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Asperger Marriage: Viewing Partnerships thru a Different Lens

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Learning Objectives

- 1) Understand the complexities of the relationships between a man with AS and a woman without AS.
- 2) Gain insight into the experience of the woman in a spouse/partner's support group.
- 3) Learn how pervasive the impact of Aspergers Syndrome is in the couple relationship.

Aspergers Syndrome (AS) is a neurobiological condition on the higher-functioning end of the autism spectrum. Across individuals, there is wide variation of AS traits, of how each person experiences their neurology, and how AS evolves as they age. Shore (2003), a member and President Emeritus of the Asperger's Association of New England (AANE) Board of Directors has said, "When you meet one individual with Asperger Syndrome, you have met one individual with Asperger Syndrome."

Marriages or partnerships with a person with AS are often very challenging, with mental health consequences for both members of the couple, for their children, and for their larger family systems. In this paper we will share insights on the complexities of these partnerships with hope that this information will help and encourage other clinicians to better understand and support people in these relationships, whether working with individuals, couples, families, or groups. Our insights come from our professional experience with individuals and with groups for the partners of men with AS at AANE, along with review of the literature on AS.

This paper will address issues facing couples in which a woman without AS is partnered with a man with AS, the population whose needs we have been addressing in our partner support groups. Some AS + non-AS marriages may be satisfactory to both members of the couple, although this paper focuses on the couples in which the non-AS woman seeks help for her unhappiness in the marriage. For a couple where the man struggles with many of the AS traits, the effect on the partnership can be pervasive, and for some it can be devastating to the relationship.

The issues we describe may also characterize the experiences of men without AS paired with women with AS or same gender couples. This paper does not address many of the unique issues that would be associated with these couples, nor do we address issues that reflect cultural differences. With prior permission of the speaker, we have used anonymous quotations from women in our groups, typical comments they made or stories they told. Some of these have been altered to be representative of actual quotes.

AS & the Asperger's Association of New England (AANE)

People with traits of AS have always been around, either misdiagnosed or without a name for their neurological difference. The traits were codified into a diagnosis only fairly recently, first appearing in the DSM IV in 1994, which gave many people the ability to understand the issues in their lives or their patients' lives. The primary diagnostic features are impairment in social interaction and restricted, repetitive patterns of behavior, interests, and activi-

ties, causing significant impairment in social, occupational, or other important areas of functioning. Since 1994 we have come to a broader understanding of the strengths and struggles of people with AS.

Difficulty with communication is a core aspect of AS, including difficulty with language pragmatics and conventions of social behavior that are intuitive to the non-autistic majority. Whereas people with AS have normal or even very high range IQs, their brains seem to process information and sensory stimuli differently than those without AS. They are challenged by varying degrees of difficulty with processing speed, sensory issues, anxiety, depression, perseveration and rigidity in thinking, as well as executive functioning. Many have difficulty intuitively understanding what another person may know, think, or feel, although they may be able to use their intellectual skills to compensate for this difficulty. There is a spectrum of variability in the level of social relatedness and functioning of people with AS. Many feel emotionally or socially disconnected to others and feel like outsiders in our world. According to Goleman (2006), people skills rather than academic abilities are the biggest predictor of success in life—and that is precisely the most challenging area for a person with AS.

No definitive prevalence studies exist, but experts estimate that at least 1: 250 people have AS, only about half of whom are diagnosed. The ratio of male to female diagnoses is 4:1. (Many more girls and women may actually have AS but are not diagnosed.) Many children and teens with AS do well academically in school, but their inability to intuitively understand the rules of social behavior and difficulty with social communication and executive function-

ing present significant barriers to social-emotional development, and to steady employment—even for college graduates or those with advanced degrees. With a wide range of talents, interests, and personality, there are adults with AS who compensate and manage fairly well in the world. Some have found their niche and have made significant contributions to the world as musicians, composers, engineers, historians, writers, and artists. There are others for whom getting through each day is a challenge.

In 1996, the Asperger's Association of New England (AANE) was founded in the Greater Boston area by a concerned group of professionals, parents, and adults with AS. AANE's mission is to foster awareness, respect, acceptance, and support for individuals with AS and their families. Over the years since its inception, AANE has developed a wide array of innovative programs to meet the needs of various segments of the Asperger's community. In 2002, AANE began offering professionally facilitated support groups for the partners of men with AS. The first group was co-led by AANE founder and Executive Director Dania Jekel, MSW, and psychiatrist Laura Weissberg. Since 2004, Grace Myhill, LICSW, has run these groups initially co-leading with Andrea Insoft, LICSW, and more recently with Mary Ann Monheimer, LMHC. To the best of our knowledge, AANE was the first organization in New England (and perhaps in the United States or even in the world) to offer partners of AS support groups.

Even now few such groups are available, although the need is great. For those couples committed to staying together, a therapist knowledgeable about AS can first help the couple to understand their differences, commonalities, expectations and needs, and then with awareness of AS, help the couple learn how to change practical aspects of their life together to better accommodate the needs of each individual. For couples who choose not to stay together, awareness of AS may enable the process of separating with fewer conflicts or blame than might otherwise occur.

The Early Relationship between AS + Non-AS Couples

Because difficulties with social relatedness and communication are core characteristics of AS, one might assume that adults with AS would have difficulty forming friendships of any kind, much less on-going intimate relationships. Yet, many people with AS want and need friendship and intimate relationships, and they are motivated to do the hard work that relationships require. Many men and women with AS find partners, marry, and have children. Some people with AS find partners who also have AS or similar neurology. Because of like expectations, lifestyles, and interests, these relationships are more likely to mutually satisfy the needs of each individual within the couple, especially when they are aware of their AS traits. However, often

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people with AS have relationships with or marry partners who do not have AS, who have high social intelligence. The man with AS and his partner may share interests or areas of intellectual expertise. Some people with AS have traits that attract partners, such as being highly intelligent, gentle, appreciative, loyal, receptive of caretaking, well read, interesting, creative, unusual, or quirky.

Women who do not have AS may appreciate that her partner with AS “marches to the beat of a different drummer,” and does not exhibit some of the negative social or interpersonal attributes that she may have encountered in other potential partners, or previous partners. Women may be attracted to men with AS who appear safe and faithful and won't leave them. (In our experience, even following a divorce or separation, some men with AS are reluctant to leave their partners.) In some cases, women who are still working on forming their own identity and understanding their own needs are attracted to the singular focus and attention paid to them by a man with AS. She may perceive the man with AS as a “diamond in the rough” that she can fix. In the initial stages of a relationship, partners are less likely to be living together, their lives are not yet as intertwined as they will be

in marriage, and they are not spending the kind of daily-living time together that they will be in marriage. Significant issues may go unnoticed, ignored, or glossed over. The differences seem to be explained away by family history, cultural, or even geographic differences. As is often the case, partners present their best selves during this courtship period. These can be periods of fun, low stress, and enjoyment for both partners in the couple. In early relationships, the men with AS may show no outward expression of their neurological difference. Physically they appear like everyone else. They usually have the competence and adaptive skills in social matters they need to navigate the various contexts of their existing life situation. Many have completed college successfully and found a professional niche where they successfully use their talents despite their areas of disability.

People with AS can be good partners, and the women's choice to marry someone with AS is not intrinsically a bad one. As with many relationships, difficulties arise when both partners don't have enough mutual and self-knowledge to go into the relationship with their eyes wide open. AS + non-AS couples have the most difficulty in their relationship because of the mismatch of needs and expectations. The women are often the ones who seek outside help. When their relationship is not meeting their needs and expectations, they are confused and don't understand why their relationship difficulties seem different than others'. This is what many women have come to the group longing to sort out. They want to understand what is a typical relationship issue, what is unique to their relationship, what is gender based, and what is AS. It is crucial for the clinician to be able to distinguish between characteristics that are associated with the traits of AS that are neurologically based versus someone's personality or emotional make up. Clinicians must be equipped with the means of helping clients tease apart and sort out which parts of the issues in their relationships are AS-related, and which are not. Most relationships have a mix of the two.

On-going Relational Challenges between AS + Non-AS Couples

The longer a couple has been together without awareness of AS, the larger the impact

of AS on the relationship. Some men will have already received a formal diagnosis, but others may not. Not only because of the relatively recent codification of the AS diagnosis, but individuals with AS are often reluctant to seek help, complicated by their lack of self awareness and difficulty seeing the consequences of their behavior through another's eyes. Negative experiences with prior help seeking often add to their reluctance. For many, it is only after a child from such a union is diagnosed with an autism spectrum disorder, that the family realizes one or both parents may have undiagnosed AS or a related condition. When the previously hidden AS factor is brought to light, it can shed light on many of the individual struggles and idiosyncrasies, and many of the relationship issues.

The mismatch of expectations, lifestyle, and needs tend to create misunderstanding, conflict and unhappiness for both partners in a marriage. Whereas the women without AS need social interaction with people outside the marriage, the AS men might be content with fewer friends and lots of solitary time. The women's expectations might be that household and child rearing chores are shared, and perhaps receive the men's full verbalized agreement – but the men may not initiate chores unreminded, because of executive functioning problems. Non-AS women want to share the events of their day, emotions, and feelings with their partner and get supportive feedback, but many people with AS have difficulty talking about and expressing emotions and feelings. It may not occur to them to ask about their partner's experiences. They don't expect someone to ask these questions of them, and therefore don't intuitively realize that other people may have these expectations. For all of us, AS and non-AS alike, it's much easier to anticipate the needs and desires of another person by "putting ourselves into their shoes" based on our own needs and expectations: it is much harder if the other person is neurologically "wired" significantly differently from us. People without AS can often have success when putting themselves into the other's shoes but AS + non-AS partners have a harder problem to solve. In order to succeed, they must each construct a sufficiently accurate abstraction of what the other will need, desire, think, and feel. For those with AS, this is different in the majority of social situations they encounter. In AS + non-AS couples, this kind of

challenge in one or both directions contributes to the too frequent failures of communication.

The woman may want spontaneity or flexibility with activities whereas the man with AS may want structure and routine to help calm his innate high level of anxiety that often accompanies AS. According to world renowned AS specialist Atwood (2007), stress actually lowers one's processing ability, and in the case of a person who depends on their cognition to process communication, emotional and social situations, stress impacts negatively on the ability of the partner with AS to act or respond appropriately in the AS + non-AS relationship.

Misunderstood behavior challenges many couples, but for AS couples, because their reason is neurological, not behavioral, it is more difficult to understand, negotiate, compromise and change. These mismatches can lead to unresolved disappointment, anxiety, depression and anger within the relationship for both partners, especially if the neurological root of the problem is not understood. AS + non-AS couples often attend couples therapy for a long time. However, couple's therapists who do not understand AS may not appreciate how AS' neurology is impacting the couple, and very often the woman without AS is blamed for being controlling and overly demanding. Women in our groups have said they found couples therapy unhelpful, even more so when blame was placed on them for the problems in the relationship.

Misunderstood communication can present some of the biggest challenges for AS + non-AS couples, and very often couples feel as though they are speaking different languages. Women in the groups have described the following experiences: When they say certain things to their partners with AS during a conversation, the men either do not seem to listen, often do not respond, or they respond inappropriately to a piece of what was said. Perhaps they correct their grammar or focus on some other technical detail, rather than understanding the intent and the meaning of the sentence in the context in which it is spoken. There is a lack of back and forth dialogue. The man with AS may monopolize the conversation or take too much time because of

slower processing, and his need to discuss thoughts about his passions with too many details and information. Some, however, do not talk much at all, perhaps because of a life long experience of negative feedback from their attempts to communicate. Some people with AS have difficulty filtering their conversation in public and in private so that what they say is often embarrassing and hurtful, and they are unaware of the impact or aware too late.

For some men on the spectrum, compromising, expanding their thinking, and showing flexibility is particularly difficult. This impacts problem resolution and the ability to talk things through.

Because of the way people with AS process information, they often have difficulty seeing someone else's point of view and their perception of what happened is often very different from their partners. Thus, the AS + non-AS partners not only speak different languages, they see the world differently from each other. Women have told us that their husbands seem like they are not learning from mistakes and experiences, and have trouble changing their behavior. Most women in the group report that they feel lonely and socially isolated in their

marriage. In some cases a partner's apparent rigidity and difficulty expressing warmth and caring takes a profound toll on the relationship. Many of the

women who come to the group report feeling angry, anxious, and depressed. Some have found relief from therapy, medication, social engagement outside of the relationship, work, or being part of a spiritual community.

As in non-AS + non-AS relationships, we see couples who experience sexual compatibility as well as couples who experience painful emotional and sexual mismatch. Women report a mixed array of experiences around sexual intimacy. Many couples seem to enjoy and seek frequent physical contact that satisfies both partners. However, a variety of Asperger's traits may complicate having a fulfilling sexual relationship with their partner:

- Sensory issues can impact the physical response of the man with AS. Sensory issues include not wanting

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to be touched, sensitivity to a type of touch, physical awkwardness, aversion to particular sounds, tastes, and smells.

- Inability to understand how his partner may be responding to his touch.
- Inability to rapidly process and adjust to nonverbal feedback.
- A lack of spontaneity, and tendency toward rigidity or routine (if something works, he may be resistant to trying something new instead).

As with many couples,

- Some men with AS may have minimal or no drive to have sex. However, we have heard about a small minority of men at the other extreme who desire frequent sex with themselves or multiple partners.
- If they lack emotional connection with their partners, or if their partners are feeling disconnected from or angry with their partners, it's difficult for either partner to have or want physical intimacy.
- Occasionally, depending on a woman's specific history and emotional makeup, sex without mutual emotional connection can be traumatic.

For any of these reasons, couples may choose not to have sexual relations in order to avoid conflict and disappointment. This then increases the emotional isolation for both parties.

Although we don't know the frequency, we have seen several instances of individuals with AS who use or overuse alcohol or drugs to ease social awkwardness and social anxiety, and the emotional consequences of having AS. Clearly, this would have an impact on the relationship.

A small percentage of men, possibly because of a life long frustration of undiagnosed AS, have rage that can be triggered by stress and the demands of relationship and child rearing. Although domestic violence is not specifically addressed in this paper, the intersection between what is known about couples with domestic violence situations and AS is an important subject for further study.

In some cases couples get along fairly well, in their own unique style, until the birth of their first child. This can be a problem in couples without AS as well, but with a partner with AS it is harder to resolve. Some people with AS may tend to absorb other's emotions including a distraught child or baby. Sensory issues may make it extra hard to tolerate babies crying and sleepless nights. In addition the man with AS may begin to feel the stress of the financial and emotional responsibility for the household that comes with being the only or main breadwinner supporting a family. His anxiety can increase as he tries to maintain his routines despite interruptions, and he lacks support, since his previous main support—his wife—is no longer as available to him, as she now has to shift to nurturing their child. The man with AS can begin to feel neglected. The couple can find themselves in conflict that can quickly escalate into a crisis.

Additional Issues that Affect the Non-AS Partner

Social isolation can be a problem for the partner of a man with AS. He may be content or has the neurological makeup to spend a lot of time alone doing research, reading, listening to music, watching TV or movies, playing computer or video games, or spending time with his special interest. Even if he is willing to go out with his partner, the social engagements can feel unrewarding, stressful or embarrassing to such an extent that the wife stops going out socially with him. Her social contacts of all kinds may become limited and impoverished, and her isolation extreme. A therapist can guide the partner in making social contacts on her own, independent of her partner.

Furthermore, it is common for a woman in the group to report that it is difficult to get social and emotional support for herself. She may not feel comfortable turning to her family or friends, who may not see the issues in the relationship and don't understand why she feels stressed. If they do realize that the relationship is difficult, they may not understand why she stays. Her partner may come to be one of the few adults with whom she spends time. The extent of the woman's unexpressed emotional pain is often hidden because of her

isolation and the lack of understanding of those in her life. When she comes to the group for her intake, she is often at a point of crisis. In addition to wanting to learn ways to improve their relationship, she is also deeply in need of connection with others who truly understand what she is going through.

For many women, motherhood brings opportunities for new social connections—to other mothers and their children. By shifting her focus to childrearing, instead of the issues in the relationship, the partner may get more of her relational needs met. On the other hand, the AS + non-AS couple is more likely than average, because of genetics, to have one or more children with an autism spectrum disorder. If so, the mother is quite likely to be blamed for the child's difficult behavior and perceived as a "bad mother" by relatives, neighbors, and teachers. She is likely to be avoided or excluded by other parents in the schools, the neighborhood, her family, and the wider community. This can further add to the women's isolation.

After the children have grown and left the house and the couple is faced with their future together, longstanding AS + non-AS problems can come to a head. The woman has the time and energy to think about the couple relationship again. Many of these women who have been married for over 20 years seek out the group for help.

Many women who seek our help live with anger and chronic depression in their relationships. Men with AS, whether formally diagnosed or not, are likely to have encountered a great deal of frustration, rejection, and failure in their lives. They may have always felt like aliens on the wrong planet, exhausted and discouraged by the effort to understand and survive in the world created by and for the non-AS majority. Their prolonged or profound negative life experiences are quite likely to have contributed to a reservoir of rage or depression, whether overt or buried. They may still be experiencing problems obtaining or retaining employment, or feeling appreciated at work. They are less likely than non-AS men to have friendships that provide camaraderie and peer support. Their families of origin may have a history of misunderstanding or rejecting them. Some may have broken off ties with their parents and siblings entirely, because of complex family

situations. Many men with AS are socially and emotionally dependent on their partners, yet they are often unaware of the impact of their behavior on others, and tend to blame others for interpersonal problems. When a woman attempts to work through a problem in the relationship, the man with AS may respond to his partner's feedback, expectations, requests or demands with denial, withdrawal, or even verbal or physical abuse. His rage or depression, problems with stable employment, or limited ability to parent then become additional stressors for the wife. The man with AS or his partner may have unresolved anger and even overt rage or displaced anger because of some other difficulty he or she is experiencing, separate from the relationship issues. Many people have difficulty in accurately pinpointing the source of their anger or frustration, and may react to a "last straw" rather than to a previous root cause. A therapist can help a couple identify the source of their emotions.

Over a long period of time, living with unmet needs and expectations and without awareness of the role that AS plays in the woman's relationship can cause her to change. Living in social isolation, without much contact with adults other than her husband, she may become inflexible, rigid, anxious, withdrawn, or depressed. She may experience a shorter fuse, more anger, less tolerance, and less ability to enjoy life's pleasures.

In some cases, women who are attracted to men with AS have innate Asperger's traits themselves. They, like their partners, may be very bright people who like to think and talk about things on an intellectual level. However, they may not see their own Asperger's traits; instead, they may project them onto their partners. A therapist aware of AS can help the woman gain insight into her own issues and neurology.

Sometimes with understanding of AS, the couple's issues can get resolved, but sometimes they continue to surface again and again. There may be no simple or fully satisfactory solutions to the complex issues that AS + non-AS couples face. Nevertheless, it can be helpful, healing and empowering for the women to connect with other women who have had similar experiences and confront similar challenges. In a partner support group, the women can validate the difficulty of each other's lives, and

applaud each other's strength and courage. Together, they can learn more about AS, and come to a broader understanding of their partners. They can acknowledge that their partners' idiosyncrasies (and their own) are not the fault of either one. They may figure out some alternative ways to make their relationships run more smoothly. Through figuring out what they can and cannot change, they may attain some peace with the way things are, better accepting themselves, their partners, and the realities of the relationship. They may be able to change their expectations of what one needs to get from a partner, and even their definition of what a marriage is. Then they can open themselves up to enjoying the things that they do love about their partners, and to making meaningful connections with others to fulfill some of the needs their partners cannot, or they can create a living situation that is mutually satisfying to both partners who each bring their particularities to the relationship.

AANE's 6-Week Partner Support Group

During the intake interview, many women cry from the sheer relief of being able to speak with someone who "understands and believes" her experience and her feelings. Even before the first group meeting, hearing more about the group, and feeling that help is at hand, may bring some peace of mind to women in longstanding distress. One participant sent the following email shortly after her intake interview:

I am very excited about meeting you! I feel this is something I have waited for my whole married life. Short-term meetings with counselors, as a couple and individually, never worked, as the missing piece of the puzzle is the AS. First and foremost those with AS need to be recognized, and helped in a dignified way. Secondly, there is this large mass of people, their spouses and families, who feel isolated—millions wondering 'What is wrong?' and feeling emotionally deprived, when everything looks right. I feel you are 'on to something' and feel very grateful to you and AANE.

Women come to the group for several reasons. They want an explanation for their difficulties, and ways to improve their marriages—or to reconcile themselves to living with the limitations. During intake women said: "I want to understand what is AS and what is personality. What can be changed?

Or to get ideas on how to work things out with my partner. To communicate better with my partner." They want a chance to make sense of their lives, validation that what they are living with is real, and recognition for the loneliness that exists in a marriage without satisfactory empathy or reciprocity. They hope to experience a sense of community, feel less alone, and find some peace. They say: "It is beneficial to talk with people who understand. I want support, and to connect with other people walking this path."

Many women come in search of ways to keep their marriages intact. The combination of rigidity and rage in a man with AS can result in emotional and physical abuse. For the women who have been in our groups, reports of physical abuse have been low. What is more common, however, is that the wife will "walk on marbles" or "eggshells" in an effort to prevent precipitating the partner's anger. The reverse can happen too – that the man with AS walks on eggshells for fear of precipitating anger, demeaning treatment, or talk of separation or divorce held as a threat over the relationship.

As far as we know, there have not yet been any studies about the divorce rates among AS + non-AS couples, but AANE staff talk to many adults with AS and to many non-AS partners who are divorced. Thus we suspect those who join our partner support groups self-select, and are particularly motivated to find ways to make the marriage work better so it can be preserved, or they come to the group to help decide if they should stay or leave. Occasionally women who were dating men with AS have come to a group to learn what to expect so that they could make realistic, informed decisions before deciding to commit to their partners. In these cases, the women did decide to go ahead and marry their partners.

The first task of most groups is to establish

commonality—and we have seen that this can happen very powerfully and rapidly in AANE’s partner groups—generally in the very first session. After we establish rules of confidentiality and discuss basic logistics, we invite group members to introduce themselves and share their stories. Usually, as soon as one woman speaks, others immediately begin to nod their heads. Each woman’s story resonates with the experiences of other women in the group. Some stories revolve around the men’s behavior that their partners thought “bizarre.” For example:

- One woman explained that in order to concentrate on a conversation with her, her partner lies on the bed with a tee shirt wrapped around his entire head and face. Only by blocking out all outside stimulation can he focus on what his wife is saying.
- One partner slept under laundry piled on the bed for sensory comfort.
- Another group member’s partner ate the same thing every night for more than 3 years, and at the same time: right before he got into bed.
- Some partners are oblivious to medical emergencies.
- Some partners have no response, or an inappropriate one, to hearing news of a terrible disease or the death of a loved one.

Soon the group members are asking each other, “Has your partner ever done anything like this?” The women begin to connect, and to feel less alone. In a group of women who have felt so isolated and relationally deprived for so many years, connecting with others who understand is a powerful experience. Tears flow, balanced by laughter—sometimes both at once. When the women disclose the things in their lives that feel “bizarre,” and others have had similar experiences, they exclaim with relief: “So I’m not going crazy!”

The topics of the conversation may vary, but pretty quickly some common themes emerge.

- It is common for a wife to say that she thinks of her husband as an extra child, because he can seem demanding, inconsiderate, and incompetent in certain ways. Partners often feel they have

no choice but to cater to their partners’ sensitivities or insistence on fairly rigid routines.

- Women report that they may not be able to rely upon their partners to provide the practical help and support they would expect from a mature partner. The women get tired of doing it all; they feel frustrated, angry, and even enraged. “I do everything in the family”—often including earning and managing the money.
- There seems to be an unawareness of the emotional state of the partner, a lack of noticing, and a lack of appropriate comments given for certain situations. For example, on a wedding anniversary or birthday they may get an inappropriate gift, no gift at all or a gift that someone gave to them. Some women buy their own gifts “from” their partners. Because the women feel that they get very little emotional support from their partners, they often feel unloved, disappointed and neglected. For many of them, this may include feeling sexually deprived.
- There is often difficulty with socializing. Group members discuss the feelings of going out socially and interacting with their partners. Their partner may be more introverted or need more down time than the wife, and resist going out to social events. He may feel so uncomfortable in social situations that he wishes to avoid them. Therefore it may fall to the already overburdened wife to persuade him to go out, propose and negotiate the choice of activities, find the childcare, make the phone calls, order the tickets or make the reservations. Once they arrive at the family gathering, dinner party or cultural event, the man with AS may be cranky and uncomfortable, or silent and withdrawn. He may (unintentionally) bore or offend others, or talk too much/inappropriately at the gathering.

- Another theme that comes up frequently is how awkward and unrewarding it is to be in social situations with their partner. Men with AS sometimes share personal details about the couple’s private life, not understanding that this

is not the time or the place for such a comment. For example, “at parties he used to complain to the guys about doing laundry (the only chore he would do) and how there must be something wrong with me because my pantyhose and underwear were always inside out in the wash. He used to really play up what a pain it was to flip the laundry and how inconsiderate I was. No amount of my explaining or requesting made him stop.” Many women tend to give up altogether on making social plans. They may ask: “Is it worth all that effort, when the outcome is often negative?”

In the second and third sessions, women are eager to reconnect and to find out more about each other’s situations, partners, and relationships. They begin to reach consensus on what behaviors or characteristics they see in their partners, and they sort out what is “just a guy thing,” and what is an Asperger’s trait. Groups generate lists of traits in their early sessions (Appendix A). Occasionally, pairs of opposite traits can be on the list. For example, most group members report that their partners have large collections of books, newspapers, CDs, or other things that they have a special interest in, but other women report that their partners have no possessions at all. One partner had only a briefcase, which he wanted to keep with him at all times. Some men want to have physical contact and physical intimacy frequently, whereas others, because of their sensory issues, can barely tolerate it. Some groups also generate lists of the women’s feelings or reactions to

their partners with AS (Appendix B), and explore questions like: “What attracted you to your partner in the first place? What do you still like about your partner?” Answers include traits such as high intelligence or success in the academic world, or “He was different from other men. He seemed sensitive and thoughtful—polite, not pushy. He is a good person.”

In the fourth session, the women continue to share stories—and strategies and resources they have used thus far to cope with the challenges in their marriages. This mutually supportive sharing continues throughout the life cycle of the group. The women now shift their focus to trying to figure out how

***When it comes to AS,
thinking outside the
box is usually beneficial***

to improve communication with their partners. The women give and take advice freely, and seem willing to try new strategies. They ask each other how they handle specific difficult situations.

Some women choose to seek emotional support outside the marriage, from extended family members, friends, or therapists. It is crucial that a therapist understand AS so that s/he can fully comprehend the woman's issues and what she is talking about. There are some who seek couples therapy. It is crucial that the couples therapist has awareness of AS, and is appropriately directive with the husband, otherwise the therapist may blame the wife, and the "therapy" would be damaging rather than helpful. When group members hear from one another of successes from therapy or from trying new strategies, the mood in the session seems to get a bit more optimistic.

By the final sessions the focus of the group shifts from the partners to the women themselves. They now feel safe enough with each other to do some painful self-examination. They begin to ask: What does it mean about me that I chose this man for a partner? Why didn't I see his limitations earlier? Why didn't I realize something was wrong? Was there something in my background that caused me to be attracted to somebody like him? Could it be that I also brought the same or different issues to the marriage?

The women explore how the relationship changed over time. Some women in the groups have children, but not all do. Since there is a risk that childrearing issues will dominate the group discussion at the expense of other issues, it is important that the focus of the conversation be on the adult relationship. They discuss what changed in the relationship as they moved from dating their partners, to living together and marrying, to the birth of children in some cases, to being parents to older children, or even to adult children who have since left home. (Adult children with AS or other forms of autism, however, may "fail to launch," and still be living at home well into adulthood.)

In the final sessions of the 6 weekly group meetings, more personal topics are raised. These topics typically include physical intimacy, verbal abuse, physical abuse, substance abuse, prescription medication for either partner, and more disclosure about

the issues they may be struggling with as individuals in addition to the relationship challenges.

The 6 week group gives the women increased knowledge of AS and how it is affecting their relationships, improved self-awareness of their part in the relational issues, as well as new techniques for coping and communication. Still, many need follow up or ongoing support beyond the 6 week group.

Interventions

In addition to the comfort of participating in the group along with women who share and understand their experiences, what else can be helpful to partners of men with AS?

When it comes to AS, thinking outside the box is usually beneficial. It is important to hold on to and present to the group members the hope that AS + non-AS marriages can work—but probably not as traditional partnerships. The outcomes are best when both members of the couple learn about AS and communicate with each other about how it affects their relationship, recognize where their individual needs differ, and are open to working out alternative solutions—arrangements that may be original or unique to them, rather than meeting conventional expectations. For example, one woman customarily did all the driving in spite of the wishes of her husband who preferred to drive. When her husband drove it was a very stressful experience for the wife as she had to listen to her husband express his anger and negativity about the other drivers and worry about potential "road rage" incidents. At some point the woman broke her leg, and during the weeks while the cast was on she had to be transported while lying down in the back seat. The woman found it much less stressful back there, especially when she added the requirement that her husband not speak at all for the duration of the trip. It has been months since the woman's cast has come off, but she continues to lie down in the back of a quiet car whenever she doesn't want to drive herself. Her husband is more relaxed and the reduction in her stress is worth the strange looks she gets as she gets out of the car at her destination.

Even in marriages where neither partner has AS, couples may marry expecting an

unrealistically high level of togetherness—that they will do everything together—and it is important as the partners mature to let go of that fantasy. It is even more important for AS + non-AS couples to let go of such unrealistic expectations. Some AS + non-AS couples have separate bedrooms, separate sections of a house, or even separate houses. Women should be encouraged to have their own work, social networks, and places to turn to get their own needs met—needs which the man with AS is not meeting, and may not be able to meet. On the other hand, it is important for a couple to continue to share their mutual interests as a means of connection or reconnection, even when raising children.

Because of executive function problems, the man with AS may have trouble completing tasks or doing chores. Whenever possible, it is advisable to hire childcare or household help on a regular basis, to take some of the workload off of both partners and to minimize anger and resentment. In couples where the man with AS has difficulty managing money, if his partner cannot or does not want to take on this task, the couple should seek help in this area.

Getting a formal diagnosis for a man with AS can make a difference. Working with the diagnosis—coming to understand that AS is the root cause of some behaviors, difficulties, or past misunderstandings—can help the couple to forgive and reconnect with each other. Similarly, disclosing the AS to extended family or community members may help heal other important relationships. A diagnosis may lead to making changes at home or at work to reduce stress for the man with AS. Men with AS who are motivated and willing are able to learn behavioral and communication skills that can improve their marriage. Some people with AS learn these skills from books but often they need private or group tutorials from a professional who knows about AS and how to teach social communication pragmatics. From these experts men with AS can learn about conversational hierarchy and social rules, such as how to ask people questions about themselves, and they can use this knowledge in their relationship with their partners.

Even with the similarities described by group members, all people with AS are unique individuals, with different capacities and strengths. Some men with AS can be cognizant of the other person and can be

quite helpful in certain ways—or they may respond well if asked directly to do something specific. For example, one man with AS liked getting out of the house frequently for breaks, so his wife routinely asked him to pick things up from the store. This helped her out considerably, and it made him feel good to know that he could be helpful.

Other interventions that have worked with group members' relationships are:

- Making lists
- Accommodating sensory needs, both positive and negative sensory feelings
- Resisting the temptation for both partners to make assumptions about the other's feelings
- Making suggestions to each other without being critical
- Taking time to talk about issues and ideas looking for possible changes to old unhelpful patterns

In some cases, prescription medication may improve executive functioning, or lessen anxiety or depression for a man with AS. Medications should be prescribed and monitored by a psychiatrist or psychopharmacologist who has expertise treating AS. Prescription medication or individual psychotherapy may also be helpful for a non-AS wife until she is able to get more of her needs met, and is no longer overly stressed or depressed.

In closing, to paraphrase Dr. Stephen Shore: when you meet one partner of a person with AS, you have met one partner of a person with AS. Beneath the commonalities in the group are individual differences. Each voice needs to be heard; each experience needs to be explored, understood, and valued. We hope that other clinicians and researchers will seek out these voices and add to this body of knowledge. ❖

Appendix A

Group members from 7 groups reported many overlapping appreciated and challenging characteristics in their partners. Here is a sample of 25 of each:

Appreciated characteristics:

1. Intelligent – above average
2. Good memory
3. Full of knowledge
4. Trustworthy
5. Loyal
6. Sensitive
7. Gentle soul
8. Can accomplish some tasks around the house that spouse can't, i.e., hanging a door
9. Polite

10. Sweet
11. Hard working
12. Good provider
13. Good worker
14. Child-like innocence and sensitivity
15. Passionate
16. Good with numbers and facts
17. Good memory holds a lot of information in his head
18. Good with systems
19. Good sense of humor
20. Loyal
21. Unquestioning
22. Faithful
23. Not a flirt
24. Has diverse interests and can speak on several topics
25. Has a lot of talents.

Challenging characteristics:

1. Doesn't seem to learn from experience, generalize from one situation to another, or adapt to new situations
2. Has the same response regardless of the situation or outcome, sometimes no response
3. Fixates on things, is unable to let go of a concept, perseverates
4. Does not want to process and resolve disconnections
5. Misapplies knowledge or information, unable to discern what is important, can't see the big picture
6. Hyper focused on details
7. Blames others, especially the spouse
8. Hypersensitive to criticism
9. Thinks linearly, literally, concretely, in black and white
10. Rule oriented
11. Has meltdowns
12. Assumes others can read his mind, can seem paranoid
13. Can seem manipulative and controlling
14. Childlike, helpless, clueless
15. Self absorbed, is in his own world, aloof, spends lots of time alone, having downtime, taking frequent breaks
16. Causes embarrassment in social situations, does not understand when and what to keep private, can not tell white lies
17. Separates himself from others, spends lots of time alone
18. Oblivious or hypersensitive to moods of others
19. Unintentionally mean or hurtful to spouse, even cruel at times

20. Talks on and on or not at all, does not dialogue back and forth
21. Have special interests that take priority and collections that take a lot of space, sometimes to the point where it seems like hoarding
22. Obsessive and compulsive, rigid and inflexible, resistant to change
23. Intolerant of much direction from others
24. Can't identify, read, or communicate feelings in him or in partner
25. Has sensory issues

Appendix B

Group members from 7 groups reported many overlapping feelings or reactions to their partner's behavior:

- Anger
- Depression
- Knowing the truth but not being believed
- Empathic
- Overly compensate
- Relational
- Feels like you're being emotionally abused
- Lonely
- Makes excuses
- Derailed
- Feels like you're not yourself
- Adapting to how he is
- Too much work
- Resentment
- Trying to swim with a lead suit on
- Roller coaster
- Life defined by spouse's issues
- Betrayed

References

Atwood, T. (2007). *Complete guide to Asperger's Syndrome*. London: Jessica Kingsley.

Goleman, D.P. (2006). *Social intelligence: The new science of human relationships*. N.Y: Bantam Books.

Shore, S.M. (2003). *Beyond the wall: Personal experiences with Autism and Asperger Syndrome, second edition*. Shawnee Mission, KS: Autism Asperger

Resources:

The Asperger's Association of New England, www.aane.org

Recommended books:

Asperger Syndrome: A Love Story
by Keith Newton & Sarah Hendrickx

Love, Sex & Long-Term Relationship: What People with Asperger Syndrome Really Really Want
by Sarah Hendrickx & Stephen Shore

Asperger Syndrome and Long-Term Relationships
by Ashley Stanford

Alone Together: Making an Asperger Marriage Work
by Katrin Bentley & Tony Attwood

Aspergers in Love: Couple Relationships and Family Affairs
by Maxine C. Aston

The Other Half of Asperger Syndrome: A Guide to an Intimate Relationship with a Partner who has Asperger Syndrome
by Maxine C. Aston

Solutions for Adults with Asperger's Syndrome: Maximizing the Benefits, Minimizing the Drawbacks to Achieve Success
by Juanita Lovett

The Complete Guide to Asperger's Syndrome
by Tony Attwood

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Asperger Marriage: Viewing Partnerships thru a Different Lens

POST-TEST

Circle all correct answers.

1. Asperger Syndrome (AS) has always existed but was only listed in the DSM IV since 1994.
 - a) True
 - b) False
2. Features of Asperger Syndrome include:
 - a) lower than average IQ
 - b) repetitive patterns of behavior, interests, and activities
 - c) significant impairment in social, occupational, or other important areas of functioning
 - d) b & c
3. As with many relationships, difficulties between a man with AS and his female partner arise when:
 - a) both partners don't have enough mutual and self-knowledge
 - b) there is a mismatch of needs and expectations
 - c) there is an increase in stress such as with the arrival of children
 - d) all of the above
4. For clinicians working with a couple in which one member has Aspergers Syndrome, it is crucial for the clinician to be
 - a) able to distinguish between characteristics that are associated with the traits of AS that are neurologically based versus someone's personality or emotional make up
 - b) trained in psychodynamic therapy
 - c) trained in cognitive behavioral therapy
 - d) have experience working with clients with a trauma history
5. Difficulties with social relatedness and communication are core characteristics of Aspergers Syndrome.
 - a) True
 - b) False
6. Executive functioning problems is the reason that many men with AS:
 - a) do not initiate household chores
 - b) do not want to spend time with other couples
 - c) do not share the events of their day with their partners
 - d) do not compliment their partners
7. According to world renowned AS specialist Atwood (2007), stress actually lowers one's processing ability, and in the case of a person who depends on their cognition to process communication, emotional and social situations:
 - a) stress impacts negatively on the ability of the partner with AS to act or respond appropriately in the AS + non-AS relationship
 - b) stress causes seizures
 - c) stress makes speaking impossible
 - d) All of the above
8. People with AS do not want and need friendship and intimate relationships.
 - a) True
 - b) False
9. It is crucial that the couples therapist has awareness of AS, and
 - a) is appropriately directive with the husband, otherwise the therapist may blame the wife, and the "therapy" would be damaging rather than helpful
 - b) treats the member of the couple with AS with "kid gloves" so as not to stress them
 - c) can help the partner who does not have AS let go of their relational needs
10. Women who have partners with AS come to support groups to
 - a) increase their knowledge of AS and how it is affecting their relationships
 - b) improve self-awareness of their part in the relational issues
 - c) to learn techniques for coping and communication
 - d) all of the above
11. People with AS can never put themselves into their partner's shoes.
 - a) True
 - b) False
12. Which is not true: The outcomes are best when both members of the couple:
 - a) learn about AS and communicate with each other about how it affects their relationship
 - b) recognize where their individual needs differ
 - c) seek a structured and conventional lifestyle that matches the models and images in the mind of the AS partner of how a couple "should" function
 - d) are open to working out alternative solutions
13. Couples in which one partner has AS would benefit if they could;
 - a) do everything together
 - b) let go of the fantasy of doing everything together
 - c) figure out ways to understand and then to meet all of each other's needs
 - d) do things in a traditional way
14. Men with AS who _____ are able to learn behavioral and communication skills that can improve their marriage.
 - a) have above average IQ
 - b) are motivated and willing
 - c) had mothers without AS
 - d) who truly love their partners
15. Working with the diagnosis
 - a) is only helpful for children
 - b) can help the couple to forgive and reconnect with each other
 - c) is only important for the therapist to understand their client
 - d) has no bearing on the relationship of the couple

Congratulations!

*You have just completed the Post-Test for this CE Course! **Please fill out the Evaluation form and send both pages along with your payment to NASW-MA.***

Please indicate whether the following learning objectives were achieved:

1. Understand the complexities of the relationships between a man with AS and a woman without AS.

Achieved in full 5 4 3 2 1 *Not Achieved*

2. Gain insight into the experience of the woman in a spouse/partner’s support group.

Achieved in full 5 4 3 2 1 *Not Achieved*

3. Learn how pervasive the impact of Asperger’s Syndrome is in the couple relationship.

Achieved in full 5 4 3 2 1 *Not Achieved*

4. Please provide comments on current course and suggestions for future courses.

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The IFS lens of viewing our own personality is that we are multiple in how we think and feel, and all these different ways of thinking and feeling are different aspects, or parts of ourselves. The nature of our personality is to have different parts with our Self as the leader of our system, however, problems happen when one parts gets to strong or large and hijacks our system and we have a dictator. We talk more about the Internal Family Systems model and how the IFS approach to personal development teaches you how to cultivate your Self Qualities for greater happiness, using "The 8 Cs" . Asperger marriage: Viewing partnerships thru a different lens. Retrieved from http://www.aane.org/asperger_resources/articles/adults/asperger_marriage.html Portway, S. M., & Johnson, B. (2005). Do you know I have Asperger's syndrome? Risks of a non-obvious disability. A total of 42 studies published from January 1990 through March 2012 were identified. Mean age at diagnosis for all autism spectrum disorders ranged from 38 to 120 months and has decreased over time. Factors associated with earlier diagnosis included greater symptom severity, high socioeconomic status, and greater parental concern about initial symptoms.