^2		.682			7.144**			1.846			.523	

HYPERACTIVE	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
Hyperactive	.036	.032	.090	.013	.031	.033	.014	.031	.036	.015	.031	.037
Anxious				.224	.061	.288**	.227	.061	.292**	.252	.064	.323**
Avoidant				-.037	.125	-.023	-.059	.132	-.036	-.077	.132	-.034
H x Anxious							-.058	.030	-.158	-.061	.030	-.164
H x Avoidant							.100	.061	.130	.118	.062	.154
Anx x Avoid							-.011	.114	-.008	-.048	.117	-.034
H x Anx x Avoid										.077	.059	.109
R^2		.008			.089			.131			.141	
F Δ for R^2		1.291			6.902**			2.426			1.714	

COMBINED	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
Combined	.024	.020	.095	.007	.020	.029	.006	.020	.022	.004	.020	.015
Anxious				.224	.061	.288**	.233	.061	.299**	.256	.065	.329**
Avoidant				-.037	.126	-.023	-.064	.129	-.040	-.081	.129	-.050
C x Anxious							-.039	.020	-.157	-.041	.020	-.168*
C x Avoidant							.084	.036	.178*	.095	.038	.202*
Anx x Avoid							-.019	.114	-.014	-.040	.116	-.029
C x Anx x Avoid										.041	.038	.092
R^2		.009			.089			.142			.148	
F Δ for R^2		1.445			6.794**			3.102*			1.205	

Note. Table represents three separate regression analyses for Partner ADHD symptoms (Inattentive, Hyperactive, & Combined Symptoms) as measured by CSS-O. No covariate. Moderator is Attachment Style measured in two domains (Anxious and Avoidant) by the ECR-R. Outcome is one of six subdomains of Conflict (Submission) measured by the RPCS. * $p < 0.05$ (two-tailed). ** $p < 0.01$ (two-tailed).

Table 3.13

Summary of Hierarchical Regression Analysis for Moderating Effects of Attachment Style on the Relation Between Partner ADHD Symptoms and Level of Separation (Cooling off)

INATTENTIVE	Model 1			Model 2			Model 3			Model 4			Model 5		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P1 Univ. (cov)	-.514	.161	-.246*	-.514	.163	-.246*	-.521	.163	-.250*	-.515	.165	-.247*	-.461	.166	-.221*
Inattentive				-.001	.037	-.001	-.019	.037	-.039	-0.19	.039	-.040	-.021	.038	-.044
Anxious							.070	.066	.084	.072	.067	.087	.104	.068	.125
Avoidant							-.307	.134	-.177*	-.263	.138	-.152	-.286	.138	-.165*
I x Anxious										-.013	.036	-.029	-.030	.036	-.068
I x Avoidant										-.009	.072	-.010	.053	.078	.057
Anx x Avoid										.156	.121	.104	.149	.120	.100
I x Anx x Avoid													.154	.080	.174
R^2		.061			.061			.100			.112			.134	
F Δ for R^2		10.128*			.000			3.379*			.687			3.720	

HYPERACTIVE	Model 1			Model 2			Model 3			Model 4			Model 5		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P1 Univ (cov)	-.514	.161	-.246*	-.513	.161	-.246*	-.508	.161	-.244*	-.544	.162	-.260*	-.508	.162	-.243*
Hyperactive				-.003	.033	-.007	-.021	.033	-.049	-.022	.033	-.052	-.021	.033	-.050
Anxious							.071	.065	.086	.070	.066	.084	.103	.069	.123
Avoidant							-.310	.134	-.180*	-.306	.141	-.177*	-.332	.141	-.192*
H x Anxious										-.034	.032	-.085	-.037	.032	-.093
H x Avoidant										.096	.066	.117	.120	.067	.145
Anx x Avoid										.123	.122	.082	.073	.125	.049
H x Anx x Avoid													.18	.064	.143
R^2		.061			.061			.101			.133			.149	
F Δ for R^2		10.128*			.007			3.446*			1.864			2.896	

COMBINED	Model 1			Model 2			Model 3			Model 4			Model 5		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P1 Unv. (cov)	-.514	.161	-.246*	-.514	.162	-.246*	-.517	.161	-.248*	-.543	.163	-.260**	-.478	.164	-.229*
Combined				-.001	.021	-.005	-.015	.022	-.055	-.017	.022	-.063	-.020	.021	-.075
Anxious							.074	.066	.089	.082	.067	.099	.130	.070	.156
Avoidant							-.313	.134	-.181*	-.284	.140	-.164*	-.322	.139	-.187*
C x Anxious										-.021	.021	-.080	-.026	.021	-.101
C x Avoidant										.034	.40	.068	.057	.040	.113
Anx x Avoid										.125	.124	.083	.080	.124	.053
C x Anx x Avoid													.092	.041	.191*
R^2		.061			.061			.101			.123			.151	
F Δ for R^2		10.128*			.004			3.495*			1.234			5.020*	

Note. Table represents three separate regression analyses for Partner ADHD symptoms (Inattentive, Hyperactive, & Combined Symptoms) as measured by CSS-O. Covariate is participant affiliation with the university. Moderator is Attachment Style measured in two domains (Anxious and Avoidant) by the ECR-R. Outcome is one of six subdomains of Conflict (Separation) measured by the RPCS. * $p < 0.05$ (two-tailed). ** $p < 0.01$ (two-tailed).

Table 3.14

Summary of Hierarchical Regression Analysis for Moderating Effects of Attachment Style on the Relation Between Partner ADHD Symptoms and Level of Satisfaction

INATTENTIVE	Model 1			Model 2			Model 3			Model 4			Model 5		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P1 Sex (cov)	-12.874	5.511	-.183*	-12.414	5.433	-.177*	-9.766	4.844	-.139*	-10.837	4.974	-.154*	-10.865	4.810	-.155*
Inattentive				-2.584	1.076	-.186*	-1.362	.977	-.098	-1.873	.989	-.135	-1.860	.944	-.134
Anxious							-5.497	1.713	-.224*	-4.843	1.706	-.198*	-4.957	1.775	-.202*
Avoidant							19.746	3.537	.388**	17.833	3.597	.351**	17.899	3.619	.352**
I x Anxious										-2.203	.927	-.169*	-2.146	.959	-.165*
I x Avoidant										-.034	1.853	-.001	-.246	2.052	-.009
Anx x Avoid										-6.262	3.141	-.142*	-6.232	3.153	-.141*
I x Anx x Avoid													-.502	2.067	-.019
R^2		.034			.068			.274			.310			.311	
F Δ for R^2		5.458*			5.763*			21.784**			2.688*			.059	

HYPERACTIVE	Model 1			Model 2			Model 3			Model 4			Model 5		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P1 Sex (cov)	-12.874	5.511	-.183*	-12.263	5.507	-.175*	-9.831	4.881	-.140*	-10.025	4.917	-.143*	-9.551	4.910	-.136
Hyperactive				-.1.443	.983	-.115	-.200	.891	-.016	-.130	.896	-.010	-.157	.893	-.012
Anxious							-5.818	1.727	-.237**	-5.622	1.770	-.229*	-6.416	1.847	-.262**
Avoidant							20.218	3.564	.398**	19.809	3.792	.390**	20.397	3.800	.401**
H x Anxious										.036	.858	.003	.115	.857	.010
H x Avoidant										-1.532	1.750	-.063	-2.097	1.787	-.087
Anx x Avoid										-4.353	3.282	-.099	-3.177	3.370	-.072
H x Anx x Avoid													-2.459	1.702	-.110
R^2		.034			.047			.265			.279			.288	
F Δ for R^2		5.458*			2.155			22.811**			.970			2.086	

COMBINED	Model 1			Model 2			Model 3			Model 4			Model 5		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P1 Sex (cov)	-12.874	5.511	-.183*	-12.005	5.448	-.171*	-9.666	4.865	-.138*	-10.405	4.891	-.148*	-10.297	4.887	-.147*
Combined				-1.445	.621	-.181*	-.548	.573	-.068	-.548	.572	-.068	-.496	.573	-.062
Anxious							-5.543	1.733	-.226*	-5.083	1.763	-.207*	-5.785	1.865	-.236*
Avoidant							19.809	3.565	.390**	18.952	3.706	.373**	19.454	3.728	.383**
C x Anxious										-.676	.569	-.088	-.593	.573	-.077
C x Avoidant										-.591	1.039	-.040	-.931	1.079	-.063
Anx x Avoid										-5.538	3.281	-.126	-4.894	3.326	-.111
C x Anx x Avoid													-1.239	1.082	-.088
R^2		.034			.066			.269			.287			.293	
F Δ for R^2		5.458*			5.422*			21.340**			1.296			1.310	

Note. Table represents three separate regression analyses for Partner ADHD symptoms (Inattentive, Hyperactive, & Combined Symptoms) as measured by CSS-O. Covariate is participant sex. Moderator is Attachment Style measured in two domains (Anxious and Avoidant) by the ECR-R. Outcome is Relationship Satisfaction measured by the CSI
* $p < 0.05$ (two-tailed). **$p < 0.01$ (two-tailed).

Table 3.15

Summary of Hierarchical Regression Analysis for Moderating Effects of Attachment Style on the Relation Between Partner ADHD Symptoms and Level of Perceived Neglect

INATTENTIVE	Model 1			Model 2			Model 3			Model 4			Model 5		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P2 Race (cov)	-.438	.208	-.167*	-.461	.205	-.175*	-.503	.194	-.191*	-.525	.195	-.200*	-.594	.197	-.226*
Inattentive				.087	.036	.187*	.056	.035	.121	.062	.036	.134	.059	.035	.129
Anxious							.279	.061	.343**	.266	.061	.327**	.297	.063	.365**
Avoidant							-.101	.15	-.060	-.069	.129	-.041	-.091	.112	.075
I x Anxious										.050	.033	.116	.036	.034	.084
I x Avoidant										.082	.066	.091	.138	.073	.153
Anx x Avoid										.120	.113	.082	.109	.112	.075
I x Anx x Avoid													.132	.075	.152
R^2		.028			.063			.183			.206			.223	
F Δ for R^2		4.437*			5.746*			11.145**			1.470			3.112	

HYPERACTIVE	Model 1			Model 2			Model 3			Model 4			Model 5		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P2 Race (cov)	-.438	.208	-.167*	-.479	.209	-.182*	-.508	.196	-.193*	-.482	.197	-.184*	-.486	.198	-.185*
Hyperactive				.054	.033	.130	.023	.032	.055	.024	.032	.057	.024	.032	.058
Anxious							.288	.061	.353**	.271	.062	.333**	.279	.066	.342**
Avoidant							-.113	.126	-.067	-.152	.134	-.090	-.158	.136	-.093
H x Anxious										-.003	.030	-.007	-.003	.030	-.009
H x Avoidant										.116	.062	.145	.122	.064	.151
Anx x Avoid										.066	.116	.045	.055	.120	.038
H x Anx x Avoid													.023	.061	.031
R^2		.028			.044			.172			.194			.195	
F Δ for R^2		4.437*			2.672			11.664**			1.383			.143	

COMBINED	Model 1			Model 2			Model 3			Model 4			Model 5		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P2 Race (cov)	-.438	.208	-.167*	-.490	.206	-.186*	-.517	.195	-.197*	-.513	.196	-.195*	-.539	.198	-.205*
Combined				.051	.021	.191*	.029	.020	.18	.029	.020	.109	.027	.020	.103
Anxious							.278	.061	.341**	.262	.062	.321**	.285	.066	.350**
Avoidant							-.098	.126	-.058	-.117	.131	-.069	-.135	.132	-.080
C x Anxious										.011	.020	.043	.009	.020	.034
C x Avoidant										.069	.037	.140	.080	.038	.162*
Anx x Avoid										.087	.116	.059	.065	.118	.044
.044													.041	.039	.088
R^2		.028			.064			.179			.203			.209	
F Δ for R^2		4.437*			5.926*			10.699**			1.493			1.139	

Note. Table represents three separate regression analyses for Partner ADHD symptoms (Inattentive, Hyperactive, & Combined Symptoms) as measured by CSS-O. Covariate is partner race. Moderator is Attachment Style measured in two domains (Anxious and Avoidant) by the ECR-R. Outcome is one of two subdomains of Underlying Concerns (Perceived Neglect) measured by the CUCI. * $p < 0.05$ (two-tailed). **$p < 0.01$ (two-tailed).

Table 3.16

Summary of Hierarchical Regression Analysis for Moderating Effects of Attachment Style on the Relation Between Partner ADHD Symptoms and Level of Perceived Threat

INATTENTIVE	Model 1			Model 2			Model 3			Model 4			Model 5		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P1 Univ. (cov)	-.371	.174	-.168*	-.338	.174	-.153	-.370	.169	-.167*	-.349	.173	-.158*	-.256	.170	-.116
Inattentive				.069	.039	.138	.039	.039	.077	.046	.040	.092	.043	.039	.085
Anxious							.154	.068	.175*	.147	.070	.167*	.203	.070	.230*
Avoidant							-.408	.139	-.222*	-.377	.145	-.206*	-.417	.141	-.228*
I x Anxious										.016	.037	.035	-.014	.037	-.029
I x Avoidant										-.034	.076	-.035	.074	.080	.076
Anx x Avoid										.105	.127	.066	.092	.123	.058
I x Anx x Avoid													.270	.082	.288**
R^2		.028			.047			.129			.135			.194	
F Δ for R^2		4.553*			3.078			7.293**			.310			10.939**	

HYPERACTIVE	Model 1			Model 2			Model 3			Model 4			Model 5		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P1 Univ. (cov)	-.371	.174	-.168*	-.395	.168	-.179*	-.404	.164	-.183*	-.428	.167	-.194*	-.391	.168	-.177*
Hyperactive				.123	.034	.271**	.097	.034	.214*	.097	.034	.216*	.098	.034	.217*
Anxious							.134	.067	.152*	.125	.069	.142	.159	.071	.180*
Avoidant							-.371	.137	-.202*	-.394	.146	-.215*	-.421	.146	-.230*
H x Anxious										-.003	.033	-.007	-.006	.033	-.013
H x Avoidant										.074	.068	.85	.098	.069	.113
Anx x Avoid										.043	.127	.027	-.008	.129	-.005
H x Anx x Avoid													.112	.066	.139
R^2		.028			.102			.167			.175			.190	
F Δ for R^2		4.553*			12.765**			6.054*			.476			2.870	

COMBINED	Model 1			Model 2			Model 3			Model 4			Model 5		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P1 Univ. (cov)	-.371	.174	-.168*	-.350	.169	-.158*	-.369	.166	-.167*	-.374	.170	-.169*	-.294	.169	-.133*
Combined				.073	.022	.252**	.053	.022	.185**	.053	.022	.184*	.049	.022	.169*
Anxious							.132	.068	.149	.128	.070	.145	.188	.072	.213*
Avoidant							-.373	.138	-.204*	-.362	.145	-.197*	-.410	.143	-.224*
C x Anxious										.003	.022	.012	-.003	.022	-.012
C x Avoidant										.015	.041	.029	.044	.042	.082
Anx x Avoid										.077	.129	.049	.022	.128	.014
C x Anx x Avoid													.114	.042	.224*
R^2		.028			.091			.155			.159			.198	
F Δ for R^2		4.553*			10.865**			5.836*			.183			7.307*	

Note. Table represents three separate regression analyses for Partner ADHD symptoms (Inattentive, Hyperactive, & Combined Symptoms) as measured by CSS-O. Covariate is participant affiliation with the University. Moderator is Attachment Style measured in two domains (Anxious and Avoidant) by the ECR-R. Outcome is one of two subdomains of Underlying Concerns (Perceived Threat) measured by the CUCI. * $p < 0.05$ (two-tailed). **$p < 0.01$ (two-tailed).

Table 3.17

Summary of Hierarchical Regression Analyses for Moderating Effects of Emotion Recognition Ability (ERA) on the Relation Between Partner ADHD Symptoms and Level of Compromise During Conflict

INATTENTIVE	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P1 Race (cov)	-.475	.203	-.183*	-.412	.198	-.159*	-.319	.203	-.123	-.319	.204	-.123
Inattentive				.118	.036	.250**	.118	.036	.249**	.118	.036	.250**
ERA							-.022	.012	-.144	-.022	.012	-.145
I x ERA										-.001	.006	-.016
R^2		.034			.095			.115			.115	
F Δ for R^2		5.455*			10.632**			3.428			.043	

HYPERACTIVE	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P1 Race (cov)	-.475	.203	-.183*	-.401	.200	-.155*	-.313	.205	-.121	-.337	.206	-.130
Hyperactive				.095	.033	.224*	.094	.033	.220*	.094	.033	.222*
ERA							-.021	.012	-.139	-.020	.012	-.132
H x ERA										.005	.005	.085
R^2		.034			.083			.101			.108	
F Δ for R^2		5.455*			8.402*			3.122			1.227	

COMBINED	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P1 Race (cov)	-.475	.203	-.183*	-.372	.197	-.144	-.284	.202	-.109	-.294	.203	-.113
Combined				.078	.021	.288**	.078	.020	.286**	.077	.021	.285**
ERA							-.021	.012	-.139	-.020	.012	-.135
C x ERA										.002	.003	.052
R^2		.034			.115			.133			.136	
F Δ for R^2		5.455*			14.383**			3.265			.476	

Note. Table represents three separate regression analyses for Partner ADHD symptoms (Inattentive, Hyperactive, & Combined Symptoms) as measured by CSS-O. Covariate is participant race. Moderator is Emotion Recognition Ability measured by the GERT-S. Outcome is one of six subdomains of Conflict (Compromise) measured by the RPCS. * $p < 0.05$ (two-tailed). **$p < 0.01$ (two-tailed).

Table 3.18

Summary of Hierarchical Regression Analyses for Moderating Effects of Emotion Recognition Ability (ERA) on the Relation Between Partner ADHD Symptoms and Level of Interactional Reactivity During Conflict

INATTENTIVE	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P1 Race (cov)	.339	.143	.189*	.315	.142	.176*	.247	.146	.138	.245	.145	.137
Inattentive				-.045	.026	-.138	.045	.026	-.137	-.047	.026	-.143
ERA							.016	.008	.153	.017	.008	.159
I x ERA										.006	.005	.096
R^2		.036			.055			.077			.086	
F Δ for R^2		5.649*			2.996			3.585			1.504	

HYPERACTIVE	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P1 Race (cov)	.339	.143	.189*	.320	.144	.179*	.254	.147	.142	.254	.148	.142
Hyperactive				-.024	.024	-.083	-.023	.023	-.079	-.023	.023	-.079
ERA							.016	.009	.152	.016	.009	.151
H x ERA										-4.903E-5	.004	-.001
R^2		.036			.043			.064			.064	
F Δ for R^2		5.649*			1.062			3.452			.000	

COMBINED	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P1 Race (cov)	.339	.143	.189*	.306	.143	.171*	.240	.146	.134	.234	.147	.131
Combined				-.025	.015	-.133	-.024	.015	-.130	-.024	.015	-.130
ERA							.016	.008	.151	.016	.009	.155
C x ERA										.001	.002	.046
R^2		.036			.053			.075			.077	
F Δ for R^2		5.649*			2.769			3.476			.339	

Note. Table represents three separate regression analyses for Partner ADHD symptoms (Inattentive, Hyperactive, & Combined Symptoms) as measured by CSS-O. Covariate is participant race. Moderator is Emotion Recognition Ability measured by the GERT-S. Outcome is one of six subdomains of Conflict (Interactional Reactivity) measured by the RPCS. * $p < 0.05$ (two-tailed). **$p < 0.01$ (two-tailed).

Table 3.19

Summary of Hierarchical Regression Analyses for Moderating Effects of Emotion Recognition Ability (ERA) on the Relation Between Partner ADHD Symptoms and Level of Domination During Conflict

INATTENTIVE	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P2 Meds (cov)	-.321	.148	-.170*	-.335	.149	-.178*	-.336	.149	-.178*	-.345	.148	-.183*
Inattentive				.044	.037	.094	.044	.037	.094	.041	.037	.086
ERA							.002	.012	.011	.003	.012	.019
I x ERA										.011	.007	.135
R^2		.029			.038			.038			.056	
F Δ for R^2		4.689*			1.413			.020			2.956	

HYPERACTIVE	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P2 Meds (cov)	-.321	.148	-.170*	-.356	.146	-.188*	-.358	.146	-.190*	-.339	.145	-.179*
Hyperactive				.092	.033	.216*	.093	.033	.218*	.094	.033	.221*
ERA							.003	.012	.022	.005	.012	.031
H x ERA										.010	.005	.156*
R^2		.029			.076			.076			.100	
F Δ for R^2		4.689*			7.850**			.080			4.155*	

COMBINED	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P2 Meds (cov)	-.321	.148	-.170*	-.357	.147	-.189*	-.359	.147	-.190*	-.351	.146	-.186*
Combined				.052	.021	.193*	.053	.021	.194*	.053	.021	.194*
ERA							.003	.012	.019	.005	.012	.031
C x ERA										.007	.003	.173*
R^2		.029			.066			.066			.096	
F Δ for R^2		4.689*			6.137*			.062			5.084*	

Note. Table represents three separate regression analyses for Partner ADHD symptoms (Inattentive, Hyperactive, & Combined Symptoms) as measured by CSS-O. Covariate is partner ADHD medication. Moderator is Emotion Recognition Ability measured by the GERT-S. Outcome is one of six subdomains of Conflict (Domination) measured by the RPCS. * $p < 0.05$ (two-tailed). ** $p < 0.01$ (two-tailed)

Table 3.20

Summary of Hierarchical Regression Analyses for Moderating Effects of Emotion Recognition Ability on the Relation Between Partner Symptoms and Level of Satisfaction

INATTENTIVE	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P1 Sex (cov)	-12.874	5.511	-.183*	-12.414	5.433	-.177*	-8.499	5.425	-.121	-8.481	5.443	-.121
Inattentive				-2.584	1.076	-.186*	-2.518	1.047	-.181*	-2.507	1.052	-.180*
ERA							1.091	.344	.245*	1.088	.346	.244*
I x ERA										-.031	.186	-.013
R^2		.034			.068			.125			.125	
F Δ for R^2		5.458*			5.763*			10.035*			.028	

HYPERACTIVE	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P1 Sex (cov)	-12.874	5.511	-.183*	-12.263	5.507	-.175*	-8.404	5.500	-.120	-8.552	5.537	-.122
Hyperactive				-1.443	.983	-.115	-1.317	.957	-.105	-1.323	.960	-.106
ERA							1.087	.349	.244*	1.079	.351	.242*
H x ERA										-.045	.145	-.024
R^2		.034			.047			.103			.104	
F Δ for R^2		5.458*			2.155			9.707*			.096	

COMBINED	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P1 Sex (cov)	-12.874	5.511	-.183*	-12.005	5.448	-.171*	-8.171	5.442	-.116	-8.261	5.464	-.118
Combined				-1.445	.621	-.181*	-1.373	.605	-.172*	-1.373	.606	-.172*
ERA							1.077	.345	.241*	1.068	.347	.239*
C x ERA										-.033	.096	-.026
R^2		.034			.066			.121			.122	
F Δ for R^2		5.458*			5.422*			9.735*			.121	

Note. Table represents three separate regression analyses for Partner ADHD symptoms (Inattentive, Hyperactive, & Combined Symptoms) as measured by CSS-O. Covariate is participant sex. Moderator is Emotion Recognition Ability measured by the GERT-S. Outcome is Relationship Satisfaction measured by the CSI. *p < .05 (two-tailed). **p < .01 (two-tailed).

Table 3.21

Summary of Hierarchical Regression Analyses for Moderating Effects of Emotion Recognition Ability on the Relation Between Partner ADHD Symptoms and Level of Perceived Neglect

INATTENTIVE	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P2 Race (cov)	-.438	.208	-.167*	-.461	.205	-.175*	-.447	.204	-.170*	-.449	.205	-.171*
Inattentive				.087	.036	.187*	.085	.036	.183*	.086	.036	.186*
ERA							-.020	.012	-.132	-.020	.012	-.134
I x ERA										-.003	.006	-.034
R^2		.028			.063			.080			.081	
F Δ for R^2		4.437*			5.746*			2.888			.191	

HYPERACTIVE	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P2 Race (cov)	-.438	.208	-.167*	-.479	.209	-.182*	-.463	.208	-.176*	-.461	.208	-.175*
Hyperactive				.054	.033	.130	.051	.033	.121	.050	.033	.120
ERA							-.019	.012	-.130	-.020	.012	-.133
H x ERA										-.003	.005	-.054
R^2		.028			.044			.061			.064	
F Δ for R^2		4.437*			2.672			2.722			.474	

COMBINED	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P2 Race (cov)	-.438	.208	-.167*	-.490	.206	-.186*	-.474	.205	-.180*	-.475	.206	-.181*
Combined				.051	.021	.191*	.049	.021	.183*	.049	.021	.183*
ERA							-.019	.012	-.127	-.019	.012	-.130
C x ERA										-.002	.003	-.050
R^2		.028			.064			.080			.082	
F Δ for R^2		4.437*			5.926*			2.660			.410	

Note. Table represents three separate regression analyses for Partner ADHD symptoms (Inattentive, Hyperactive, & Combined Symptoms) as measured by the CSS-O. Covariate is partner race. Moderator is Emotion Recognition Ability measured by the GERT-S. Outcome is one of two subdomains of Underlying Concerns (Perceived Neglect) measured by the CUCI * $p < 0.05$ (two-tailed). **$p < 0.01$ (two-tailed).

Table 3.22

Summary of Hierarchical Regression Analyses for Moderating Effects of Emotion Recognition Ability (ERA) on the Relation Between Partner ADHD Symptoms and Level of Perceived Threat

INATTENTIVE	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P1 USC (cov)	-.371	.174	-.168*	-.338	.174	-.153	-.308	.176	-.139	-.321	.177	-.145
Inattentive				.069	.039	.138	.069	.039	.137	.071	.039	.142
ERA							-.013	.013	-.083	-.014	.013	-.087
I x ERA										-.007	.007	-.083
R^2		.028			.047			.054			.060	
F Δ for R^2		4.553*			3.078			1.087			1.125	

HYPERACTIVE	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P1 USC (cov)	-.371	.174	-.168*	-.395	.168	-.179*	-.371	.171	-.168*	-.365	.170	-.165
Hyperactive				.123	.034	.271**	.121	.034	.267**	.122	.034	.270**
ERA							-.011	.012	-.066	-.010	.012	-.061
H x ERA										.007	.005	.096
R^2		.028			.102			.106			.115	
F Δ for R^2		4.553*			12.765**			.734			1.581	

COMBINED	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P1 USC (cov)	-.371	.174	-.168*	-.350	.169	-.158*	-.325	.171	-.147*	-.322	.172	-.146*
Combined				.073	.022	.252**	.072	.022	.248**	.072	.022	.248**
ERA							-.012	.012	-.072	-.011	.013	-.071
C x ERA										.001	.004	.021
R^2		.028			.091			.096			.097	
F Δ for R^2		4.553*			10.865**			.863			.077	

Note. Table represents three separate regression analyses for Partner ADHD symptoms (Inattentive, Hyperactive, & Combined Symptoms) as measured by the CSS-O. Covariate is participant affiliation with the University. Moderator is Emotion Recognition Ability measured by the GERT-S. Outcome is one of two domains of Underlying (Perceived Threat) measured by the CUCI. * $p < 0.05$ (two-tailed). **$p < 0.01$ (two-tailed).

Table 3.23

Summary of Hierarchical Regression Analyses for Moderating Effects of Personality on the Relation Between Partner ADHD Symptoms and Level of Compromise During Conflict

INATTENTIVE	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P1 Race (cov)	.339	.149	.189*	.315	.142	.176*	.164	.147	.092	.107	.148	.060
Inattentive				-.045	.026	-.138	.038	.026	-.117	-.039	.026	-.119
Neuroticism							-.004	.004	-.089	-.005	.004	-.117
Extraversion							.006	.004	.114	.001	.005	.020
Openness							.001	.005	.008	.001	.005	.020
Conscientiousness							.000	.005	.004	.000	.005	.003
Agreeableness							.013	.004	.250*	.011	.004	.220*
I x Neuroticism										.004	.002	.165
I x Extraversion										.005	.002	.202*
I x Openness										.003	.002	.087
I x Conscientiousness										-.002	.002	-.087
I x Agreeableness										-.001	.002	-.051
R^2		.036			.055			.144			.195	
F Δ for R^2		5.649*			2.996			3.058*			1.776	

HYPERACTIVE	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P1 Race (cov)	.339	.143	.189*	.320	.144	.179*	.180	.148	.101	.130	.150	.072
Hyperactive				-.024	.024	-.083	-.005	.024	-.017	-.005	.024	-.017
Neuroticism							-.005	.004	-.112	-.004	.004	-.079
Extraversion							.006	.004	.120	.008	.004	.170
Openness							.001	.005	.015	.002	.005	.033
Conscientiousness							-.001	.005	-.019	.000	.005	-.004
Agreeableness							.013	.004	.250*	.013	.004	.249*
H x Neuroticism										-.002	.002	-.080
H x Extraversion										.001	.002	.050
H x Openness										.005	.002	.155*
H x Conscientiousness										-.006	.002	-.261*
H x Agreeableness										.000	.002	.019
R^2		.036			.043			.132			.189	
F Δ for R^2		5.649*			1.062			2.994*			2.001	

COMBINED	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P1 Race (cov)	.339	.143	.189*	.306	.143	.171*	.293	.145	.163*	.211	.145	.118
Combined				-.025	.015	-.133	-.019	.015	-.101	-.019	.015	-.100
Neuroticism							-.004	.004	-.079	-.004	.004	-.084
Extraversion							.005	.004	.105	.007	.004	.135
Openness							.003	.005	.038	.004	.005	.067
Conscientiousness							.003	.005	.066	.003	.005	.049
C x Neuroticism										.001	.001	069
C x Extraversion										.002	.001	.171
C x Openness										.003	.001	.152
C x Conscientiousness										-.003	.001	-.227*
R^2		.036			.053			.089			.163	
F Δ for R^2		5.649*			2.769			1.427			3.195*	

Note. Table represents three separate regression analyses for Partner ADHD symptoms (Inattentive, Hyperactive, & Combined Symptoms) as measured by CSS-O. Covariate is participant race. Moderator is Personality measured in five domains by the IPIP-NEO-120. Outcome is one of six subdomains of Conflict (Compromise) measured by the RPCS. * $p < 0.05$ (two-tailed). **$p < 0.01$ (two-tailed).

Table 3.24

Summary of Hierarchical Regression Analyses for Moderating Effects of Personality on the Relation Between Partner ADHD Symptoms and Level of Avoidance During Conflict

INATTENTIVE	Model 1			Model 2			Model 3		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
Inattentive	-.030	.041	-.059	-.038	.041	-.075	-.056	.042	-.109
Neuroticism				.003	.007	.046	.005	.007	.065
Extraversion				-.007	.007	-.091	-.006	.007	-.074
Openness				-.024	.008	-.228*	-.022	.008	-.212*
Conscientiousness				-.001	.007	-.013	.000	.008	-.006
Agreeableness				.013	.007	.159	.012	.007	.146
I x Neuroticism							-.002	.004	-.058
I x Extraversion							.004	.003	.103
I x Openness							-.002	.004	-.047
I x Conscientiousness							.000	.004	.013
I x Agreeableness							-.004	.004	-.108
R^2		.003			.078			.115	
F Δ for R^2		.542			2.413*			1.220	

HYPERACTIVE	Model 1			Model 2			Model 3		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
Hyperactive	-.027	.037	-.059	-.022	.037	-.047	-.030	.038	-.064
Neuroticism				.003	.007	.040	.003	.007	.041
Extraversion				-.007	.007	-.086	-.009	.007	-.114
Openness				-.023	.008	-.222*	-.025	.009	-.245*
Conscientiousness				-.002	.007	-.029	-.003	.008	-.042
Agreeableness				.013	.007	.156	.014	.007	.171*
H x Neuroticism							-.002	.003	-.072
H x Extraversion							-.003	.003	-.088
H x Openness							.001	.004	.011
H x Conscientiousness							.005	.004	.144
H x Agreeableness							-.001	.003	-.028
R^2		.004			.074			.104	
F Δ for R^2		.548			2.300*			.956	

COMBINED	Model 1			Model 2			Model 3		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
Combined	-.021	.023	-.072	-.022	.024	-.074	-.022	.024	-.075
Neuroticism				.003	.007	.049	.005	.007	.069
Extraversion				-.007	.007	-.089	.006	.007	-.084
Openness				-.023	.008	-.224*	-.024	.009	-.229*
Conscientiousness				-.002	.007	-.021	.003	.008	-.032
Agreeableness				.012	.007	.154	.013	.007	.162
C x Neuroticism							-.001	.002	-.072
C x Extraversion							.000	.002	.019
C x Openness							-.001	.002	-.027
C x Conscientiousness							.002	.002	.080
C x Agreeableness							-.002	.002	-.082
R^2		.005			.077			.098	
F Δ for R^2		.801			2.351*			.662	

Note. Table represents three separate regression analyses for Partner ADHD symptoms (Inattentive, Hyperactive, & Combined Symptoms) as measured by CSS-O. No covariates. Moderator is Personality measured in five domains by the IPIP-NEO-120. Outcome is one of six subdomains of Conflict (Avoidance) measured by the RPCS.
* $p < 0.05$ (two-tailed). **$p < 0.01$ (two-tailed).

Table 3.25

Summary of Hierarchical Regression Analyses for Moderating Effects of Personality on the Relation Between Partner ADHD Symptoms and Level of Interactional Reactivity During Conflict

INATTENTIVE	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
PI Race (cnv)	-.475	.203	-.183*	-.412	.198	-.159*	-.183	.193	-.071	-.147	.199	-.057
Inattentive				.118	.036	.250**	.108	.193	.228*	.106	.035	.225*
Neuroticism							.014	.006	.218*	.015	.006	.218*
Extraversion							.000	.006	.007	.000	.006	-.005
Openness							.006	.007	.057	.005	.007	.053
Conscientiousness							-.008	.006	-.102	-.008	.006	-.105
Agreeableness							-.022	.006	-.289**	-.022	.006	-.288**
I x Neuroticism										-.004	.003	-.110
I x Extraversion										-.002	.003	-.052
I x Openness										.002	.003	.041
I x Conscientiousness										-.002	.003	-.055
I x Agreeableness										.004	.003	.103
R^2		.034			.095			.269			.286	
F Δ for R^2		5.455*			10.632**			7.160**			.702	

HYPERACTIVE	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
PI Race (cnv)	-.475	.203	-.183*	-.401	.200	-.155*	-.208	.198	-.080	-.203	.204	-.078
Hyperactive				.095	.033	.224*	.052	.032	.122	.049	.032	.116
Neuroticism							.016	.006	.243*	.014	.006	.207*
Extraversion							.000	.006	-.006	-.002	.006	-.030
Openness							.004	.007	.040	.003	.007	.031
Conscientiousness							-.004	.006	-.055	-.004	.006	-.054
Agreeableness							-.021	.006	-.278**	-.021	.006	-.274**
H x Neuroticism										.002	.002	.073
H x Extraversion										-.002	.003	-.063
H x Openness										-.004	.003	-.087
H x Conscientiousness										.003	.003	.084
H x Agreeableness										.003	.003	.086
R^2		.034			.083			.234			.258	
F Δ for R^2		5.455*			8.402*			5.932**			.952	

COMBINED	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
PI Race (cnv)	-.475	.203	-.183*	-.372	.197	-.144	-.177	.195	-.0668	-.173	.202	-.067
Combined				.078	.021	.288**	.057	.020	.212*	.058	.020	.213*
Neuroticism							.014	.006	.213*	.013	.006	.198*
Extraversion							.000	.006	-.001	-.002	.006	-.025
Openness							.005	.007	.047	.003	.007	.029
Conscientiousness							-.006	.006	-.077	-.005	.006	-.073
Agreeableness							-.021	.006	-.273**	-.019	.006	-.254*
C x Neuroticism										-.001	.002	-.055
C x Extraversion										-.001	.002	-.067
C x Openness										.000	.002	-.018
C x Conscientiousness										-7.089E-6	.002	.000
C x Agreeableness										.003	.002	.118
R^2		.034			.115			.261			.276	
F Δ for R^2		5.455*			14.383**			5.962**			.595	

Note. Table represents three separate regression analyses for Partner ADHD symptoms (Inattentive, Hyperactive, & Combined Symptoms) as measured by CSS-O. Covariate is participant race. Moderator is Personality measured in five domains by the IPIP-NEO-120. Outcome is one of six subdomains of Conflict (Interactional Reactivity) measured by the RPCS. * $p < 0.05$ (two-tailed). **$p < 0.01$ (two-tailed).

Table 3.26

Summary of Hierarchical Regression Analyses for Moderating Effects of Personality on the Relation Between Partner ADHD Symptoms and Level of Domination During Conflict

INATTENTIVE	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P2 Meds (cov)	-.321	.148	-.170*	-.335	.149	-.178*	-.300	.134	-.195*	-.289	.135	-.153*
Inattentive				.044	.037	.094	.021	.034	.045	.035	.035	.075
Neuroticism							.016	.006	.240*	.015	.006	.226*
Extraversion							-.004	.005	-.054	-.005	.006	-.076
Openness							.001	.007	.009	.000	.007	-.002
Conscientiousness							-.001	.006	-.018	-.001	.006	-.011
Agreeableness							-.030	.005	-.396**	-.029	.006	-.390**
I x Neuroticism										.002	.003	.064
I x Extraversion										-.001	.003	-.029
I x Openness										-.001	.003	-.027
I x Conscientiousness										6.868E-5	.003	.002
I x Agreeableness										.004	.003	.101
R^2		.029			.038			.284			.301	
F Δ for R^2		4.689*			1.413			10.403**			.705	

HYPERACTIVE	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P2 Meds (cov)	-.321	.148	-.170*	-.356	.146	-.188*	-.306	.133	-.162*	-.324	.136	-.172*
Hyperactive				.092	.033	.216*	.038	.030	.090	.039	.031	.092
Neuroticism							.015	.006	.231*	.015	.006	.221*
Extraversion							-.004	.005	-.058	-.003	.006	-.049
Openness							.000	.007	.004	.001	.007	.012
Conscientiousness							-.001	.006	-.007	.000	.006	.003
Agreeableness							-.029	.005	-.384**	-.030	.006	-.394**
H x Neuroticism										.002	.002	.078
H x Extraversion										-.001	.002	-.030
H x Openness										-.001	.003	-.024
H x Conscientiousness										.000	.003	-.005
H x Agreeableness										.000	.003	.073
R^2		.029			.076			.290			.299	
F Δ for R^2		4.689*			7.850*			9.118**			.373	

COMBINED	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P2 Meds (cov)	-.321	.148	-.170*	-.357	.147	-.189*	-.310	.133	-.164*	-.307	.135	-.163*
Combined				.052	.021	.193*	.023	.019	.084	.024	.020	.088
Neuroticism							.015	.006	.228*	.014	.006	.209*
Extraversion							-.004	.005	-.054	-.005	.006	-.066
Openness							.001	.007	.007	.000	.007	.003
Conscientiousness							-.001	.006	-.018	-.001	.006	-.007
Agreeableness							-.029	.005	-.387**	-.029	.006	-.385**
C x Neuroticism										.001	.002	.079
C x Extraversion										-.001	.002	-.044
C x Openness										-.001	.002	-.036
C x Conscientiousness										.001	.002	.063
C x Agreeableness										.000	.002	.009
R^2		.029			.066			.289			.303	
F Δ for R^2		4.689*			6.137*			9.475**			.592	

Note. Table represents three separate regression analyses for Partner ADHD symptoms (Inattentive, Hyperactive, & Combined Symptoms) as measured by CSS-O. Covariate is partner ADHD meds. Moderator is Personality measured in five domains by the IPIP-NEO-120. Outcome is one of six subdomains of Conflict (Domination) measured by the RPCS. * $p < 0.05$ (two-tailed). **$p < 0.01$ (two-tailed).

Table 3.27

Summary of Hierarchical Regression Analyses for Moderating Effects of Personality on the Relation Between Partner ADHD Symptoms and Level of Relationship Satisfaction

INATTENTIVE	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
PI Sex (cov)	-12.874	5.511	-.183*	-12.414	5.433	-.177*	-4.330	6.235	-.062	-3.845	6.327	-.055
Inattentive				-2.584	1.076	-.186*	-2.789	1.101	-.200*	-2.848	1.138	-.205*
Neuroticism							.150	.189	.076	.177	.193	.090
Extraversion							.174	.182	.076	.193	.186	.093
Openness							-.289	.229	-.102	-.267	.234	-.094
Conscientiousness							.232	.203	.104	.267	.206	.120
Agreeableness							.364	.193	.164	.379	.198	.171
I x Neuroticism										.016	.097	.016
I x Extraversion										.010	.090	.010
I x Openness										-.166	.108	-.129
I x Conscientiousness										.032	.099	.029
I x Agreeableness										-.070	.097	-.064
R^2		.034			.068			.112			.133	
F Δ for R^2		5.458*			5.763*			1.509			.706	

HYPERACTIVE	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
PI Sex (cov)	-12.874	5.511	-.183*	-12.263	5.507	-.175*	-5.440	6.323	-.077	-5.453	6.489	-.078
Hyperactive				-1.443	.983	-.115	-1.079	1.017	-.086	-1.102	1.042	-.088
Neuroticism							.090	.192	.046	.096	.197	.049
Extraversion							.193	.185	.093	.198	.19	.096
Openness							-.245	.233	-.086	-.250	.239	-.088
Conscientiousness							.133	.204	.060	.145	.210	.066
Agreeableness							.343	.198	.155	.368	.204	.166
H x Neuroticism										-.070	.079	-.085
H x Extraversion										.002	.083	.003
H x Openness										.005	.107	.004
H x Conscientiousness										-.085	.105	-.083
H x Agreeableness										.048	.090	.047
R^2		.034			.047			.082			.089	
F Δ for R^2		5.458*			2.155			1.143			.236	

COMBINED	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
PI Sex (cov)	-12.874	5.511	-.183*	-12.005	5.448	-.171*	-4.736	6.264	-.067	-4.460	6.425	-.063
Combined				-1.445	.621	-.181*	-1.376	.642	-.172*	-1.363	.656	-.170*
Neuroticism							.147	.191	.075	.154	.196	.079
Extraversion							.187	.183	.090	.189	.188	.092
Openness							-.261	.230	-.092	-.246	.238	-.087
Conscientiousness							.178	.202	.080	.206	.208	.093
Agreeableness							.332	.195	.150	.345	.202	.155
C x Neuroticism										-.010	.052	-.019
C x Extraversion										.001	.053	.002
C x Openness										-.065	.064	-.083
C x Conscientiousness										-.014	.062	-.021
C x Agreeableness										-.002	.058	-.003
R^2		.034			.066			.102			.110	
F Δ for R^2		5.458*			5.422*			1.209			.257	

Note. Table represents three separate regression analyses for Partner ADHD symptoms (Inattentive, Hyperactive, & Combined Symptoms) as measured by CSS-O. Covariate is participant sex. Moderator is Personality measured in five domains by the IPIP-NEO-120. Outcome is Relationship Satisfaction as measured by the CSI. * $p < 0.05$ (two-tailed). **$p < 0.01$ (two-tailed).

Table 3.28

Summary of Hierarchical Regression Analyses for Moderating Effects of Personality on the Relation Between Partner ADHD Symptoms and Level of Perceived Neglect

INATTENTIVE	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P2 Race (cov)	-.438	.208	-.167*	-.461	.205	-.175*	-.462	.207	-.176*	-.469	.213	-.178*
Inattentive				.087	.036	.187*	.077	.036	.167*	.068	.038	.148*
Neuroticism							.005	.006	.079	.006	.006	.094
Extraversion							-.008	.006	-.113	-.006	.006	-.092
Openness							-.007	.007	-.073	-.006	.008	-.065
Conscientiousness							-.006	.007	-.079	-.006	.007	-.085
Agreeableness							-.008	.006	-.108	-.007	.006	-.101
I x Neuroticism										-.002	.003	-.049
I x Extraversion										-.001	.003	-.045
I x Openness										.000	.004	-.007
I x Conscientiousness										.000	.003	.010
I x Agreeableness										-.003	.003	-.087
R^2		.028			.063			.128			.137	
F Δ for R^2		4.437*			5.746*			2.229			.298	

HYPERACTIVE	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P2 Race (cov)	-.438	.2008	-.167*	-.479	.209	-.182*	-.466	.211	-.177*	-.465	.216	-.177*
Hyperactive				.054	.033	.130	.031	.034	.073	.033	.035	.079
Neuroticism							.007	.006	.100	.007	.006	.110
Extraversion							-.008	.006	-.123	-.008	.006	-.121
Openness							-.008	.008	-.084	-.008	.008	-.083
Conscientiousness							-.003	.007	-.044	-.003	.007	-.046
Agreeableness							-.008	.006	-.105	-.008	.006	-.105
H x Neuroticism										.000	.003	-.008
H x Extraversion										.001	.003	.027
H x Openness										-.001	.004	-.026
H x Conscientiousness										.001	.003	.019
H x Agreeableness										-.002	.003	-.055
R^2		.028			.044			.107			.111	
F Δ for R^2		4.437*			2.672			2.074			.133	

COMBINED	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P2 Race (cov)	-.438	.208	-.167*	-.490	.206	-.186*	-.484	.209	-.184*	-.501	.213	-.191*
Combined				.051	.021	.191*	.039	.021	.145	.038	.022	.141
Neuroticism							.005	.006	.079	.006	.006	.098
Extraversion							-.008	.006	-.119	-.007	.006	-.103
Openness							-.008	.007	-.081	-.007	.008	-.074
Conscientiousness							-.004	.007	-.061	-.005	.007	-.065
Agreeableness							-.007	.006	-.096	-.007	.006	-.097
C x Neuroticism										.000	.002	-.027
C x Extraversion										.000	.002	.017
C x Openness										.000	.002	-.008
C x Conscientiousness										-.002	.002	-.091
C x Agreeableness										.000	.002	.019
R^2		.028			.064			.121			.130	
F Δ for R^2		4.437*			5.926*			1.936			.293	

Note. Table represents three separate regression analyses for Partner ADHD symptoms (Inattentive, Hyperactive, & Combined Symptoms) as measured by CSS-O. Covariate is partner race. Moderator is Personality measured in five domains by the IPIP-NEO-120. Outcome is Underlying (Perceived Neglect) measured by the CUCI * $p < 0.05$ (two-tailed). **$p < 0.01$ (two-tailed).

Table 3.29

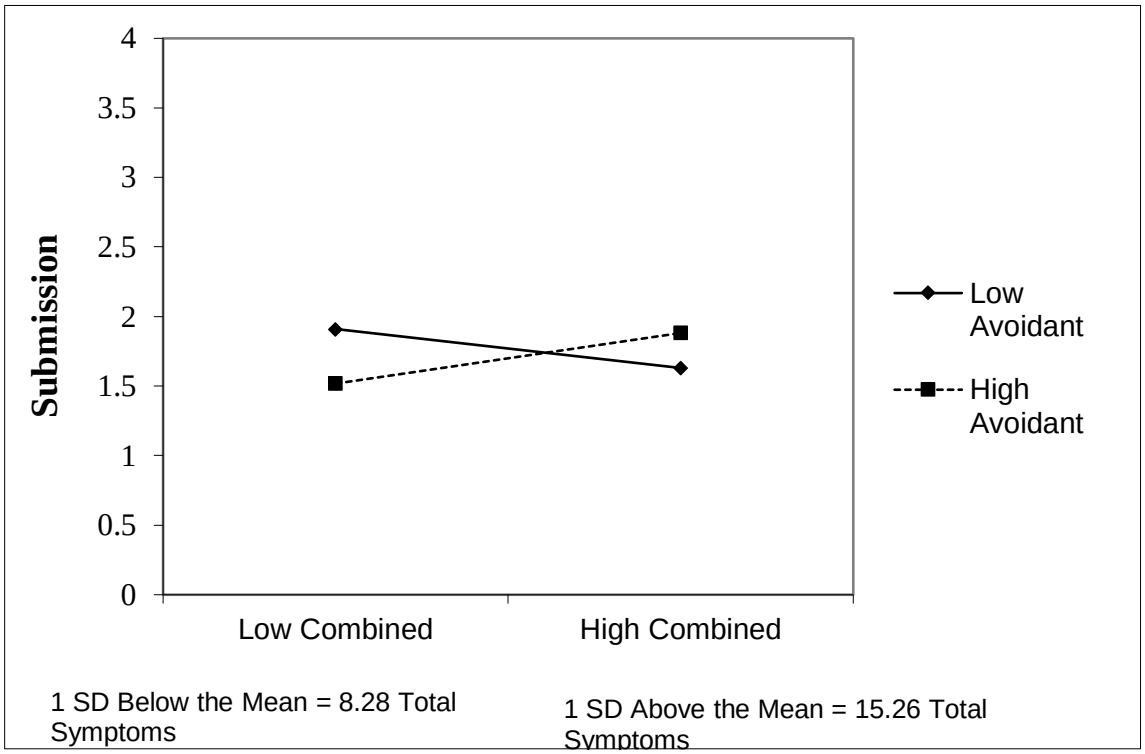
Summary of Hierarchical Regression Analyses for Moderating Effects of Personality on the Relation Between Partner ADHD Symptoms and Level of Perceived Threat

INATTENTIVE	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P1 Univ (cov)	-.371	.174	-.168*	-.338	.174	-.153	-.506	.192	-.229*	-.493	.193	-.223*
Inattentive				.069	.039	.138	.064	.040	.128	.054	.041	.107
Neuroticism							.009	.007	.126	.008	.007	.116
Extraversion							.008	.007	.126	.009	.007	.119
Openness							-.004	.008	-.042	-.003	.008	-.027
Conscientiousness							-.010	.007	-.125	-.011	.007	-.139
Agreeableness							-.006	.007	-.076	-.008	.007	-.096
I x Neuroticism										-2.617E-5	.004	-.001
I x Extraversion										.002	.003	.056
I x Openness										.007	.004	.143
I x Conscientiousness										-.004	.004	-.097
I x Agreeableness										-.002	.003	-.054
R^2		.028			.047			.096			.127	
F Δ for R^2		4.553*			3.078			1.652			1.028	

HYPERACTIVE	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P1 Univ (cov)	-.371	.174	-.168*	-.395	.168	-.179*	-.553	.187	-.250*	-.578	.192	-.261*
Hyperactive				.123	.034	.271**	.108	.036	.239*	.106	.036	.235*
Neuroticism							.008	.007	.110	.006	.007	.087
Extraversion							.008	.007	.109	.007	.007	.094
Openness							-.006	.008	-.062	-.007	.008	-.071
Conscientiousness							-.008	.007	-.096	-.008	.007	-.098
Agreeableness							-.003	.006	-.042	-.003	.007	-.042
H x Neuroticism										.003	.003	.086
H x Extraversion										-.002	.003	-.064
H x Openness										-.004	.004	-.081
H x Conscientiousness										.004	.004	.115
H x Agreeableness										.001	.003	.021
R^2		.028			.102			.134			.153	
F Δ for R^2		4.553*			12.765**			1.124			.656	

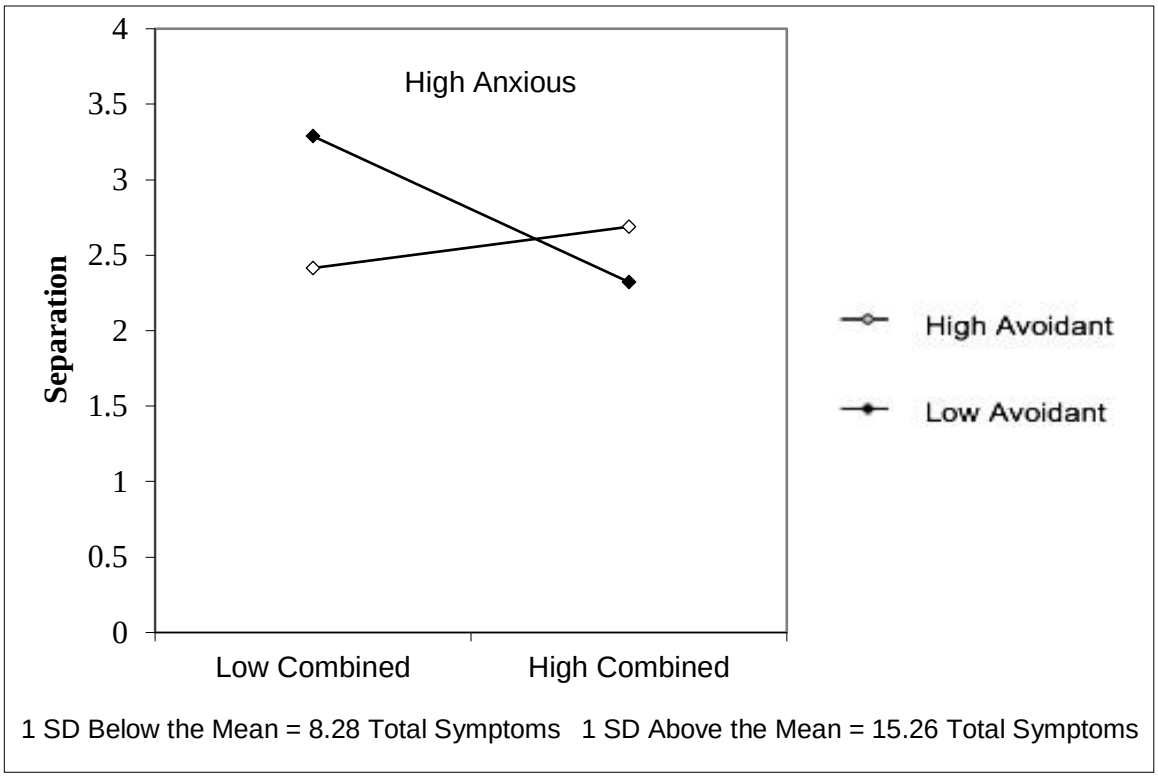
COMBINED	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
P1 Univ (cov)	-.371	.174	-.168*	-.350	.169	-.158*	-.513	.188	-.232*	-.498	.193	-.225*
Combined				.073	.022	.252**	.065	.023	.226*	.064	.023	.223*
Neuroticism							.007	.007	.097	.007	.007	.098
Extraversion							.008	.007	.111	.009	.007	.115
Openness							-.005	.008	-.048	-.004	.009	-.044
Conscientiousness							-.010	.007	-.121	-.010	.007	-.123
Agreeableness							-.004	.006	-.052	-.005	.007	-.058
C x Neuroticism										.000	.002	.014
C x Extraversion										-1.809E-5	.002	-.001
C x Openness										.001	.002	.039
C x Conscientiousness										.000	.002	-.014
C x Agreeableness										.000	.002	-.014
R^2		.028			.091			.129			.131	
F Δ for R^2		4.553*			10.865**			1.286			.074	

Note. Table represents three separate regression analyses for Partner ADHD symptoms (Inattentive, Hyperactive, & Combined Symptoms) as measured by CSS-O. Covariate is participant affiliation with the University. Moderator is Personality measured in five domains by the IPIP-NEO-120. Outcome is Underlying (Perceived Threat) measured by the CUCI * $p < 0.05$ (two-tailed). **$p < 0.01$ (two-tailed).



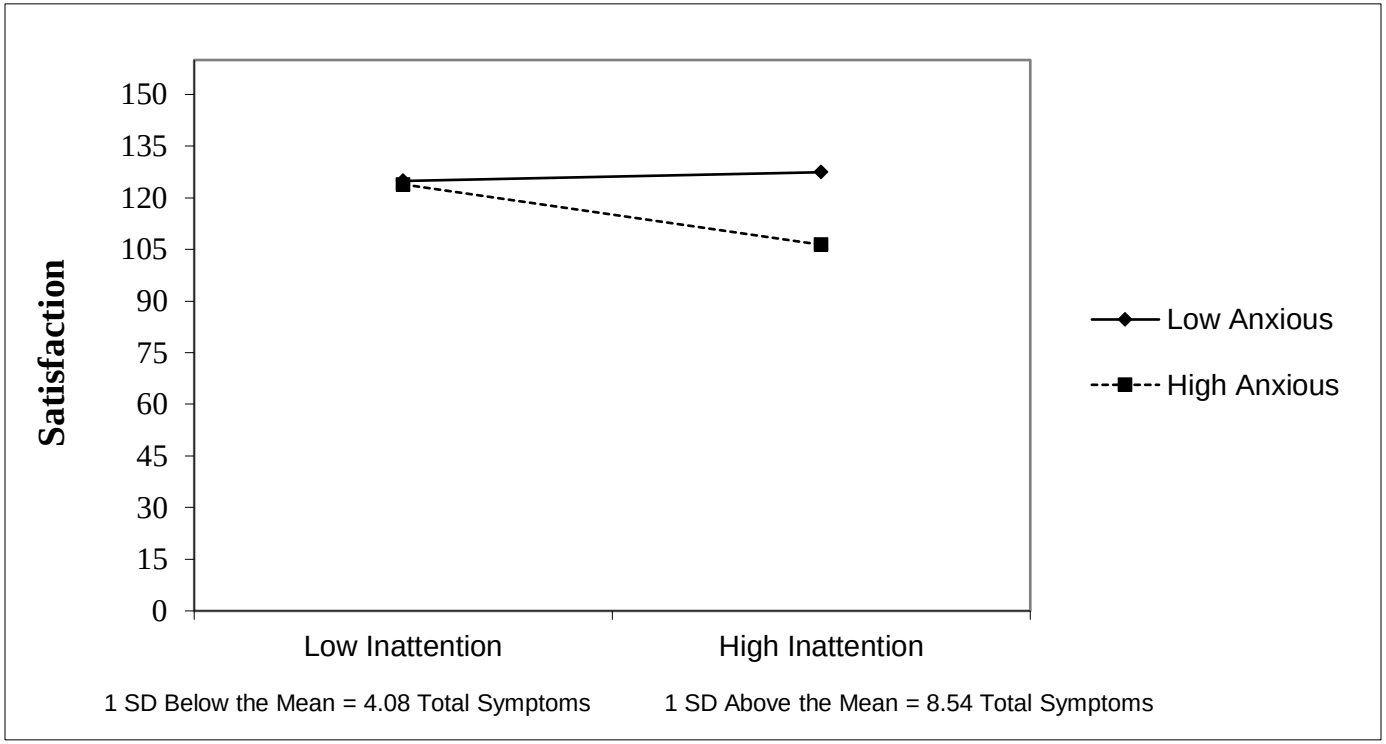
Note. Lines represent one standard deviation below the mean (1 SD Below), and one standard deviation above the mean (1 SD Above). The simple slopes at the low (1 SD Below Mean) and high levels of Avoidant Attachment (1 SD Above Mean) were statistically significant, $p < .05$.

Figure 3.1. Avoidant attachment style moderates the relation between partner combined symptoms and level of submission during conflict.



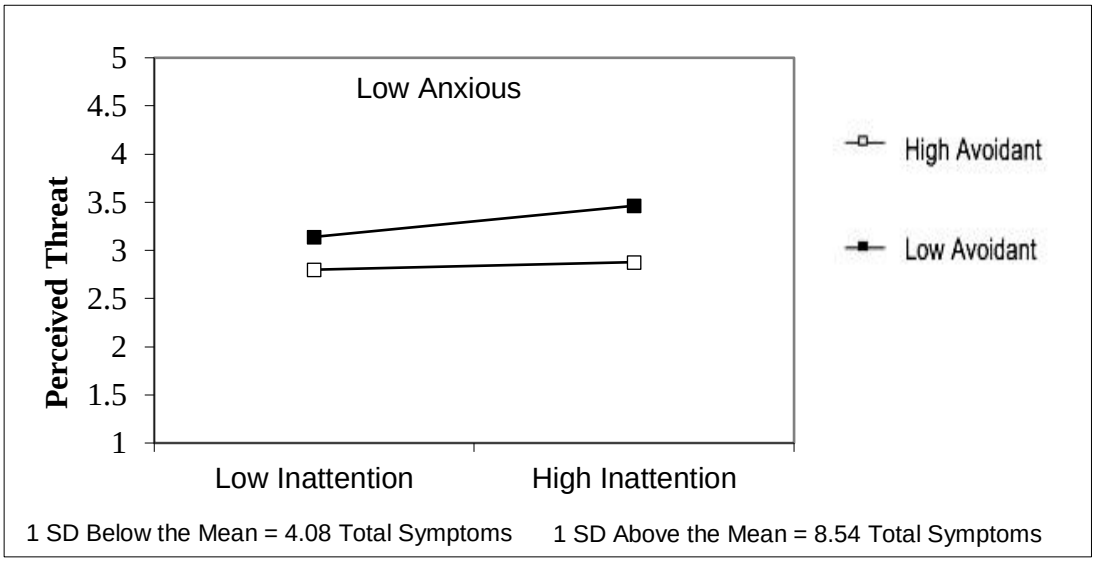
Note. Lines represent one standard deviation below the mean (1 SD Below), and one standard deviation above the mean (1 SD Above). The simple slopes at low levels of Avoidant Attachment (1 SD Below Mean) across high levels of Anxious Attachment (1 SD Above Mean) were statistically significant, $p < .01$.

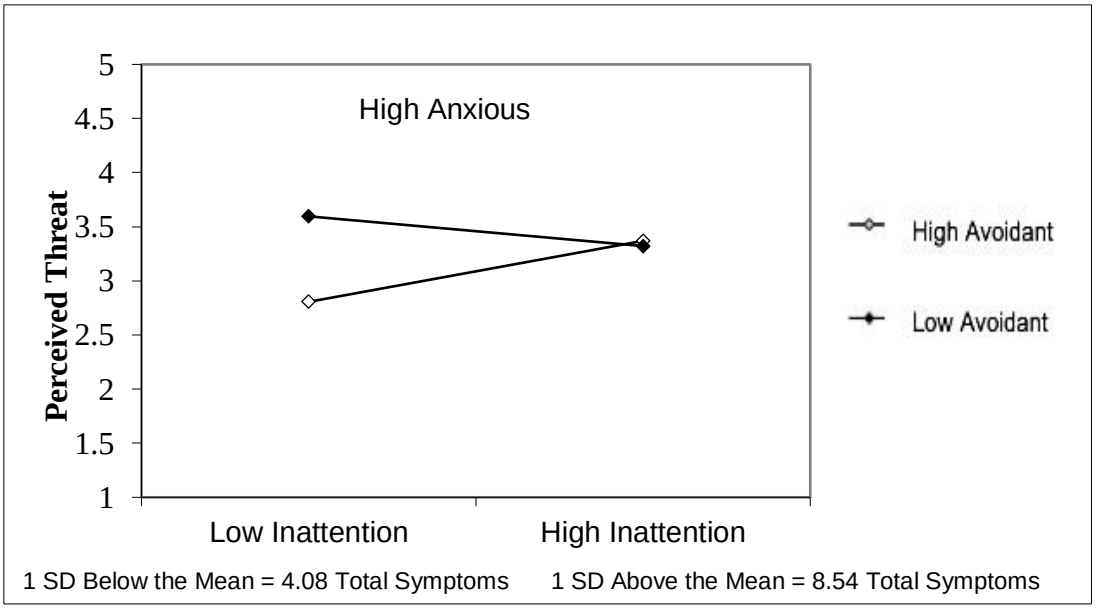
Figure 3.2. Three-way interaction: Attachment style moderates the relation between partner combined symptoms and level of separation during conflict.



Note. Lines represent one standard deviation below the mean (1 SD Below), and one standard deviation above the mean (1 SD Above). The simple slopes at high levels of Anxious Attachment (1 SD Above Mean) were statistically significant, $p < .001$.

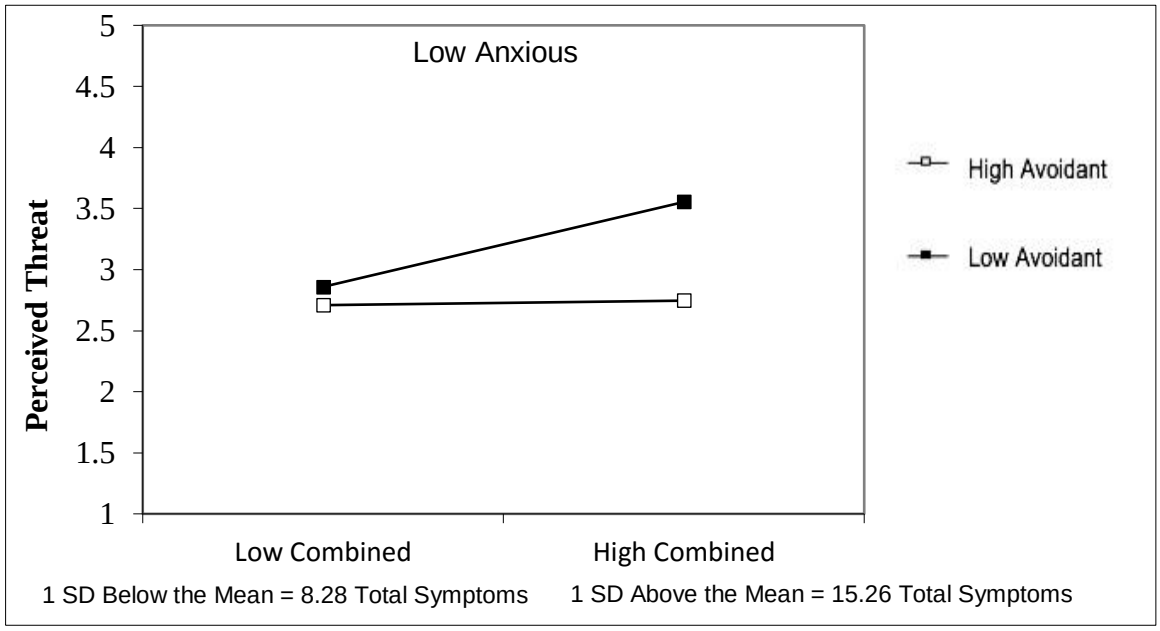
Figure 3.3. Anxious attachment style moderates the relation between partner inattentive symptoms and level of relationship satisfaction.

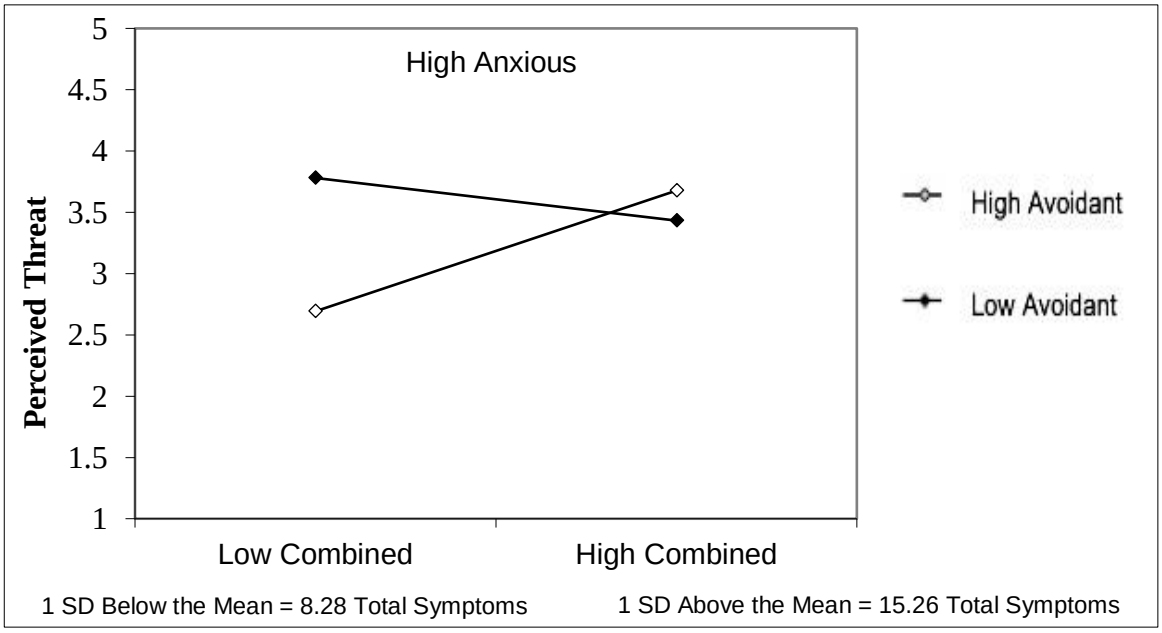




Note. Lines represent one standard deviation below the mean (1 SD Below), and one standard deviation above the mean (1 SD Above). The simple slopes at low levels of Avoidant Attachment across low levels of Anxious Attachment were statistically significant $p<.05$. The simple slopes at high levels of Avoidant Attachment across high levels of Anxious Attachment were also statistically significant $p < .05$.

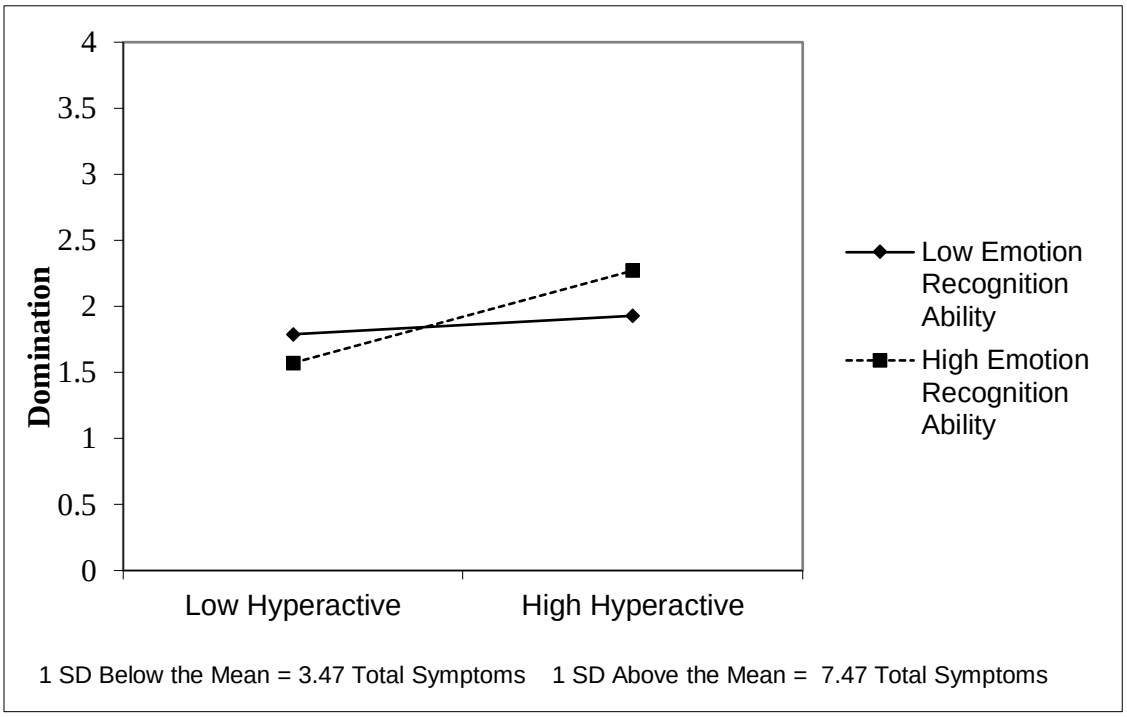
Figure 3.4. Three-way interaction: Attachment style moderates the relation between partner inattentive symptoms and level of perceived threat.





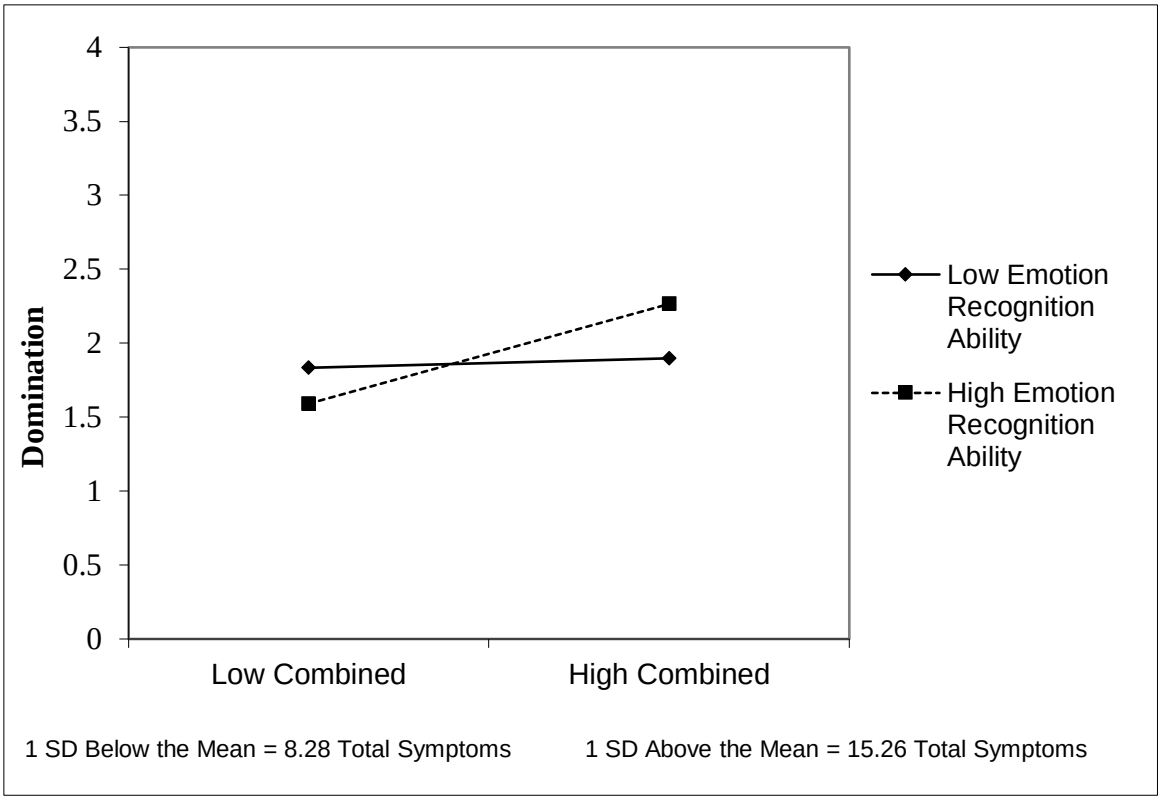
Note. Lines represent one standard deviation below the mean (1 SD Below), and one standard deviation above the mean (1 SD Above).

Figure 3.5. Three-way interaction: Attachment style moderates the relation between partner combined symptoms and level of perceived threat



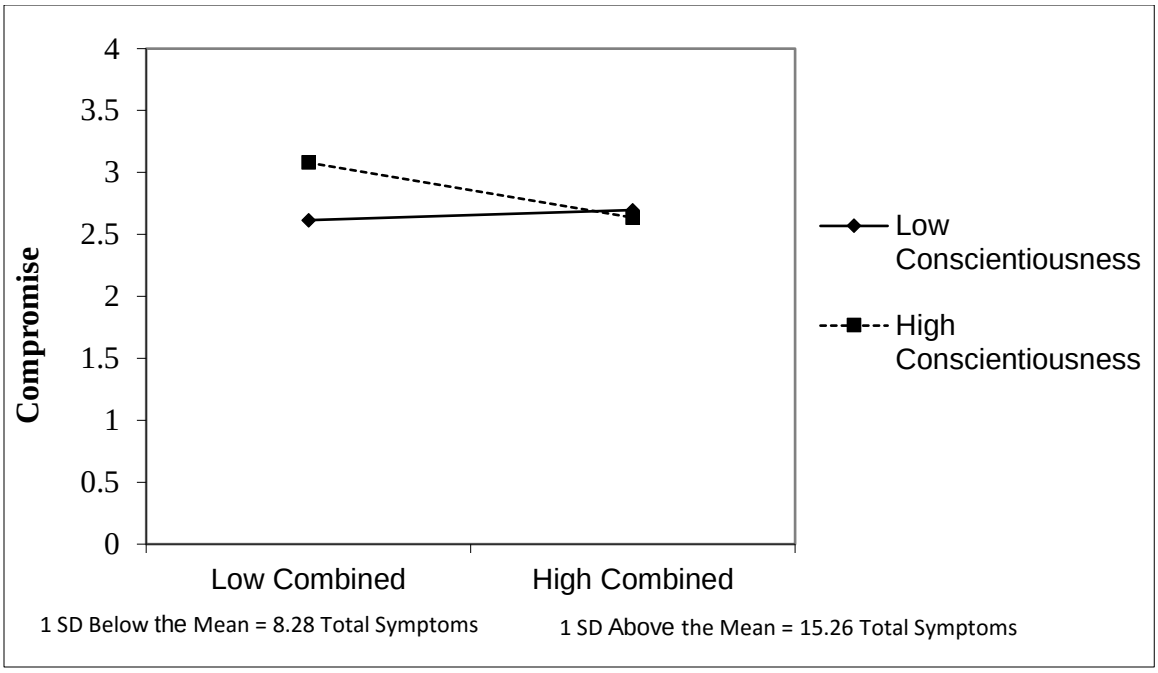
Note. Lines represent one standard deviation below the mean (1 SD Below), and one standard deviation above the mean (1 SD Above). The simple slopes at high levels of Emotion Recognition Ability were statistically significant, $p < .01$.

Figure 3.6. Emotion recognition ability moderates the relation between partner hyperactive symptoms and level of domination during conflict.



Note. Lines represent one standard deviation below the mean (1 SD Below) and one standard deviation above the mean (1 SD Above). The simple slopes at high levels of Emotion Recognition Ability were statistically significant, $p < .001$.

Figure 3.7. Emotion recognition ability moderates the relation between partner combined symptoms and level of domination during conflict.



Note. Lines represent one standard deviation below the mean (1 SD Below), and one standard deviation above the mean (1 SD Above). The simple slopes at high levels of Conscientiousness were statistically significant, $p < .001$.

Figure 3.8. Conscientiousness moderates the relation between partner combined symptoms and level of compromise during conflict.

CHAPTER IV

DISCUSSION

This study provided an important opportunity to advance the understanding of ADHD within the context of adult romantic relationships. What we know about this topic is largely based upon empirical studies that only investigate the effect of partner ADHD symptoms on relationship outcomes. The present study addressed this gap in the literature by examining the characteristics of both partners, specifically, how certain characteristics of one partner interact with the other partner's ADHD symptoms in predicting relationship quality. Given the large number of analyses conducted, this chapter largely focuses on the principal findings of the study. Beginning with a general overview of these findings, we transition to offering a series of interpretations, and conclude with addressing study strengths and weaknesses, and highlighting potential research and clinical implications.

General Overview of Findings

Study results provide substantial evidence that individual characteristics of participants are significantly associated with many domains of relationship quality and in some cases, moderate the relation between partner ADHD symptoms and relationship quality. As expected, partner ADHD symptoms were significantly associated with increased levels of negative conflict and underlying concerns (i.e., interactional

reactivity, domination, perceived threat, and perceived neglect) as well as decreased levels of positive conflict strategies (i.e., compromise and separation) and satisfaction.

As anticipated, attachment style was significantly associated with the majority of the relationship quality domains. Partially consistent with our hypotheses and previous literature (Bowlby, 1988; Hazan & Shaver, 2007; Johnson, 2008; 2012; 2013; Mikulincer & Shaver, 2007), higher levels of anxious attachment were associated with increased levels of negative conflict and underlying concerns (i.e., interactional reactivity, dominance, perceived threat, and perceived neglect) and decreased levels of satisfaction and compromise. Contrary to our expectations, higher levels of avoidant attachment were generally associated with more positive outcomes (decreased levels of negative conflict and increased satisfaction). The only poor outcome avoidant attachment predicted was decreased levels of separation (i.e., mutually agreed upon "cooling off" periods during). Surprisingly, avoidant attachment was not significantly related to domination, submission, or perceived neglect.

Contrary to our expectations, emotion recognition ability was only significantly associated with two of the outcome variables, level of domination during conflict and satisfaction. However, consistent with our hypotheses and previous literature (Neyer & Asendorpf, 2001; Sanford, 2012) emotion recognition ability was significantly related to higher ratings of satisfaction. Findings related to the level of domination during conflict are addressed below in the discussion of moderating effects. Although we did not make any hypotheses because the nature of the investigation was exploratory, the association between personality and relationship quality was consistent with previous literature (Côté, & Moskowitz, 1998; Huston et al., 2001; Noller & Ruzzene, 1991). Specifically,

high levels of neuroticism and low levels of agreeableness were significantly associated with higher levels of domination and interactional reactivity during conflict.

With respect to the moderating effects of attachment style, emotion recognition ability, and personality, the findings were very interesting. For partners with a higher number of inattentive symptoms, participants with a high level of anxious attachment had the lowest satisfaction ratings. Similarly, in a three-way interaction, for partners with a lower number of inattentive symptoms and participants with a high level of anxious attachment and a low level of avoidant attachment, participants had higher levels of perceived threat than those with a higher level of avoidant attachment. Though slightly more pronounced, the same three-way interaction occurred with a lower number of partner combined symptoms. In other words, high levels of anxious attachment seemed to exacerbate the effect of partner ADHD symptoms on levels of satisfaction and perceived threat.

The moderating effects of emotion recognition ability were initially surprising. Partner combined symptoms was significantly related to domination at high levels of emotion recognition ability. Specifically, for partners with a higher number of hyperactive symptoms, participants with a high level of emotion recognition ability had the highest level of domination during conflict compared to participants with a low level of emotion recognition ability. Given that the literature overall equates strong emotion recognition ability with more positive relationship outcomes, these results were unexpected. There are a few potential explanations for these findings. First, the aim was to generate a level of arousal that was at least somewhat heightened in comparison to the participant's state at the beginning of the survey. Although this most likely did not

simulate the level to which the participant is typically aroused during conflict with their partner, we still anticipated a certain degree of priming effects. It is possible that participants were not activated to the point that starts to interfere with encoding emotion. The other potential explanation is considering the implication of adults with ADHD often having difficulty processing affective information (Barkley, 1997; Barkley & Murphy, 2010). For example, during conflict, if one partner is more adept at picking up on social cues and correctly identifying emotions, it could be especially frustrating and anxiety provoking observing the other partner become emotionally flooded and shut down. In fact, those individuals who have higher emotion recognition skills may be potentially more vigilant or hyper-alert to their partner's mood or affect. Shutting down could be misinterpreted as a lack of investment in the relationship.

Most Important Study Findings in the Context of Attachment Theory

Partner combined symptoms. Of the three symptoms models, combined partner symptoms was significantly related to the most outcome variables in all three research questions. This is very consistent with Canu and colleagues' research, indicating poorer relationship outcomes for couples with one combined type partner, as these individuals typically present as distracted and exhibit high levels of impulsivity, difficulty processing affective information, and poor emotion regulation skills (Canu, Tabor, Michael, Bazzini & Elmore, 2014). The current literature on the psychosocial functioning of adults with ADHD also seems congruent with this theory (Barkley & Murphy, 2010; Canu & Carlson, 2007; Eakin et al., 2004), which suggests that those individuals who endorse both inattentive and combined symptoms typically implement more problematic coping

strategies during periods of relationship stress (e.g., denial, increased substance use, self-criticism, social withdrawal, and emotionally reactive).

Although limited, there is also some literature for both children and adults with ADHD that associates ADHD symptoms with insecure attachment styles (Storebø, Rasmussen, & Simonsen, 2016). Although this claim is outside the scope of the current research given that we only have a report of the participant's attachment style, it is an interesting correlation to consider given the research that equates the poorest relationship outcomes for couples where both partners have insecure attachment styles. In fact, Johnson (2012) posits that two partners who have the same insecure attachment styles are the most at risk for relationship discord. Theoretically, if we were to apply this to individuals with combined symptoms in this study, it is possible that they too are more likely to exhibit high levels of anxious attachment or even high levels of both anxious and avoidant attachment. Considering the potential impact on the relationship, the most important theme here seems to be the higher magnitude of both symptoms, especially those that appear to put these individuals at a greater risk for highly distressed and contentious interactions.

Participant characteristics. The most notable theme with respect to study findings and participant characteristics was the frequency of significant results within the domains of domination, interactional reactivity, and perceived threat. Not only do these domains share overlapping qualities, but considering them in the context of the participant characteristics most related to poorer outcomes begins to paint us a picture. High levels of anxious attachment and neuroticism and low levels of agreeableness consistently accounted for either the most variance in their respective models or

exacerbated the negative relation between ADHD symptoms and relationship quality. These findings are consistent with the numerous studies that have equated anxious attachment with high relationship discord and indicated high neuroticism and low agreeableness as predictors of negative relationship outcomes such as relationship dissatisfaction, conflict, abuse, and dissolution (Kurdek, 1993; Karney & Bradbury, 1997; 1995; Thomson & Gilbert, 1998). Given that personality traits predispose individuals to regulate their emotions in a specific way, it is not surprisingly that there is ample research supporting the link between neuroticism and anxious attachment (Kurdek, 1993; Karney & Bradbury, 1997; 1995; Robins, Caspi, & Moffit, 2002; Thomson & Gilbert, 1998).

So, what can we glean from all of this in the context of a relationship where one partner exhibits many combined symptoms and the other partner has an anxious attachment style, a high level of neuroticism, and low level of agreeableness and their partner exhibits many combined symptoms? There appears to be sufficient evidence to suggest that these couples may face additional barriers to maintaining a secure relationship. Why? We know that individuals with an anxious attachment style and a high level of neuroticism are usually "hyperactivated," and extremely vigilant about their partner's emotional accessibility and "cues of possible threat" (Li & Chan, 2012; Papp, Kouros, & Cummings, 2010; Robins, Caspi, & Moffitt, 2002). Given the diversity of problems and intensity of emotions associated with combined symptoms described above, it is reasonable to believe that individuals with an anxious attachment style and high levels of neuroticism could interpret these symptoms as alarming and indicative of a major threat to the relationship. Characteristic of the study domains yielding the most

significant results (domination, interactional reactivity, and perceived threat), Li and Chan (2012) posit that when a threat is intuited, these individuals have a tendency to magnify cognitions, emotions, and behaviors toward their partner (p. 409). This often looks like blame, criticism, yelling, or even prodding and pleading for answers (Johnson, 2012). This "magnification" of emotion in the form of blame and criticism resembles what Sue Johnson would consider characteristic of individuals who typically take the position or play the role of a "pursuer" during conflict with their partner. When a pursuer is activated, meaning at that moment they are unsure how emotionally accessible their partner is, blaming and criticizing is really their way of protesting this disconnection. Johnson argues that negative cycles of criticism and blame that are also infused with anger make safe emotional engagement nearly impossible (2008). John Gottman would most likely agree that interactions of this nature are very representative of "The Four Horsemen of the Apocalypse (Gottman, Coan, Carrere, & Swanson, 1998). Based on his research, Gottman claims that The Four Horsemen (i.e., criticism, contempt, defensiveness, and stonewalling (turning away/ignoring)) are the most predictive of divorce.

While the evidence is compelling and consistent, these interpretations are not meant to be absolutes. Perhaps the most useful way of considering these interpretations is in the context of other research and claims about ADHD and relationships. For every statement about the negative impact of ADHD on relationships, take a moment to consider the contributions of the other partner and how their characteristics may interact with their partner's ADHD symptoms in predicting relationship quality and in some cases exacerbate these negative outcomes.

Implications and Further Directions

Research. Further research should be directed at replicating the present study using a larger sample with an equal number of both married and unmarried couples to detect any moderating effects of marital status and length of a relationship on the relation between ADHD symptoms and relationship quality. Delineating any culture-specific components related to relationship quality would also be possible with a larger sample. Replicating this study to explore the potential moderating effects of age seems especially warranted and a logical next step. Given the developmental differences in emotion regulation strategies, reasoning skills, and impulse control (Steinberg, 2007) between late adolescence/early adulthood and middle adulthood, and the observation that the majority of this study's participants (69.8%) and their partners (67.3%) were between 18 and 24 years old, the question arises of whether the same patterns of relationship instability would exist in an older sample. Because adolescent brains are still developing, especially in those areas responsible for decision making and impulse control, it is possible that this study's overall sample generally had poorer conflict managing skills to begin with. Furthermore, considering that many of the undergraduate participants seemed to be in long distant relationships (majority of their partners were not affiliated with the university) and the influence of technology on today's young adult population where texting is used as a primary means of communication, a balanced sample could potentially yield different results among middle-aged adults with avoidant attachment styles. Essentially, avoidant-like behaviors may not be as acceptable among the current middle-aged generation. However, we know that there are a multitude of factors that can

influence one's behavior, so it is possible that age or relationship length may not be as significant when also considering variables such as attachment style, trauma history, perceived social support, etc. At the very least, further investigation would have beneficial treatment implications – assisting clinicians with developing more thorough case conceptualizations and delivering client-centered services.

It would be informative if some replication studies further dissected relationship outcomes with those individuals with a number of combined symptoms and partners with an anxious attachment style. Similarly, a more thorough investigation around personality traits of non-ADHD partners beyond just the Big Five could identify potential traits that may increase the chance of relationship discord. Given the research described earlier suggesting individuals whose symptoms go unrecognized until adulthood have more difficulty adjusting to adulthood and maintaining meaningful relationships, it would be interesting to replicate this study while also investigating the differences between those couples with an ADHD partner who received a diagnosis in childhood and adults without an official diagnosis but meet symptom criteria.

Applied. The novelty of this study's findings yield many applied implications; however, there is one theme that appears to stand out from the rest – A secure, high quality relationship stems from a partnership where both individuals are willing to acknowledge their contributions to conflict or distress. Their willingness comes from an understanding that with every interaction there is a reaction that within a split second assesses the other partner's investment in the relationship. Within the context of a couple with one partner who has ADHD, the non-ADHD partner's interpretation and response to ADHD-related symptoms (e.g., poor time management, "zoning out," easily distracted,

etc.) will impact both partners' perception of security in the relationship as well as the ADHD partner's sense of self over time. Similarly, the effectiveness of couples therapy will also depend on whether both partners are approaching treatment with a mindset of working on the relationship versus working on the ADHD partner's "problematic behaviors."

Suggestions for treatment. Published just this past year, Pera and Robin (2016) suggest that the first step in couples therapy be about learning about the negative patterns that ADHD encourages. This appears to fit well with Emotionally Focused Couples therapy (EFT) where the initial stage of treatment is largely dedicated to identifying a couple's negative interaction cycle and assisting them with recognizing this cycle during conflict (Palmer & Johnson, 2002). The objective here is also helping couples create space from their negative cycle and start to attribute the cycle as the enemy rather than each other.

Once deescalated, the next step may be differentiating between intentional behavior and ADHD symptoms, fostering an understanding that distractibility is a symptom of ADHD not a reflection of the ADHD partner's investment in the relationship or how much they care about the other partner. This also seems consistent with EFT, as another major part of the initial treatment stage is assisting partners with identifying each other's raw spots and any previous attachment injuries. Exploring previous attachment injuries may be especially helpful for the non-ADHD partner in drawing connections between their own personal history and how it may color their interpretations of the ADHD partner's behavior.

Lastly, and more broadly, is addressing the stigma associated with ADHD. Treating couples is very challenging when one partner believes they are in therapy to "fix" the other, which is often the case when one of the partners has ADHD. There appears to be some acknowledgement that ADHD is a medical diagnosis among the general population but for many, ADHD is conceptualized as more of a choice in behavior, specifically, a choice to be lazy, not invested, or even rude. The problem is that this is reinforced with suggestions like the one mentioned earlier about traditional marriage counseling often being unsuccessful unless ADHD is officially diagnosed and treated first. The underlying message here is that the symptoms of ADHD are the biggest and most important barrier to eliminate before a couple can benefit from therapy. It is our job as researchers and practitioners to be mindful of the language we use and suggestions we give. As more research is conducted and interventions developed for treating couples in the context of ADHD, the more consistent we are in using the proper language and providing enough psychoeducation, the higher chance there will be for these couples to recover.

Strengths

This investigation represents a unique and important contribution to the literature on ADHD within the context of adult romantic relationships in a number of respects. To our best knowledge, this is the first study to focus primarily on the partner without ADHD and their individual characteristics' contribution to relationship outcomes. Perhaps most importantly, the current study had a relatively large sample size considering the target population and ample power (.96) to detect a medium effect size. Given the

large number of variables assessed, this will benefit future research with more specified foci.

With regard to measurement, the study assessed symptoms of ADHD on a continuous scale, as a range of ADHD symptoms in the sample allows for more specificity and takes into account individuals who may be experiencing sub-threshold symptoms and ordinarily excluded or overlooked when measured categorically. Therefore, this study allowed for a more thorough investigation of the potential differences between varying levels of ADHD symptoms. Furthermore, our approach to measurement is congruent with our argument that individuals with ADHD symptoms should be considered as a heterogeneous population with potential in-group differences that are clinically relevant to case conceptualization and treatment recommendations.

While the measurement of ADHD symptoms may seem more inclusive, the stringent eligibility criteria is a major strength of this study. Participants were excluded if they endorsed more than three ADHD symptoms for themselves, and less than four symptoms for their partners. Participants recruited from MTurk were also excluded if they failed any of the attention checks embedded throughout the survey.

The measures selected for both predictors and dependent variables were not completely deficit-based, constructive strategies and outcomes were also assessed. For example, the measure used to assess personality (IPIP-NEO-120) was designed with the option of measuring a variety of sub-domains beyond the traditional Big Five personality domains (e.g., Friendliness, Cheerfulness, Gregariousness, Altruism, Cooperation, Modesty, Sympathy). With regard to the outcome variables, the measure selected to

assess typical conflict patterns (RPCS) was divided into six sub-domains, two of which had a positive valance (e.g., Compromise and Separation ("Cooling off")).

Although one criticism of survey methodology is the issue of accuracy, there are actually a number of advantages to using a survey for this study. Given the sensitivity of the questions, individuals with more relationship dissatisfaction may not have been as willing to participate if the study instead conducted in-person interviews. Therefore, it can be argued that the confidentiality of participants was maintained to a higher degree than an in-person format could ensure. Furthermore, in addition to questionnaires, the study utilized a 10-minute multi-model (i.e., auditory and visual stimuli) computer task to assess emotion recognition skills. Lastly, this format used less resources with regard to finances and time for both participants and research staff.

Limitations

Despite the novelty of this research, there are limits to how far these findings can be interpreted. First, this study was cross-sectional in nature, which limits any causal inferences. Also, given the homogeneity of the sample in terms of age, race, sexual orientation, marital status, the study's findings are really only generalizable to White/Caucasian, heterosexual un married couples between the ages of 18 and 24 years old. However, as mentioned earlier, relationship outcomes within the context of ADHD and romantic relationships have not been specifically explored across sexual orientation. Given the various recruitment methods, the high proportion of White/Caucasian participants was very surprising. The mean age of the sample was not surprising given the incentives and accessibility of the participant pool within the university, but as

described above, it poses the question of whether age may be a moderating factor. Although the geographic regions are unknown, with regard to generalizability, it is encouraging that the majority of the participants' partners were not affiliated with the local university. Furthermore, descriptives were recalculated including the sample that was eliminated and the sample was somewhat more diverse. Most notably, the total number of participants who identified as White/Caucasian decreased from 84% to 78%, as did their partners, 85% to 79%. The ratio of female to male participants changed from approximately 80:20 to 70:30.

There were also limitations with regard to measurement, especially that of emotion recognition ability. Mentioned briefly earlier, although we identified moderating effects of emotion recognition ability on the relation between both partner hyperactive and combined symptoms and levels of domination during conflict, contrary to the literature, emotion recognition ability was otherwise only significantly related to satisfaction. One explanation for this is the length of the survey and the fact that the computer task (GERT-S) was administered at the end. Coupled with the limited monetary incentive, it is very possible that the participant's attention and engagement with the survey deteriorated over time. Potentially also worth noting is the reported difficulty of the computer task among research staff given that a total score is automatically provided upon completion of the task. Despite the adequate psychometric properties of the GERT-S, the overall sample's low mean score and numerous reports of its difficulty (by research staff) suggest that the GERT-S may not have been the best fit for such a lengthy survey.

Lastly, these findings may be somewhat limited by the fact that the results are all based on the participant's report. Aside from strong psychometric properties of the

Current Symptoms Scale Observer Report Form (CSSO), comparing both the participant and their partner's ratings of ADHD symptoms and various measures of relationship quality would strengthen inter-rater reliability. Utilizing a dyadic research design such as the actor-partner interdependence model (APIM; Kenny & Winquist, 2001) would also reveal how the partners' scores influence each other. Nevertheless, it is encouraging that 74% of the partners already had a formal diagnosis of ADHD and that participants were primarily reporting on their own behavior.

Conclusion

In conclusion, it is important to understand that the objective of reporting these findings is not to reappropriate blame on the non-ADHD partner, but instead caution against assigning blame or fault altogether. We ask the field to remember that we are social creatures made to bond and that it ultimately takes "two to tango." With respect to treatment implications, it appears that interventions based primarily on behavioral modification may not be sufficient with treating couples with one partner who has ADHD. It's like Sue Johnson often says, "It's not acquisition. It's accessibility. We are not teaching empathy; we are breaking down barriers to feeling safe."

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