



EXPLORING THE FEMALE AUTISM PHENOTYPE: PERSONAL IDENTITY FORMATION & WELL-BEING IN AUTISTIC FEMALES

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BACKGROUND

Marcia's Personal Identity Statuses: Achieved Identity

- One's personal identity provides meaning and continuity to life experiences
 - It answers the questions: who am I and where do I fit in the world?
- Those with an Achieved identity, have explored and made commitments to a personally-defined identity; they know who they are and how they became that¹
- Age is associated with a more well-formed identity²
- Female undergraduates with elevated autistic traits exhibited an identity type akin to Marcia's Achieved identity,³ but research is lacking concerning the experiences of older autistic persons – and older women in particular

Feeling Different Female Autism Phenotype (FAP)

- Persons with concealable conditions (e.g., epileptics) may describe themselves as being unique, compared to those with observable differences (e.g., facial scars)
 - Persons in a minority group examine themselves in more detail, compared to individuals in a majority group, subsequently impacting identity development

Female Autism Phenotype (FAP)

- Some autistic females have a better grasp of emotions and empathy, and are better able to mask social deficits, making it difficult to acquire a diagnosis
 - Masking is associated with negative consequences (e.g., increased anxiety, depression, suicide)
- Many autistic persons profess to feeling different; thus, it is conceivable that masking autism characteristics, due to feeling different or unique, may impact personal identity development and well-being

RESEARCH QUESTIONS & METHOD

Hypothesis:

- Age will be associated with higher levels of an Achieved identity and well-being (i.e., higher psychological well-being, and lower anxiety and depression)

Exploratory Research Questions:

- Given the rates of undiagnosed females, is length of time diagnosed or self-identified as autistic associated with the development of an Achieved identity?
- Is social masking, as coded in a provided vignette, associated with a less developed identity and lower well-being?
 - Is an early diagnosis associated with less social masking, more developed identity, and greater well-being?
 - Is no diagnosis (self-identified only) associated with more social masking, less developed identity, and less well-being?
- To assess differences across age and sex, do older females diagnosed or self-identified differ from younger ones in their responses to a provided vignette?
 - Do males differ from females in their responses to this vignette?

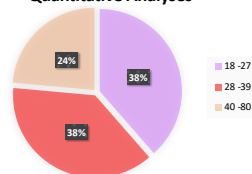
For Qualitative Analyses:

N = 165 females ($M_{age} = 33.02$)
N = 23 males ($M_{age} = 27.30$)
Presence/Absence Coding

For Quantitative Analyses:

N = 140 females ($M_{age} = 33.27$)
Range: 18 – 80 years
Correlational design

Female Age Groups for Quantitative Analyses



METHOD CONT.

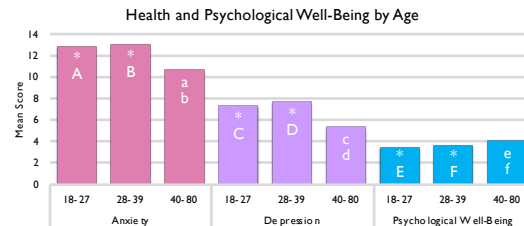
Scales:

- ⁴ Autism Spectrum Quotient (ASQ): measures level of HFA traits
- ⁵ The Objective Measure of Ego Identity Statuses Scale (OMEIS)⁶
- ⁶ Questionnaire for Autism Spectrum Conditions (Q-ASC)
- ⁷ Psychological Well-Being Scale
- ⁸ Hospital Anxiety and Depression Scale

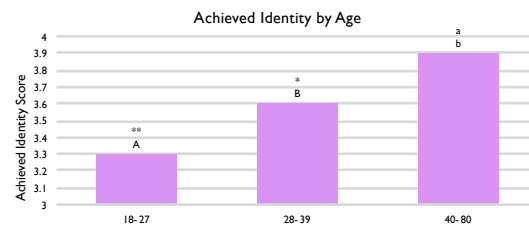
Qualitative Measure:

Participants were asked to read this vignette and describe any shared experiences (if applicable): *"I am standing in a corner of the playground as usual, as far away as possible from people who might bump into me or shout, gazing into the sky and absorbed in my own thoughts. I am eight or nine years old and have begun to realize that I am different in some nameless but all-pervasive way."*⁹

PRELIMINARY RESULTS



Note. Multiple post-hoc comparisons between female age groups. Different upper and lower cases of the same letter indicate a significant difference between groups. * $p < .05$.



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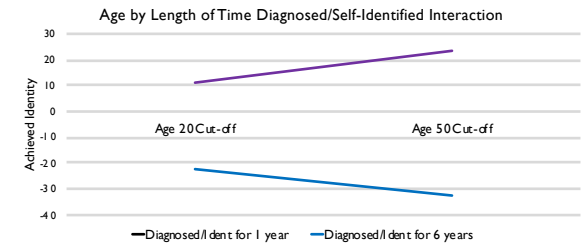
Regression Coefficients of Achieved Identity for Total Female Sample

Variable	Model 1			Model 2			Model 3		
	B	SE B	β	B	SE B	β	B	SE B	β
Age	0.02**	0.00	.38**	0.02**	0.00	.42**	0.02**	0.00	.47**
Time Since Diag/Identified				-0.01	0.01	-.13	-0.00	0.01	-.01
Time Diag/Identified x Age							-0.00*	0.00	-.21*
ΔR^2				.02			.02		
R^2	.14**			.16**			.18**		

Note. N = 139.

** $p < .01$; * $p = .05$.

RESULTS CONT.



- Interaction is moderated by time since diagnosed or having self-identified

Qualitative Responses (To Be Analyzed)

- Many female participants spoke about masking social identities:
"Everyone just thought I was shy and quiet, but I think deep down I knew it was more than that. I think I hid my quirks quite well. They were always things I made sure to do alone, because I knew they weren't 'normal'."
- Female participants also spoke about the negative consequences of masking, and better self-understanding that came with an ASD diagnosis:
"I studied and studied the way that conversations went and how people started and ended them, to the extent that I can now pass as 'normal' if required, for a while. Eventually this whole thing caught up with me - pretending to be something I wasn't [...] took its toll and I developed depression caused by GAD. It's been a long time through its lot of self searching and a bit of therapy that eventually led me to pursue an ASD diagnosis. I'm happy that I did, because it allows me a shield - when I'm being particularly weird, and it's led me to understand myself better."

DISCUSSION & IMPLICATIONS

- Older females exhibited a higher Achieved identity, and higher well-being
 - Being diagnosed later in life (or not at all) may impact levels of 'feeling different' and subsequent identity development
 - Findings suggest that identity negotiation can be particularly nuanced for females with ASD, especially for older women
- Older autistic females who are diagnosed/self-identified for a shorter length of time (e.g., one year) may exhibit a more well-formed identity because this new-found knowledge of their ASD may put many life experiences into a perspective that is positive; they have finally found the answer to many of their life-long identity questions
- Yet, older autistic females who have been diagnosed or self-identified for a longer period of time (e.g., six years) may not view their ASD in a positive light, especially if they have had many negative experiences since being made aware of their ASD, or are experiencing other age-related difficulties (e.g., declining health, social support, retirement, etc.).
- Suggests autism traits are not essentially defects, as there may be strengths associated that are worthy of investigation

KEY REFERENCES

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