Relative to Einstein*: Quality of Life in Twice Exceptional Adults
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INTRODUCTION

Twice exceptionality, or 2e, is the term and field of study concerning the overlap of learning disabilities (LDs) and giftedness (IQ 115+). The most common LDs are Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder (ASD), and specific learning disorders (SLDs) such as dyslexia.

2e is notoriously difficult for educators to identify, possibly due to gifted learners’ ability to compensate to some degree for their difficulties - a phenomenon called the “masking hypothesis.” ADHD’s inattentive and hyperactive symptoms are another source of confusion, as these behaviors when in gifted children are often attributed to the boredom of the intellectually unchallenged.

Giftedness and LDs do not “cancel each other out.” Antshel et al. (2009) found significant functional impairments and lower quality of life in gifted adults with ADHD versus those without.

Fleischmann and Fleischmann (2012) examined autobiographical narrations of adult ADHD diagnosis. Prior to diagnosis, narrators had chaotic lives, low self-worth, and poor coping skills, followed by increased clarity and hope after diagnosis and treatment.

Foley-Nicpon, Assouline, and Fosenburg (2015) have also noted that LD diagnosis can improve self-esteem. Although overall 2e students have lower self-esteem than gifted students without LDs, they found no relationship between self-concept, academic programming, and ability. In contrast to undiagnosed adults whose self-worth suffers, children diagnosed with and given support for LDs may be better able to incorporate their difficulties into a positive self-concept.

HYPOTHESIS

I hypothesize that there will be a relationship between the age of 2e identification and quality of life in 2e adults, due to the struggles associated with undiagnosed learning disabilities. Specifically, I predict a negative correlation between the 2e identification age gap (calculated as age at LD diagnosis minus age at gifted identification) and two quality of life variables (satisfaction with life and coping self-efficacy). I will also examine these variables with regard to specific diagnoses.

METHOD

Participants
89 completed surveys from a pool of 268 respondents (130 identified as 2e) recruited by email and social media
† 18 male, 54 female, 17 nonbinary or other
† 72 white, 10 multiracial, 7 other race or ethnicity
† 72 educated in USA, 7 in Canada, 10 elsewhere
† Ages 18-68 (mean = 33, median = 31)
† Learning disabilities: 53 ADHD, 30 ASD, 24 SLD, 3 non-verbal learning disorder, 2 dyspraxia, 5 other

Measures
† Demographic and academic questionnaire
† Satisfaction With Life Scale, or SWLS (Diener, Emmons, Larsen, & Griffin, 1985)
† Coping Self-Efficacy Scale, or CSES (Chesney, Neilands, Chambers, Taylor, & Folkman, 2006)

Procedure
Anonymous survey administered online via Survey Monkey, preceded by introductory letter and consent form.

RESULTS, continued
† An unexpected significant positive correlation (.219 for all participants) was found between age of gifted identification and CSES.
† The difficulty of 2e identification is confirmed by an age gap mean of 11.6 years between gifted identification and LD diagnosis. LDs were typically not diagnosed until adulthood (mean age of 20.63).
† Mean scores support Antshel’s findings and suggest that LDs, particularly ASD, may have a strong relationship with quality of life.

RESULTS

Hypothesis partially confirmed: SWLS scores significantly correlate with age at LD diagnosis (r = -0.472) and 2e age gap (r = -0.561) for participants of color (N = 19) only.

Correlations of SWLS and 2e age gap are weaker in other demographics also trend towards significance (e.g. r = -0.121 for ADHD without ASD [N = 38]).

CONCLUSIONS

† Late LD diagnosis may negatively impact adult satisfaction with life, but given the narrowness of the demographic for which this was confirmed, further study is required.
† Positive correlation of age at gifted identification with coping self-efficacy implies that “learning to fail” without the label and expectations of giftedness may build coping skills for those with LDs, thus avoiding some classic 2e pitfalls.
† Representativeness of sample is limited by the self-selecting nature of social media, as well as inherent biases in the operational definition of giftedness and the vagaries of 2e diagnosis, here assessed only through self-reports.
† Further research on the quality of life impact of executive dysfunction and psychiatric comorbidities in 2e populations is suggested.