# 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 that [1]
- Age is associated with a more well-formed identity [2]
- 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)
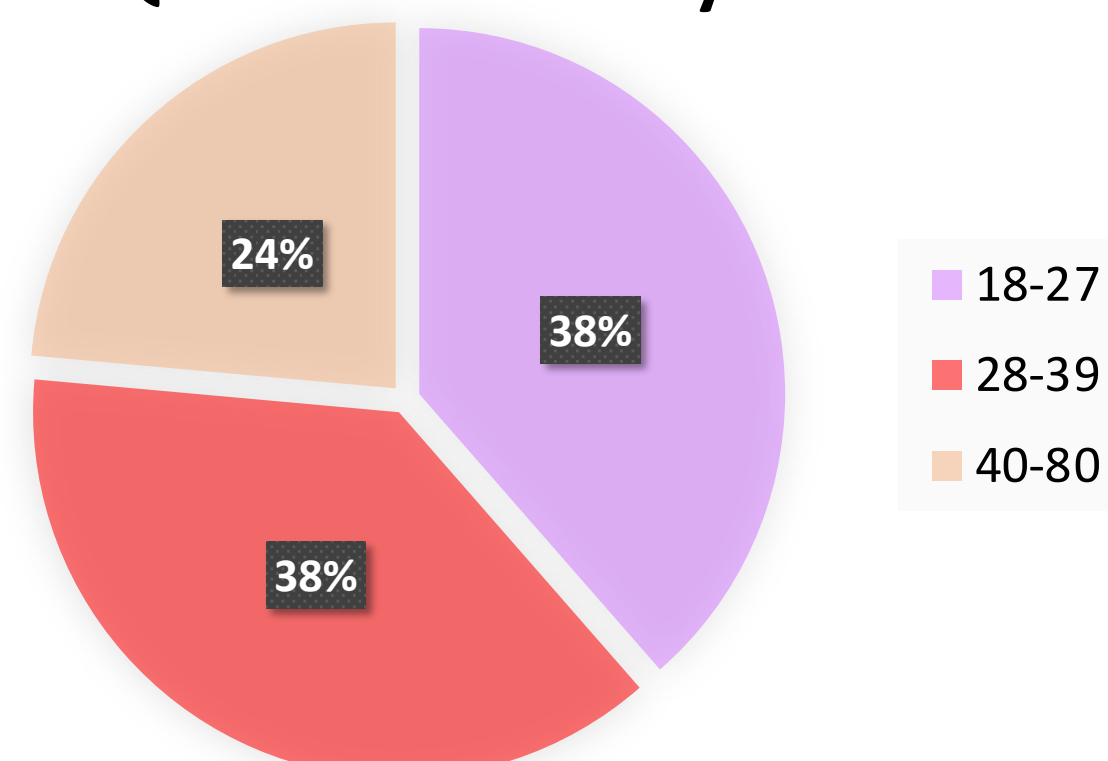Presence/Absence Coding

### For Quantitative Analyses:

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

**Female Age Groups for Quantitative Analyses**



- 18-27: 38%
- 28-39: 38%
- 40-80: 24%

## Method Cont.

### Scales:

- [4] Autism Spectrum Quotient (ASQ): measures level of HFA traits
- [5] The Objective Measure of Ego Identity Statuses Scale (OMEIS)$
- [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
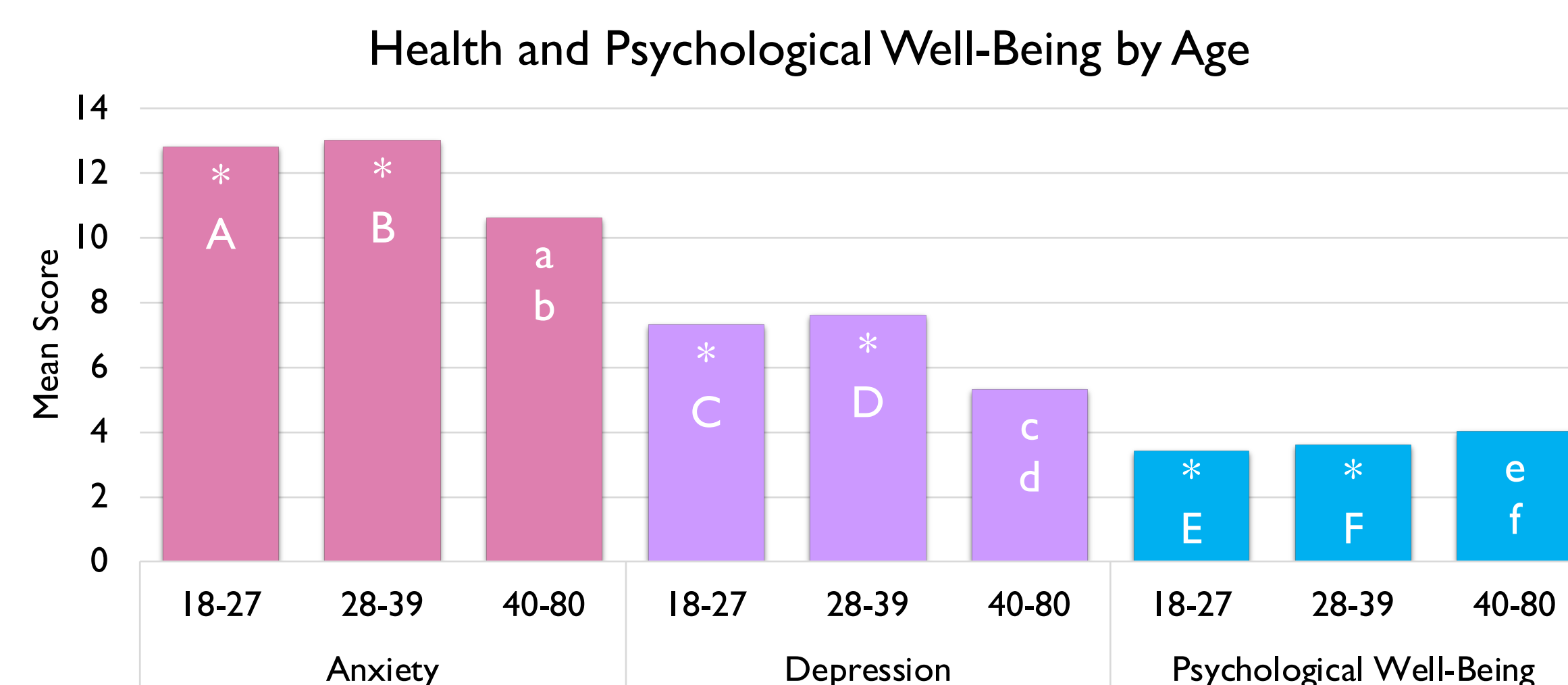


**Health and Psychological Well-Being by Age**

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



**Achieved Identity by Age**
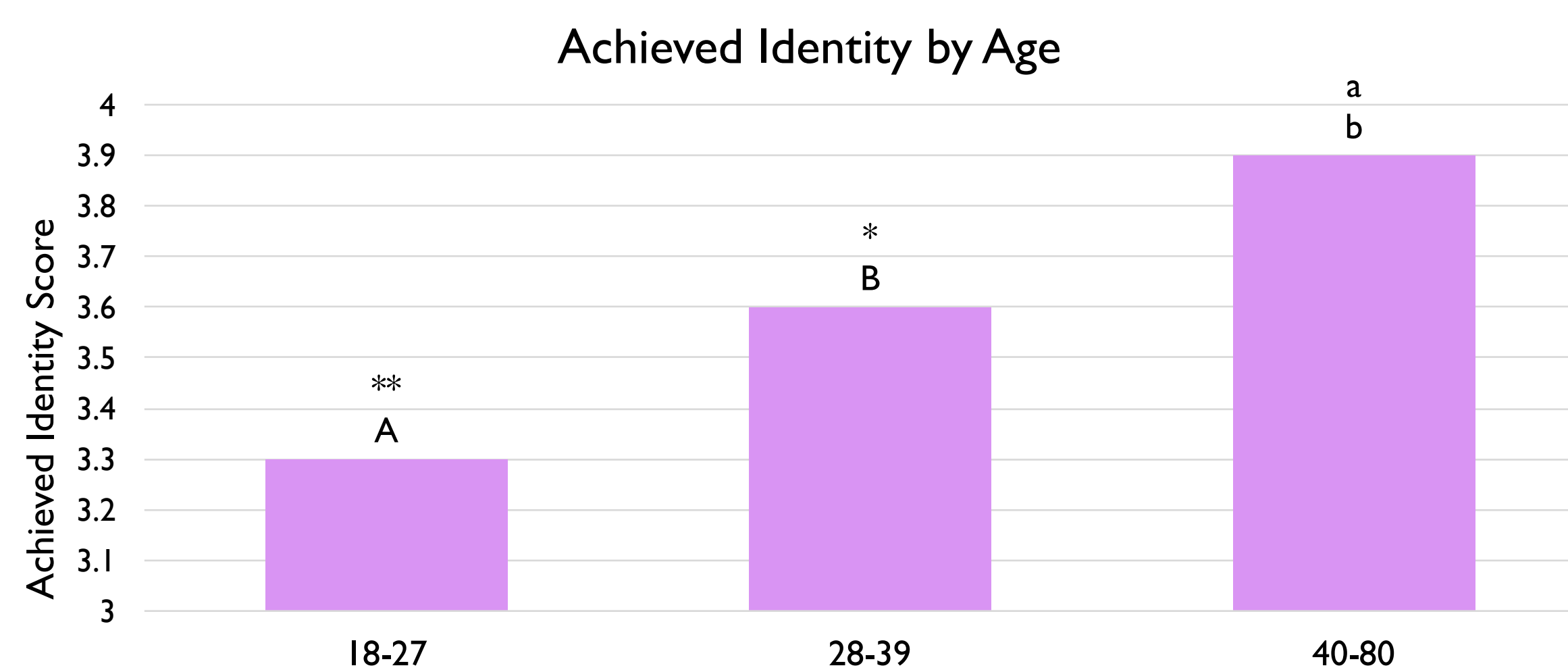
*Note.* Multiple post-hoc comparisons between female age groups. Different upper and lower cases of the same letter indicate a significant difference between groups. $* p < .05$; $** p < .01$
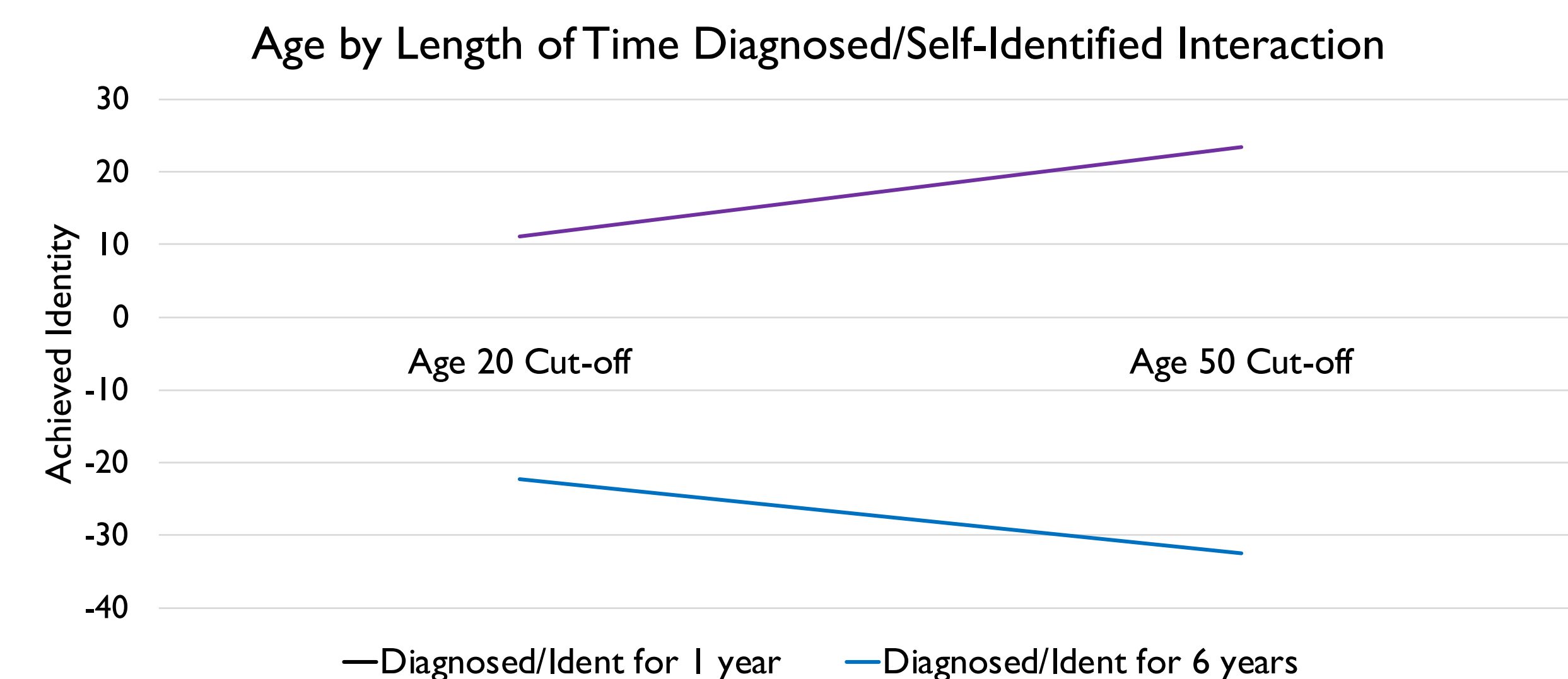
**Regression Coefficients of Achieved Identity for Total Female Sample**

| 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* |
| ΔR² | | | | | .02 | | | .02 | |
| R² | | .14** | | | .16** | | | .18** | |

Note. N = 139.
** p < .01; * p = .05.

## Results Cont.



**Age by Length of Time Diagnosed/Self-Identified Interaction**

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

### Qualitative Responses

- Many female participants spoke about masking social difficulties:
  *"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 a 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 score, and greater 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 diagnosed/self-identified for a *shorter* length of time (e.g., one year) may exhibit a more well-formed identity, as this new-found knowledge of their ASD may put 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 diagnosed or self-identified for a *longer* length 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.).
- Results suggest that autism traits are not essentially defects, as there may be strengths associated that are worthy of investigation

## Key References

1 Marcia, J. E. (1993). The Ego Identity Status Approach to Ego Identity. In Marcia, J. E., Waterman, A. S., Matteson, D. R., Archer, S. L., & Orlofsky, J. L. (Eds.), Ego identity: A handbook for psychosocial research (pp. 3-21). New York: Springer-Verlag.
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