

**“Okay, we need to figure this out”: Exploring the Impact of a Generalized Anxiety  
Disorder Diagnosis on Relational Turbulence and Satisfaction in the Romantic  
Relationships of Emerging Adults**

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### **Abstract**

The purpose of this project was to examine the impact of a generalized anxiety disorder diagnosis in the romantic relationships of emerging adults. By applying the relational turbulence model (RTM), my goal was to uncover how relational confidence and partner interference were affected by the diagnosis as a turbulent event. After conducting 12 in-person interviews with individuals who had been diagnosed with anxiety in their romantic relationships, a few key themes emerged. My findings indicate that most couples had different relational satisfaction levels post-diagnosis. Additionally, participants who reported higher relational confidence levels post-diagnosis were able to maintain their relationships, while those who reported lower confidence ultimately broke up with their partners. If partners were supportive post-diagnosis, relational satisfaction grew. However, if partners were perceived as not being supportive, relational satisfaction often went down. Couple communication styles fell into one of two categories: Open communication or guarded communication. Other patterns indicated that when describing relationships, many participants used catastrophic language and metaphors. These findings support previous literature that explored interactions between turbulent events, relational confidence, and partner interference. Ultimately, this study contributes new knowledge to the realm of mental health as it is applied to the Relational Turbulence Model.

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## **Chapter One: Literature Review and Rationale**

### **Understanding the Problem**

In 2016, the American College Health Association's "National College Health Assessment" reported that 19.7% of undergraduate and graduate students were diagnosed or treated by a professional for anxiety in the past year. Thus, the need for more research on anxiety disorders is necessary. One of the most common mental health disorders among emerging adults is Generalized Anxiety Disorder (GAD). GAD is characterized by excessive worry and anxiety lasting longer than six months, even when the individual is not threatened by a specific danger (Gerrig & Zimbardo, 2002). Specifically, many individuals with GAD are unable to regain control over their thoughts, and often experience restlessness, fatigue, difficulty concentrating, irritability, muscle tension, or sleep disturbance as a result (Priest, 2013). GAD drastically affects the lives of individual's it afflicts and the lives of those close to them as well. Little is known about GAD's impact on romantic relationships, but with more emerging adults being diagnosed each year, there is a pressing need for additional research on the subject.

### **Emerging Adults**

In 2014, 46.2% of college students reported anxiety as their top concern (Reetz, Krylowicz, & Barr). The American College Health Association (2017) states that only 19.7% of college students were professionally diagnosed or treated for anxiety in the past year. The number of diagnoses among college students has increased by 10.4% since 2010 (American College Health Association, 2017). However, this problem is not only limited to those attending a university. The Anxiety and Depression Association of America reported that 18.1% of adults have a mental disorder, and 3.1% of adults have GAD (2017). A 2008 study funded by the state

of Colorado found that the 18-29 age group reported the highest number of diagnoses with anxiety, at 15.6% of the sample (Shupe, Clancy, & Vu).

Once diagnosed with GAD, an individual must decide whether or not to disclose the information to their partner. The act of self-disclosure can be understood as "...the communication of personally relevant and revealing information to another person" (Manne et al., 2004, p. 590). Manne et al. (2004) explain how, if a partner is responsive to the individual's self-disclosure, intimacy and closeness will be maintained. However, if the partner is perceived to be unsupportive, relational uncertainty and satisfaction may be negatively impacted. Since emerging adults seem to be more susceptible to developing anxiety than others, understanding their responses to the self-disclosure of a GAD diagnosis is important. In order to develop further literature on this topic, we must examine the role romantic relationships play in the development of emerging adults.

Anyone falling into the 18 to 25 age group can be considered an "emerging adult" (Arnett, 2000). Arnett (2000) claims that this period of development is marked by self-exploration in an individual's love life, work life, and world view. Fundamentally, emerging adults are in a stage of life where they are curious and ready to explore dating. The American College Health Association (2016) reports that 47.9% of students interviewed reported being in a relationship in the last 12 months. Their findings align with Demir's (2010) research, which indicates that being in a romantic relationship positively correlates with students' overall life satisfaction. "The development of close and intimate romantic relationships with others is a critical task of emerging adulthood" and can positively impact the happiness of emerging adults (Demir, 2010, p. 306-307). However, when emerging adults' romantic relationships are disrupted

by a turbulent event, it can be difficult to maintain previous levels of relational satisfaction (Knobloch & Delaney, 2012).

Roberson, Norona, Fish, Olmstead, and Fincham (2017) found that many college students are strongly committed to their romantic relationships. In order to understand the different words emerging adults used to define their romantic relationships, they categorized 341 online survey responses in an extensive typology. Their typology revealed that in the context of a relationship, most emerging adults were considered “committers,” “casual daters,” “settlers,” or “volatile daters” (Roberson et al., 2017). The committers reported feeling highly satisfied with their relationships with low ambiguity (Roberson et al., 2017). The settlers were moderately satisfied with their relationship and also showed low ambiguity (Roberson et al., 2017). These groups made up 38% and 30% of the sample, respectively (Roberson et al., 2017).

It is apparent that many college students and emerging adults are dating in hopes of establishing a serious relationship. However, as a romantic relationship develops, partners may struggle to define their relationship status. This presents a challenge for both partners and often results in increased relational turbulence, as individuals face uncertainty and interference from their partners (Solomon & Knobloch, 2004). Interference arises as partners deal with individual problems or stressors. When this happens, the other partner must decide if they will facilitate the change or challenge it. These ideas are further explored when discussing the Relational Turbulence Model (RTM).

### **Impact of Mental Disorders on Romantic Relationships**

Although there are many unknowns in the realm of GAD and relationships, what we do know is that almost all anxiety and mood disorders have some negative impact on romantic relationships (Sharabi, Delaney, & Knobloch, 2016; Knobloch & Delaney, 2017; Cluxton-Keller,



Priest, & Denton, 2015; Kashdan, Volkmann, Breen, & Han, 2007; Priest, 2013). While the focus of this study is GAD, it is necessary to look at the existing literature on other anxiety disorders, as GAD may have a similar impact on relationship outcomes. The Anxiety and Depression Association of America (2017) reported that the most common disorders among American adults are GAD, Social Anxiety Disorder (SAD), and Major Depressive Disorder (MDD). Both SAD and MDD have been studied to better understand their impacts romantic relationships, but there is limited literature detailing the effects of GAD.

Research on MDD has uncovered its impact on romantic relationships, both from a psychological and communicative perspective. Gerrig and Zimbardo (2002) define Major Depressive Disorder as a mood disorder known to cause intense feelings of depression over an extended time. Symptoms may include a lack of energy or motivation, disinterest in routine tasks, irregular sleep patterns, feelings of hopelessness or worthlessness, and suicidal thoughts or tendencies (Sharabi et al., 2016). Sharabi et al. (2016) conducted a study of 135 couples in relationships where one or both partners were diagnosed with MDD. Participants were asked to fill out an online survey and answer open-ended questions soliciting their thoughts on MDD's impact on their relationship (Sharabi et al., 2016). Respondents reported seeing an emotional toll on their relationship, a decrease in romance, and increased distance or desire to be alone (Sharabi et al., 2016). Knobloch and Delaney (2017) note that both partners face challenges, even when only one of them is diagnosed with depression. Low relational satisfaction, increased distress, and more hostile communication patterns are just a few of the potential impacts MDD can have on a romantic relationship (Knobloch & Delaney, 2017; Sharabi et al., 2016). Hence, it is clear that MDD negatively affects relationships in more ways than one. Studying the effects of GAD

on couples may reveal similar insights, cementing its importance in the small realm of literature connecting communication and anxiety disorders.

Scholars have also looked at the way MDD affects a couple's communication, as well as how the way a couple communicates can cause MDD (Cluxton-Keller et al., 2015). Cluxton-Keller et al.'s (2015) research indicates that relationship problems may make an individual more inclined to develop depression. They also hypothesized that a depressed individual who regularly refrains from discussions about relationship problems, coupled with an avoidant partner, may be more susceptible to developing anxiety (Cluxton-Keller et al., 2015). Both partners must be held accountable in order to ensure the success of the relationship. Recognizing the role each partner takes on is key to identifying potential treatment options and offer advice to couples upon the diagnosis of an anxiety disorder.

Social Anxiety Disorder (SAD), or Social Phobia, is characterized by the persistent, irrational fear of being in a public situation where an individual can be observed by others (Gerrig & Zimbardo, 2002). Most individuals with SAD are already afraid of being negatively evaluated by others, which presents even more problems in the context of a romantic relationship (Kashdan et al., 2007). Porter and Chambless (2016) found that individuals with SAD are typically uncomfortable receiving support, and therefore report receiving less support from their partners than they actually do. Despite this discrepancy, they noted that the individual with SAD is just as capable of giving support as their partner (Porter & Chambless, 2016). This reveals no major difference between partners in their ability to provide support, aside from whether or not they have SAD.

Kashdan et al. (2007) also found that women with SAD felt relationship closeness deteriorate when partners expressed negative emotions. This finding suggests that socially

anxious women may perceive a need to restrict expression of negative emotion in their relationships. In doing so, they believe that they are saving their romantic partners from becoming overwhelmed or distressed (Kashdan et al., 2007). However, topic avoidance may lead to further communication issues in the relationship.

Priest (2015) brings to light the strong correlation between GAD and romantic relationship distress. Romantic relationship distress has a negative impact on an individual's response to therapy, making symptoms last longer and heightening their effect. Romantic relationship distress may be pre-existing, or a result of GAD symptoms. However, even pre-existing relationship distress is further amplified post-diagnosis.

GAD has the potential to cause misinterpretation and over-exaggeration of relational events (Priest, 2013). This can result in inconsistencies between received and perceived partner support, resulting in further communication issues. As a relationship grows, attachment plays a major role in its evolution. Romantic love itself is an attachment process, and some individuals may be more susceptible to an anxious attachment style, which would be further amplified by GAD (Hazan & Shaver, 1987). To cope with this, individuals with GAD may engage in excessive assurance-seeking if they are uncertain about the status or quality of their romantic relationship (Priest, 2013). Uncertainty poses a big problem on its own, as doubts allow fear and worry to manifest in a relationship.

In much of his research on GAD, Priest (2013) drives home the idea that typical treatments for anxiety disorders are often ineffective in the context of a relationship – and therefore allow more room for issues to arise. Because individuals with anxiety may have attachment problems, they often seek repeated assurance from their family or partner (Priest, 2013). While the partner diagnosed with GAD is often taught coping mechanisms to work

through their own internal struggles, little help or advice is given regarding what problems to anticipate in their romantic relationship and how to deal with those problems when or if they arise. Additionally, there is evidence that low relationship quality has negative effects on common GAD treatments, such as cognitive-behavioral therapy (Priest, 2013). This reveals a major gap in literature, wherein couples are not given enough information to know how to communicate effectively post-diagnosis, which may result in a demise of the relationship and cause problems during treatment. All things considered, it is clear that mental disorders have the potential to cause heightened relational uncertainty in romantic relationships.

### **Managing Transitions and Turbulence in Relationships**

Times of transition in relationships often call for increased interpersonal communication, which can be difficult during high-stress or transitional events (Solomon, Weber, & Steuber, 2016). Transitions in interpersonal relationships are periods of discontinuity between stability, wherein individuals must adapt to new roles, identities, or circumstances (Solomon, Knobloch, Theiss, & McLaren, 2016). Young couples with little relationship experience may be particularly burdened by a transition such as a GAD diagnosis, making them even more susceptible to communication problems. However, going through a transitional event does not necessarily mean the relationship will be impacted negatively. As a couple navigates the transition, the relationship has the potential to thrive or deteriorate (Solomon et al., 2016). To better understand how a couple manages a GAD diagnosis in their relationship, Solomon and Knobloch's (2004) Relational Turbulence Model (RTM) will be used as a framework for this study. Relational turbulence refers to "the variety of tumultuous experiences that occur within romantic relationships" (Solomon & Knobloch, 2004, p. 796). As such, the RTM "focuses on how...times of transition result in changes to the outcomes in interpersonal relationships," and is

built on the constructs of relational uncertainty and partner interference (Harvey-Knowles & Faw, 2016, p. 692).

**Relational uncertainty.** Relational uncertainty is a foundational element of relational turbulence (Solomon & Knobloch, 2004). Knobloch and Solomon (2004) define relational uncertainty as “the degree of confidence people have in their perceptions of involvement within interpersonal relationships” (p. 797). There are three facets of relational uncertainty, and each must be considered and understood in order to assess the full extent of uncertainty between romantic partners. Self uncertainty has to do with one’s own doubts in the relationship, whereas partner uncertainty refers to doubts about their partner’s interest (Solomon & Knobloch, 2004). The third facet, relationship uncertainty, encompasses any question or doubt about the relationship itself in response to a turbulent event (Solomon & Knobloch, 2004). Relational uncertainty includes doubts sparked by a specific relational event, as well as overall ambiguity towards the relationship (Knobloch & Satterlee, 2009). Knobloch and Satterlee (2009) propose that relational uncertainty causes partners to avoid conversations about sensitive issues.

Topic avoidance has the potential to wreak havoc on a relationship. Knobloch and Carpenter-Theune (2004) explain that topic avoidance occurs when a partner avoids conversing about certain topics with their significant other. It is used as a mechanism to maintain boundaries and closedness as partners become more intimate with one another. After surveying 218 university students involved in romantic relationships, Knobloch and Carpenter-Theune (2004) found that relational uncertainty has a direct effect on the number of topics partners avoided. Therefore, if someone is highly uncertain about their relationship, they would be less likely to discuss potentially threatening topics with their partner. In dealing with a turning point such as a

GAD diagnosis, it is imperative that couples communicate as openly as possible. Because of this, topic avoidance is a potentially dangerous mechanism to engage in during times of transition.

**Partner interference.** Partner interference also plays a foundational role in relational turbulence. As a relationship becomes more intimate, an individual agrees to share emotional and physical resources with their partner. In doing so, they may allow their partner to disrupt their plans or routines (Harvey-Knowles & Faw, 2016; Knobloch, 2007). In a study done on individuals with depressed partners, Knobloch and Delaney (2017) identified three themes of partner interference: disruptions to daily routines, disruptions to personal well-being, and disruptions to the relationship. Most individuals are used to going about their tasks routinely and independently. However, as intimacy develops, a couple must work on establishing interdependence in order to avoid turmoil (Knobloch, 2007). Knobloch and Solomon (2004) define interdependence as the coordination of behavior between partners that allows them to reach a common goal. Interdependency is the result of a committed relationship, and the RTM does not exist without it. However, if the transition from independence to interdependence is not negotiated properly, relational satisfaction may be negatively impacted.

When plans are interrupted, there may be aspects of both partner facilitation and interference at play (Solomon & Knobloch, 2004). When discussing RTM, it is important to understand the difference between partner facilitation, interference, and influence. A partner may facilitate a change if they promote and support their partner's activities (Knobloch & Solomon, 2004). A partner may interfere with a change if they disrupt or interrupt their partner's activities (Knobloch & Solomon, 2004). Partner influence refers to the effect an individual has on their partner's activities (Knobloch & Solomon, 2004). In moving towards interdependency, partners may facilitate, interfere with, and influence the other's plans.

Solomon and Knobloch (2004) speculate that frequent partner interference may correlate with a rise in relational turbulence, as partner interference is known to create negative emotion. Recent findings confirm this, revealing an overlap between partner interference and relational uncertainty (Knobloch & Delaney, 2017). This idea is supported by qualitative evidence that partner interference and relational uncertainty co-occur, challenging older notions that the two variables were independent of one another (Knobloch & Delaney, 2017). Thus, we must consider both of these variables to conduct a holistic analysis of couples dealing with a GAD diagnosis.

Knobloch and Delaney (2012) conducted a study on relational uncertainty and interference from partners dealing with depression. Through the collection of online discourse on message boards, forums, and blogs, they discovered numerous themes of both relational uncertainty and partner interference. The intersection of these variables provides the greatest insight into how couples manage depression in their relationship. Partner interference often resulted in heightened relational uncertainty in the future of the relationship or the source of the depression (Knobloch & Delaney, 2012). This study has the potential to reveal a similar overlap between partner interference and relational uncertainty, since the model will be applied to a similar disorder.

**Applying the relational turbulence model.** The RTM has been used to understand couples dealing with a variety of turning points, often centered on health diagnoses such as breast cancer or sexually transmitted infections (Harvey-Knowles & Faw, 2016; Solomon et al., 2016). Harvey-Knowles and Faw (2016) conducted a study on communication in intimate relationships post-HPV testing. Undergraduate university students were asked to take an online survey in order to gauge levels of partner interference during the transitional event. Through the

application of the RTM, they found that partner interference may be more positively received during a transitional event, and that individuals often need reassurance that the relationship will continue despite a positive diagnosis (Harvey-Knowles & Faw, 2016). While a GAD diagnosis is much different from an HPV diagnosis, both have a strong impact on relationships, whether it be sexually or emotionally.

In sum, RTM provides the framework to look at variables such as uncertainty and interference post-GAD diagnosis and, when applied in this study, has the potential to reveal common patterns of partner behavior. With this understanding in mind, the following research question was advanced for inquiry:

**Research Question 1:** How does a Generalized Anxiety Disorder diagnosis contribute to relational turbulence and relational satisfaction in the romantic relationships of emerging adults?



## **Chapter Two: Methods**

### **Rationale**

Most individuals with Generalized Anxiety Disorder (GAD) keep information related to their mental health private and may struggle with disclosing the information publicly. Knowing this allowed me to rule out methods such as focus groups or ethnography, since both require a level of public sharing about an individual's mental health and relationship status. While it still may be difficult for an individual to elaborate on the subject while talking with me, an interview setting at least provides the option to push their responses further and hopefully reveal more information.

Often, research on the topic of mental health and relationships has been quantitative. Most studies use data collected via surveys and questionnaires to answer their research questions. Though my method does not align with prior approaches to research, I am hoping that those in the conversation will see the value of my approach. An interview setting gave me the opportunity to ask follow-up questions and gain deeper insight into the communicative processes of each individual.

The Relational Uncertainty Model has been used in many different forms of research. In their study on themes of relational uncertainty and partner interference from partners in depression, Delaney and Knobloch (2017) gathered online message board data. Their qualitative data allowed them to discover an intersection between the two variables (uncertainty and interference) that had not been realized before. Whereas quantitative data is often collected to understand relational uncertainty, their work proved that a qualitative lens may allow for a deeper understanding of relational satisfaction and how it is affected by depression.

Sharabi, Delaney, and Knobloch (2016) conducted a separate study on how clinical depression effects romantic relationships. They used an online questionnaire as the method for their research in order to gather rich descriptions from partners. While their method still differs from my own, the idea of collecting rich, descriptive data and providing participants with open-ended questions is similar to my approach. The ultimate goal of conducting interviews is to curate the words of emerging adults who experienced a GAD diagnosis in their relationships.

### **Participants**

I interviewed 12 individuals who had personally been diagnosed with Generalized Anxiety Disorder while in a romantic relationship. Out of the 12 who participated, two were male and ten were female. Because this study focuses on emerging adult experiences, recruitment was limited to participants between the ages of 18 and 25. The final participant population was comprised of volunteers between the ages of 18 and 23. All individuals were in heterosexual relationships. Relationship length ranged from less than a month to two and a half years.

To recruit participants for this study, I made use of my social network and access to the student body population through faculty at a large public university in the southwest region of the United States. In order to reach the desired number of participants, I used snowball sampling as my main method. I began by interviewing individuals in my own social network who I thought might be willing to talk with me about their experiences. I then asked initial interviewees to share the research opportunity in their social networks and refer me to friends who might be eligible to participate. I also reached out to the communication department at my university, many of whom shared my study with their classes via poster or PowerPoint slide. Lastly, recruitment flyers (see Appendix E) were posted on the university campus and surrounding

neighborhoods to reach a wider range of participants. Flyers included an email address at which interested and eligible participants could reach me in order to discuss their experiences in a one-on-one interview.

### **Procedures**

All subjects were asked to participate in one-on-one, in-depth interviews, which lasted between 20 minutes and 45 minutes. An interview schedule (see Appendix C) guided each interview. Seven interviews were conducted in person and five interviews were conducted over the phone. In person interviews took place in private university study rooms. All interviews were audio-recorded, downloaded, and stored on my password-protected personal computer. After recording, I manually transcribed each interview.

Before each in-person interview, participants were asked to read an informed consent form (see Appendix D) to read and then verbally consented to the interview and my recording the interview. I did not ask for written consent in order to maintain participant privacy and acknowledge the sensitive nature of the topic. For phone interviews, the informed consent form was emailed to each participant prior to the interview and verbal consent was given over the phone. I signed consent forms digitally and stored them on my personal computer.

### **Analysis**

After collecting and transcribing my data, I began the coding process. Coding entails a systematic review of data to identify passages and words that fit into my unit of analysis, and ultimately led me to uncover themes. According to Grbich, thematic coding is a more specific form of analysis that required me to “segment, categorize, and link data to identify emerging themes” (as cited in Durdella, 2019, p. 272).

I went through different phases of coding in order to ensure that I was getting the most meaning out of my data. After transcribing, the data was printed out and color-coded by hand to sort into first-level codes. After the first round of general coding, I created an online spreadsheet to identify patterns among the data. The same colors used for the first round of coding were also used in the spreadsheet to sort the data. After identifying the most commonly used words and phrases among all transcripts, I settled on the following categories: Togetherness/Separation, Partner Support/Partner Interference, High/Low Relational Satisfaction, Positive/Negative Outcome, Anxious Partner Responses, Need/Want, and Think/Know/Feel. Need/Want and Think/Know/Feel categories were used to identify the number of times each of the words (need, want, think, know, feel) and their variations were used by participants in each interview. The other categories were made up of sets of first-level codes containing descriptive words and phrases that fit within them. Coding continued until I reached saturation and no new findings were identified.

The goal of thematic coding was to identify common themes and patterns of relational uncertainty, partner interference, and relational satisfaction amongst individuals who experienced a GAD diagnosis in a romantic relationship. This method allowed me to uncover commonalities and highlight discrepancies between participants. The patterns found throughout this process are further explored in my findings.

### Chapter 3: Findings

After conducting many in-depth interviews and thematically coding the data, a few core themes emerged. The following section will help answer my research question, “How does a GAD diagnosis contribute to relational turbulence and relational satisfaction in the romantic relationships of emerging adults?”

#### **Most Participants had Different Satisfaction Levels than Their Partners Post-Diagnosis**

Almost all individuals, regardless of relational outcome, reported having different levels of relational satisfaction than their partners post-diagnosis. Relational satisfaction has the potential to impact partner interference and relational confidence. So, gauging levels of relational satisfaction in each relationship is essential to understanding both variables in the RTM. In each interview, participants were asked to share both their personal relational satisfaction as well as to speculate on their partner’s relational satisfaction before and after diagnosis. Regardless of participant’s satisfaction levels being low or high, partner satisfaction levels had a tendency to be different. For example, one participant talked about how the diagnosis increased her own satisfaction:

I feel like I’ve actually, I feel like my satisfaction has gone up in a way because it’s kind of reaffirmed this fact that, like, because I know that I can depend on him and like share if anything happens or if I’m feeling anxious or if I feel like I’m gonna have a panic attack or whatever I can call him or I can text him. If you read through our texts it can be incessant where I’m just like, ‘Yeah, I feel like I’m panicking,’ and he’s kind of there to, I mean, kind of be, I don’t know, kind of pacify me I guess. So, I think that my satisfaction in that now that he knows what I’m going through has been definitely increased.

This participant went on to say that she thought her partner's satisfaction had decreased:

I can only go off of what he's told me, however, I feel like I've expressed to him that I feel really bad or I feel like I'm putting a burden on him with talking about that kind of thing...I feel like I put a stress on him...maybe his level of satisfaction has, maybe it stayed the same, but it's also maybe gone down a little bit.

It was difficult for some participants to speculate on their partner's feelings, though other participants were certain that they and their partners were experiencing different levels of satisfaction post-diagnosis. In one case, despite the participant's relational satisfaction decreasing, she was convinced that her partner's had increased:

Cause I think for me I was like, 'Oh, like, I need more from a relationship.' And in his mind, he thought "Oh, it's not my fault and it's not my responsibility to make her feel better,' I guess.

It was not uncommon for others to see a similar shift in their partner's post diagnosis. Many speculated that their partners felt relief once they had a clinical diagnosis to back the symptoms of GAD. However, some participants felt as though their partners saw an increase in satisfaction because they felt less obligated to help them navigate their anxiety. Illustrative of this is another individual's comments on her partner:

I do think [the diagnosis] helped him because, I don't know. He was really struggling, and he was always like, 'I can't deal with this,' ...he would always be like, 'You can't be telling me, you can't keep calling crying, having these panic attacks or anxieties to act like...' blah, blah, blah. So, I feel like after I did start to see someone he was relieved. Like, he was like, 'I'm willing to work with you more,' you know what I mean? So, I do think it helped him a little, but again, not all that much.

Even a small increase in satisfaction on a partner's end can increase the divide between parties in a couple. This is especially true when their partner's increase in satisfaction correlated with a decrease in responsibility and communication. However, differences in satisfaction did not necessarily mean differences in relationship status. A few couples successfully navigated their differing satisfaction levels by having productive discussions. After going through the diagnosis together one individual mentioned a conversation she and her partner had to address their concerns: "We had a positive discussion about it and there hasn't been a problem since." While the same cannot be said for all couples, this is a great example of partners working together interdependently to reach the same level of satisfaction.

In one unique circumstance, a participant described how he went through different satisfaction levels before ultimately ending things with his partner. He detailed changes in his satisfaction post-diagnosis:

Short term, yes. Increase in satisfaction. Cause I felt like I, then this person said, 'Okay, I understand that this is something that you have, not just like a bad personality trait and you're just kind of mean or you're kind of this or stuff.' Instead, I was like, 'Nope, this is something that I have,' and I was able to lean on that. And that helped the other person to see, okay, I need to be more open to helping solve this or working with this if I wanna be with this person. Long term, definitely not. [Satisfaction] was much worse.

While this individual seemed to go through varying levels of satisfaction, he speculated that his partner's satisfaction stayed the same. Regardless of whether or not satisfaction remains static or fluctuates, acknowledging that many partners process turbulent events such as GAD diagnoses differently is key to understanding the rest of its impact on relationships. If individuals are unable to recognize changes in their partner's satisfaction, regardless of who is diagnosed

with GAD, there is no room for a conversation to emerge. Open communication is key to maintaining similar levels of relational satisfaction, and the first step in bringing satisfaction levels up seemed to be talking about them.

### **Relationship Duration and Relational Outcome**

There was no connection between the length of relationship and relationship success. While it is easy to assume that couples who were together for a longer period of time before the diagnosis would be more likely to stay together in the long run, it was not the case among the sample interviewed. One individual who had been with her partner for a year and a half said she was very confident in the relationship before and after the diagnosis. When asked why she had no doubts about the relationship after she was diagnosed, she said:

I think that has a lot to do with just the length of the relationship. Like, we'd been together for so long so going into it, going into it I was confident and then, like, it stood the test of time I guess you could say.

Being together for a long period of time does not necessarily ensure a relationship's success. In fact, the longer a couple is together, the more turbulent events they may encounter. Each of these events brings different challenges; some may prove more difficult to endure than others. The individual above eventually broke up with her partner due to difficulties coping with the diagnosis and communicating with him.

Another participant was in a relationship for two years before she was diagnosed with GAD. She explained how she knew her relationship "...was doomed from the start. But, somehow, we made it last for three years. But there was just so many warning signs and I just ignored them because I was infatuated with him." As mentioned in previous literature, emerging adults are in a stage of life where they are curious and begin dating to figure out what they want



and do not want. There is often a tension between what is good for them and what they want. Participants who reflected on their relationships and deemed them as unhealthy struggled to keep them from breaking up post-diagnosis, regardless of how long they were together. While there are other factors that can contribute to the demise of a relationship, the GAD diagnosis is often the turbulent event that pushes it over the edge.

Not all couples who stayed together were in long-term relationships before they were diagnosed. A participant who had only been dating her partner for four months felt that the relationship is what helped her get through the diagnosis, despite the short time they had been together:

...in my own sense, like, knowing that I have someone or like, or that he's there for me if I need him or that I can kind of depend on him and rely on him. So not necessarily that he even knows that he is the person I really depended on for it, but the fact that I know that and I've kind of come to terms with that just helped me.

Throughout the interview, she described her partner as her "support system" and being "...very supportive and encouraging of me to do what I need to do."

Another participant who dated her partner for two years before diagnosis noted how the amount of time they had been together helped them process the diagnosis:

He'd handled me having, like, I had been depressed since before we started dating and he handled really well when I told him about that. I wasn't really worried that he would be [unsupportive]...

While there was no definitive correlation between relationship length and outcome, it is still important to take relationship length pre-diagnosis into account. Looking at why and how

certain communication styles are established can make it easier to understand other variables such as relational uncertainty and satisfaction.

### **Changes in Relational Confidence Levels**

All participants were asked to reflect on their relational confidence before and after diagnosis. Relational confidence can be understood as an individual's uncertainty or doubts about their relationship. Confidence levels were ranked on a scale of not confident at all, somewhat confident, or very confident. The only individuals who reported higher relational confidence levels post-diagnosis were those who ultimately stayed with their partners. One participant said she was initially nervous to tell her partner about the diagnosis:

I was worried like if I tell him...is he gonna think it's weird? Is he gonna stigmatize me?...But then the fact that he didn't and then was supportive increased my confidence in the relationship.

Although they exist as separate variables in the RTM, relational confidence and partner support can feed off of each other. This is a prime example of confidence increasing upon the confirmation of partner facilitation. Had this participant perceived her partner as interfering, her relational confidence may have decreased. Kashdan's 2007 study touched on potential misinterpretation when an individual wrongly perceives their partner's actions. Many participants ran into the problem of perceiving their partners to be interfering with changes rather than facilitating them, which may be one reason why confidence levels went down.

Out of the eight individuals that broke up with their partners, seven saw either a decrease or no change in confidence levels pre- and post-diagnosis. This contrasts with participants who remained in their relationships, as none of the seven considered themselves "very confident" pre-diagnosis. In fact, when reporting their confidence levels post-diagnosis, all but one said they felt

“not confident at all.” Confidence levels did not always coincide with GAD diagnoses, however. Some participants noted that there were other signs that made them feel less confident:

I was not really confident...I also knew that he wasn't that committed to me. I picked up on that and that was tied into the dishonesty, and so I didn't think that it was gonna be successful long term.

While this participant's reasoning is not directly tied to her diagnosis, it provides a view of the circumstances within the relationship at that time. Even if the diagnosis was not the main contributor, it is necessary to determine what elements were negatively impacting the relationship. Feeling as though the relationship is constantly declining can be draining on an individual. One participant remarked, “I mean initially I never really felt confident in the relationship, but it was more like towards the end.” This individual experienced a consistent decline in relational confidence, and a constant feeling of uncertainty. If neither partner attempts to alleviate doubt,

### **Partners Who Made Life Easier Post-Diagnosis**

All individuals that maintained their relationships reported that their partners made their lives easier post-diagnosis. Their responses illustrate the concept of partner facilitation. When one participant had to adjust her daily routines post diagnosis, her partner responded positively:

...he, I think, was mostly interested in me feeling better, and so even if it wasn't always awesome for him, like I had to leave a situation that he wouldn't prefer that I left, he was more interested in me feeling comfortable because then I'm a better partner to be with.

In this relationship, both partners understood the need to make sacrifices for one another. Willingness to adapt when necessary helped couples endure turbulent events and grow stronger together. A participant described her partner's attempts to alleviate her anxiety:

He definitely made [life] easier...he's definitely done...whatever to distract me or talk me, you know, talk things through...in my own sense like knowing that I have someone or like that he's there for me if I need him or that I can kind of depend on him and rely on him...

Her partner helped facilitate changes in her routine in order to process the diagnosis in a positive way. Thus, when partners failed to support one another, life became more difficult.

### **Partners Who Made Life More Difficult Post-Diagnosis**

Most individuals whose relationships ended reported that their partners made their lives more difficult after they were diagnosed with GAD. This finding is somewhat unsurprising, as one would assume that an individual would break up with their partner if the relationship was not a positive part of their life. One participant detailed her thought process after a particularly bad panic attack:

I don't know if I wanna be in a relationship with someone who just automatically dismisses my feelings of anxiety or whatever I was feeling in the moment of discomfort, and just labeling me as, 'Oh, she's being dramatic.'

She goes on to say that her partner also negatively responded to her going to therapy, something she said helped her cope with the diagnosis and improved her anxiety:

He would say, 'Well, I feel like therapy almost makes you think that you're a victim of things, even when you should just, like, tough it out.'

In this case, both partner interference and low relational satisfaction contributed to the relationship ending. During a time when the individual needed support more than ever before, she was met with criticism and dismissal. Another participant felt the same way when trying to navigate the diagnosis with her partner:

A lot of my thoughts and concerns got brushed off as irrational or ‘You’re being too emotional,’ or ‘You’re crazy,’ or just like, ‘I can’t deal with this.’ And a lot of like, I would call multiple times and no response.

In this circumstance, the couple was long-distance and were only able to communicate over the phone. Distance adds another dimension to an already difficult diagnosis, putting even more pressure on a partner to provide support in the only way they are able to: verbally. Failure to do even the bare minimum when it comes to communication and facilitation were clear indicators that the relationship was on the decline.

Not all participants were met with negativity from their partners post-diagnosis. Upon expressing to his partner that she was contributing to his anxiety, one individual recounted his partner’s response:

When I did express that yes, you are contributing to [my anxiety] more and more every day, nothing changed...Everything was always, then, like ripping every little detail apart and it was so overwhelming and annoying, and I just wanted to get away from it so badly. So, I did.

This is a clear example of partner interference. Despite efforts to communicate with his partner and tell her what he needed, this couple never reached a point of interdependence. Constant feelings of partner interference took over and ultimately led them to break up.

### **Partners Who Were Apathetic Post-Diagnosis**

Apathy was another common partner response to an individual’s GAD diagnosis. In more than one interview, participants depicted their partners as failing to respond to the news of the diagnosis, signaling disinterest and a general lack of caring. When asked if his partner made his life easier or more difficult post-diagnosis, one participant said:

I can't say that she made it better or difficult, but it just was basically indifferent because I didn't feel like I should put the pressure on her to make it better...

Some responsibility lies on the individual to clearly communicate to their partner what they need as they deal with a turbulent event. However, partners must also step up and show willingness to do what is necessary if they want to preserve the relationship. In this case, both individuals failed to communicate which ultimately led to the end of the relationship. Another participant described her frustration with her partner as she attempted to engage him and talk to him about what was happening. Yet, he still refused to put in effort:

My partner wasn't necessarily understanding of what was happening or didn't necessarily want to understand what anxiety, like, how it affected me, like, my daily life, and me personally.

Willingness to work through turbulent events is essential to maintaining a healthy relationship. This is a prime example of a partner displaying apathy despite the gravity of the transitional event. One participant found herself in a similar situation when she tried to tell her boyfriend how she was feeling: "He, like, knew I was struggling but he didn't seem to care." Showing concern for a partner's well-being and mental health should be a given in any relationship. Such signs of apathy are clear indicators that either one or both individuals in the relationship are failing to communicate or do not care enough about the relationship to preserve it.

### **Diagnosis and Shifting Communication Styles**

Multiple communication styles emerged as individuals discussed how communication shifted pre- and post-diagnosis. Differing styles of communication were separated into one of two categories: Open communication and guarded communication. While most couples who

stayed together fell into the “open communication” category, there were a few individuals who broke up with their partners but still reported open communication in their relationships.

**Open communication.** Many couples who stayed together believed that openly communicating with each other facilitated the continuation of the relationship. One participant explained how she and her partner managed to remain open with one another post-diagnosis:

As we go, if something doesn't work, I let him know 'Hey, can we try this instead?' or 'I really need this from you right now.'

Being clear about what is expected and needed from a partner is key to maintaining a healthy relationship. However, occasionally open communication was not enough to guarantee the survival of the relationship. Some couples ultimately broke up even though they engaged one another in an open style of communication. One individual reflected on how his partner reacted to the initial diagnosis:

I think what happened in her perspective is that she realized like, okay, this person is genuinely dealing with something, and I'm gonna be there for him...From my perspective, I definitely felt that, and she expressed that to me and I think that she definitely took on more of a role of like, okay, well I'm going to make sure that I'm aware of if [he] is dealing with anxiety.

Here, communication was too open. His partner, who may have had positive intentions, began to constantly pick at different aspects of the relationship to ensure that she was not contributing to his anxiety. This unique scenario illustrates a different kind of relationship where a partner may think they are being helpful by constantly initiating conversation, while actually making the situation worse.

Another individual described how her boyfriend made attempts to communicate with her in the midst of an anxiety attack:

He talked through it with me, so he was asking me, ‘Why, you know, why are you feeling so anxious? Like, what about the movie is making you panic?’ and trying to find solutions and talk through it. And rather than be like, you know, like have me, have me be thinking about this like going on in my mind about it, like trying to get, kind of, the feelings out. So, helping me talk through it...

The variations among this style of communication are a great reminder that open communication does not always equal positive communication. While couples should still strive towards an open communication style, other steps may need to be taken in order to ensure that both partners are satisfied and interdependent.

**Guarded communication.** Communication often became guarded because partners did not create an environment in which participants felt like they could talk about their feelings without judgment. Thus, guarded communication can cause couples to break up if they are unable to overcome it.

Typically, couples that broke up had restrained, reserved, or closed communication styles. Failure to communicate thoughts, feelings, needs, and wants ultimately led to the demise of many relationships. One individual discussed his efforts to openly communicate with his partner, but was met with apathy:

Once I was more open with her being like, ‘Oh I have a lot of these kind of feelings and I wanna talk about these. Like I have a lot of stuff on my end that I need to deal with,’ and she had a lot of stuff to deal with as well, and I was saying, ‘I will be there for you.’



But she couldn't come the other side halfway to meet me...she didn't even wanna put in that just little bit of effort.

Attempting to communicate openly with a partner and being shut down can cause an anxious individual to retreat further into their own thoughts, disconnecting them even more.

Another individual described her experience trying to communicate with her partner:

I would just say there was less communication. When there was, it was like disinterest in what each other was doing. Making plans with each other was literally kind of like pulling teeth.

Infrequent communication was made worse when individuals were met with resistance from their partners. If only one partner is putting in effort and the other was not willing to compromise, it was nearly impossible to reach interdependence.

### **Describing the Nature of the Relationship**

**Need versus want.** The coding process revealed an interesting discrepancy: the difference in relational outcome between participants who tended to use the word want more than need or need more than want. In their talk, participants used the word "need" to imply that something is essential, rather than simply desirable. When individuals used the word need more often than want to describe their relational experiences, it implied a sense of confidence in the expectations set for their partner to meet. Participants who used "need" more often all remained in their relationships post-diagnosis and were typically satisfied by their partners. When asked how communication changed in her relationship post-diagnosis, one subject responded:

It was just more clear, like, why I *needed* (emphasis added) so much attention or I *needed* (emphasis added) certain things from him. It was clear to him and me why I

*needed* (emphasis added) that and how important it was...and made it more like, okay, this is something we *need* (emphasis added) to do. Like, it's okay, just deal with this.

Using the word “need” to describe the changes necessary post-diagnosis indicates a level of trust and confidence that things would change accordingly in order to accommodate the diagnosis. If she had said “this is something we want to do,” instead, it may have been understood as a change she was desiring but not being met with by her partner. In this case, the individual and her partner are still together today as they worked together to shift their relationship and improve communication when necessary. Another subject who is also still with her partner described his response to her GAD diagnosis, where “He was like, ‘okay, we need to figure this out.’” It is important to note here that the partner also used the word need rather than want in this context. Again, if he had said “we want” instead of “we need,” there is a lack of motivation implied and it becomes easy to look at the diagnosis as something that might be addressed but isn't important enough to warrant a huge change. Sharing the same outlook is important for couples to be successful in navigating such a big transition in the relationship. When necessary steps are not taken, many relationships begin to deteriorate.

Those who used the word “want” more than “need” to describe their relationships typically saw their relationships end. Participant's chose the word “want” to describe a desire or wish for something. The difference in meaning between “want” and “need” is that the “want” definition lacks necessity. Without deeming something necessary, any sense of urgency or motivation to do something diminishes. One participant described how she hoped the diagnosis would create positive change in her relationship:

I think I was more self-aware and so I was more careful and intentional with what I said. And I think I also really *wanted* (emphasis added) to involve him in the process of

me learning about myself and learning different things that triggered me and caused more anxiety, and so I think that I, we, had more evolved conversations about my feelings and stuff.

At the surface, it would seem as though a positive change had occurred. However, as we break down the quote and put it in the context of the relationship, it actually indicates that the relationship was on the decline. Opting to use the word “wanted” when referring to his involvement rather than “needed” indicates a sense of disappointment. Additionally, the use of “want” in the past-tense reveals that the desire for involvement existed previously, but not currently. These clues, while seemingly small on the surface, bring light to miniscule details that provide insight into the downfall of the relationship and its eventual outcome.

Another participant explained how her partner failed to meet her needs despite attempts to gain his support:

It’s not like I *needed* (emphasis added) a lot, I didn’t *need* (emphasis added) to be driven to class to class to class, but there was definitely times where I’d be home alone at night and I just *wanted* (emphasis added) him to come over and he wouldn’t.

Her response encompasses wants and needs. In describing the needs of her partner, she reveals that her wants were not met. This can put an individual in an incredibly difficult situation, where they assume that if they meet their partner’s needs, their partner will make efforts to meet theirs. If she had used the word “needed” in place of “wanted” in the above quote and used the same words to communicate with her partner, a different impression would have been left.

**Catastrophic language.** At different points in each interview, many participants had a tendency to describe their relationships using what can be called “catastrophic language.” For the

sake of this study, catastrophic language can be understood as a word or a phrase that implies imminent disaster and/or an extreme lack of control. To be clear, the quotes included in this section are all from participants who eventually broke up with their partners. The following examples illustrate this idea.

A pattern of catastrophic language began to emerge as words such as “downfall” and “doom” were identified in more than one interview. When I started to dig deeper, I found that many similar forms of expression were being used by participants to describe the decline of their relationships. One individual expressed contempt for her relationship when she said, “Oh yeah, that thing crashed and burned.” “Crash and burn” indicates catastrophe and stuck out to me as I listened to her elaborate. It seemed like a very harsh use of language. However, it was an apt description of how she felt towards the relationship. Another participant outlined the period of time when his partner made it clear the relationship was going to end: “You get to one spot of what they’re doing and then it just snowballs down the hill.” While this may not be as strong of a phrase as the last one, the metaphor still indicates a loss of control.

When describing her partner’s satisfaction, one individual actually used the term “catastrophic”:

There were a few actions that I think like kind of helped kick start the anxiety, like, start to spiral in my mind. But then I think his dissatisfaction started because, like, I would take, like, it became kind of catastrophic thinking. Like ‘Oh, I’m not hearing from him. He’s doing this, like, or just like talking to someone else. Or he doesn’t care anymore.’ Just little things and overthinking it and catastrophizing it, so his satisfaction changed as well.

It is important to note the connection between “little things” and catastrophe in this quote. While catastrophes are often connotative of events that are detrimental and huge, in the context of a relationship small instances can be interpreted as catastrophic. One way to mitigate this is to openly communicate as issues arise. However, when couples fail to do so – in this case, the individual stopped hearing from her partner – an anxious mind can easily take over.

Another participant also began to see signs of decline in her relationship after she was diagnosed with GAD:

...that’s kind of when it started going downhill and that’s kind of when the anxiety hit its top peak, because that’s kind of when our relationship splattered, like, started to drift and stuff.

This individual correlated rising anxiety with declining satisfaction using multiple metaphors. As anxiety peaked, the relationship went downhill. Other participants used similar metaphors to illustrate the same idea. When asked about how communication changed in his relationship post-diagnosis, one participant said he began to “amplify” things in his head, which caused his anxiety to culminate: “You get to one spot of what they’re doing, and then it just snowballs down the hill.” In metaphor, a snowball can be understood as an object that picks up speed and momentum as it goes downhill. If relational satisfaction is the snowball, then it can be assumed it quickly declined in this particular relationship. Another individual reported reaching a similar “peak” of satisfaction in his relationship, followed by a slower decline:

We were very open with each other, and it was kind of like a bonding experience in a way...cause...like I said, the openness definitely made us feel very connected and after that a very slow decline.

While this participant did not use blatantly catastrophic language, his words highlight a similar experience. Whether or not individuals chose to use catastrophic forms of language to describe their relationships, many of them still illustrate the same ideas. Almost everyone who enters a relationship reaches a high point of satisfaction, but the subsequent response from both parties is what determines the next steps.

## **Chapter Four: Discussion**

### **Rationale**

The goal of this research was to expand the application of the RTM in the realm of mental health. Previous studies looked at physical health diagnoses and their impact on romantic relationships but failed to acknowledge the impact of mental health diagnoses. Additionally, limiting a research sample to emerging adults is something that had not been done when applying this model. The two main variables of the RTM – relational uncertainty and partner interference – were each examined to better understand how they were influenced by a GAD diagnosis. Again, it is important to note that these variables were examined in the context of emerging adults' relationships. This study may have yielded different results had the age group not been initially defined.

### **Relational Turbulence**

The GAD diagnosis was considered the main turbulent event in each relationship. However, differing relationship durations meant that certain couples had been through previous turbulent events. Reflecting on the theme of relational duration and relational outcome, there was no pattern among couples who had experienced prior turbulent events and those who had not, which indicates that communication styles and interdependence carry more weight than relationship length.

### **Relational Uncertainty**

Questions about relational uncertainty were reframed as relational confidence in the context of interviews, in order to minimize confusion on behalf of participants. Individuals reflected on their self uncertainty when asked about their levels of confidence in the relationship before and after diagnosis. Additionally, many also revealed their levels of relationship

uncertainty in their responses. When answering, they also gave a glimpse into their perceptions of partner uncertainty. However, since both partners were not interviewed, reports of partner uncertainty may not have been fully accurate.

In Knobloch and Carpenter-Theune's (2004) research on topic avoidance and relational uncertainty, they stated that lower confidence levels equate to more topics avoided. My findings supported this notion, as topic avoidance was common among individuals who had low confidence in their relationships. Many participants who felt uncertain told stories about their partner's unwillingness to discuss topics related to GAD, which created tension between them. Typically, tension resulted in further partner interference and sometimes the end of the relationship.

### **Partner Interference**

Participants were asked whether their partners made life easier or more difficult post-diagnosis. Partners who made life easier tended to facilitate changes, while those who made life more difficult interfered with changes. There was a clear difference between partners who interfered with and partners who facilitated interdependence in each relationship. While apathy emerged as another partner response, it can be considered a sub-category of partner interference. Since partner's who showed apathy tended to be unengaged and unwilling to discuss relationship issues, they often interfered with attempts to increase relational satisfaction and confidence.

Most participants reported that their partners interfered with their lives and ultimately were left feeling isolated in their relationships. This ties in with observations about partners who made life easier post-diagnosis versus partners who made life more difficult. Couples who did reach a balance and felt supported by each other had successful relationships. This reaffirms the notion that an equilibrium must be reached if a couple hopes to stay together long-term.



### **Emerging Adults' Relationships**

Roberson et al. (2017) drew on ambiguity and satisfaction as variables to understand what types of daters emerging adults were. A majority of respondents fell into the categories of committers or settlers, who had moderate to high satisfaction levels paired with low ambiguity (Roberson et al., 2017). I directly examined relational satisfaction in this study, and relational uncertainty can be tied to ambiguity. Since most of the individuals I interviewed reported low levels of relational confidence, they either fell into the “casual daters” or “volatile daters” categories. The outliers, those who maintained and felt confident in their relationships, fell into the dominant categories of the previous study. Although my findings do not support the aforementioned study, they bring to light an interesting point regarding GAD. Since turbulent events are tied to relational uncertainty, we would expect participants to report lower levels of relational confidence. This is atypical, as a majority of emerging adults who enter relationships will not encounter this specific type of turbulent event, and therefore would be unlikely to report a high amount of ambiguity.

### **Limitations**

There was a potential for bias in this study, as I had personal experience with anxiety and may have relayed that in my writing. Part of my inspiration for conducting this research was going through the same experience on my own – navigating my own GAD diagnosis while in a romantic relationship. Despite there being room for biases to come through, I think there was some benefit to my having personal experience with this topic. I was able to empathize with participants and present questions in a way that I felt was appropriate and sensitive when necessary.

One of the main limitations of this study was only getting the perspective of the individuals in the relationship who was diagnosed with anxiety. The decision to only interview the partner diagnosed with GAD was made in order to ensure that the data could be categorized within a singular group. If the criteria for participants had been widened and anyone who had been in a relationship with someone diagnosed with GAD was allowed to participate, it would have been another variable to take into consideration. In a way, limiting interviews to those diagnosed simplified findings. However, neglecting to interview both partners meant that one individual was forced to speculate on their partner's feelings of satisfaction and confidence. While it is assumed that participants told the truth to the best of their ability, it is important to keep in mind that their perceptions may have been skewed, particularly in the event of a bad break up.

Lastly, participants had to voluntarily reach out to me in order to be interviewed. This meant that the individuals who responded were probably more self-aware than others, especially considering that they needed a clinical diagnosis to be eligible. The main limitation of interviews themselves is that they rely on self-report and participants can choose what to share. Even if participants were truthful, they could have remembered things incorrectly or have a different perception of something than what is or was reality. There is probably a large population of students that would have fit my study but either were not willing to talk about it or were never clinically diagnosed. Within this sample, most respondents were female. While gender may not play a major factor in the responses of those diagnosed, an even distribution of males and females may have led to better results.

### **Future Research**

One subject that came up in some interviews was long-distance relationships. As this was revealed, I found it necessary to adjust certain questions. While I was unable to explore long-

distance as a separate variable in this study, I believe that looking physical distance between partners may reveal other implications. When a partner is unable to support their partner physically, much more pressure is put on verbal communication. This can create even more tension and make it extremely difficult for couples to maintain open communication. It also makes it easier for couples to avoid communicating with one another, which led to the demise of some relationships in this study. Thus, further research may be necessary to better distinguish between long-distance couples and couples who live in the same place.

As mentioned above, a major limitation of this study was only interviewing the partner diagnosed with GAD. Conducting another study that interviewed each partner separately and together would provide validity to the findings in this paper. There is more to be uncovered when examining the not only each partner's individual perspective, but the differences between their perspectives as well.

Another concept this study did not touch on was the process of disclosing the GAD diagnosis to a partner. It is possible that an individual's disclosure process impacted relational uncertainty and/or partner interference. Taking a step back and diving deeper into disclosure styles and other factors such as relationship duration pre-diagnosis may reveal other key insights.

## **Conclusion**

Collectively, the findings in this study help illuminate the broad impact that mental health diagnoses have on those around us. It has been long misunderstood that mental health is simply a personal problem, when in actuality it impacts almost everyone an individual comes into contact with. As the number of GAD diagnoses rises, it is imperative that the impact of both mental illness and the diagnosis itself are explored. This research is especially necessary in the context of romantic relationships, specifically those among emerging adults. If couples are not taught

strategies to process the diagnosis both individually and together, they are set up to fail. I hope that my study brings to light the importance of this topic and encourages scholars to dig deeper and ensure that future generations are prepared to take on whatever turbulent events they may encounter.

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## **Appendices**

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**Appendix A: IRB Approval Letter**

## Office of Research Integrity

UNIVERSITY OF COLORADO **BOULDER****INSTITUTIONAL REVIEW BOARD**

16-Jan-2018 Dear Sarah Wadsworth,

On **16-Jan-2018** the IRB reviewed the following protocol:**APPROVAL**

**Institutional Review Board 563 UCB Boulder, CO 80309 Phone: 303.735.3702 Fax: 303.735.5185 FWA: 00003492**

Type of Submission:	Initial Application
Review Category:	Exempt - Category 2
Title:	Exploring the impact of a Generalized Anxiety Disorder diagnosis on relational turbulence and satisfaction in the romantic relationships of emerging adults.
Investigator:	Wadsworth, Sarah
Protocol #:	17-0711
Funding:	None
Documents Approved:	17-0711 Protocol (16Jan18); 17-0711 Consent Form (16Jan18); Appendix 1: Recruitment Flyer; Appendix 3: Interview Schedule;
Documents Reviewed:	Protocol; HRP-211: FORM - Initial Application v8;

The IRB approved the protocol on **16-Jan-2018**. Click the link to find the approved documents for this protocol: [Summary Page](#) Use copies of these documents to conduct

your research. In conducting this protocol you must follow the requirements listed in the [INVESTIGATOR MANUAL \(HRP-103\)](#).

Sincerely, Douglas Grafel IRB Admin Review Coordinator Institutional Review Board

**Appendix B: IRB Protocol**

**TITLE:** Exploring the impact of a Generalized Anxiety Disorder diagnosis on relational turbulence and satisfaction in the romantic relationships of emerging adults.

**PROTOCOL VERSION DATE:** January 16, 2018

**VERSION:** 1.1

**Article I. PRINCIPAL INVESTIGATOR (PI):**

---

Name: Sarah Wadsworth

Address: 2315 Spruce Street Unit 1, Boulder, CO 80302

Telephone: 925-200-0559

Email: [sarah.wadsworth@colorado.edu](mailto:sarah.wadsworth@colorado.edu)

**Article II. KEY PERSONNEL**

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**Name:** Sarah Wadsworth

**Role in project:** Principal Investigator

**Name:** Dr. Ruth Hickerson

**Role in project:** Faculty Advisor

**I. OBJECTIVES**

---

The objective of this study is to better understand how a Generalized Anxiety Disorder (GAD) diagnosis influences relational satisfaction in emerging adult's romantic relationships. More specifically, the PI will examine how 18-25-year-olds in romantic relationships navigate turning points (GAD diagnoses) and ultimately how those turning points affect relational uncertainty and partner interference. To do this work, the PI will engage in one-hour interviews with emerging adults who have been diagnosed with GAD while in a romantic relationship, or who have been in a romantic relationship with someone who was diagnosed with GAD.

**II. BACKGROUND AND SIGNIFICANCE**

---

In 2016, the American College Health Association's "National College Health Assessment" reported that 19.7% of undergraduate and graduate students were diagnosed or treated by a professional for anxiety in the past year. Thus, the need for more research on anxiety disorders is necessary. One of the most common mental health disorders among emerging adults is Generalized Anxiety Disorder, which is characterized by excessive worry and anxiety lasting longer than six months, even when the individual is not threatened by a specific danger (American Psychological Association, 2002). GAD drastically affects not only the life of people it afflicts, but and the lives of those close to them as well. Little is known about GAD's impact on romantic relationships, but with more emerging adults being diagnosed each year, there is an obvious need for additional research on the subject. Once diagnosed with GAD, the individual must disclose the information to their partner. However, in doing so, relational satisfaction may be compromised.

To better understand how a couple manages a GAD diagnosis in their relationship, Solomon and Knobloch's (2004) Relational Turbulence Model will be used as a framework for this study. Relational turbulence refers to "the variety of tumultuous experiences that occur within romantic relationships" (Solomon & Knobloch, 2004). As such, the Relational Turbulence Model (RTM) "focuses on how...times of transition result in changes to the outcomes in interpersonal relationships," and is built on the constructs of relational uncertainty and partner interference (Harvey-Knowles & Faw, 2016).

The Relational Turbulence Model has been used to understand couples dealing with a variety of turning points, often centered on health diagnoses such as breast cancer or sexually transmitted infections (Harvey-Knowles & Faw, 2016; Solomon et al., 2016). In a study on communication in intimate relationships post-HPV testing, scholars used a sample of undergraduate students to conduct an online survey (Harvey-Knowles & Faw, 2016). Through the application of RTM, they found that partner interference may be more positively received during a transitional event, and that individuals often need reassurance that the relationship will continue despite a positive diagnosis (Harvey-Knowles & Faw, 2016). While a GAD diagnosis is much different from an HPV diagnosis, both have a strong impact on relationships, whether it be sexually or emotionally. The RTM provides the framework to look at variables such as uncertainty and interference post-GAD diagnosis and, when applied in this study, has the potential to reveal common patterns of partner behavior.

### **III. PRELIMINARY STUDIES**

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There have been no preliminary studies.

### **IV. RESEARCH STUDY DESIGN**

---

The PI will interview 15 to 20 individual partners who have personally been affected by their own or their partner's diagnosis of GAD. Each participant will be between the ages of 18 and 25. The PI will use an interview guide (Appendix) to conduct these interviews. Interviews will last approximately one hour and will be recorded and transcribed. Each interview will take place in person at a convenient location for both parties, or over the phone. To recruit participants for this study, the PI will make use of his social network and connections with

faculty and implement snowball sampling to reach the desired number of participants. This study is expected to last no more than 6 months.

## **V. ABOUT THE SUBJECTS**

---

This study seeks to enroll no more than 20 18-26 year olds. To be eligible for the study, participants must either currently or previously have been in a relationship with someone who was diagnosed with GAD, or have been diagnosed with GAD themselves.

Subject Population(s)  
**18-25 Year-olds**

Number to be enrolled in each group  
20

## **VI. VULNERABLE POPULATIONS**

---

No participants from vulnerable populations will be included in this study.

## **VII. RECRUITMENT METHODS**

---

Participants for this study will be recruited through snowball sampling. I will begin by identifying students at CU who are eligible for the study. Once I identify an initial group of students, I will ask them if they know anyone who fits the study criteria who I can contact. I will also reach out to professors teaching large lectures and have them mention my study to students as another form of recruitment.

In addition, I will be posting flyers around the University of Colorado Boulder campus and the surrounding neighborhoods. I will also have some University of Colorado Boulder professors share the flyer with their classes in order to recruit a wider range of participants.

List recruitment methods/materials and attach a copy of each in eRA

1. Snowball sampling
2. Flyers (Appendix 1)
- 3.
- 4.

## **VIII. COMPENSATION**

---

➤ Participants in this study will not be compensated.

## **IX. CONSENT PROCESS**

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Participants in this study will receive an informed consent form prior to the interview (see Appendix 2). Participants will be asked to read the consent form and offer verbal content to participate in an interview. If for any reason participants feel uncomfortable after reading the consent form, they will have the option of withdrawing from the study. In order to protect participant privacy, no signed consent forms will be collected.

## **X. PROCESS TO DOCUMENT CONSENT IN WRITING**

---

There are no plans to document consent in writing. Instead, a verbal consent form will be offered to participants (See Appendix 2). Participants will be asked to read and then offer verbal consent before the interview begins. The rationale for using a verbal consent form as opposed to documenting written consent is that gaining verbal consent will not require participants to write down their names on consent forms, which will aid in protecting their privacy in this study.

## **XI. PROCEDURES**

---

A total of 20 participants will participate in this study. All subjects will be asked to participate in a one-on-one interview with the PI lasting approximately an hour. An interview schedule will guide each interview (see Appendix 3). Each interview will take place in person at a convenient location for both parties, or over the phone. Before the interview, each participant will be asked to sign an informed consent form to read and verbally consent to. All interviews will be audio-recorded and then transcribed. Audio recording is mandatory in order to participate in the research. The total time commitment for each participant is one hour.

Name of instrument/tool/procedure	Purpose (i.e. what data is being collected?)	Time to Complete
Interview Schedule (Appendix 3)	Interview data	60 minutes
Audio recorder	Interview data	N/A

## **XII. DATA MANAGEMENT**

---

The data that is collected for this study (both audio-recorded and transcribed files) will be stored in password-protected files on the PI's password-protected personal computer. Transcribed and audio files will only be accessible to the PI. Participants' names and contact information (used for recruiting purposes) will be kept separate from the audio-recorded and transcription files and will be destroyed after data collection. Any identifiable information collected in this study will be anonymized during the transcription process through the use of pseudonyms. Data will be kept for up to five years and then it will be destroyed.

## **XIII. WITHDRAWAL OF PARTICIPANTS**

---

Participants may withdraw at any time for any reason.

**XIV. RISKS TO PARTICIPANTS**

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The risks to participants in this study are minimal. The primary risks that participants may be subject to include the discomfort of disclosing information about their mental health or intimate relationships.

**XV. MANAGEMENT OF RISKS**

---

The risk of the discomfort participants may feel in disclosing information about their mental health or intimate relationships will be minimized by allowing participants to not answer any questions that make them uncomfortable or allowing them to withdraw from the study at any time.

**XVI. POTENTIAL BENEFITS**

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There are no direct benefits to the participants of this research.

**XVII. PROVISIONS TO MONITOR THE DATA FOR THE SAFETY OF PARTICIPANTS**

---

The data files (both the recordings and written transcriptions) will be stored on the PI's password-protected personal computer.

**XVIII. PROVISIONS TO PROTECT THE PRIVACY INTERESTS OF PARTICIPANTS**

---

Subject privacy will be maintained and respected at all times during the interview process. All interviews will be conducted in secure locations where patient privacy is not at risk. If at any time a participant feels their privacy is being compromised, the PI will pause the interview and resume it at another location deemed safe and secure by the participant.

**XIX. COST TO PARTICIPANTS**

---

There is no cost to participants for participating.

**XX. SHARING OF RESULTS WITH PARTICIPANTS**

---

There are no current plans to share the results of this study with participants.



**Appendix C: Interview Schedule**

- How old were you when you were diagnosed?
- How old was your partner?
- How long had you been in the relationship upon diagnosis?
- How did communication in your relationship change after the diagnosis?
  - Provide some examples of this.
- How confident were you in the relationship before the diagnosis? Very confident, somewhat confident, or not confident at all?
  - How confident were you after the diagnosis? Very confident, somewhat confident, or not confident at all?
  - Were you ever worried about breaking up after the diagnosis?
- Do you feel that your satisfaction in the relationship changed after the diagnosis? Do you feel that your partner's satisfaction changed?
  - How? Provide some examples of this.
  - Why do you feel that your satisfaction changed?
  - Why do you feel that your partner's satisfaction changed?
- How did your day to day life change after the diagnosis?
  - Was your partner okay with these changes?
  - After diagnosis, did your partner seem to make your life easier or more difficult?
  - Provide some examples of this.

**Appendix D: Verbal Consent Form**

**Section 2.01** Title of research study: Exploring the impact of a Generalized Anxiety Disorder diagnosis on relational turbulence and satisfaction in the romantic relationships of emerging adults.

Section 2.02

**Section 2.03** IRB Protocol Number: 17-0710

Section 2.04

**Section 2.05** Investigator: *Sarah Wadsworth*

***Purpose of the Study***

***The purpose of the study is to better understand how couples navigate turning points in relationships. Specifically, the goal is to uncover how relational satisfaction and relational turbulence are impacted when a couple faces a Generalized Anxiety Disorder diagnosis.***

We invite you to take part in this research study because you are between the ages of 18 and 25 and have been diagnosed with Generalized Anxiety Disorder while in a romantic relationship

We expect that you will be a part of this research study between the months of January and April, 2018.

We expect about 15 to 20 people will be in this research study.

***Explanation of Procedures***

***Research will take place at a convenient location for you and the PI. Potential meeting locations may be (but are not limited to) the University of Colorado Boulder campus, your location of residence, or another public space that is suitable for both parties.***

***Research will be conducted between the months of January and April, 2018. Interviews will be conducted for no more than an hour on a day agreed upon by both parties. Only one interview is required for each subject. You will only be interacting with the PI during the interview.***

***Interview data will be audio recorded and stored on the PI's personal, password-protected laptop.***

***Voluntary Participation and Withdrawal***

Whether or not you take part in this research is your choice. You can leave the research at any time and it will not be held against you.

If you choose to withdraw, any recorded interview data will be deleted and omitted from the study. You will not be required to explain the extent of your withdrawal.

If you are a CU Boulder student or employee, taking part in this research is not part of your class work or duties. You can refuse to enroll, or withdraw after enrolling at any time, with no effect on your class standing, grades, or job at CU Boulder. You will not be offered or receive any special consideration if you take part in this research.

**Section 2.06****Section 2.07 Risks and Discomforts**

The risks you may experience in this study are minimal. The primary risks that you may be subject to include the discomfort of disclosing information about your mental health or intimate relationships.

**Confidentiality**

Information obtained about you for this study will be kept confidential to the extent allowed by law. Research information that identifies you may be shared with the University of Colorado Boulder Institutional Review Board (IRB) and others who are responsible for ensuring compliance with laws and regulations related to research, including people on behalf of the Office for Human Research Protections. The information from this research may be published for scientific purposes; however, your identity will not be given out.

Any identifiable audio recordings will be stored on the PI's personal, password-protected laptop. Files will be kept for up to a year after the interview is conducted. After this, all files will be destroyed by permanently deleting them from the hard drive.

**Payment for Participation**

You will not be paid to be in this study.

**Questions**

If you have questions, concerns, or complaints, or think the research has hurt you, talk to the research team by emailing [sarah.wadsworth@colorado.edu](mailto:sarah.wadsworth@colorado.edu).

This research has been reviewed and approved by an Institutional Review Board (IRB). You may talk to them at (303) 735-3702 or [irbadmin@colorado.edu](mailto:irbadmin@colorado.edu) if:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.
- You want to talk to someone besides the research team.
- You have questions about your rights as a research subject.
- You want to get information or provide input about this research.

**Signatures**

My signature below documents that the information in the consent document and any other written information was accurately explained to and apparently understood by, the subject, and that consent was freely given by the subject.

---

Signature of witness to consent process

Date

---

Printed name of person witnessing consent process

**Appendix E: Recruitment Flyer****SEEKING RESEARCH PARTICIPANTS**

**WHO:** Adults between the ages of **18 and 25** who have been diagnosed with **Generalized Anxiety Disorder** while in a romantic relationship.

**WHAT:** A short, one-on-one interview about your experience dealing with your anxiety diagnosis. Each interview will be used as data in a research study. The study explores the impact of a Generalized Anxiety Disorder diagnosis on satisfaction and communication in romantic relationships.

**TIME:** 1 hour

If you fit the above criteria and are willing to participate in an interview, please contact **Sarah Wadsworth** at [sarah.wadsworth@colorado.edu](mailto:sarah.wadsworth@colorado.edu) for more information.