

# Neurology Matters: Recognizing, Understanding, and Treating Neurodiverse Couples in Therapy

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*I'm desperate. I believe my spouse has Asperger's and I don't know what to do. He is a very successful researcher. We lived together for 15 months and then got married 4 years ago. I have pointed out my suspicion to him but he is in denial. I'm at my wit's end because we argue constantly. He does not connect with the points, principles or messages of conversation. Instead he gets hung up on details. I'm really struggling with our relationship and don't know which way to turn. I'm at the verge of leaving him as we just keep going round in non-communication circles.*

At the Asperger/Autism Network (AANE), we have seen a dramatic increase in the number of couples who are seeking assistance with their relationships because they either know or suspect that one member of the couple has Asperger Syndrome (AS)<sup>1</sup>. Because traditional insight-based therapy has not helped them, they turn to AANE looking for a therapist who has experience in and understanding of AS, what it means to be in a neurodiverse relationship, and why neurology matters when it comes to treating a neurodiverse (ND) couple.

We hypothesize that in order to successfully treat a neurodiverse couple, it is essential to help them view their issues through a neurological lens and to use that information to construct the proper intervention strategies. Making the couple themselves aware of just how much their issues are based on their neurological differences is often enough to change the couple's interactions.

This article describes the *Myhill & Jekel Treatment Model for Neurodiverse Couples*,

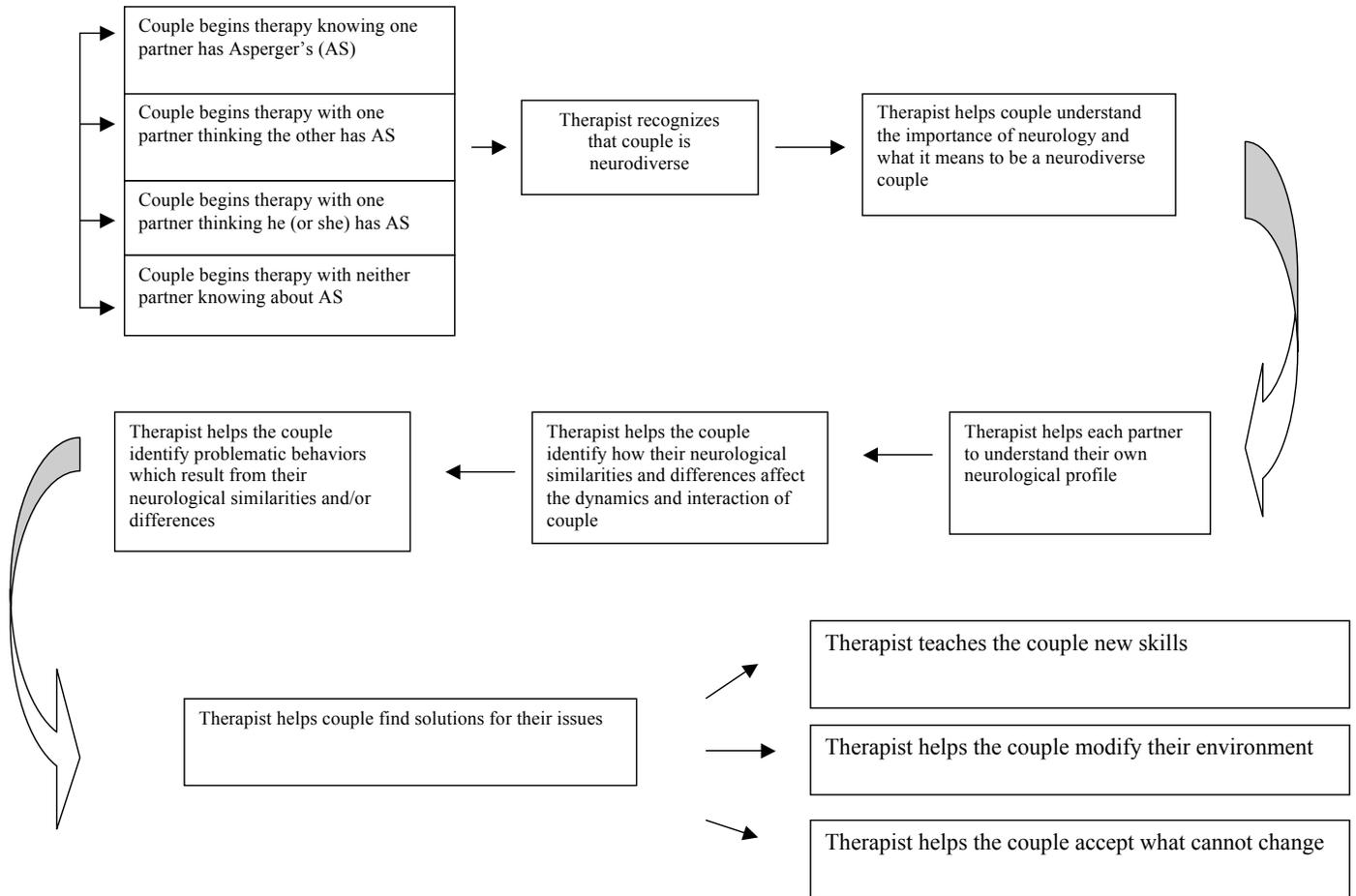
which not only takes into account the issues that result from their neurodiversity but makes these the focus of the intervention.

To enrich your understanding of the process, we have included supplemental material:

- *Appendix A: How AS Traits Affect a Neurodiverse Couple*
- *Appendix B: Frequently Heard Comments from NT Partner*
- *Appendix C: Tool for Exploring the Continuum of Neurodiversity*
- *Suggested Reading*

In order to treat a couple successfully and to help them reframe their issues, it's important that you, as their therapist, have a thorough understanding of the wide-ranging behaviors and traits associated with AS and how they might affect a couple. For the purpose of this article, we are assuming that you have basic knowledge about Asperger Syndrome, but to further your knowledge refer to *Appendix A: How AS Traits Affect a Neurodiverse Couple*.

*Myhill & Jekel Treatment Model for Neurodiverse Couples*



## WHAT IS A NEURODIVERSE COUPLE?

Neurodiverse couples are those relationships in which one member is neurotypical (NT), meaning he or she has a pattern of processing information that falls within a typical range, and the other partner fits the profile of someone with AS. Because one member has AS and is processing sensory information and communication in a non-normative manner, this difference between the partners can affect their relationship. We do not see AS traits as being inherently negative or problematic—people with AS can have incredible gifts and strengths as well as challenges. But issues arise when two people experience their internal and external worlds in very different ways. Those differences can create conflict.

If, for example, a person with AS dislikes social occasions but yet his<sup>ii</sup> partner is perfectly happy to attend family and social events on her own, this preference (which is neurologically based) will not cause a problem. On the other hand, if she expects and needs her partner to attend all social events with her, then the couple has a problem.

Neurology cannot be separated from—and is an integral part of—who a person *is*: it affects personality, strengths, talents, and challenges, as well as the way a person views the world, thinks, speaks, behaves, and feels. Furthermore, life events, whether traumatic or joyful, are shaped, experienced, and remembered by the particular way an individual processes these experiences. Neurology affects everything.

As a therapist, you cannot change an individual's neurology, but you can help your

neurodiverse clients gain a better understanding of their own neurological profiles and differences and how these variations affect how they understand and communicate with each other.

## RECOGNIZING A NEURODIVERSE COUPLE

It is important to determine if you are working with a neurodiverse couple before moving forward with a neurologically based treatment plan. *Appendix A: How AS Traits Affect a Neurodiverse Couple* will give you a thorough understanding of AS traits and how these traits express themselves behaviorally in a couple.

Some couples will seek therapy already knowing that one member has a diagnosis of AS. Others will come in without a formal diagnosis but suspect that one partner has an AS diagnosis after reading about the traits or seeing someone with AS portrayed in popular media. Often, the couple will suspect an AS diagnosis after one of their children has been diagnosed with autism or AS.

It is not unusual for one member of the couple to think the other has AS, while the other may not accept the diagnosis. In fact, he may be correct—he may not have AS. It is also the case, however, that a person with AS may project his AS traits onto his partner; he may be blind to his own behavior. The therapist must be very careful when pulling this web apart, deciding if one member of the couple has AS while not dismissing either partner's thoughts or feelings.

Undiagnosed individuals often come to therapy having had lifelong issues, which they

have attributed to a particular psychological factor or a social or cultural problem. For example, some people may feel that their minority status, say their language, race, or religion, explains why they have always felt like an outsider.

For many individuals with AS, especially those who get married, there may be no outward indicators that a person has AS. As a matter of fact, for those with verbal fluency, high IQ, and successful careers, it is easy to presume that they are neurotypical adults. For this reason, other professionals may miss or dismiss their AS traits. Having a missed diagnosis is especially common for females, older adults, and extremely bright adults who have learned compensatory social behaviors that mask their differences.

At first view, the issues that neurodiverse couples bring to therapy may be similar to the issues that any couples bring to therapy. It is very common that the NT partners in an ND couple come into therapy expressing feelings of angst and anger; frustration and loneliness. They feel invisible and hopeless. They may be at their wit's end because their efforts to improve the relationship have failed. These are common problems shared by many couples with marital problems. However, NT partners share a lot of particular commonalities in how they describe being part of a neurodiverse couple.

In our experience we hear that the physical and/or emotional intimacy in their relationship is unsatisfactory, and the phrases that the different NT partners use to describe their partners are very similar. (For a listing of these

comments, see *Appendix B: Frequently Heard Comments from NT Partners*.) Some examples include:

- *My partner avoids social events.*
- *My partner doesn't initiate or follow through with household chores; I have to manage everything.*
- *My partner has a collection of books that take over the house.*
- *My partner can talk about world events at a high level but we are unable to talk about our feelings for each other.*
- *I don't feel an emotional closeness with my partner.*

Whether a couple is new to your practice or you have been treating them for years, if you begin to recognize that you are working with a neurodiverse couple, you want to reevaluate the methods and intervention that you employ with them.

## **TREATING NEURODIVERSE COUPLES**

As with any couple, it is important to get to know your clients and that you establish a level of trust and comfort. Once you know or suspect you are treating a neurodiverse couple, you will want to set up your office and adjust your therapeutic style to accommodate your clients with neurological differences. We offer some specific suggestions here; generally, when working with people with AS, make sure they are comfortable in their surroundings and with your communication style.

## **Create a Comfortable Physical Environment**

Because many people with AS are either hypo- or hyper-sensitive to sound, light, and smell, we suggest you create a sensory-friendly environment:

### *Accommodating Sensory Issues*

- Use soft or natural lighting.
- Limit outside noise.
- Avoid wearing strong scents such as perfume.
- Speak in a soft, nonthreatening tone.

## **ND Couples and the Therapeutic Process**

Many people with AS have high anxiety, different processing methods, executive function issues, and communication differences. The following guidelines will facilitate your interaction with such clients.

### *Accommodating Anxiety*

- Use a consistent structure in all your sessions.
- Preview what will happen during each session.
- Let people stand, leave the office for a break, or have a silent break.
- Use meditation or just stop and breathe if people need a break.
- Position the couple side-by-side. It is sometimes easier for the couple to talk if they aren't facing each other. (This might also be true about not facing the therapist.)

## *Accommodating Executive Function Difficulties*

- Give appointment reminders, possibly in multiple modes.
- Set a clear financial arrangement.
- Be aware that clients may come late or not show; if possible accommodate these scheduling problems without negative consequences. No-shows and lateness may be due to neurological difficulties and it is best to avoid psychological interpretation.
- Limit instructions, especially those delivered verbally.
- If changes occur, such as a vacation or an appointment reschedule, or even road construction that might make the trip to your office more difficult, try to provide as much prior notice as possible.

### *Accommodating Communication Issues*

- Ask clients to repeat things back to you to be sure that they understand what you have said.
- Communicate with your clients using concrete language, avoid metaphors and sarcasm. Be very careful not to say things might be interpreted literally.
- Use humor judiciously and make suggestions carefully; both can be interpreted as criticism.
- Write down homework, suggestions, and practice scripts or role-play.
- Ask permission to interrupt a conversation to give feedback in order to make sure that the dialogue is productive.

## Neurology Matters

As a therapist, you cannot change a person's neurology, but by looking through a neurological lens you can help a person understand the underlying cause of his feelings and behaviors. When working with a neurodiverse couple, it is important to talk with them about the importance of neurology and what it means to be neurodiverse

This understanding can be enormously helpful to both members of the couple. For the individual with AS, this new information will help him forgive himself for not trying hard enough, for making a faux pas, or for having trouble at work. It may also help him to understand his past in a way that can remove some of his shame and hurt. Finally, with this understanding it will be much clearer what changes can be made to alleviate some of the issues the couple are having.

Likewise, the NT individual will be able to understand her partner, why certain behaviors occur, why the relationship is different from what she expected, and why change has been so hard. Understanding the root cause of the behaviors will enable her to reframe the relationship and forgive some troubling behaviors. This new knowledge will also help her determine the best manner in which to proceed.

This process of understanding individuals' neurologies can be complex. If a couple has been living together for a significant number of years, it can be hard to untangle which behaviors and feelings of each partner are a result of or response to living with someone

who is neurologically different, especially when those differences are intrinsic.

Although most couples will naturally have some neurological differences, it is only the differences that create issues for the particular couple you are treating that need to be resolved.

For example, if one person is unable to cook because of his inability to plan sequentially, but the other partner loves to cook or at least is willing to cook, this neurological difference is not likely to cause a problem. Likewise, if the NT partner is always late for appointments or late coming home for dinner, but her partner is laid back about time, this might not be a problem. It *will* be a problem, though, if her partner gets upset when expected schedules are not met. Some AS individuals prefer routine and dislike last-minute changes. But if both partners are planners, this AS trait will not be an issue.

As a therapist, understanding these traits will be essential in order to help the couple reframe and reinterpret their interaction. Use *Appendix A: How AS Traits Affect a Neurodiverse Couple* to deepen your understanding. You can also review this list of specific behaviors with a couple.

To further understand how neurodiversity affects a couple it is important to learn more about their neurological profiles, including their strengths, challenges, and needs, and how their similarities or differences in approach enhance or create difficulties between them.

Using *Appendix C: Tool for Exploring the Continuum of Neurodiversity*, have the couple

place themselves on a continuum in different areas such as communication, social behavior, and executive functioning. This diagnostic process makes abstract concepts concrete and is often therapeutic for the couple.

Furthermore, giving the couple a task that they can do together will hopefully result in a more positive strategic intervention, one that both members will embrace.

*Understanding Partners' Similarities and Differences: Implementing the Continuum of Neurodiversity*

For each question in *Appendix C*:

- Ask each partner where they think they fit on the scale of -10 to +10. Most people land somewhere in the middle but people with AS are often at one or the other extreme.
- Ask for real-life examples of their behaviors to illustrate where they fit on the scale.
- Ask each partner where they think the other fits on the scale and have them illustrate with concrete examples.
- Discuss and determine what it means for the couple when they fall in the same place or very different places on the scale. (This may be positive or problematic.) Again, use the scale to come up with concrete illustrative behaviors and keep track of any issues and behaviors that come up as problematic.
- Pay attention to how your clients interpret the questions or if they ask you to clarify them. There are no right or wrong answers. The goal is to encourage discussion about the

couple's neurodiversity and issues, not to diagnose for AS.

You may find that you need to be an active participant in the session to keep the conversation productive and on track because the topics will be emotionally charged. If necessary, set rules for how the couple can discuss these issues in the therapy office (and at home). For example, set rules such as no interrupting, allow for processing time, and keep responses on topic.

It may take a long time to get through this exercise because the pattern of behavior and response has become ingrained and, in many cases, has acquired intense emotional reactivity.

After completing this exercise, couples may feel the need, with your help, to review and reevaluate what they know and think about themselves, each other, their pasts, their families, their behavior, and the way they feel and engage with the world. Your validation of the experiences of each member of the couple will be extremely important and your expression of empathy for both members will create an environment of comfort and trust.

*Understanding: How Our Neurological Differences Matter*

When couples see where they place themselves in concrete terms along a continuum, their differences and similarities become explicit. As partners learn to shift their lens and begin to *see* their partners differently and *view* their partner's behavior as being neurologically based rather than intentionally distressing, they will begin to understand how

*neurology matters.* This awareness alone allows them to *refocus* and let go of the anger, blame, and defenses that have built up over the years. With your help, the couple will be able to begin the discussion of how to resolve their issues.

### **Focusing the Lens: Reframing and Resolving Issues**

In order to help your clients resolve their issues with a neurological understanding, we recommend that you spend some time first deciding which issues to focus on. Then you can help your clients break those issues down into the specific behaviors that are concerning and help them reframe and resolve their issues using a neurological lens. Resolution will involve either teaching new skills to one or both members of the couple, changing the environment, or helping the couple accept what cannot change.

When working with the couple, we would recommend that you help them determine which issues are the most critical to work on first. Once the most important issues are identified, you need to break them down into the behaviors that are causing these the distress. (This might include the behaviors themselves as well as responses to behaviors.) It is these behaviors that you will need to evaluate in order to bring about changes.

Help the couple focus on strengths and think creatively and jointly to find solutions. For each behavior you will need to help the couple identify:

1. Could the partner learn any skills that would alleviate the problem? If so,

what are those skills and how can they be learned?

2. If the behavior is hard-wired and unchangeable, is there an environmental accommodation that would help, or is this a behavior that can be accepted or tolerated?

As with any couple, other coexisting issues, such as sleep disorders, addictions, hoarding, eating disorders, and/or diversity of gender identity and or sexual orientation may exist. You should examine these issues to determine if a referral to an outside therapist or specialist is necessary to help the affected partner. An issue such as sexual orientation and alcohol or drug addiction may need to be resolved before the couple continues therapy.

#### *Changing Behavior*

Changing behavior is difficult and, if the behavior is neurologically based, may not be possible. That does not mean that you should not try. Sometimes small changes can make a huge difference. For example, just remembering to purchase a gift for a birthday or asking “How was your day?” every night might be enough for a couple. Note, though, that both members of the couple need to be engaged and working together in order for these changes to be successful.

#### *Managing Expectations*

Setting and managing expectations should be discussed when the underlying neurology becomes apparent. If acceptance of minimal change is not acceptable to one of the partners, it is unlikely the therapy will be helpful. (So it’s important for you, as a therapist to manage your expectations, too.) On the other hand, for

some people just understanding the underlying neurology will result in acceptance and changes in expectations that can positively transform the dynamics of the relationship.

### *Addressing Mental Health Issues*

Additional mental health issues can present unique challenges for a therapist so it is important to be aware of this possibility and explore it carefully. For instance, one partner may have a mental health diagnosis and the other an AS diagnosis. Or the partner with AS may have a coexisting mental health issue and the resulting behaviors can mirror and overlap, and therefore mask, those of AS. In some cases the mental health issue may be unrelated to AS. In others, the condition may be the result of having AS. It is also possible that these conditions are different facets of the same underlying neurological cause.

Anxiety co-occurs frequently in people with AS and it is often debilitating for them. Furthermore, in someone with AS, stress can mimic features of other mental health conditions, especially OCD, paranoia, or psychosis. Anxiety is one reason someone with AS might look and act so different from session to session. On days when the stress has been minimal (let's say at good day at work or with the children), the person with AS may behave and communicate in an expected manner. But on days where there has been significant outside stress, his ability to engage with his partner, or with you, may be at such a low level that discussion will be unproductive unless it deals with practical solutions to lessen the stress.

### *Interacting with your ND Clients*

Many people with AS experienced significant struggles growing up, including bullying, shame, and exclusion. These negative experiences continue to be deeply felt and these emotions can significantly affect a couple's relationship. Be very sensitive to these feelings when making suggestions, especially those involving change.

Work through issues in real time as they arise in the therapeutic setting, while the clients are talking to each other in your office. Pause the session when necessary and do a "social autopsy," reviewing the interaction, exploring what happened, and devising better ways of communicating the intended message.

### **Teaching Skills and Changing the Environment**

In general, we recommend repetition, explicit teaching, practice, and role play to elicit change. Assign homework as a means of practicing what is learned in the therapist's office. Write down expected behavioral change, homework assignments, or other important information, or encourage note taking so that the couple can review suggestions and information after the session.

We also recommend teaching scripts and establishing social rules. Generalizing behavior from one situation to another can be problematic for people with AS, especially when one or some of the details are "different" and, therefore, the same rules do not seem to apply. Be patient. Use constant repetition of the skill in various settings. For example, if the desired skill is to ask an NT partner how their day went, practice first in the therapy office.

Then have your client practice it every time her AS partner returns home from work. If the AS partner doesn't go to work—let's say on the weekend—another rule needs to be made. When the couple is on vacation, yet another new script must be implemented and new learning may have to take place.

Here are more specific and practical ideas for helping your ND couples resolve their issues by working with their own neurological strengths. We have divided them into the common areas of challenge for ND couples.

#### *Emotional Well-Being and Closeness*

For couples who feel they have grown apart, have never been able to establish an emotional connection, or who simply feel estranged from each other, we offer some general suggestions on how a therapist can deal with meeting each partner's emotional needs. Lack of communication about emotions is a problem in many ND relationships. It is important not to push people to talk about their feelings. Instead use a more solution-focused, logical approach to help people try to see things through the other person's perspective.

#### *Share Activities*

Find interests that both members of the couple share. Help them set up times when they engage in these mutually enjoyable activities. Joint activities might include hiking, reading out loud, playing games, learning a new skill together, collecting together, or learning a new language. In situations where the AS partner's individual passion takes up so much time that there is little left over to spend as a couple, ensure that the other partner has friends,

activities or hobbies of her own and so is not as reliant on her spouse.

#### *Identify Emotions*

People with AS often need help understanding complex emotions. Help them by breaking these down into emotions that are more easily identified, named, and understood, such as *happy*, *sad*, and *angry*. Consider creating a numerical scale that indicates the depth or strength of an emotion so that it can be more easily understood.

#### *Understand Your Partner's Thoughts and Feelings*

Doing role play and reverse role play with the couple can help them build perspective. Set up a situation that was difficult for one of the partners. Play out the scene as it actually happened, then reverse roles (you can ask people to actually change places), play it out again, and discuss the experience from the partner's perspective. Repetition and practice may take this process from a cognitive one to a more automatic one.

#### *Pay Attention to Your Partner*

Help the person with AS to build a virtual file in his mind, which contains information about his partner. This provides readily accessible information to be used when thinking about what to say or how to respond her. The person with AS will know to say appropriate things and ask relevant questions. Showing an interest in his partner will make them both feel more connected. You can assign homework but also ask the couple to track the number of times each week spontaneous questions were asked. Even "How are you doing?" or "What

happened at the doctor?" are important communications.

### *Express Care*

Work together to find ways the AS partner can express his care nonverbally or with actions that his partner would appreciate. For example, he can cook a dinner, give a hug, mow the lawn without being asked, watch the kids, do the laundry, bring home flowers, or simply smile and say hi when his partner enters the room.

### *Lessen Anxiety*

Anxiety has a major effect on functionality in every area of a person's life. For some it can be paralyzing. It is a top priority to ensure that anxiety stays at a manageable level. One cause of anxiety is stress. You can help the couple lessen stress by exploring ways to simplify their life. For example, they may not need two cars, they may need to get household help or an accountant, they may be able to look for a less stressful job or work fewer hours.

### *Mindfulness*

Many couples find that meditation or yoga, either together or individually, can reduce stress and, therefore, anxiety.

### *Create Personal Space*

Help the partners identify how much alone time each needs so that they will have emotional well-being during their time together. If their needs differ dramatically, this will mean working out a compromise. The important thing is to help them understand each other's needs. For couples who want to stay together but find living together too

challenging, consider a solution such as separate living space or separate bedrooms.

### *Build in Routine*

Help the couple establish daily routines that meet both of their needs. This may mean eating the same meal each night of the week, at the same time every night, or going bowling every Sunday at 2:00 p.m. People with AS have a hard time adapting to change, and routines reduce stress.

### *Preview Upcoming Events and Trips*

Encourage your couples to "preview" stressful tasks or events by doing a dress rehearsal. This might mean visiting a location the day before an event to scout out parking and nearby restaurants and to become familiar with the route.

### *Social Events*

Help your couples decide how many and how often to attend social events if they cause stress and exhaustion. Again, this may call for compromise on both sides, such as leaving events early or attending certain events separately.

### *Reduce Sensory Input*

Too much or a particular sensory input may make the AS partner uncomfortable and increase anxiety. This might include going to malls, attending social events, eating at noisy restaurants, wearing particular clothing, or eating certain foods. Help your couple find alternatives that would be acceptable to both partners.

### **Teaching Communication Skills**

Communication is core to a healthy relationship and is often a component of the neurodiverse relationship that needs significant work. To build or rebuild communication skills between partners, new scripts and skills need to be practiced in the therapy office. Homework assignments to reinforce and generalize skills to new situations and locations can be helpful. Role playing and reverse role playing might help each partner better understand how their partner thinks or feels, which may lead to better ideas on how to express their own feelings.

To encourage communication, set up a weekly conversation schedule for the couple. Choose a relaxed time in a mutually optimal environment, such as side-by-side while taking a walk. Sometimes it helps to talk during a game or activity—the conversation may feel “secondary” and less stressful.

#### *Conversation/Dialogue*

Explore the rules of conversational turn-taking, including instructions on the rules and structure of dialog, including how to listen, how to respond, when to respond and for how long, where to stand and look, when to talk and for how long, and on what topic. It is especially important for the couple to have scripts for saying loving or nice things to their partner and scripts for apologizing.

If verbal communication is difficult for one or both partners, explore written communication such as letter writing, serial note writing, emailing, texting, Skype, chat, or instant messaging. You can also provide rules and scripts for beginning or continuing conversation.

When necessary, work with the NT partner to slow the conversation down and give the AS partner time to think and respond. It takes patience to wait for a response without interrupting and the NT partner needs to understand how waiting contributes to the dialogue.

Help each partner determine the best way to communicate needs. These need to be direct, nonthreatening, gentle statements—oral or written—and they need to be delivered in a variety of settings and situations. Prepare scripts if necessary.

#### *Limit Negative Comments*

The person with AS needs to understand that not every thought has to be shared, especially negative thoughts about his partner or something she has done. Together make up “rules” or “policies” that define what constitutes a good comment and when to make it, and what thoughts are better kept to themselves.

#### *Pause Before Speaking*

Both partners should refrain from speaking without thinking, especially when they are upset, angry, or anxious and therefore more likely to say something hurtful or unexpected. Teach them to build a filter by pausing for 1 to 3 seconds to consider what to say, who they are speaking with, what the context of the conversation is, and what their goal for their communication is.

#### *Modulate Volume and Tone*

Both members of the couple may be incorrectly interpreting voice tone or loudness. Work with them to raise their own awareness

of tone and volume by having them listen to an audio recording of their voices and then pairing the recording with emotional content. Help them come up with a system of nonverbal signals to use in public to communicate when to lower the volume to be appropriate for the social setting.

### **Work on Executive Function Issues**

Executive functioning difficulties can cause much strife and anger within a relationship. Often one partner is single-handedly managing the burden this creates, leaving a relationship that is seriously unbalanced. It can be very useful to set up systems that will help restore balance, but change in this area is difficult. Workarounds may help and encouraging acceptance or compromise may be a better way to resolve these issues.

#### *Plan and Prepare*

Have the couple set a weekly meeting to plan the coming week—what needs to happen and what will be expected. Make sure decisions are written down so both partners can monitor progress. You can help them set up a system to preview social events, talk about who will be attending, and discuss the social and communication expectations for the event. Remind them to leave plenty of time to get places and to bring something along to do if they arrive early.

Help the couple set up aids that can help with planning, such as calendars and reminders. These can be electronic or on paper. Have the NT partner set automatic reminders in the AS partner's phone. Have the couple create a shared household calendar.

The burden of poor executive function skills can be eased by getting outside household help, such as a house cleaner, landscapers, or by getting child care support from family members, such as a grandparent. A low stress, structured, sensory-friendly, and simplified environment, perhaps one that does not include a car, children, or home ownership, can also help.

### **Further Considerations for the Couple**

#### *Getting an Official Diagnosis*

Another question may come up in the therapy: Should the person you identify as having AS, or who thinks he or she might have AS, get a diagnosis? There is no simple answer to this important question. An official diagnosis can be validating for the individual and/or the partner. It might also help obtain government or private benefits (if needed), request employment accommodations, and determine an appropriate treatment plan. On the other hand, a diagnosis may offer few tangible benefits and some people are wary of official labels. In some cases, if the person doing the evaluation doesn't fully understand the subtle ways that AS traits may manifest in adult life; it is quite possible that AS would be ruled out. Even if you recognize the traits, one or both of the partners may reject the AS label. Nevertheless, you *can* talk about the neurology and use the interventions we describe in this article without discussing a diagnosis or using the words Asperger Syndrome or Autism.

#### *Disclosure*

Although disclosure is a very personal decision, we have found that in certain circumstances sharing the diagnosis can help reduce stress and the need to behave

“correctly” at social events or more intimate get-togethers. You may want to help the couple plan if, when, how, and to whom they wish to disclose.

### *Addiction*

Addiction does not seem to be an issue that has an increased occurrence for those with AS, although some AS adults will drink alcohol, smoke marijuana, or play computer games to calm anxiety. They may also use drugs or alcohol to smooth social awkwardness. If your client is abusing these methods of calming their anxiety in a way that is destructive to themselves or their relationship, we recommend addressing it within the context of the AS.

### *Family Relationships*

Unfortunately, we have seen that many adults are estranged from their families, including their siblings and their children. This loss of social network can mean isolation for the ND couple. You may want to help them re-engage with their family (if possible) or encourage them to find other welcoming communities.

### *Separation and Divorce*

Some couples, despite understanding the neurology and the improvements that can be made, will not be able to stay together. Our advice is that you stay involved with the couple to help them with their separation because this can be an extremely difficult time for an ND couple. Some AS partners will refuse to move out of the house and will be unable to find alternative living arrangements or establish a new life without help. Others will get very angry and blame their partner for the breakdown of the relationship. It is

especially important that couples with children set up structure and communication so that they can successfully co-parent.

### *The Importance of Finding Understanding and Support*

The NT partners in ND couples often feel alone and lonely because they feel their relationship with their partner doesn't make sense to the outside world. There is often a large discrepancy in how the AS partner interacts with others and how he interacts with his partner, especially at home. This is especially true if the AS partner is successful and charismatic. Friends may feel that the NT partner is lucky to have found such a partner! Feeling misunderstood and not believed can be very isolating; it is very important for the therapist to make sure that the NT partner has the support of understanding and empathic relatives, friends, or other NT partners. (See [www.aane.org](http://www.aane.org) or [www.gracemyhill.com](http://www.gracemyhill.com) for support groups in person and online.)

**CONCLUSION**

We hope that this article will provide you with the tools to recognize, understand, and intervene successfully with your ND clients. Sometimes just recognizing that there is a neurological basis for many of the behaviors can provide relief and lessen the anger felt by both partners. By making the focus of treatment the differences in neurology, the couple will be able to accept their differences and find ways to reach common ground.

You will not be able to change the way someone thinks or perceives the world, but you can help your clients understand and accept themselves and their partners, change their environment, and learn new behaviors, which should improve their relationships.

## Appendix: A, B, C

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### APPENDIX A HOW AS TRAITS AFFECT A NEURODIVERSE COUPLE

Because of their neurology, people with AS are often out of sync with society's expected behavior. This, in turn, can affect their emotional well-being, sense of self, interaction with others, and success in life, including the ability to work and be part of an intimate relationship.

#### Communication

Communication differences are a core feature of someone with AS. These differences are pervasive and can have significant effect on many aspects of an intimate relationship. The neurological differences underlying communication difficulties are thought to include Theory of Mind (not understanding that a partner's thoughts or feeling differ from theirs); weak central coherence (preference for seeing the trees rather than the forest), the inability to interpret or see nonverbal communication (body or facial gestures, tone of voice, prosody); the tendency to take things very literally; the omission of context when interpreting what is said; and, for some, slightly slower processing speed. Many people with AS feel the purpose of conversation is to convey information rather than create a connection with another person.

These differences affect both *expressive* (how and what is said) as well as *receptive* (what is heard, understood) communication.

#### *Expressive Communication*

People with AS may say things to their partners that are unexpected for the context, setting, or relationship. Their comments may seem rude or be socially unexpected or hurtful.<sup>iii</sup> Often this communication is of an instructive nature relaying information to assist the partner without realizing how this affects their NT partner. An AS partner may also say something inappropriate for the setting, such as sharing private information in public. For example, he might mention at a dinner party that his partner colors her hair.

Some AS partners respond to their NT partner's questions or comments with one-word answers—the result of a lifetime of being shamed by what they say or how they say it.

They are unable to discuss and work out issues in real time, especially issues that carry emotion. Many AS partners prefer to think things over analytically and thoroughly, instead of responding quickly to a comment. This interrupts the flow of immediate conversation.

Many people with AS do not participate in small talk or initiate nonessential conversation

with their partner; they don't understand the purpose of that type of conversation or how to do it.

Many people with AS find it very hard to identify and express their own feelings, even to their partner. Their feelings and thoughts may be so complex that they are unable or embarrassed to share them.

They often have trouble initiating a conversation, even when an NT partner has indicated that this is wanted.

Many prefer to sit quietly with their own rich and complex thoughts, or they may prefer to keep their thoughts private. For example, a person with AS may prefer a quiet dinner table whereas the partner may expect dinner to be a time to discuss their day, current events, or friends.

Often, the NT partner does not understand or cannot participate in conversations because the AS partner presents information in a nonlinear progression.

Many AS partners talk without pauses, jumping from topic to topic, or pursuing one topic of interest without giving their partner an opportunity to take a turn in the conversation. If they do pause and the partner gets a word in, it may be ignored; the AS person will simply continue on with his original thought, or get derailed by the interruption and have to retell his story from the beginning.

People with AS may add so much extraneous detail to their conversations that it is overwhelming to their partner.

NT partners might think that people with AS are not attending to a conversation because they don't make eye contact or show their interest in a nonverbal manner. Not only is eye contact difficult for some people with AS, they also find it hard to interrupt a task at hand. If they were busy when the partner began to talk to them, they may continue their task and *not* attend to their partner.

An NT partner may misunderstand or be confused by communication if her partner's words don't correspond to his facial expressions or even to what he is feeling. For example, an AS person might smile while talking about a sick parent.

AS partners often speak in an unmodulated voice that increases in volume when they are excited or anxious. The mismatch between voice and content causes tremendous confusion.

Sometimes an AS partner repeats a story or information many times without realizing (or caring) that their partner has already heard it.

#### *Receptive Communication*

An AS partner may misunderstand what his partner is telling him because he does not understand nonverbal cues, including body language, tone of voice, or prosody.

An AS partner might misunderstand his partner because he interprets words literally and precisely, does not include context in his interpretation, does not understand sarcasm; and can misinterpret homonyms.

Tone of voice and volume can also affect the listener's emotion. For example, if one member of the couple is perceived as sounding anxious or angry, it may make the other person feel anxious or angry.

Previous negative experiences can color how a person with AS interprets what is being said. For example, if an NT partner compliments a nice haircut, the AS partner might interpret that as meaning that all his previous haircuts were badly done because she did not compliment them.

### **Social Behavior**

Expected social behavior is very complex and dependent upon the particulars of a social situation. Most people have a general intuitive sense or understanding of expected behavior. If they go to a social gathering, they have a general sense of what to wear, where to sit, and who to talk to. For people with AS, social behavior is rarely intuitive, natural, or comfortable; rather it is determined by skills learned over a lifetime. As adults, they usually have learned the expected social conventions and behaviors for most situations, but on occasion can behave in a manner that is unconventional for the setting. In every social situation, especially new ones, they need to rely on cognition to be sure that they are acting in an expected manner. This can be extremely exhausting. In high stress situations an AS partner may be more likely to behave in a way that embarrasses himself or his partner. The consequence for a couple might be:

- The AS partner needs much more down time, sleep, or rest than the NT partner.

- The NT partner may take on the role of a social coach to her partner, especially at parties, social events, and in the community to help her partner behave in an expected manner.
- Some couples end up not attending social events because of the stress involved for the AS partner. This can result in isolation and greater social reliance on each other.
- The AS partner may unintentionally act in socially unexpected ways, often involving boundary issues, and sometimes with the opposite sex. For example, he might not understand that an office colleague might be flirting with him and that his responsive behavior is seen as flirtatious.

### **Executive Function**

Executive function is involved in initiating, prioritizing, and completing tasks. Poor executive function most often affects: housecleaning, family event preparation, vacation planning, child care, cooking, bill paying, taxes, home repair, car repair, yard work, time management, and shopping<sup>iv</sup>. The NT member of the couple may feel she has complete responsibility for managing (if not completing) all the major tasks of family life without the support of her AS partner.

It is this imbalance in household and child management tasks that often drives couples to therapy. When the expectations and tolerance level around these tasks are out of sync and, despite negotiation, prodding, pushing, and promises, nothing changes, the NT member becomes angry and resentful.

Executive function can also affect *employment*, particularly retaining employment, but also advancing to one's potential in the job. The financial ramifications of unemployment and underemployment can affect the couple and this is especially difficult when employment issues come as a surprise.<sup>v</sup>

Due to shame, people with poor executive function often hide the fact that they have not completed a task, thus problems are often compounded. Examples include unpaid taxes, unpaid bills, or the children who aren't signed up for important activities.

There are several reasons why people with executive function problems might not complete tasks and it is important to understand why in order to intervene in the most appropriate way:

- They are paralyzed because they think the result of their actions won't meet their expectations.
- They are overwhelmed even by the thought of performing the task, especially when it comprises multiple chores, because they can't break the task down into manageable pieces.
- They may spend time systematizing and categorizing tasks instead of actually doing the tasks, such as making detailed itineraries for travel and spreadsheets to track items.
- They don't know where to start, because they don't understand the priorities.
- When asked to do multiple tasks simultaneously, they may lose track of all but the first or the last task assigned.

- They can't keep track of multiple requests.
- If there is a social component to the task, social anxiety causes paralysis.
- They have difficulty problem-solving.

### **Anxiety**

Although anxiety is not technically a defining trait of AS, because so many people with AS have high anxiety and the impact is so significant, we feel it is an important topic to address. Anxiety can have an overwhelming and paralyzing effect on the functioning of a person with AS. It can interfere with cognition and, consequently, affect communication and social behavior. Anxious people often act without thinking, do things that they later regret, and sometimes have verbal outbursts. During these verbal outbursts they may speak offensively to their partner.<sup>vi</sup>

Sensory stimulation, such as harsh lights, background noise, having to maintain eye contact, and driving can all overwhelm and increase anxiety. Additional sources of anxiety are new experiences, both good and undesirable; interacting in social situations with more than one person; any situation with new people; breaks in routines; facing multiple demands; unexpected or unanticipated events; changes or transitions; having to make a phone call; visiting the doctor; and not feeling well.

A series of small issues, none of which alone would produce anxiety, can compound and result in intense anxiety.

In some cases, a person with AS who is highly anxious might appear to be very calm. This can make it hard for his partner, or even his

therapist, to sense the anxiety by just looking at or speaking with the person.

Some of the behaviors you see among your AS clients relate to their attempts to reduce anxiety, such as collecting items, repeating information, maintaining rigid routines, avoiding new social situations, pacing, and playing computer games or doing puzzles.

An increased need for sleep or down time is common. Anxiety can also cause sleep issues, compounding the AS partner's cognitive and emotional issues (in addition to waking up his partner). Anxiety is exhausting—for both partners!

An NT partner expects that her AS partner will help her in a crisis, especially a health crisis, and to advocate for her if necessary. When the AS partner is too anxious to do this, it can be profoundly upsetting to the NT partner.

### **Rigidity**

Although most intimate relationships require a certain amount of flexibility, compromise, and spontaneity—after all, both partners have needs—people with AS tend to be inflexible. They are rule and routine bound. The AS partner may:

- Have problems dealing with unexpected changes, such as changes in a schedule, making necessary adjustment difficult.
- Feel a need to be right.
- Have a hard time compromising and may resist the idea that there is another way of doing something.
- Have difficulty listening to the opinion of his NT partner.
- Plan with extremely detailed schedules that allow no room for surprise.
- Need to follow rules or obey the letter of the law, while the NT partner may feel it's okay to, say, exceed the speed limit.
- Feel that lying of any kind of any kind is wrong, even white lies told to prevent hurting someone's feelings.

### **Intimacy and Emotional Connection**

Many neurodiverse couples come to therapy when they feel a lack of emotional connection. The NT partner expected that a partnership would include a mutual sharing and support of each other's emotions or feelings as well as the ability to talk about these issues with her partner. The AS partner may have a different need for emotional closeness and may not be able to provide this expected emotional connection. This mismatch of need and expectation often presents issues for both members of the couple. ([Myhill & Jekel, 2008](#))

It is a misconception that people with AS don't have emotions. On the contrary, they have emotions that are often so intense that it is difficult for them to talk about them. Many AS partners complain of an overload of feeling, which is constant and results in a hyper-aroused state much of the time. For example, seeing an injured animal can be extremely upsetting to a person with AS, and the upset feelings can last for an extended period of time.

There is a subset of people with AS who are not able to identify their emotions (this is referred to as *alexithymia*) or who feel

emotions in a more intellectualized way, requiring processing time. And some people with AS have had such difficult interactions with the world that their emotions tend to be only negative.

Some AS partners have difficulty reaching out to emotionally embrace their NT partners and show that they care. They do care—they just feel so overwhelmed by their own thoughts that it can be difficult to reach beyond themselves, or they don't know how to show that they care.

Some AS partners don't themselves need, like, or feel comfortable with emotional closeness and therefore they assume that their NT partner feels likewise. They're not even aware that their lack of emotional closeness is a problem.

Some AS partners find it hard to identify and talk about their feelings, especially feelings that are positive, such as those pleasurable feelings that have to do with connecting with another human being—like love. If feelings cannot be identified, they cannot be discussed.

When the NT partner tries to share her feelings that relate to difficult issues within their relationship, the AS partner might have a hard time talking about them because it brings up feelings of vulnerability.

AS partners often respond to emotional information from their NT partner by trying to problem solve in a logical way. For example, if the NT partner talks about a difficult boss or coworker, the AS partner might respond by suggesting solutions rather than listening and

empathizing. Of course there are times when suggesting solutions is appropriate, but it is hard for the AS partner to figure out or ask which kind of response should be used at which times. The AS partner might even criticize or “take the other side” in an attempt to be honest and helpful.

### **Sensory Issues**

Some people with AS experience sound, touch, light, smell, taste, and the feelings of their body in space, in a way that is different from the norm. Many are hypersensitive to this input. For example, they may be acutely aware of the buzz of fluorescent lights. Others are hyposensitive. They might not feel cold when they go outside without a coat in the winter.

Hypersensitivity can have a positive impact. Think about a deep appreciation of music or wine. But in some instances it can result in a person feeling overwhelmed, upset, tired, overstimulated, unable to concentrate, and anxious. Some people even get migraines or feel ill, especially if they are exposed to light that is too bright or smells that are overwhelming. Most people can ignore irrelevant background noises and smells, but many people with AS can't filter or ignore sensory input.

Extreme taste, smell, or texture limitations might impede their ability to eat certain foods, leading the AS person to demand a limited or restricted diet, with set menus. This affects meal time for couples as well as social activities that involve eating, such as dining at restaurants or having family meals at home.

People with AS may only be comfortable wearing soft, well-worn, or loose clothes, even in social setting that may require a better wardrobe, often to the embarrassment of their partners.

An NT partner may be repulsed by poor hygiene, which may be due to her AS partner's sensitivity to the feel of a shower, toothbrush, hair brush, or razor.

Auditory sensitivities can limit where a person is willing to go, such as concerts, malls, restaurants, plays, parties, and other events where sound may be unexpected or overwhelming.

Auditory sensitivities can also play a part in parenting, especially in the case of infants and babies whose crying and other sounds can't be controlled and can often continue unabated for significant time periods. Adolescence, a period when a child is often angry, moody and unpredictable, can also be a difficult parenting time for a parent with AS.

Often an AS partner experiences a sensory overload when his NT partner expresses strong emotions, either positive or negative. The physical sounds of his partner's excitement, cries, shouts, or tears can be an overwhelming physical experience of too much noise or too much emotion.

Perfume and other strong scents can cause extreme discomfort and, consequently, avoidance of public outings.

Being hyposensitive to physical sensations may result in the AS partner being unable to gauge the impact of his strength. For example,

he might hold a hand or arm too tightly. On the other hand, he might require significant stimulation to be aroused out of lethargy.

Intimate sexual relations can also be affected by sensory issues in both positive and negative ways. Some individuals have powerful sensations and have extreme enjoyment of sex. Some have sex or masturbate to alleviate anxiety. For others, sex becomes an obsession. Some people with AS feel overwhelmed by sexual sensations and have difficulty enjoying sex and may even avoid it. Any of these can have a profound effect on their relationship, especially if their NT partner has a different expectation for physical intimacy. Some adults with AS are asexual and not interested in sexual intimacy of any kind. There can be an interplay of sensory issues with a lack of understanding how a partner is feeling which can result in robotic or unsatisfactory sex.

### **Obsessive Thoughts**

It can be hard for people with AS to let go of thoughts, especially emotional thoughts around a negative experience. Some AS partners are still contemplating past unpleasant experiences of failure or of being bullied or shamed. These thoughts are often ever-present and can affect the person's daily behavior and even prevent restful sleep. They tend to:

- Perseverate—they can't let things go, especially if it is something that they want
- Be unable to get thoughts out of their mind
- Focus on thoughts that might or might not be related to the other person, which take up a lot of space in their

brain, leaving little or no room for other things.

### **Interests or Passions**

Many, but not all, people with AS develop special interests at a very young age. They may be ideas, facts, or thoughts and are often related to a topic such as transportation, weather, animals, or history. These interests may change over time.

Some interests and passions include accumulating items (music of a particular genre, movies, war items, coins, and animals). Although these collections or interests may not be shared by the NT partner, they become an overwhelming part of her life.

In addition to collecting, some people will categorize or otherwise systematize their collections. These obsessive interests can lead to activities such as gambling, purchasing excessive items, or collecting pornography. There can also be the problem of collections taking over needed living space.

If the interest or passion, such as bird watching, hiking, or movies, is shared by both members of the couple, it can have a positive impact on the relationship. Unfortunately if the interest is not shared, or is shared with a child or friend instead, the NT partner may feel excluded from her partner's life.

### **Developmental Delay**

Many people with AS have a developmental delay that causes them to act emotionally and

socially younger than their chronological age. They appear to be naive or vulnerable and unable to stand up for themselves.

The AS partner may not make decisions or take equal responsibility for decisions.

If the NT partner is also compensating for executive function problems (taking care of the house, bills, cooking, childcare, etc.), the caretaking role of the NT partner sometimes leaves her feeling like she is taking care of another child. This in turn affects her ability to see her partner in a romantic or sexual way.

### **Cognitive Profile**

Individuals with AS have a slightly different cognitive profile in a few areas. These are generally areas of strength, which can be used to accommodate for some of the areas of challenges. These include:

- An excellent memory for facts. This may be for names, numbers, birthdays, etc. For some people, this memory is visual.
- Many people with AS analyze information logically. They also systematize information. For example, a person with AS might make a chart to figure out what to wear on a particular day.

## **APPENDIX B**

### **FREQUENTLY HEARD COMMENTS FROM NT PARTNERS**

#### **Communication Issues**

My partner:

- says hurtful things or makes inappropriate jokes or remarks to me or in front of others
- shares private information in public
- is not able to tell “white lies” and insists on accuracy
- lies about his actions to cover inaction or mistakes
- uses facial expression that doesn’t match the emotional content of what is being said
- talks too much or is overly friendly to strangers
- talks very little and has difficulty talking to strangers
- has trouble with spontaneous expression and likes to prepare scripts before a conversation
- talks obsessively about a particular topic
- talks a lot about himself
- is reluctant to use the phone
- won’t ask for help
- prefers conversing side-by-side
- is uncomfortable speaking in a social setting (more than two people)
- misses social humor, irony, or sarcasm
- interrupts to correct details, facts, or pronunciation when others talk
- focuses on the details and does not give weight to the overall message of what is said
- speaks formally or sounds slightly robotic when uncomfortable or with strangers
- repeatedly talks about past incidents that might seem minor to others
- takes things literally (does not “read between the lines”)
- monopolizes the conversation
- skips from topic to topic without pausing
- includes unnecessary details in conversations
- interrupts me when I speak
- gets upset when interrupted
- hesitates before talking
- has trouble following group conversations
- has limited topics of conversation
- speaks too loud or too soft
- has trouble with small talk or casual conversation
- puts unusual emphasis on words or phrases
- monologues to others to the point of embarrassment

### **Behavioral Issues**

My partner:

- does not seem to modify behavior or learn from past experiences
- is reluctant to participate in social events
- stays by my side at social gatherings
- leaves social situations early or needs to take breaks during them
- invades my personal space and others' when speaking with me or them
- prefers to be alone
- seems childlike or naive and needs to be taken care of by me
- can be overly impulsive
- has trouble initiating or completing tasks even when asked
- is unlikely to initiate plans and social interactions unless it relates to an area of interest
- has trouble budgeting
- dislikes spending money
- focuses on negative details
- reacts slowly to what I say or do
- primarily uses technology to interact with people
- works obsessively
- won't clean up or throw things away
- likes to logically analyze and categorize things
- seems unaware of how to behave in social situations
- uses alcohol or drugs or food for self-soothing and for easing social anxiety
- can forget to perform tasks or follow requests
- collects unusual objects and/or information
- feels he is always right
- has robotic or scripted behavior
- prefers the same routines
- gets anxious about change
- has restricted or unusual eating habits
- wears unexpected attire and sometimes forgets about hygiene and self-care
- will not initiate household help without being asked
- does not do much of the parenting
- spends excessive amounts of time on the computer
- has a social world that is virtual

### **Cognitive Issues**

My partner:

- is obsessed with inequalities in the world, social justice, animal rights, the environment
- is very focused on or is an expert in his areas of special interest
- is unaware of the consequences of certain behavior

- is unable to see subtleties—sees only black or white, not gray
- is unable to make accommodations when plans don't go as expected
- has a hard time compromising or negotiating
- has a hard time problem solving, is paralyzed by even small obstacles
- has a hard time dealing with more than a few activities at one time
- has a hard time following directions, especially ones that involve multiple tasks
- hyper focuses on planning and analyzing in areas of interest to him

### **Emotional Issues**

My partner:

- is emotionally hypersensitive
- is more attached to his pet than to me
- is unable to respond to my needs or emotions
- is unable to calm down
- is unable to let go of feelings of being wronged in the past
- continues to experience the emotion of past embarrassing or shameful moments
- has emotional reactions that seem out of proportion to the incidents
- has very high anxiety

### **Relational Issues**

My partner:

- is reliant on me for social and emotional support
- does not say “I love you”
- does not say “I’m sorry”
- does not talk about personal and interpersonal emotions or feelings
- does not discuss our issues
- disagrees about past events in our history
- pushes me to make decisions
- needs me to do certain things in certain ways
- does things counter to what we agreed upon
- relies on me to keep him stable and functional
- disagrees with me about discipline
- gets anxious about angering me
- has unusual sleep patterns/hours that disrupt our family and our relationship
- turns small problems into larger ones
- doesn’t pay attention to me
- doesn’t notice how I am feeling
- doesn’t ask me how I am feeling
- doesn’t inquire about my life
- doesn’t talk about his emotions

- doesn't initiate conversations with me
- at times doesn't like to be touched
- doesn't seem to get pleasure being with me or out of life generally
- is rarely affectionate
- will not accept my perspective
- does not get me thoughtful gifts
- forgets to give me compliments
- doesn't seem to feel an emotional component from our interaction
- does not listen to me

## APPENDIX C

### TOOL FOR EXPLORING THE CONTINUUM OF NEURODIVERSITY

Instructions to the couple: For each of the items below rate them on a scale of -10 to +10, where the first characteristic in each pair is assigned -10 and the other is +10.

-10 \_\_\_\_\_ 0 \_\_\_\_\_ +10

#### Communication

- Comfortable at social gatherings with strangers → Uncomfortable at social gatherings with strangers
- Discomfort when talking with more than one person → Comfortable talking with multiple people
- Expresses self concisely → Uses a lot of words
- Expresses self in a sequential manner → Expresses self in an nonsequential manner
- Dislikes small talk and casual conversation → Likes small talk and casual conversation
- Enjoys talking about information or specific topic areas → Enjoys talking about people and emotions
- Enjoys talking → Is silent

#### Social Behavior

- Enjoys meeting new people → Dislikes meeting new people
- Seeks help when needed → Dislikes seeking help
- Understands how to behave in a social situation → Gets confused about how to behave in a social situation

### **Executive Functioning**

- Able to multitask → Is better at completing one thing at a time
- Able to prioritize tasks → Is unable to differentiate importance of tasks
- Able to make decisions → Is indecisive
- Excels at solving problems → Has difficulty finding alternative ways to resolve an issue
- Finds it easy to begin chores → Finds it difficult to begin chores
- Organized in the physical world → Completely disorganized in the physical world
- Able to plan → Unable to plan
- Manages money well → Mismanages money
- Enjoys cleaning and maintaining an organized house → Unable to do housekeeping tasks

### **Anxiety**

- Able to stay calm → Trouble remaining calm
- High anxiety → Low anxiety
- A small number of tasks can feel overwhelming → Can handle multiple tasks at once without being overwhelmed
- Even tempered → Explosive temper

### **Rigidity**

- Dislikes change, especially unexpected change, prefers consistency → Enjoys change, new things, likes spontaneity
- Able to compromise, accept gray area → Sticks to certain beliefs, views the world in black and white

### **Intimacy and Emotional Connection**

- Needs emotional connection with others → Satisfied being autonomous
- Enjoys talking about feelings and emotions → Dislikes talking about feeling and emotions
- Understands how another person is feeling → Confused how someone is feeling
- No friends → Large circle of friends
- Feels happy → Feels unhappy

### **Sensory**

- Not sensitive to noise → Hypersensitivity to noise
- Not sensitive to touch → Hypersensitivity to touch
- Not sensitive to texture → Hypersensitivity to texture
- Not sensitive to smell → Hypersensitivity to smell
- Not sensitive to taste → Hypersensitivity to taste
- Insensitive to physical pain → Feels physical pain acutely
- Clumsy and awkward with body → Agile and aware of body in space

**Obsessive Thoughts**

- Inability to let go of thoughts → Lets thoughts go with ease

**Interests or Passions**

- Collects items of interest → No interest in collecting items
- Limited number of interests → Interests spread over many areas
- Extremely ethical and cares about certain issues, which might be environmental matters, animal rights, poverty, etc. → Not interested in larger social or ethical issues

**Developmental Delay**

- Behaves like a mature adult → Has a childlike quality or acts emotionally younger than one's chronological age

**Cognitive Profile**

- Excellent memory for facts → Poor memory for facts
- Excellent memory for faces → Poor memory for faces
- Analyzes thoughts logically → Illogical
- Glass half full temperament (optimistic, things will go well) → Glass half empty temperament (pessimistic, things will go badly)
- Grasps ideas and concepts quickly → Doesn't understand ideas and concepts

## Suggested Reading

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### Recommended Reading about Asperger's and Relationships

1. *Alone Together: Making an Asperger Marriage Work* by Katrin Bentley & Tony Attwood
2. *An Asperger Marriage* by Gisela and Christopher Slater-Walker
3. *Asperger Syndrome: A Love Story* by Keith Newton & Sarah Hendrickx
4. *Asperger Syndrome and Long-Term Relationships* by Ashley Stanford
5. *Look Me in the Eye: My Life with Asperger's* by John Elder Robison
6. *Love, Sex & Long-Term Relationships, What People with Asperger Syndrome Really Really Want* by Sarah Hendrickx & Stephen Shore
7. *Loving Mr. Spock* by Barbara Jacobs
8. *Loving Someone with Asperger's Syndrome: Understanding and Connecting with your Partner* by Cindy Ariel
9. *Solutions for Adults with Asperger's Syndrome: Maximizing the Benefits, Minimizing the Drawbacks to Achieve Success* by Juanita Lovett
10. *The Journal of Best Practices: A Memoir of Marriage, Asperger Syndrome, and One Man's Quest to Be a Better Husband* by David Finch
11. *The Other Half of Asperger Syndrome* by Maxine Aston
12. *Troubleshooting Relationships on the Autism Spectrum* by Ashley Stanford

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## ENDNOTES

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<sup>i</sup> While this article was being written, the changes in the DSM-5 excluded “Asperger Disorder” as a diagnostic category, instead creating one category called Autism Spectrum Disorder, which incorporated the former Asperger Disorder Diagnosis. This has created confusion around language related to people who fit the DSM IV profile of Asperger Disorder. Although we reject the word “disorder” we are using the term Asperger Syndrome (AS) in this paper because we feel it continues to be the best descriptor of individuals with this particular profile. We are also using people-first language while acknowledging that many adults refer to themselves as “Autistics” or “Neuroexceptional.”

<sup>ii</sup> Please note that for simplicity in this article we use the pronoun he for someone who has AS and the pronoun she for the NT partner. This should not be construed that men are always the ones with AS and females are always the neurotypical ones. AS is found in both genders and also ND couples may be heterosexual or same sex relationships.

<sup>iii</sup> Some people with AS realize immediately or shortly after that they misspoke, while others, unless told, remain unaware. Stress can amplify this issue.

<sup>iv</sup> There is an important cultural/social component that affects this issue. If the person with AS is not expected to participate in these tasks because there is household help or the expectation is that the partner is responsible for these tasks, this neurological issues will not become a contentious problem for the couple.

<sup>v</sup> Employment can also be affected by social skills issues, especially difficulty working in a group, or not being a “team player.” Often slower processing, hyper focus on details, and perfectionism can affect employment status. On the other hand, many adults with AS have done extremely well in their chosen careers if their strengths match the job requirements.

<sup>vi</sup> After the outburst, they are ready to put the incident quickly behind them, but it can take days for their partner to move forward, and even then, too many of these incidents will have an accumulative effect of feeling verbally or emotionally abusive to the NT partner.