Investigating communicative dissonance within relationships of adults with Asperger’s Syndrome (ASD Level 1)

Bronwyn Maree Wilson

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Investigating communicative dissonance within relationships of adults with Asperger’s Syndrome (ASD Level 1)

This thesis is presented for the degree of

Doctor of Philosophy

Bronwyn Maree Wilson

Supervisors:

Dr Susan Main
Dr John O’Rourke

Edith Cowan University
School of Education
2020
Statement of Original Authorship

The work contained in this thesis has not been previously submitted to meet requirements for an award at this or any other higher education institution. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made.

Bronwyn Maree Wilson

Signature: 

Date: 10\textsuperscript{th} March 2020
Abstract

The key features of Autism Spectrum Conditions (ASC) include marked and lifelong impairments in social interaction. Social interaction is a fundamental component of relationships. Despite the momentum of worldwide research on ASC, there is insufficient empirical study on adults with ASC and their relationships. Therefore, numerous myths, misunderstandings and confusion exist, especially in the area of adults with ASC, and autism-based impacts on the adults with ASC themselves, their relationships, and on the people who are in relationship with them.

Relationships that involve people with an ASC are often described as neurodiverse. Neurodiverse relationships that include one person with an ASC and one person without an ASC (i.e., a person who is considered neurotypical) may encounter considerable challenges, given that individuals with ASC have social impairments that interfere with their capacity to engage in, contribute to, and persevere with, the ongoing reciprocal interaction necessary to sustain relationship health. On the other hand, people who are neurotypical (NT) tend to have instinctive social skills. Customarily, for NT individuals, the giving and receiving of emotional support through reciprocity is a fundamental component of interpersonal interaction. These different interaction capacities and requirements, when integrated in one relationship, may be an extensive source of miscommunication.

Based on a prior study, this research focused on adults with Asperger’s Syndrome (AS), their close relationships, and characteristics of prompt dependency; (a behaviour that can develop due to lack of independent task initiation skills), accompanied by prompting; (a behaviour used to persuade, encourage, or remind a person to do or say something). Also investigated, was the underlying dynamics that result in these two behaviours converging into the prompt dependency cycle, found in a prior study, and the role that the presence of a prompt dependency cycle has on the ability to sustain or deplete these relationships. Specifically investigated, was how the elements of a prompt dependency cycle have interacted within a complex system of competing needs, roles, expectations, and problem solving behaviours for those within these relationships.
The use of an advocacy/participatory approach, in combination with a Dynamic Systems Theory framework, allowed for an investigation of the characteristics of prompting, prompt dependency and/or prompt avoidance within a dynamic system of interpersonal communication. Utilising a concurrent, embedded, transformative mixed methods research design, through a pilot study, and an Internet-based survey complemented by case study interviews, enabled understanding to be gained about the interaction experiences within these relationships.

For the quantitative component of the study, an anonymous online survey was uploaded onto Qualtrics. Included at the end of the survey was a section for respondents to indicate if they would like to participate within the interview stage of the study. Also included was the scope to nominate their partner/family member to be interviewed. Interviews were conducted over a six-month period within the survey activation stage. The 360 survey respondents were involved in a neurodiverse relationship comprising of partners, parents, adult siblings and adult children were aged between 18 and 60+ years. The majority of participants were from Australia, the United Kingdom and the United States of America. Numerous participants were from other areas such as, Africa, Asia, Canada, Europe, Middle East and New Zealand. A few participants did not provide details of location. A total of 44 participants, comprising of 15 adults with AS and 29 adults who were NT proceeded to the interview stage. Of these participants, there were five couples.

While the survey provided the opportunity to do a statistical analysis, it was outside of the scope of this investigation. Rather, the survey was used to identify frequency of responses to survey items and recruit interview participants for the case study interviews. MS Excel together with NVivo were used to facilitate the deductive and inductive processes of both the quantitative and qualitative data in order to derive meaning from the survey and interview data. The themes derived from these processes were united in a diagrammatic model that was updated and extended from a previous study in order to explain the data and the relationships between the themes.

The main conclusions drawn from the study were that the association between different needs, expectancies, and capabilities of the participants within neurodiverse relationships were the catalyst to the formation of prompt dependency characteristics.
Findings confirmed that unresponsiveness to, and avoidance of, reciprocal interaction and, as a consequence, an absence of emotional connection, were the dominant impetus behind each element of prompting on the part of the adults who are NT (adults who are NT – AWANT) and prompt dependency and/or prompt avoidance on the part of the adults with AS (adults with AS – AWAS). These aspects of prompting together with prompt dependency and/or prompt avoidance became intertwined to form a prompt dependency cycle within the interaction of the participants. Predominately, it was found that the features of the prompt dependency cycle had negative impacts on both individuals within these relationships in general, and on AWANT in particular. Additional interaction cycles were found to form as a result of the negative features of the prompt dependency cycle. The difference in positions toward emotional connectedness and the constant interplay between prompting on the part of AWANT and self-protective, and/or dependency behaviours on the part of AWAS established the development of these interconnected interaction cycles that became integrated within the prompt dependency cycle.

The expanded model illustrating the storyline of the prompt dependency cycle and interrelated interaction cycles developed in this study, detailed how entangled interaction can become when caught within the context of a prompt dependency cycle. The findings and related expanded model provide relevant implications for counsellors and therapists working with this population and their relationships. Further investigation of PD will also benefit student-teacher relationships and assist classroom educators to understand that PD has the potential to become a lifelong issue which requires extensive attention in the classroom in order to prevent its continuation into adulthood. Greater community awareness regarding the issues faced by individuals within these relationships was also found to be of particular concern.
Acknowledgements

I would like to express my sincere gratitude to my supervisors, firstly, to Dr Deslea Konza, who relocated to greener pastures and handed the reins on to Dr Susan Main and Dr John O’Rourke. Dr Deslea Konza’s attention to detail facilitated the start of this sizeable project, and the knowledge, expertise, and wisdom of Dr Susan Main and Dr John O’Rourke made possible, its completion. I say without doubt, that if it were not for each of my supervisors’ continual, steadfast and enthusiastic guidance and support for me, and for this project, throughout the entire term of my candidature, during which many extra obstacles were encountered, this thesis would never have reached completion. Their professional and personal commitment, and their input and feedback, have assisted in the realisation of a study that I am honoured to have been able to accomplish. Their valuable support has contributed to raising awareness of the unseen struggles of the population of people whose life challenges were explored for the study.

Special thanks are also extended to Dr Jo McFarlane for assistance with thesis structure and organisation, Helen Dixon for lending a hand with transcribing, Catherine Ferguson for deliberations regarding the quantitative data, and Elizabeth Neervoort for assistance with final editing amidst a busy schedule. Their collective assistance is much appreciated, and without it, this project would simply have not been the same.

A special mention goes to Prof Tony Attwood; a wise and knowledgeable supporter of my research journey, who, over quite a few years, has watched my personal and professional growth, while encouraging the development of my understanding of neurodiverse relationships.

I also thank God, who keep me in His safe hands through all my dark hours (and there were many), as He led me through the circumstances, in order to have the experiences to embark on this study journey. After completing my previous study, He kept me persisting through this second study, to see it to its conclusion.

And lastly, but not at all in the least, I also wish to thank all my participants who opened their lives to me with such forthrightness and honesty. They joined with
me under a common cause, and willingly shared a part of themselves. The quality of data their candid input provided, together with their contributions to the survey data, and their cooperation, have worked together to give this study depth and strength of meaning to make this project the best that it could be. The aspiration for this study is for the enhancement of the knowledge of neurodiverse relationships in the wider community. The hope is that, the understanding of those who provide the services, the programs, and the support, will be augmented, so that they are better able to accomplish what they do best. The dream is for both, improvement in the lives, and decline in the challenges faced, of those in neurodiverse relationships around the world.

This project is dedicated to my husband who is the inspiration behind my decision to return to further studies. His support, facilitated my capacity to devote time and attention to complete this study, subsequent to accomplishing the previous study, that I might have otherwise not had. In addition, I would also like to dedicate this research to my immediate, and extended family members, who along with numerous friends, bestowed on me substantial understanding of the impacts of Autism Spectrum Conditions on and within relationships.

_I would rather stumble a thousand times,_
_Attempting to reach a goal,_
_Than to sit in a crowd,_
_In my weather-proof shroud,_
_A shrivelled and self-satisfied soul._
_I would rather be doing and daring,_
_All of my error-filled days,_
_Than watching, and waiting, and dying,_
_Smug in my perfect ways._
_I would rather wonder and blunder,_
_Stumbling blindly ahead,_
_Than for safety’s sake,_
_Lest I make a mistake,_
_Be sure, be safe, be dead._

_(Author Unknown)_
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<td>AD</td>
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<td>AS</td>
<td>Asperger’s Syndrome</td>
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<td>ASC</td>
<td>Autism Spectrum Conditions</td>
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<td>PDC</td>
<td>Prompt dependency cycle</td>
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<td>RRB</td>
<td>Restricted Repetitive Behaviour</td>
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Keywords

Adults; Advocacy/participatory research; Asperger’s Syndrome; Autism Spectrum Conditions; Autism Spectrum Disorder; Close relationships; Communication; Dynamic Systems Theory; Neurodiverse relationships; Prompting; Prompt avoidance; Prompt dependency; Prompt dependency cycle.
Chapter 1: Introduction

“Most people do not listen with the intent to understand; they listen with the intent to reply”
(Stephen R. Covey, The 7 Habits of Highly Effective People, 1989).

1.1 Preamble

Interpersonal communication is the lifeblood of every relationship (Harvey & Wenzel, 2002; McGraw, 2000). With multi-layers it provides the core ingredient for building and sustaining relationships. It follows that, the capacity to provide as well as receive, ongoing reciprocal interaction in everyday relating, is a critical factor in the realisation of meaningful connected relationships (McGraw, 2000; McKay, Fanning, & Paleg, 1994). Mutually satisfying relationships can be achieved when ongoing and reciprocated interaction convey a sense of understanding and responsiveness, cultivating positive emotional encounters (Johnson, Yechiam, Murphy, Queller, & Stout, 2006; Laurenceau, Troy, & Carver, 2005). Consequently, relationships are constructed, negotiated, and sustained through the everyday relating behaviours of those within them (Weigel & Ballard-Reisch, 2012). Yet generally, interpersonal communication is not so straightforward. A quote attributed to McCloskey (1984) aptly expressed its complexity; “I know that you believe you understand what you think I said, but I am not sure you realise that what you heard is not what I meant”. Given that close relationships play a central role in the overall human experience, fulfilling the universal need to belong and to be cared for (Ruppel & Curran, 2012; Simpson, Collins, Tran, & Haydon, 2007), our ability to do well in our interaction ultimately shapes the quality of our life, and also those with whom we interact.

Notwithstanding the inherent intricacies of interpersonal interaction, people with Autism Spectrum Conditions (ASC), also known as Autism Spectrum Disorder (ASD), have additional obstacles with which to contend. The main criteria to receive a diagnosis of ASC are difficulties in social interaction, social reciprocity, and social imagination (Posar, Resca, & Visconti, 2015; Regier, Kuhl, & Kupfer, 2013). These difficulties impact on the capability to do well within everyday interaction and
consequently impact on the quality of life for those with ASC. Since strong, stable, emotionally connected relationships do not automatically happen, they take place through the everyday behaviours that people use to communicate their ongoing commitment toward each other (Weigel & Ballard-Reisch, 2012), these difficulties also impact on the life of the significant others in the relationship.

Autism Spectrum Conditions are a set of complex neurodevelopmental disorders that until recently included autistic disorder (AD); high functioning autism (HFA); Asperger’s Syndrome (AS), and pervasive developmental disorder not otherwise specified (PDD-NOS); (Blumberg et al., 2013; Calzada, Pistrang, & Mandy, 2012). Controversy and confusion have surrounded the diagnosis of AS and whether it is distinct from, similar to, or identical to a diagnosis of HFA (Cederlund, Hagberg, Billstedt, Gillberg, & Gillberg, 2008; Freeman, Cronin, & Candela, 2002). Following the 2013 release of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), the replacement of these subdivisions into a single diagnosis of Autism Spectrum Disorder, that is now more commonly referred to as Autism Spectrum Conditions, has created considerable disagreement regarding the integration of Asperger’s Syndrome (Tsai, 2013). For continuity and simplicity, and to respect the preference of people previously diagnosed with AS, the term Asperger’s Syndrome will be used in this study.

Asperger’s Syndrome, a complex and difficult to define condition, is considered to be at the higher end of the autism spectrum whereby individuals diagnosed with AS usually have average or above average intelligence. Despite this, people with AS still have difficulties in social interaction, social reciprocity, and social imagination (American Psychiatric Association, 2013; Attwood, 2007; Gillberg, 2002). The resulting difficulties impact on the ability to function effectively in all social contexts: home, school, workplace, and community (Attwood, 2015). On the other hand, people who are neurotypical, (that is, those who are considered not to be on the autism spectrum) (Moreno, Wheeler, & Parkinson, 2012) generally have inherent social skills (Attwood, 2007; Grigg, 2012; Rodman, 2003) and are people

---

1 Debate continues in the autism community regarding the dissolution of the AS label within the broader classification of ASD due to the higher functioning distinction. T. Attwood (personal communication, March 17, 2015) specified that although AS is now designated as ASD level 1 (Asperger’s Syndrome) in the DSM-5, the term Asperger’s Syndrome is still in transition in clinical settings and within the community and continues to be applied in these settings.
who have followed the typical developmental processes from birth, consistent with average intellectual development (Becker & Maria, 2001; Nurrenbern, 2001). Therefore, people who are neurotypical (NT) usually do not experience the same social interaction difficulties commonly faced by those on the autism spectrum.

Cridland, Jones, Magee, and Caputi (2014) established that, having a family member with ASC raises a range of distinct challenges for all members of a family, including “accommodation of inflexible daily routines, lack of spontaneity, management of unique intolerances and sudden mood changes, and being mediators in social interactions” (p. 214). While these challenges are well known outcomes of living with ASC, they are mainly associated with children, given that the majority of studies concerning ASC are focused on children. However, children with ASC become adults with ASC. As they mature, the many difficulties children with ASC experience can intersect with multiple and complex social situations adults typically have to negotiate. Although there has been a gradual growth of studies on adults over the past few years (Sachdeva & Jones, 2018), what we know about autism in adulthood is still quite minimal (Bresnahan, Li, & Susser, 2009; Howlin & Magiati, 2017). Largely, research regarding adults has a narrow focus on biomedical factors and employment (Baldwin, Costley, & Warren, 2014; Braden et al., 2017; Carruthers, 2017). Given that research priority often remains on children, very little research has been directed towards the needs of adults with ASC and their quality of life. Even less is focused on their relationships. Consequently, the distinct challenges faced by families when including adults with ASC are relatively unexamined. The current study aimed to address this gap by exploring features of communication within the close relationships of adults with AS (AWAS).

1.1.1 My Story – The Statement of an Insider Researcher

Unluer (2012) maintains that in order for insider researchers to make their investigations credible, it is crucial at each stage of the research to clarify the researcher role, attend to potential effects of perceived bias on data collection and analysis, and respect the ethical issues related to anonymity. At the same time, consideration must be given to the insider researcher’s potential role in terms of coercion, compliance and access to privileged information. With that in mind, it is imperative to clarify that this study not only reports the research conducted with AWAS, their close relationships with an AWANT, and how everyday relating
behaviours are affected by AS, this is also my story. The first time I encountered AS was as a teacher developing an Individual Educational Plan (IEP) for a child in my class. After sourcing appropriate materials from the Special Education Unit an idea began to emerge. The realisation, confirmed by completing an Asperger Disorder checklist, revealed that the difficulties this child was experiencing were similar to difficulties people in my own life faced. This realisation guided a growing awareness that many of my immediate and extended family members were most probably on the autism spectrum.

Accordingly, prior knowledge of issues related to living with those on the autism spectrum, described by Coghlan (2001) as having “pre-understanding [that] refers to such things as people’s knowledge, insights and experience before they engage in a research programme” (p. 51); is the motivation behind my research journey. While “pre-understanding” played an important role in framing and selecting the research project (Coghlan, 2001), it is also a place of “personal belonging, comfort, trust, friendship and love” (Taylor, 2011, p. 19). Thus, taking care to ethically negotiate the personal and professional boundary was a priority. The possible disadvantages of being an insider researcher needed to be balanced with the advantages of specialised understandings, unrestricted access, an established familiarity that promotes open testimony (Unluer, 2012), and the potential benefits of effecting change. In addition, an insider researcher’s capability to negotiate systems and practices with the creativity and ingenuity only an insider can hold (Costley, 2010), may contribute to the successful conduct of the research.

1.2 Background and Context

Autism is relatively common, affecting the lives of millions of people across the world (Pellicano, 2014b). In relation to those on the autism spectrum who are considered high functioning, Jacobs (2006) reported that the incidence of AS is such that the majority of people would probably know someone with AS, even without realising it. Essentially, the prevalence of autism has been steadily increasing since the first epidemiological study, which showed that 4.1 of every 10,000 individuals in the UK had autism (Lai, Lombardo, & Baron-Cohen, 2014). The median worldwide prevalence rates of autism are estimated at 1-2% in the latest large-scale surveys (Lai et al., 2014; Onaolapo & Onaolapo, 2017), with current prevalence rates of children
estimated to be between 1 in 88 to 1 in 50 (Payakachat et al., 2014). However, due to international differences in assessment practices, accurate up-to-date prevalence figures are undetermined (Fein, 2015; Onaolapo & Onaolapo, 2017).

The biggest increase in diagnosis of ASC has been seen in those without an accompanying intellectual disability (Idring et al., 2015). This increase has garnered attention to the needs of this population; however, mainly in regard to children. Research has confirmed that people do not grow out of their spectrum condition, yet there are many unknowns regarding autism in adulthood (Bresnahan et al., 2009; Tantam, 2012). Difficulties experienced by adults are different to children. However, since few studies have examined the transition into adulthood, or given attention to the needs of adults on the autism spectrum, the lives of many adults, especially those who are “misdiagnosed or undiagnosed adults with autism, remain a mystery” (Bresnahan et al., 2009, p. 1173). Lorant (2011) agrees that “many professionals continue to have tunnel vision, focusing only on children when they discuss Autism Spectrum Disorders” (p. 45), which has led to insufficient research on adults with ASC, and specifically, adults with AS (Lorant, 2011). In 2014 Pellicano (2014b), confirmed that although there had been an explosion of autism research, a considerable amount focused on the biomedical aspects of autism, with very little consideration given to practical applications for adults on the autism spectrum, family members, or those who provide support services. In 2017 little had changed. Howlin and Magiati (2017) identified that “we still do not know with any certainty what proportion of individuals manage to attain adequate levels of social integration as adults or how many experience a good psychological and physical quality of life” (p.74). This persistent lack of research has hindered community recognition and understanding of AWAS and their particular needs.

1.2.1 An almost indiscernible condition

A lack of recognition and understanding of AS, appears to be partly due to the obscure nature of the higher end of the autism spectrum. Stoddart (2004) explains that “ironically, the subtlety of AS is also sometimes its curse. Societal response, or lack of it, to individuals with AS can be more disabling than the “disability” itself” (p. 9). Disadvantaged by the misleading invisibility of AS, many families report that they would be better off if they were more severely affected by autism (Stoddart, 2004). Portway and Johnson (2003), add that those with AS are often overlooked
throughout their school life and into adulthood, since they look and talk “normally”, even if not quite “fitting in”. Their “appearance of normal” means that, even though they themselves and others, have a vague understanding that there is some difference, there is often a general lack of understanding by both parties as to exactly why they feel different, and why they are treated differently (Portway & Johnson, 2003, 2005).

The subtlety of AS may even be greater in regard to gender. Although AS is thought to affect more males than females, this interpretation could possibly stem from different gender socialisation patterns, and the different ways in which females deal with those experiences (Attwood, 2007). Simone (2010) writes:

*Women on the spectrum are a subculture within a subculture. We have many of the same quirks, challenges, habits, traits and outlooks as men, but with our own twist. It is not so much that Asperger’s syndrome (AS) presents differently in girls and women, but that it is perceived differently, and therefore is often not recognised (p. 13).*

It has been suggested that females are better able to conceal, or compensate for, aspects of their ASC symptomatology than are males (Baldwin & Costley, 2016). This compensatory strategy is known as “camouflaging” or “masking” and allows the ability to “blend in” to social situations in attempts to cope with the social world. However, this strategy can take significant cognitive and emotional effort, impacting negatively on mental health (Leedham, Thompson, Smith, & Freeth, 2019).

The lack of recognition and understanding of AS could also be partly due to those with AS themselves. Although a common misconception is that adults on the autism spectrum do not want romantic relationships (Moreno et al., 2012), AWAS are usually as interested in such relationships as NT adults. Consequently, many AWAS initiate romantic interest, they form romantic attachments, they progress along the relationship continuum, and enter into long-term relationships (Henault, 2006; Moreno et al., 2012). Not only are AWAS likely to have partners and children, but they are often proficient at hiding their symptoms (Attwood, 2007, 2015). By using their intellect to mask deficiencies in public, the coping skills of AWAS can contribute to the hidden quality of AS (Attwood, 2007, 2015).
The day-to-day reality of living with high skills in certain areas coupled with low skills in others may cause unseen turmoil behind closed doors. Edwards (2008) suggests that, “all people with ASD have problems with communication…[often] giving a false impression of their comprehension” (p. 52). Consequently, many extremely able AWAS may commonly struggle with day-to-day life skills (Edwards, 2008). Given that AWAS can often feel most comfortable within the intimate relationships of a family, they may exhibit more of their AS characteristics in private. An outcome of this unseen aspect is that others regularly do not observe the resulting struggles they and their families confront. At the same time, their special abilities, talents, and interests can help them to rise to the top of their field (Howlin, 2000). While this often means that they do well in their vocational pursuits, their struggles within the home environment with seemingly simple instructions, and their inabilities to perform what is generally viewed as straightforward mundane tasks, can perpetuate the hidden quality of AS (Bresnahan et al., 2009; Edwards, 2008; Elichaoff, 2015; Howlin, 2000). The result is a further divide between the public and private manifestations of AS.

1.2.2 The unseen impact on long-term relating

The obscure qualities of AS can also initially hide the different communication capabilities between AWAS and AWANT. First impressions of the communication abilities of those with AS often can be inaccurate (Aston, 2003). Many are quite articulate, especially when they are talking about their work or interests and since they do not disclose their difficulties, the courtship stage may not provide an indication of actual communication problems (Aston, 2003; Attwood, 2015). After a relationship progresses and differences become more evident, these differences can become an eventual source of relationship discontentment. Zaks (2006) proposes that, “people not on the autism spectrum use 10% words, 90% non-verbal gestures to communicate, however, people on the autism spectrum use 90% words, 10% gestures” (p. 225); an extensive source of miscommunication. Moreno et al. (2012) state that, “a serious deficit of meaningful communication between any two individuals, spells trouble for a marriage” (p. 46), and is the same for every type of relationship. Further, the numerous interaction difficulties that AWAS experience, such as reciprocity; understanding and expressing emotion; anger management; vulnerabilities in developing anxiety disorders, or depression, (Attwood, 2015), can
be obvious foundations of miscommunication for both within a neurodiverse relationship (NDR).

Over time, the experience of multiple miscommunications has the potential to form into repetitive disputes; a pattern of communication that occurs when key topics remain unresolved (Bevan, Finan, & Kaminsky, 2008). A particular pattern of communicational behaviour that also can include repetitive disputes – prompt dependency – was found to occur between partners to compensate for miscommunications (Wilson, Beamish, Hay, & Attwood, 2014; 2017). Established in a previous small scale study of nine neurodiverse couples by this researcher, the prompt dependency pattern was observed to cause further complications for the couples in the study. This study extends on this previous research to examine if the same communication patterns occur in other NDR, and to develop a deeper understanding of issues related to communication within these relationships.

1.2.3 Prompting and prompt dependency

It is well established that children on the autism spectrum frequently experience difficulties resulting in a lack of independent task initiation skills that impede their capacity to stay actively engaged in academic tasks (Hume, Loftin, & Lantz, 2009; Milley & Machalicek, 2012). Equally, perseveration, which “comprises repetition of actions, [and/or] verbalization,” (Arora, 2012, p. 799), is also a distractor that can impede academic progress and persist throughout the lifespan of people with ASC. One strategy to address these difficulties and facilitate learning, has been the use of prompting (Cooper, Heron, & Heward, 2007). Prompting is defined as antecedent stimuli (e.g., instructions, explanations, gestures, and illustrations), designed to produce a target behaviour that otherwise would not occur (MacDuff, Krantz, & McClannahan, 2001; Shabani et al., 2002). Prompting has been successfully used with children on the autism spectrum to compensate for challenges related to independent functioning (Hume et al., 2009; Wilson, Perry, Anderson, & Grosshandler, 2012); low intrinsic motivation to remain actively engaged in academic tasks; and perseveration (Arora & Saldivar, 2013).

Within teaching situations, a prompt is usually offered after a cue has proved to be unsuccessful. Although the terms cues and prompts are often thought of as interchangeable, in most cases a cue is given as a “first step” which is not expected to lead the student to a direct answer and/or behaviour. A prompt, on the other hand, is
considered to be more explicit and designed to lead to task completion (Northwestern Illinois Association Paraprofessional Training, 2008; Texas Education Agency, 2011). According to National Professional Resources (2009), a cue is an “action intended to encourage a student to initiate or continue a task that he or she has previously performed” whereas a prompt is an “action taken to directly assist a student with the completion of a task” (p. 111). Simply put, a prompt is a temporary learning aid used when precise instruction is required. It is designed to help children respond correctly during the acquisition phase of learning when they require additional help.

For many children with ASC however, the cues and prompting strategies aimed at managing their difficulties frequently result in an over-reliance on adult support and development of prompt dependency (Bryan & Gast, 2000; Milley & Machalicek, 2012). MacDuff et al. (2001) explain that “prompt dependence means that a person responds to the prompts instead of responding to the cues that are expected to evoke the target behaviour” (p. 43). Essentially, the initial cues are overlooked so that correct responding continues to be dependent on the subsequent controlling prompt (Fisher, Kodak, & Moore, 2007). In other words, an ongoing and explicit step-by-step instruction is required in order to produce the target behaviour, each time it is required. In the case of prompt dependency (PD), self-initiated behaviour does not develop. Over time, PD not only inhibits the learning of new skills, but also reduces the ability to function without adult facilitation (Mesibov, Shea, & Schopler, 2004). Subsequently, learned helplessness; the belief that one’s own behaviour does not control outcomes, can develop (Sternberg & Williams, 2010). Similar to the prompt dependent characteristics children with ASC display in school, it was found that AWAS can also display prompt dependent characteristics within their intimate relationships in the small scale study previously mentioned (Wilson et al., 2014; 2017).

1.2.4 Prompting and prompt dependency within adult relationships

Within typical relationships, the giving and receiving of prompts is an ordinary aspect of life. From reminding someone of that appointment with the doctor, to encouraging a call to a family member for a special occasion, prompts are a necessary strategy to jog another’s memory or to organise life’s events. We all need prompting from time to time. However, since “affectionate communication is a key
interpersonal tool to fulfill the basic human need for close, successful relationships” (Hesse & Tian, 2019, p. 2), requiring prompts to give affectionate types of communication is considered atypical. Becoming dependent on these prompts could be deemed all the more unusual.

Findings from the previously mentioned small scale study conducted by Wilson et al., (2014; 2017), however suggested that PD can be a significant component of the communication differences and resulting difficulties between AWAS and AWANT when involved in a NDR. Within their sample, AWANT frequently resorted to prompting their partners with AS by triggering responses in order to activate reciprocal interaction. Prompts took the form of reminders, instructions and explanations, and were expected to resolve partners’ lack of responsiveness, and improve intimate interaction. The belief was that, the necessity to prompt would ultimately cease. However, it was found that this strategy, while only partially successful in the attainment of the intended outcomes, continued to be a requirement rather than coming to an end. Whereas such prompts were intended to sustain intimate interaction, and at the same time increase unprompted responses, the AWANT in the study reported that the desired outcomes were often thwarted by a chain of behaviours exhibited by their partners with AS that prevented communication. These behaviours also negated further interaction. Thus, when not able to avoid unwanted interaction, AWAS became dependent on the prompts that facilitated their responses. Unprompted responding only occasionally improved. The intermittent success of prompting, especially in regard to intimate interaction, tended to intensify the concentration of prompting from AWANT, as it became the main way that any intimate interaction occurred within NDR. Further, it was found that the need to impart prompts on the part of the AWANT coupled with the dependency that AWAS developed on these prompts, formed a cycle within the interaction of these couples. The need for reciprocal interaction on the part of the AWANT and the opposing need to avoid reciprocal interaction on the part of the AWAS resulted in PD cycling between them. Predominately, the prompt dependency cycle (PDC) had negative impacts on both partners although lower degrees of PD contributed to better outcomes within the relationship (Wilson et al., 2014; 2017).
1.3 Research Problem

For many years, PD has been a concern for children on the autism spectrum, their peers, and their teachers (Bryan & Gast, 2000; Milley & Machalicek, 2012). Not only does PD tax the emotional and physical resources of teachers (Abbott, 2006; Batten, 2005; Pearce, Gray, & Campbell-Evans, 2009), it also creates an over-reliance on teacher support for these students, and has the potential to develop into dependency issues over the long-term, while at the same time reducing the amount of support available to their peers. In the longer term, dependency problems have the potential to contribute to “poor long term outcomes for adults with ASD in employment, housing, and relationship development” (Hume et al., 2009, p. 1329).

Dependency issues within any relationship present their own unique set of difficulties and challenges, yet very little is known about features of dependency within NDR. This study builds on the previous research into PD within neurodiverse intimate relationships by further investigating the experience of PD through extending the varieties of NDR explored and with a larger sample size. Also explored, was any impacts that the presence of PD has on abilities to develop and sustain close relationships. Therefore, in addition to couples involved in NDR, this study also includes examination of communication patterns and PD issues of parents, adult offspring, and adult siblings involved in NDR.

1.4 Research Rationale

There is an apparent gap in the literature regarding AWAS in general and NDR in particular (Barnhill, 2007; Bresnahan et al., 2009; Howlin, 2004). It is important to have a clear understanding of the unique needs of this population in order to direct a more practical approach to research for AWAS, their partners and family members, together with improved understanding for practitioners who deliver support services. To this view, it is essential that the concentration of autism research be broadened to ensure that the advances made impact on those who need it most (Pellicano, 2014b).

Clearly, focusing on the biomedical aspects of autism provides understanding of why autism occurs, and what is happening at the biological level. Additionally, a concentrated emphasis on children affords understanding of the developmental aspects of a developmental condition. Nonetheless, inclusion of what autism means at an individual level over time is imperative in order to understand what is occurring
in the daily lives of people who are either dealing with autism themselves, or with loved ones and/or family members with autism. Thus, PD and its related cycle of communicative dissonance found within relationships of neurodiverse couples (Wilson et al., 2014; 2017) needs to be further examined in order to gain a deeper understanding of issues related to communication within these relationships.

1.5 Research Purpose

The broad purpose of this study was to explore the nature of PD in AWAS and its effects at both the individual and relational level. The defining characteristics of AWAS, the expectations of AWANT, and the demands inherent in close personal relationships has been found to result in PD, a communicative dissonance that can evolve into a cycle that inhibits the development of mutually satisfying close personal relationships (Wilson et al., 2017). The purpose of this study was to further investigate the impact of PD on those within NDR; the reasons it may or may not develop into a cycle; the role it plays in sustaining or damaging close relationships for those involved in NDR; and how these relationships can be supported.

Counselling programs and clinical interventions for people within NDR are often inadequate because of the widespread lack of understanding of the particular complexities of these relationships (Grigg, 2012; Rodman, 2003). Therefore, recognition of PD issues within the communication of people within NDR is central to identifying effective interventions while increasing insight into the particular needs of this population. Thus, consideration of PD may lead to a reconsideration of the way intervention strategies are conceptualised, devised, and implemented for this particular group (Lorant, 2011), increasing the likelihood of the development of more effective support and more beneficial outcomes for those within NDR, both in the short and long-term.

1.6 Research Design

The overarching design for this research is centred on an advocacy/participatory approach using mixed methods through a three phase process of incorporating viewpoints of participants from a pilot study, an online survey and in-depth focused interviews. The purpose of the pilot study was to allow for AWAS and AWANT involvement in the research design process, combined with piloting questions and statements, so as to incorporate their viewpoints. Following the
conclusion of the pilot study, opportunities continued to be presented to participants to voice ideas on the research design through email until the design process was finalised. In addition, those who had received an invitation to participate, but who were unable to attend on the day, were also offered the opportunity to email through ideas and suggestions. Positioned within a concurrent, embedded, transformative framework to allow quantitative and qualitative data to be collected and analysed simultaneously, this research proceeded collaboratively so as to not further marginalise the participants as a result of the inquiry. This allowed knowledge about the PD phenomenon being studied to emerge from the social relationships between the researcher and the researched.

Assumptions relating to human rights, social justice, attitudes to “difference”, and actioning for change concerning AWAS and the AWANT who are in close relationships with them, guide this research. Transparency and reciprocity are also essential values in the study since an explicit connection needs to be made between the process and outcomes of the research (Mertens, 2014). In this study, interaction patterns within NDR are explored from a complex dynamic systems perspective. Considering that dyadic interaction can be defined as dynamic systems (Lang, 2014), while prompting and PD are by-products of multiple interpersonal interaction components based on a subsystem of competing needs and competencies. A dynamic systems perspective best suited examination of the dyadic communication within NDR (Lang, 2014; Megremi, 2014).

1.7 Research Significance

Prompt dependency has not only been identified as a difficulty that occurs within student-teacher relationships in school and intimate relationships of AWAS, it has the potential to form a potentially destructive cycle within the interaction of those within NDR (Wilson et al., 2014; 2017). This study examined the nature of PD tendencies in AWAS, and its effects at both individual and relational levels, given that the preliminary study suggested that the impact on relationships can be considerable.

Relationships that involve AWAS require additional understanding and support, and relevant support services need to be better informed in order to deliver suitable services. Research regarding adults on the autism spectrum and their
relationships is not only timely, it is also essential, as there appears to be no systematic data on the quality of their adult relationships or patterns of family life. There is also very limited data regarding prognosis, outcomes, or effective interventions for adults with a diagnosis of AS (Howlin & Moss, 2012). Given that research priority often remains on children, a limited focus on adults has meant that they have, for the most part, been overlooked by professional bodies and the academic community alike. Largely, this has led to inadequate community understanding with the public, healthcare providers, researchers, academics, and policy makers remaining unaware of the needs of adults. Many participants in the study conducted by Wilson and colleagues (2014; 2017) reported that they felt “invisible” and “disbelieved”. Revealing a lack of knowledge and understanding on the part of therapists and counsellors, participants believed they had received unsatisfactory treatment which often exacerbated their distress while leaving them with little option for other appropriate assistance.

Further investigation of PD will also benefit student-teacher relationships and assist classroom educators to understand that PD has the potential to become a lifelong issue. If educators are aware of this, there is some opportunity to reduce the continuation of PD into adulthood. Most intervention strategies for this population include prompting in some form, including Applied Behaviour Analysis (Cooper et al., 2007); time delay and reinforcement (Ledford, Lane, Elam, & Wolery, 2012; Neitzel & Wolery, 2009); and the Picture Exchange Communication System (Charlop-Christy, Carpenter, Le, & LeBlanc, 2002). Mitchell’s (2011) hierarchical verbal prompting strategy, is based entirely on this procedure. Interventions using prompting procedures are often successful in the attainment of the skills targeted in the intervention. However, if solving one short-term problem leads to persistent longer-term difficulties with communication and interaction within relationships, they need to be reconsidered.

Moreover, the findings and model generated from the use of grounded theory methodology in the study conducted by Wilson et al., (2014), foreground the significance of social context with respect to communication difficulties associated with the AS condition. The complexities observed in the communication and interaction that emerged from the dependency cycle, go beyond the common observation that the AS condition involves a lack of sensitivity to social cues and
implicit social messages. Rather, the patterns of behaviour of AWAS—typically attributed to the biological dimensions of the condition—were the result of the complex interconnection between competing needs and competencies, roles and expectations, and problem solving behaviours within the ongoing communicative enterprise that defines close relationships (Wilson et al., 2017). The findings from the previous small scale study suggest that biological interpretations of communication and social difficulties associated with the AS condition are insufficient, and that these difficulties require further investigation.

Bresnahan and colleagues (2009) confirm that “under any plausible scenario we can infer: first, at present the majority of adults with autism were either misdiagnosed or undiagnosed as children; and secondly, there is a large cohort of children with autism who will soon become adults. This represents a daunting challenge to public health” (p. 1173). Howlin and Magiati (2017) concur that there is still many unknowns regarding the psychological and physical quality of life for adults. With prevalence rates increasing this “daunting challenge” can only grow. As such, the need for research in this area has become pressing (Dudley, Klinger, Meyer, Powell, & Klinger, 2019). The outcomes of this study should provide greater knowledge and awareness of this population within the community and professionals (Zerbo, Massolo, Qian, & Croen, 2015), assist in refuting some of the myths, misunderstandings and confusion surrounding this population (John, Knott, & Harvey, 2018), strengthen known evidence, and allow for a better interpretation of appropriate assistance.

1.8 Research Questions

This study was framed by three key research questions:

(1) What are the characteristics associated within the interaction of adults involved in neurodiverse relationships that allow the prompt dependency cycle to form?

(2) What are the implications of prompting and prompt dependency on communication within neurodiverse relationships?

(3) What factors of prompting and prompt dependency influence relational outcomes within neurodiverse relationships?
1.9 Research Delimitations

The primary selection criteria were that participants were at least 18 years old and identified as one of two following groups:

- People who had identified as having Asperger’s Syndrome through accessing support services specifically for individuals with Asperger’s Syndrome.
- People considered to be neurotypical (i.e., not on the autism spectrum) and who were in a close relationship (i.e., partner/parent/sibling/offspring) with a person with Asperger’s Syndrome.

Additional criteria for participation were:

- Each participant selected one relevant relationship (i.e., partner, parent, sibling, adult offspring) with the selected relationship identified as AS if the participant was NT or NT if the participant was AS.
- Each participant selected whether they were living together or apart from the person of the relationship selected.
- Each participant selected the length of the relationship (added after pilot study feedback).

1.10 Definition of Key Terms

1.10.1 Adults with Asperger’s Syndrome

Asperger’s Syndrome is a complex condition on the autism spectrum that is still largely undiagnosed in adults. Until recently, AS was thought to affect more males than females. While one explanation is the different gender socialisation patterns, and the different ways in which females deal with experiences (Attwood, 2007), another explanation is that females do not fit the behaviour profile of the male-oriented diagnostic criteria (Carpenter, Happé, & Egerton, 2019). Females appear to be more skilled than males at using protective and compensatory factors, such as observational learning to interpret and imitate facial expressions, creating scripts for social interaction, while applying rules by rote to social-emotional situations and friendships, that give the appearance of social conformity and integration with their peer group (Carpenter et al., 2019; Tierney, Burns, & Kilbey, 2016). Since both male and female AWAS frequently remain unidentified, unnoticed and unsupported, they face considerable personal, social, and professional barriers to fulfilling their potential as intelligent and independent members of society. Their
struggles with communication and interpersonal relating can limit their ability to form meaningful relationships (Baldwin, Costley, & Warren, 2013) that may have devastating consequences for their social and mental well-being (Canevello & Crocker, 2011; Cooper, Smith, & Russell, 2017; Wright & Loving, 2011).

1.10.2 Neurodiversity

The neurodiversity concept argues that diverse neurological conditions are result of normal variations in the human genome (Baron-Cohen, 2017; den Houting, 2019; Silberman, 2015). Originating in the late 1990s, the neurodiversity movement challenges the idea that neurological diversity as inherently pathological, instead stressing that neurological differences should be recognised and regarded as a social category similar to gender, ethnicity, sexual orientation, or disability status (Baron-Cohen, 2017; Silberman, 2015).

1.10.3 Neurotypical

Neurotypical is a term used to describe people who are not on the autism spectrum (Jacobs, 2006). The autistic community first devised the term to define individuals who have neurological development and conditions that are consistent with what most individuals perceive as normal, particularly regarding abilities to process linguistic information and social cues. The concept was later adopted by both the neurodiversity movement and the scientific community “to describe the majority brain” (Baron-Cohen, 2017, p. 4).

1.10.4 Social interaction

Social interaction is a dynamic, fluid sequence of social actions which may be direct or indirect, positive or negative, non-verbal or verbal behaviour between two or more individuals in order to engage socially with people. It is a reciprocal and interdependent activity that includes eye gaze, speech, gestures and facial expressions between people who modify their actions and reactions based on the actions of their interaction partner(s). It is replete with unacknowledged practices, unspoken understandings, obscure symbolic exchanges, impression management techniques, and calculated strategic organisation (Little, McGivern, & Kerins, 2016).

1.10.5 Social reciprocity

Social reciprocity refers to how the behaviour of one person influences and is influenced by the behaviour of another person. Social reciprocity is the “sharing of
conversation, direction of an activity and resources” (Dodd, 2005, p. 138), that involves communicative partners working together on a common goal to create successful interaction (Keysar, Converse, Wang, & Epley, 2008). Adjustments are made by both partners until success is achieved. Impairment in social reciprocity may be seen in not taking an active role in social interaction, preferring solitary activities, or behaviours, such as using a person's hand as a tool, or a person as if he/she were a mechanical object. This may lead to not noticing another person's distress or lack of interest in the topic of conversation or focus of activity.

1.10.6 Relationships

Relationships play a central role in the overall human experience to fulfil the universal need to belong, and to be cared for (Brennan & Shaver, 1995; Collins & Sroufe, 1999; Conger, Cui, Bryant, & Elder, 2000; Davis & Oathout, 1987; Hazan & Shaver, 1987; Karney, Beckett, Collins, & Shaw, 2007; Ruppel & Curran, 2012; Simpson et al., 2007). Irrespective of this basic human need, the ability to form healthy, loving relationships is not innate (Eckstein, Leventhal, Bentley, & Kelley, 1999). To achieve meaningful connected relationships, the ability to give and receive healthy reciprocal interaction is a critical factor in negotiating the multitude of differences that derive from each individual’s distinct temperament, specific belief system, and varying childhood experiences (Beckett, 2010; McGraw, 2000; McKay et al., 1994).

1.10.7 Neurodiverse relationships

When a relationship includes AS, a condition that impacts on an individual’s communication and social abilities, healthy reciprocal interaction becomes an even greater challenge than usual. This is especially so when AWAS are together in a close relationship with AWANT. In the privacy of the NDR, and its resulting accumulation of difficulties, the AWANT will more than likely be physically and emotionally overwrought, due to the ongoing effort required to uphold the relationship (Aston, 2003, 2009, Attwood, 2007; Marshack, 2009; Simone, 2009). At the same time, the AWAS will more likely be troubled by the struggles of their AWANT partners and family members, with little knowing of how to correct the resulting difficulties. This study investigated interaction within NDR in order to discover what features of the interaction between AWAS and AWANT contribute to
the formation of the PDC, how PD mediates communication within the relationship and the impact of the PDC on each individual within the relationship.

1.10.8 Prompt dependency

MacDuff et al. (2001) define prompts as “antecedent stimuli that are effective in getting a response to occur” (p. 37). Therefore, prompts are extrinsic motivators or external events or conditions, such as instructions, explanations, gestures, illustrations, touches, strategies, or any other thing that is arranged or conducted, in order to increase the likelihood that an individual will make a particular response (MacDuff et al., 2001). Initially, prompts can be a useful tool to assist in learning new skills. However, in order to achieve proficient development, individuals need to learn how to function independently and maintain abilities without being reliant on external prompts given by others (MacDuff et al., 2001). In response to the learning challenges for children on the autism spectrum, adult support and prompting are often increased (Milley & Machalicek, 2012). Consequently, dependency on prompts can develop from learning issues acquired from deficits in executive functions and self-initiation skills (Hume et al., 2009; Milley & Machalicek, 2012). Once an external prompt becomes the motivator for behaviour, the behaviour and prompt have become linked. Behaviour does not occur without the prompt occurring. When intrinsic motivation is lacking (Berney, 2004; R. M. Ryan & Deci, 2000a, 2000b), there is a potential to develop dependence on external prompts.

1.11 Thesis Outline

The present thesis comprises eight chapters. The Introduction has established the context and scope of the study. It has described the specific nature of the NDR and how PD may be a concern for AWAS, as well as their significant others, across the life span. It has also detailed the purposes of the study, the significance of the study, the subsequent research questions and the delimitations relevant to the study. An overview of the subsequent chapters in this thesis follows.

Beginning with the historical background regarding ASC, Chapter 2 describes the characteristics of the autism spectrum that most impact on communication within close relationships. Four main bodies of literature informed the study: literature focused on Autism Spectrum Disorders in general and AS in particular; literature centred on social interaction especially within close relationships; literature
concentrating on behaviour particularly in regard to aspects of dependent, independent, and interdependent behaviour within close relationships, and literature detailing Dynamic Systems Theory. The chapter concludes with a focus on some of the challenges that living within NDR presents to the people within them.

Chapter 3 presents the research methodology adopted for the study. Positioned within an advocacy/participatory worldview, the effect of prompting and PD on communication within NDR was explored through the use of a mixed methods research design by means of a pilot study and an anonymous on-line survey in combination with interviews. It also details the data collection, organisation, and analysis procedures, and concludes with discussions of ethical considerations and limitations of the study.

Chapters 4, 5, and 6 detail both the quantitative and qualitative results of the study. The three results chapters are divided into the causes, the nature, and the impact of prompting, and PD through presentation of five themes that emerged from the data: affection and connection incompatibilities; prompting triggers; a prompt dependency cycle; additional cycles; and three potential relationship outcomes.

The seventh chapter describes and interprets the major findings from the quantitative and qualitative results that are detailed in chapters 4, 5, and 6. It follows a similar format as the previous results chapters by discussing each of the five themes as separate sections while addressing each of the themes in the same order as the previous results chapters.

Finally, Chapter 8 draws conclusions and implications from the research.
Chapter 2: Literature Review

“A dialogue is not made up of two monologues”
(Howard E. Short, United Church Herald, Vol. 10, 1967).

Four main bodies of literature informed this study: literature concerning the higher functioning Autism Spectrum Conditions in general and AS in particular; the literature centred on social interaction, especially within close adult relationships; the literature concentrating on behaviour, particularly in regard to aspects of dependent, independent, and interdependent behaviour within close adult relationships; and, finally, literature detailing Dynamic Systems Theory. Together, these areas of study provided the research base for an investigation into the association between PD, and the ability to develop and sustain close relationships for AWAS.

2.1 Historical Background

The Autism Spectrum, Autism Spectrum Disorders, and more recently, Autism Spectrum Conditions, are terms used to describe various neurodevelopmental conditions that include autism, Asperger Syndrome, and other associated conditions. Autism Spectrum Conditions were considered rare just two decades ago (Lai et al., 2014; Pennington, Cullinan, & Southern, 2014). Since then, reported prevalence rates have increased substantially. Zahorodny et al. (2014), report that epidemiologic studies have converged at a 1% estimated level of ASC prevalence, whereas they argue that it is actually as high as 2%. Wallis (2011), however, reported on a study that put prevalence rates even higher at 2.6%. Regardless, Zahorodny et al. (2014), maintain that “all the epidemiologic and administrative studies confirm that ASD is now among the most common, severe, developmental disorders” (p. 124). Accordingly, while a lot of progress had been made in the global awareness of ASC, determining true prevalence figures is still a major challenge. When considering developing nations, factors such as deficits in diagnostic skills, mal-adaptation of diagnostic criteria as it relates to cultural differences in behaviour, or under sampling, can contribute to international differences in prevalence rates (Fein, 2015; Onaolapo & Onaolapo, 2017).
Understanding of the autism spectrum has undergone numerous adaptations since being first formally identified early in the twentieth century. However, autism existed long before it attracted a label. Autism Spectrum Conditions are found worldwide, with considerable evidence to indicate their existence throughout human history (Deisinger, 2011). One of the earliest accounts was found in a 13th century book describing, the behaviour of a Franciscan monk indicative of a person with an ASC (Deisinger, 2011). Likewise, although officially inconclusive due to a lack of extensive history, it has been said that many famous historical figures would probably have been diagnosed with an ASC if they had lived today. Albert Einstein, Amadeus Mozart, Sir Isaac Newton, Charles Darwin, and Michelangelo are among many celebrated and brilliant figures who have exhibited considerable behaviours suggestive of ASC (Elder & Thomas, 2006; James, 2005).

2.1.1 Formal recognition

In addition to knowledge and awareness, the present-day notion of the term autism, has evolved over time. Brennan (2015), explains that while the term has only been in use for approximately 100 years, its original use by a Swiss psychiatrist around 1911 referred to one group of symptoms of schizophrenia. In the 1940s, Leo Kanner, an Austrian specialist in child psychiatry living in the USA, adopted it to describe the withdrawn behaviour of children with emotional or social problems. Around the same time, Hans Asperger, an Austrian psychiatrist and paediatrician whose work was not internationally recognised until the 1990s, first identified what is now known as Asperger’s Syndrome, describing what he called autistic psychopathy, a sub-category of autism. Lorna Wing coined the term Asperger's Syndrome in her medical paper in 1981, naming the syndrome after Hans Asperger. The English-speaking world tended to use Kanner’s idea of “infantile autism” as the definition of autism. However, once Asperger's work became recognised, it was realised that autism was far more extensive and complex than first thought (Jacobs, 2006).

Despite marked differences in verbal abilities between the children that Kanner studied, and those that Asperger examined, both Kanner and Asperger described the same core deficit in social interaction (Smith, Reichow, & Volkmar, 2015). The addition of AS into diagnostic manuals, such as the International Statistical Classification of Diseases and Related Health Problems (ICD-10th revision; Centres
for Disease Control and Prevention, 1992), and *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV; American Psychiatric Association, 1994) improved the capacity of professionals and society to better understand the extent and range of the autism spectrum. However, certain similarities between Kanner’s and Asperger’s groups of children, together with particular differences, have caused considerable debate as to whether they were the same or different conditions ever since.

### 2.1.2 Diagnosis

According to Tantam (2012), the *Triad of Impairments*, that comprises impairments in social interaction, social communication, and imagination, underpins the diagnosis of ASC. These impairments co-occur with rigid and repetitive patterns of interests and behaviours (Noens & van Berckelaer-Onnes, 2005). The *triad* is central to all diagnoses that together make up the autism spectrum (Attwood, 2007; Tantam, 2012).

What comprises the *triad* has also evolved over time. It was first described by Wing and Gould (1979), as impairments in social interaction, social communication, and social imagination and creativity. Boucher (2017), explains in later publications, that Wing simply referred to the Triad as impairments in social interaction, communication, and imagination, while categorising specific behaviours under each element. However, Lord and Bishop (2010), defined the Triad as deficits or unusual behaviours within three domains: “reciprocal social interaction, communication, and restricted, repetitive interests and behaviours” (p. 4). Irrespective of these differences, the concept of the Triad of Impairments is central to “the construct of autism: impaired communication; impaired social skills; and a restricted and repetitive way of being-in-the-world” (Cashin & Barker, 2009, p. 189). Similar to the evolution of understandings regarding autism, an understanding concerning the Triad has also advanced.

### 2.1.3 Evolution of the diagnostic criteria

Clinical understanding of ASC has grown substantively since the time of Kanner and Asperger. Despite that, Cashin and Barker (2009), stress that the Triad of Impairments has continued to be defined purely by its behavioural manifestations. They suggest, that while original interpretations of the Triad were particularly effective in identifying and monitoring the progress of those on the autism spectrum,
they were transitional steps that required reconsideration in light of recent diagnostic information. Cashin and Barker (2009), propose an alternative view: the location of the Triad at the level of cognitive processing. Cognitive processing is constant and universal unlike the variable and inconsistent nature of behavioural manifestations. Thus, according to Cashin and Barker (2009), the Triad of Impairment needs to be reconsidered as impairments in visual processing, abstract thinking, and theory of mind, rather than as impairments in linguistic processing, abstraction, and lack of theory of mind. According to Cashin and Barker (2009):

> Incorporating recognition of the cognitive processing deficits into diagnostic schedules may allow us to move beyond observation of behaviour, that is variable and context specific, to more exacting testing designed in such a way to eliminate the confounding variable of testability (p. 193).

The recent changes in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; American Psychiatric Association, 2013), have attempted to unify current schools of thought. However, according to some, these changes have only served to create further disagreement (Linton, Kcek, Sensui, & Spillers, 2014; Smith et al., 2015). The DSM-5 defines three levels of increasing severity of ASD, from (1) "requiring support" to (2) "requiring substantial support", and finally to (3) "requiring very substantial support" (American Psychiatric Association, 2013). The three levels have replaced the previous diagnostic subcategories: PDD-NOS, HFA, AS and AD, which have all been subsumed into the single diagnosis for ASD. At the time of writing Asperger’s Syndrome meets the criteria of level one for ASD.

The central argument around the DSM-5 criteria is in regard to the abolition of the diagnostic subcategories and whether people with AS or people with an IQ greater than 70, will still meet criteria for a diagnosis of an ASC. The result, for some people, is that they may not qualify for the same level of support and services that they were receiving (Smith, et al., 2015). Further, Posar, Resca and Visconti, (2015) state that the current DSM approach (three severity levels) does not take into account specific differences within the severity levels to allow the division of people into sufficiently homogeneous groups. In addition, potential gender bias (Linton et al.,
2014), and de-emphasising the significance of language abilities that are not employed specifically in social communication (Posar et al., 2015), are added concerns resulting from DSM-5 ASD criteria.

Further to debates surrounding the DSM, misperceptions, misinterpretations and confusion can arise when different countries follow different diagnostic guidelines. Awareness of autism, differences in case ascertainment, treatment infrastructures, behavioural expectations, symptom presentation, symptom interpretation, reaching an accurate diagnosis, accessing therapy, and acquiring epidemiological data can differ from nation to nation (Fein, 2015; Onaolapo & Onaolapo, 2017). Additional to the DSM, the other main official diagnostic source is the International Classification of Diseases (ICD) (published by the World Health Organisation). The DSM is favoured in the USA and the ICD is commonly used in Europe; however, DSM criteria are also widely used in Europe. Interestingly, both systems are also used in many other parts of the world. While there are similarities between the two, there are also differences (Gaebel, 2015). Gaining a diagnosis is still subject to a clinician’s level of education, autism awareness, and their understanding. Therefore, at the time of writing, accurate global prevalence rates are unknown.

2.1.4 The lost generation

Reacting to autism’s continually shifting ontology at any given historical moment is challenging; however, while knowledge and understanding about autism in childhood is being regularly updated, autism in adulthood is still poorly understood (Lai & Baron-Cohen, 2015). According to Wright, Brooks, Astous, and Grandin (2013), “the phenotyping, diagnostics, and understanding of autism in adulthood and aging can be considered the discovery of new territory slowly being mapped and catalogued” (p. 23). A diagnosis of autism in adulthood, while gradually increasing, is still relatively rare. Research continues to focus heavily on children, and as a result, few people have a concept of how autism manifests in adults. Behaviours, such as repetitive body movements, are often mistaken for signs of obsessive-compulsive disorder or even psychosis. Mental-health professionals often lack the skills or experience to distinguish autism in adults, from diagnosed disorders with which they are more familiar (Lehnhardt et al., 2013). Consequently, many adults on the autism spectrum have spent much of their lives struggling to fit in
without knowing why, with the wrong diagnosis, consigned to psychiatric institutions, or overmedicated for disorders that were non-existent (Wright, 2015). These and other aspects, such as inadequate services and insufficient professional assistance and information (Hagland, 2009), has meant that whether an adult suspects that they may have an ASC, or whether a diagnosis is gained or not, many adults with ASC may not achieve the understanding or specialised help that they require. The result is that they and their families are often obligated to bear the responsibility of this lack of awareness.

2.1.5 Aspects of gender

It is estimated that approximately 50 per cent of people on the autism spectrum are females, but females tend to be missed in the diagnostic process (Garnett & King, 2019). Even when females with ASC are identified, they usually receive a diagnosis much later than equivalent males and also need to exhibit more severe autistic symptoms and greater cognitive and behavioural problems to meet ASC criteria (Bargiela, Steward, & Mandy, 2016). A study conducted by Brooks (2014) concluded that a factor in the under-diagnosis of women was that they presented with fewer social and communicative deficits than men. Whereas Bargiela et al. (2016) suggest that an explanation of the diagnostic bias against females is a possible female autism phenotype. They propose “a female-specific manifestation of autistic strengths and difficulties, which fits imperfectly with current, male-based conceptualisations of ASC” (Bargiela et al., 2016, p. 3282). Alternatively, the results to a study conducted by Ketelaars et al. (2017), concluded that compared to women who are NT, women with ASC showed similar impairments to men with ASC in the area of social attention, with similar atypical gaze behaviour and deficits in attending to social stimuli. They found that while women with ASC revealed an initial interest in social aspects, the women in their study either failed to maintain this initial interest, or used compensatory strategies, such as focusing attention on the non-social aspects of presented stimuli.

Camouflaging social communication difficulties by either hiding behaviour that might be viewed as socially unacceptable, or artificially “performing” social behaviour deemed to be more neurotypical, has also been found to be a major contributor to a lack of recognition for females (Lai et al., 2016; Schuck, Flores, & Fung, 2019). While it has been established that camouflaging social communication
difficulties is a compensatory behaviour undertaken by the majority of both males and females on the autism spectrum (Attwood, 2015; Willey, 2014), the study by Lai et al. (2016) found that females are usually better at compensatory behaviour than males, and contributed to them remaining undetected and undiagnosed for longer. Confirming the findings from Lai et al. (2016), Schuck et al. (2019) also found that females face more stigma and disapproval if exhibiting characteristics that are stereotypically more male. As a result, females’ proficient compensatory behaviour may also be due, at least in part, to the societal pressures females face to conform to gender roles (Schuck et al., 2019).

2.1.6 Neurodiversity

Diagnostic criteria for autism and Asperger’s Syndrome continue at this point to be heavily contested, together with the new frontiers of how females correspond and stances regarding autism’s possible historical longevity, there is a further argument gathering force. Sakellariadis (2011) explains that:

Although seemingly bizarre behaviours of people on the autistic spectrum are still considered pathological by some, current literature questions established boundaries of normality and suggests that autism is a condition better understood as one expression of the human condition (p. 1).

This description of differing expressions of the human condition is termed neurodiversity: a recently developed concept that started as a result of those diagnosed with an ASC preferring to be seen as different rather than disabled (Armstrong, 2010). The neurodiversity movement suggests that there is no standard brain, and in today’s world we live in a “disability culture,” where all human beings exist along “continuums of competence” (Armstrong, 2010, pp. 3-11). den Houting (2019) argues that although the neurodiversity paradigm frames autism as a difference, and a cultural identity, not a disability, people with autism are, very often, disabled. den Houting also notes that while it could be the result of a failure of their environment to accommodate their needs, the considerable variation and fluctuation in both capability and capacity that people with autism experience needs to be considered (den Houting, 2019). Further, considering autism to be both a natural variation and a disability, allows for support and services when needed, and also
provides acceptance and respect for people with autism, as valuable members of society; a deficit-as-difference conception of autism (Kapp, Gillespie-Lynch, Sherman, & Hutman, 2013). Thus, the notion of *autism*, that was first considered a mental illness, and more recently an information processing problem, is still under development as we progress through to a more informed, sophisticated and nuanced understanding of the neurodiversity paradigm, by producing research that includes, rather than excludes, the voices of people on the autism spectrum (den Houting, 2019).

### 2.1.7 The evolution of disability language

There are strong convictions on both sides of the debate between the use of person-first language (e.g., “person with autism”) and identity-first language (e.g., “autistic person”) (Nicolaidis, 2019). While the American Psychological Association (APA) advocates the use of person-first language, the disability culture advocates the use of identity-first language (Dunn & Andrews, 2015). According to Shakes and Cashin (2019), the adoption of person-first language originates with the disability movement’s attempts to reduce discrimination for people with a disability by placing significance on the person rather than their disability or health condition. On the other hand, attributed to the neurodiversity movement, the implementation of identity-first language has gained momentum within autistic advocacy associations and throughout literature with identified autistic authorship (Shakes & Cashin, 2019). Thus, the discourse of the autistic community, the widening of the autism spectrum and the establishment of the autistic self-advocacy movement has necessitated that appropriate and sensitive ways to refer to people’s disabilities are considered (Bagatell, 2010).

However, the identity-first approach does present some language challenges in regard to communicating about disability. Shakes and Cashin (2019) make the point that “word choice, labels and the like, whether written or spoken, become a challenge because it matters who is doing the representing, who is being represented, and with whom an exchange is occurring” (p. 260). Additionally, previous to the DSM 5 changes to diagnostic criteria, receiving a diagnosis of Asperger’s Syndrome was less associated with disability and dysfunction than was autism (Smith & Jones, 2020). The perception that society is autism-phobic and perceives autism as a significant disability whereas Asperger’s carries the more positive stereotypes of
being quirky, but likeable, has meant that many adopt the label of AS as an identity (Smith & Jones, 2020). Therefore, identity-first language may be seen by some as undesirable, while others find it desirable. The study conducted by Shakes and Cashin (2019) found no identified research that systematically explored and considered antagonisms and potential consequences of either mode of language becoming dominant. In the absence of empirical studies to guide practice, it is important that language selection is based on context and the preference of the individual (Shakes & Cashin, 2019).

2.2 Characteristics of Autism Spectrum Conditions

Characterised by early-onset difficulties with social interaction, social communication, and imagination, and together with rigid and repetitive patterns of interests and behaviours (American Psychiatric Association, 1994, 2013), ASC exists from very early life and has life-long effects that influence how the brain processes information (Akshoomoff, Pierce, & Courchesne, 2002; Braden et al., 2017). The term *autism* is derived from the Greek for “self” and signifies persons living in their own world rather than the world of others (Tantam, 2012). Current psychoanalytic theorists of autism deem the defining feature to be a lack of social and emotional reciprocity resulting in the “objectification” of other people, who are treated essentially as the means by which the individual’s needs may be met (Tantam, 2012). This disconnection from social interaction; an isolated self, is a characteristic of all ASC, which is quite distinct from other disorders (Tantam, 2012).

While “the ASDs are conditions in which there is no sharp distinction between normality and pathology” (Tantam, 2012, p. 179), people with autism have “atypical cognitive profiles, such as impaired social cognition, social perception, executive dysfunction, and atypical perceptual and information processing” (Lai, Lombardo, & Baron-Cohen, 2014, p. 896). In conjunction, there is a range of functioning ability that varies in combination and severity, between and within individuals (Akshoomoff et al., 2002). These atypical cognitive profiles can create many obstacles in the ability to relate personally with others as a result of the difficulties they have in recognising and understanding people’s feelings, while managing their own feelings. The apparent inability to reflect on their own thinking and the thinking of others, is seen to contribute to impairments in social interaction, communication, and
imagination (Avis & Harris, 1991; Heavey, Phillips, Baron-Cohen, & Rutter, 2000; Wellman & Woolley, 1990). However, contrasts and inconsistencies between, and within people, have complicated attempts to define differing, yet overlapping aspects of the spectrum conditions.

Even though each person on the autism spectrum shares similar difficulties, the degree, extent, and quantity of these difficulties influences how well, or not so well, any person adapts, functions, and interacts with others. Some people might not speak or have fairly limited speech. They may prefer to use alternative forms of communication, such as sign language, even though they understand what others say to them (Millar, Light, & Schlosser, 2006). Some are high functioning with high intellect, and a few are savants with exceptional skills in some areas; for example, science, arithmetic, music, art, puzzles, spacial construction, and memory. Consequently, there is a considerable degree of variability in the profile of symptoms, adaptive functioning abilities, and social functioning abilities expressed by individuals with ASC. Regardless of the vast array of individual differences, given that their disorder influences how they make sense of their world, the everyday life for many on the autism spectrum can be confusing and stressful (Attwood, 2007; Attwood, Evans, & Lesko, 2014; Baron, Groden, Groden, & Lipsitt, 2006; Boucher, 2017).

### 2.2.1 Social interaction and social functioning abilities

Autism Spectrum Conditions are principally characterised by impairments of the social aspects of life, such as social interaction abilities and social functioning (Fletcher-Watson, Leekam, & Findlay, 2013; White, Scarpa, Conner, Maddox, & Bonete, 2015). Social interaction is the use of non-verbal or verbal behaviour to engage socially with people and navigate the social world that, for most people, is an instinctive natural task. Behaviours including eye gaze, speech, gestures, tone, and facial expressions are used to initiate and respond to interaction with others. In other words, reading and understanding other people’s intentions and feelings occur just by looking at, and interacting with them (Gammeltoft & Nordenhof, 2007). Caruana, McArthur, Woolgar, and Brock (2017) describe that “social interaction are, by their nature, dynamic and reciprocal – your behaviour affects my behaviour, which affects your behaviour in return” (p. 115). Social functioning is identified as typical behaviour in a social situation. Bishop-Fitzpatrick, Mazefsky, Eack, and Minshew
(2017) report that “differences in social functioning, which can be defined as the ability to pursue, coordinate, and maintain mutual activities and reciprocal relationships with others, are a hallmark feature of Autism Spectrum Disorder” (p. 152). Social functioning is supported by social development and social cognition; the cognitive, emotional and intellectual learning processes which occur from birth that are concerned with thoughts and beliefs about the self and others regarding inner thoughts, desires, and emotions (Bottema-Beutel, Kim, & Crowley, 2019; Miller, 2010). Social interaction abilities and social functioning abilities are significantly correlated with quality of life for all individuals (Addabbo, Sarti, & Sciulli, 2016; Tobin, Drager, & Richardson, 2014).

Assaf et al. (2013) report that two theories provide explanations for the social interaction and social functioning difficulties of those with spectrum conditions: mind-blindness theory (that is, theory of mind, ToM) and social motivation theory. Assaf et al. (2013) concluded that mind-blindness theory “posits impaired mentalising processes”, while social motivation theory “proposes that diminished reward value for social information leads to reduced social attention, social interaction, and social learning” (p. 321). Limited motivation to be more sociable (Attwood, 2007), may possibly strengthen mind-blindness and cognitive differences, while increasing social disconnectedness by restricting opportunities to learn socially from others (Assaf et al., 2013).

Alternatively, Bottema-Beutel et al. (2019) state that there are five developmental/interactional constructs in conjunction with three cognitive constructs underpinning social interaction abilities and social functioning abilities that are compromised for those with ASC. The five developmental/interactional constructs are: initiating joint attention, responding to joint attention, imitation, pretend play and imagination, and visual fixation to social stimuli. Juxtaposed with these five developmental constructs are three cognitive constructs: ToM (that is, mind-blindness) executive function, and central coherence, that differ between those with ASC and individuals who are NT. Bottema-Beutel et al. (2019) suggest that, taken together, the three cognitive constructs, with the five developmental/interactional constructs, provide the theoretical explanations for the social interaction abilities and social functioning profile that is characteristic of ASC (Bishop-Fitzpatrick et al.,
These theories and constructs will be discussed at length below.

**Developmental/interactional abilities**

Joint attention is using gestures, words and gazes to share attention concerning objects or events in order to comment on the world to another person (Jones & Carr, 2004). Responding to joint attention is when an individual responds to the eye-gaze shift, and/or gesture of another person by attending to the object, and initiating joint attention is when an individual initiates the eye-gaze shift, and/or gesture for the purposes of coordinating attention (Meindl & Cannella-Malone, 2011). Imitation is a complex process recruiting diverse functions, such as visual processing, working memory, motor control, sequential organization, and learning (Avikainen, Wohlschläger, Liuhanen, Hänninen, & Hari, 2003; Lyons, Young, & Keil, 2007; Miall, 2003). Oberman, Winkielman, and Ramachandran (2009) report that spontaneous mimicry (imitation or mirroring), including facial mimicry, is important for socio-emotional skills, such as empathy and communication. Pretend play in children is the use of objects, actions or ideas to represent other objects, actions, or ideas and demonstrates the cognitive complexity of which humans are capable (Rutherford & Rogers, 2003). The use of imagination in pretend play situations is a necessary building block for establishing successful interpersonal connections later in life. These developmental constructs underlie abilities to acquire a sense of the cause-and-effect aspects of social interactions that supply the basis for an ability to read and understand another’s feelings, and react appropriately (Rinaldi, 2006).

**Cognitive abilities**

Cognition refers to the way things are known; by using a group of mental abilities for the processing of information, applying knowledge, and altering preferences (Azevedo, 2009; Booth, Charlton, Hughes, & Happé, 2003). In addition to the constructs that Assaf et al. (2013), and Bottema-Beutel et al. (2019) describe, mentalisation and empathy (Ciaunica, 2019; Ensink & Mayes, 2010), understanding of self and others (Gillespie-Smith, Ballantyne, Branigan, Turk, & Cunningham, 2018), and context blindness (Vermeulen, 2012, 2015), have been suggested as particularly challenging areas of cognitive abilities for those with an ASC, and these challenges also impact on abilities to interact with others.
**Theory of Mind – mind-blindness theory**

The term *theory of mind* refers to the ability to attribute self-regulated, independent mental states, such as beliefs, desires, intentions, imagination, and emotions, to the self and to other people in order to account for, and predict their behaviour (Premack & Woodruff, 1978). Baron-Cohen (2008) describes ToM as “the ability to put oneself into someone else’s shoes, to imagine their thoughts and feelings” (p. 112). ToM limitations – often referred to as “mind-blindness” (Baron-Cohen, 1997) is one of the characteristic features of ASC. Mind-blindness is being blind to the notion that there are other mindsets different to one’s own (Baron-Cohen, 1997; Baron-Cohen, Wheelwright, Hill, Raste, & Plumb, 2001).

Baron-Cohen updated and extended his model of the route into understanding the mind of others in his later work, renaming his mind-blindness theory, *The Emphasising-Systemising Theory* (Baron-Cohen, 2009b; Boucher, 2017). This theory explains the social and communication difficulties in ASC as delays and deficits in empathy, together with areas of strength as intact or an even superior skill in systemising (Baron-Cohen, 2009b). Baron-Cohen found that within the general population, females are usually more accomplished with aspects of empathising, while males generally perform better on systemising tests. Therefore, he further broadened his theory, using the term “extreme form of a male brain”, or an “engineering mind”, for both males and females with ASC (Baron-Cohen, 2009b; Ensink & Mayes, 2010). This theory details a defective empathising system for both males and females with ASC, and results in the socio-communication impairments indicative of ASC: impaired mind-reading abilities, in conjunction with an enhanced systemising system. The theory also explains the narrow interests, repetitive behaviour, and resistance to change/need for sameness (Baron-Cohen, 2009b; Boucher, 2017).

**Mentalisation and empathy**

Ensink and Mayes (2010) state that “the extent to which empathy and mentalisation overlap, remains a partially unanswered theoretical question” (p. 324). The attribution of mental states to oneself, and to others, is considered one of the most important tools for successful social interaction (Rosenblau, Kliemann, Heekeren, & Dziobek, 2015). Equally, empathy is regarded as a key element to understanding others (Ciaunica, 2019). The self-other distinction is a defining feature
of empathy. Likewise, the self-other distinction, (that is, understanding ones’ own mind, and the mind of others) is a defining feature of ToM. The ability to recognise the dissimilarity of other minds, interpret other minds effectively, or empathise with them, is necessary in order to understand the internal states of others (David et al., 2010).

Since the thinking of those on the autism spectrum are generally “reality-based rather than imaginative” (Craig & Baron-Cohen, 1999, p. 325), they usually experience difficulty with putting “oneself into someone else’s shoes”. Similarly, empathy is described as “stepping imaginatively into the shoes of another person”. However, being empathic goes further. To be empathic to another, understanding gained from this placing of the self in the other’s shoes, is then used to guide subsequent actions and responses (Krznaric, 2014). Yet, Lockwood, Ang, Husain, and Crockett (2017) propose that motivation modulates empathic experience, in that empathy is closely linked with higher levels of emotional motivation. In other words, not just comprehending what another may think or feel, but also being motivated to effectively use that comprehension to drive responding actions and conversations.

Whether empathy and ToM are considered to be the same thing, or different phenomena, the different way these aspects work for people with ASC, create a different way of being in the world for them (Ensink & Mayes, 2010). Ensink and Mayes (2010) propose that, rather than considering these differences as impairments in the neurobiological hardware, an alternative is to consider the hardware as being used in the service of a different motivational orientation, that is, to decode physical processes rather than social phenomena. In other words, those with ASC are intrinsically motivated to attend to the physical world, rather than the social world. Gillespie-Smith et al. (2018) found that, even mild autism symptoms reduced attention to others, and this reduced attention was associated with a lack of attention shifting. In other words, an impaired ability to consider “others” or “another’s perspective” may be linked to an inability to disengage from a task, with the focus given to a task not able to be diverted toward others, even when appropriate to do so (Gillespie-Smith et al., 2018). Therefore, this motivation may be the impetus behind questions of differences in ToM, and in empathy.

Primarily, however, for people to connect, communicate, be empathic and be able to fully participate in the social world, it is important to have an intact ToM. As
a result, not knowing the “mind” of others can make understanding the actions of others perplexing, which in turn, can cause difficulties acting in response, and relating to them. Lacking or experiencing limitations with a ToM, can create a fundamental difference in the way individuals think and relate to other individuals.

**The self-other knowledge and understanding**

The study of developmental psychology and psychopathology includes investigation into the development of ToM, by investigating mind-blindness in order to be able to understand the formation of social relationships. According to Wong (2004), ToM matures in a series of constant successive stages of discovery, each of which is developmentally associated to the next, and then matures into the understanding that other people have a belief and desire system, different from their own. These beliefs and desires play a causal role in understanding human action. In other words, making the connection that “what people think and believe, as well as what they desire, crucially affects how they behave” (Flavell, 1999, p. 25). The understanding of actions in terms of the inner beliefs and desires of others is fundamental to understanding people in order to socially interact with, and respond to, them (Avis & Harris, 1991; Bartsch & Wellman, 1989; Wellman & Woolley, 1990). Social understanding, behavioural prediction, social interaction, and communication, are all based on an ability to imagine or represent states of mind that we, or others, might hold.

Without this awareness, social interaction becomes puzzling and problematic as the attainment of successful social interaction requires this mind-reading reciprocal ability: that is the give and take that should occur within any relationship. Given that most communication and interpersonal relating is non-verbal in nature, mind-blindness impedes the reading of these non-verbal cues. For those who have problems with ToM, much communication may go unnoticed, thereby triggering confusion and frustration and setting the scene to become disconnected, or to become over reliant on significant others, expecting them to “signpost” the way through interaction (Wilson et al., 2014; 2017). Therefore, being mind-blind without an ability to reflect on ones’ own mental state has the potential to create major obstacles to communication, insightful behavioural interpretations, and subsequent closeness.

Self-regulation, is the ability of people to manage the self in a way that is socially acceptable, in order to achieve positive goals and maintain effective
relationships, while continuing to develop, learn, and maintain wellbeing (Baumeister, Tice, & Hutton, 1989; Deci & Ryan, 2008; Heatherton, 2011; Puustinen & Pulkkinen, 2010). According to Heatherton (2011), self-regulation requires four psychological components. These components are (a) awareness of one’s own behaviour, (b) an understanding how others are reacting to one’s own behaviour, (c) detecting threats, and (d) resolving discrepancies between self-knowledge and social expectations, or norms, to motivate behaviour in order to resolve any conflict that exists. In an attempt to achieve these four psychological components, first and foremost, Heatherton (2011) points out that people need self-awareness to reflect on their behaviours, including their emotional displays, so as to be able to judge them against group norms.

A number of studies suggest that, due to a delay in the development of self-insight ability for individuals with ASC, aspects of self-awareness are diminished and/or atypical. For example, Lind and Bowler (2009) describe how people with ASC have difficulty identifying and reflecting on their own mental states, as well as their own emotions. Dritschel, Wisely, Goddard, Robinson, and Howlin (2010) maintain that adolescents with ASC often judge others as knowing as much about their own internal feelings (such as sadness, tiredness, etc.) as themselves, rather like young children do. However, in the general population, as people mature, they regard themselves as the only ones to have this type of knowledge.

Williams, (2010) points out that since awareness of mental states in both self and others is acquired in parallel, both are similarly impaired for those with ASC. However, Williams’ study found that in some circumstances, the self-awareness of mental states is even more impaired than awareness of mental states in others. Repeated perception of regularities in others’ actions provides an opportunity to learn “behaviour rules”, in regard to the behaviour of others. In view of the fact that one’s own behaviour is rarely visually perceived, awareness is further reduced and opportunities to learn self-behaviour rules are less frequent (Williams, 2010). Given that self-concept guides and controls behaviour (Markus & Wurf, 1987), without self-awareness and other awareness, interpersonal interaction becomes extremely challenging.

Conversely, Williams (2004) suggests that typically developing people, from an early age, acquire an understanding that other people have different mindsets to
their own. Subsequently, they “do not have to theorize that there are [other] minds as they can immediately experience other people’s intentions and feelings within their affective, co-regulated interaction with them” (p. 704). An intact ToM provides an implicit social “know-how” that allows people to negotiate the mental domain (Hughes & Leekam, 2004), and makes possible that instinctive “knowing” of how to react in any given situation. Lacking a ToM would make social interaction incredibly challenging, and as a consequence, give rise to anxiety and/or conflict (Baron-Cohen, Leslie, & Uta, 1985).

Executive Functions

According to Ensink and Mayes (2010), “the term executive function, or functions, was adopted by cognitivists, to refer to the psychological processes involved in cognitive control, and encompassing a variety of sub-functions, such as working memory and attentional control, that are involved in goal-directed problem solving” (p. 306). Executive function is an umbrella term that refers to a set of cognitive processes that regulate, control, and manages other cognitive processes (Brady et al., 2017; Carlson, 2005). These higher-level cognitive functions are involved in abilities, such as planning, organisation, decision-making, problem-solving, and logical analysis (Carlson, 2005). Higher-level cognitive functions are also involved in the control and regulation of lower-level cognitive processes (that is, using basic facts and skills) and goal-directed, future-oriented behaviour (Alvarez & Emory, 2006). Jurado and Rosselli (2007) illustrate executive function simply as “the dimension of human behaviour that deals with ‘how’ behaviour is expressed” (p. 213) that facilitates independent and productive behaviour.

Zelazo, Muller, Frye, and Marcovitch, (2003) concentrate on what executive functions can accomplish rather than how executive functions operate. Their attention is given to defining the outcomes of effective problem solving from the initial recognition of a problem, to the eventual solution. Irrespective of how or why executive functions operate, the manifestation of executive dysfunction creates an inability to engage in independent and purposeful behaviour (Jurado & Rosselli, 2007), and effective problem solving abilities (Zelazo et al., 2003), therefore contributing to the experience of social and non-social difficulties (Carlson, 2005). Hence, executive functioning is required for adaptive responses to novel or complex situations (Happé, Booth, Charlton, & Hughes, 2006). Executive functions are
responsible for the ability to function and adapt to multidimensional social rules, with the ability to manage the changing nature and needs of relationships, plus the know-how to make required amendments when needed. As such, “executive function impairments have the potential to explain some aspects of behavioural inflexibility in autism” (Boucher, 2009, p. 183), and compounding difficulties with social interaction. Alternatively, a study by Jones et al. (2018) concluded that ToM, and not executive dysfunctioning, is directly associated with the social communication behaviour of those with ASC. Conflicting findings demonstrate that there is still much to learn in regard to ASC, and which may, at least in part, be attributed to the considerable degree of variability in the profile of symptoms, adaptive functioning abilities, and social functioning abilities expressed by individuals with ASC.

**Central Coherence**

Central coherence is a cognitive ability defined as being able to understand the meaning and/or point of view. It is the ability to draw information from different sources, experiences, and representations, both internal and external, to gather a sophisticated meaning (Booth et al., 2003; Happé & Frith, 2006). People with ASC have a specific perceptual-cognitive style that limits their ability to understand context, or be able to comprehend configural information (that is, the big picture), rather, they show a propensity to focus mainly on details (Attwood, 2007; Lovett, 2005). This cognitive style is described as weak central coherence and can leave individuals vulnerable to the misinterpretation of situations and communications, as a tendency to focus on details limits the ability to understand context or to comprehend the bigger picture (Booth et al., 2003; Loth et al., 2010). Without this ability, adults with ASC typically will not be able to recognise the relevance of different types of knowledge or information within a particular situation, in order to appreciate what is more important over what is less important. A higher level understanding will, therefore, not be gained in order to grasp what decisions need to be made, or the action to take, relevant to that situation (Lovett, 2005).

**Context blindness: A new cognitive theory**

Vermeulen (2015), describes context blindness as emphasising an aspect of the central coherence hypothesis “that has been largely overlooked in both literature and scientific research, namely, the ability to use context in sense making” (p. 182). As a result of the importance of contextual sensitivity in several cognitive processes that
are affected in ASC, such as social cognition, understanding of language, or cognitive shifting, Vermeulen (2015) proposes that people with autism lack contextual sensitivity coining the term *context blind* to describe this difficulty.

Contextual sensitivity plays a vital role in a number of cognitive processes, such as: seeing relevance and guiding attention; face processing; disambiguation of meaning in language and communication; understanding human behaviour and actions; and, flexibility in problem solving and generalization of knowledge and skills (Vermeulen, 2015; Westby, 2017). The result is that people with ASC give meaning in an absolute, rather than in a contextually sensitive manner, however, the meaning of almost every stimulus in life is context dependent (Vermeulen, 2012, 2015).

Vermeulen (2012, 2015) also puts forward the idea that since there are no absolute meanings in our world; everything that we do, think and say is context dependent; therefore, people with autism are absolute thinkers in a relative world. These contextual sensitivity abilities aid in navigating a world full of ambiguity for people who are NT. If people with ASC do not have contextual sensitivity to draw upon, they become blind to the use of context in the creation of meaning. Vermeulen (2012) suggests that others should clarify the context of stimuli so that people with autism can find their way less blindly in a word full of relative meanings; that contextual clarification is the core of “autism friendliness” (p. 378). However, providing contextual clarification within interaction, while helpful, could become a factor in the development of other problems, such as prompt dependency (Wilson et al., 2014; 2017).

**Social motivation theory**

Assaf et al. (2013) suggest that social motivation theory explains the diminished reward value for social information that those with ASC exhibit. Human behaviour has been described as a complex, highly unpredictable system (Robic et al., 2015). Interacting with others requires abilities to process the fast-paced highly unpredictable nature of the social world. However, reduced motivation lowers a need for social attention, social interaction, and social learning. The result is, therefore, social dysfunction. Social dysfunction limits abilities to be involved in the dynamic features of social context and restricts formulating appropriate responses when involved in social interaction, therefore, inhibiting abilities to fulfil standard roles
within such settings as work, social activities, and relationships with others (Bishop-Fitzpatrick et al., 2017; Flood, Julian Hare, & Wallis, 2011; Landa & Goldberg, 2005; Palovicova, 2011).

It is well established that people with ASC attend to non-social stimuli rather than social stimuli (Benning et al., 2016; Crawford et al., 2016; Singleton, Ashwin, & Brosnan, 2014). A study conducted by Ensink and Mayes (2010) established that for those with ASC, impairment in the near universal human motivation to attend to social phenomena was substituted with intrinsic motivation to attend to the physical world. Sasson, Dichter, and Bodfish (2012) also confirmed that the reward system for those with ASC was biased against social information in favour of non-social aspects of the environment. Similarly, Benning et al. (2016) confirmed a higher physiological response toward non-social stimuli. As previously discussed, Gillespie-Smith et al. (2018) also found an inability to disengage from a non-social task in order to attend socially. This non-social bias may lead to increased preference for, and in turn interaction with, the non-social environment to the detriment of social development, potentially contributing to the emergence of restricted interests (Benning et al., 2016). Equally, Król and Król (2019) observed an association with a weakened preference for the social world and a heightened preference for the non-social world.

Reduced motivation in social contexts (Assaf et al., 2013; Burnside & Wright, 2017; Carré et al., 2015), together with a lack of motivation to attend to the challenges presented by social interaction difficulties, may also cause a lack of interest in social maintenance behaviours, such as modifying behaviour to fit in with the behaviour of others. The disadvantage of this conduct is repeated marginalisation from the flow of social life (Fein, 2015). A preference to escape rather than attempt to deal with social activities and interaction that are seen as problematic, mundane, uninteresting and unrewarding (Berney, 2004; Swain, Scarpa, White, & Laugeson, 2015), can position people with ASC at a distinct social disadvantage (Corbett et al., 2014; Robic et al., 2015; Swain et al., 2015).

Socially motivated people show a heightened reward value for social information which leads them to seek and take pleasure in social interaction, and work to cultivate and maintain social connections (Burnside & Wright, 2017). Bushwick (2001) adds that, the typical ways that people develop social behaviour
and acquire language, is impaired for those on the autism spectrum, due to a failure of the processes involved in social learning. Social learning typically occurs through the acquisition of knowledge, skills, and behavioural patterns acquired from observation of, and interaction with, specific others. Thus, people do not discover or develop the knowledge, skills, and behaviour patterns of their own accord, they become a carbon copy of others within their environment (Bushwick, 2001). Accordingly, people who are NT experience a high reward for social information, seek out such information, and, therefore, socially learn from relevant others. The failure of people with ASC to seek and enjoy social interaction is increasingly thought to be related to impairments in social motivation (Carré et al., 2015; Chevallier, Kohls, Troiani, Brodkin, & Schultz, 2012).

In addition to seeking out social experiences, socially motivated people are also able to draw from their social experiences, by applying their social learning and continuously updating their social knowledge, in order to improve their understanding and, subsequently, be able to predict probabilities and regularities from their social environment (Robic et al., 2015). Social interaction, therefore, typically becomes less demanding with maturity by being able to detect and generalise regularities within social environments and apply improved understandings. Robic’s (2015) study found that those with ASC lacked the ability to extract regularities from the environment. Therefore, recognising or predicting other people’s intentions and behaviours becomes more challenging, often remaining constant.

2.2.2 Rigid and repetitive patterns of interests and behaviours

Together with impairments in social interaction abilities and social functioning, ASC are principally characterised by a range of repetitive behaviours and restricted interests (Attwood, 2003, 2007; Grove, Roth, & Hoekstra, 2016; Wolfberg, 2009). Lam, Bodfish, and Piven (2008) report that “restricted repetitive behaviours (RRBs), are a core feature of autism consisting of a variety of behaviours, ranging from motor stereotypes to complex circumscribed interests” (p. 1193). The world can appear to be unpredictable and confusing, therefore, individuals on the autism spectrum can feel more comfortable with a fixed daily routine. Likewise, the pleasure gained from intense special interests, anything from art or music to trains and computers, can be a comfort to them. Lam et al. (2008) report that no other disorder includes
circumscribed interests as a manifestation of repetitive behaviours. As previously discussed, the higher physiological response toward non-social stimuli confirmed by Benning et al. (2016), may influence those individuals with ASC toward intense special interests. This reward bias may be the motivation behind a reduced social motivation and increased interest and restricted activity with circumscribed non-social experiences. Therefore, not only do special interests appear to alleviate apprehensions, the non-social aspect of a special interest appears to be more appealing to those with ASC than the social aspects of life.

Special interests can also be areas of great skill and strength (Caldwell-Harris & Jordan, 2012; Grove et al., 2016). Howlin (2000) raises the point that special skills or interests can lead to good vocational outcomes for people on the autism spectrum, possibly due the tendency “to prefer topics involving non-social and especially mechanical aspects of their environment” (Lam et al., 2011, p. 450). Commonly, while individuals with ASC are exceptionally motivated to engage in their special interests, Caldwell-Harris and Jordan (2014) suggest that people who are NT also develop special interests, and that the special interests of both people with ASC and people who are NT, reflect cognitive strengths. Therefore, the difference is that special interests for those with ASC can function to reduce anxiety and provide a source of recreation, enjoyment and intellectual fulfilment that interacting and spending time with others usually cannot (Dachez & Ndobo, 2018). On the other hand, interacting and spending time with others is a usual source of fulfilment, recreation and enjoyment for individuals who are NT.

A study conducted by South, Ozonoff, and McMahon (2005) found that the repetitive behavioural symptoms, especially persistent talking about one topic, and extreme rigidity and insistence on sameness, were the most difficult aspects of autism for family members to deal with. Thus, while special skills or interests can be helpful for individuals on the autism spectrum, and in some vocational instances, they can be undesirable in others (Turner-Brown, Lam, Holtzclaw, Dichter, & Bodfish, 2011); for example, family relationships (South et al., 2005).

**Perseveration**

The term perseveration is used to describe any continuation, or recurrence of an activity without an appropriate stimulus. This may occur in the verbal domain, such as repetitive language, or in the physical domain, such as repetitive gestures or
physical actions (Arora, 2012). Perseveration has been shown to correlate with depression, and both conditions are somewhat common in ASC (Keenan, Gotham, & Lerner, 2018). Patel, Day, Jones, and Mazefsky (2017) report that the propensity to perseverate in the ASC population, when linked with depression, can lead to rumination which involves perseverative thoughts that revolve around a negative emotion or situation. McKibbin (2016) suggests that females with AS have a greater tendency than males with AS to hyper-focus on negative experiences causing them to perseverate over the interactions they had, or could have had. However, Keenan et al. (2018) found that perseveration mediated the relationship between ASC symptoms and depression. Whether perseveration has justifiable or troubling implications for those on the autism spectrum, it can become problematic for others, may interfere with social functioning and relationships (Lepper, Devine, & Petursdottir, 2017), and may also become a source of stigma (Arora, 2012).

### 2.2.3 Comorbidity

Prevalence rates of multiple comorbid conditions associated with autism conditions are high (Anderberg et al., 2017; Gargaro, Rinehart, Bradshaw, Tonge, & Sheppard, 2011; Ghaziuddin, 2002; Jang et al., 2013; Mattila et al., 2010). Attention Deficit Hyperactivity Disorder (ADHD), Anxiety Disorders, Major Depressive Disorder (MDD), Psychiatric Disorders, Behavioural Disorders, Tic Disorders, Oppositional Defiant Disorder (ODD), Obsessive-Compulsive Disorder (OCD), and Mood Disorders are commonly noted. With estimates of mental health conditions being two to four times higher than the neurotypical population (Jang et al., 2013), research shows that the main factors affecting the mental health of individuals on the autism spectrum are experiences and perceptions of autism acceptance and societal stigma (Cage, Di Monaco, & Newell, 2018; K. Cooper et al., 2017). These concerns can increase difficulties experienced by those on the autism spectrum, and those who live with and love them.

### 2.3 Asperger’s Syndrome

The entirety of the above features of ASC can also align with features of AS. What distinguishes the cognitive features of autism from AS is the severity of the symptoms, and the absence of an initial delay in language acquisition (Attwood, 2007; Tantam, 2012). Those with AS normally have somewhat typical language and
cognitive skills for the most part, with a cognitive style that is specific to autism (Booth et al., 2003; Happé & Frith, 2006; Loth, Gómez, & Happé, 2010). Additionally, they usually have average or above average IQ scores, combined with limited or inappropriate abilities regarding social interaction, including an inability to understand social-emotional matters (Meyer, Root, & Newland, 2003). However, the diagnostic criteria provided for each are nearly indistinguishable (Fusco, 2013). Research shows that there is no clear biomarker or genetic test which can define or separate autism and AS (Attwood, 2007; Castelli, Frith, Happé, & Frith, 2002; Howlin, 2003; Tantam, 2012). As such, there are many overlapping characteristics and hard to define boundaries between AS and ASC. Accordingly, ASC is a term often used interchangeably with AS. Tantam (2012), however, established that, along with delays in language acquisition and other developmental milestones, one of the central areas of differentiation between diagnoses of autism versus a diagnosis of AS, is intelligence. In spite of this, Tantam points out that “one argument against the value of IQ as a predictor of social or occupational achievement, is that IQ is a measure of brain, and not mental functioning” (p. 331).

As previously discussed, AS was recognised as a distinct form of autism in the international diagnostic manuals. It is now incorporated within the diagnostic category of Autism Spectrum Disorders (Bostock-Ling et al., 2012), with the new designation of Autism Spectrum Disorder Level 1 (Asperger’s Syndrome). According to Attwood (2007), the criteria for a diagnosis of AS are: (1) Social impairment, (2) Narrow interest, (3) Compulsive need for introducing routines and interests, (4) Speech and language peculiarities, (5) Non-verbal communication problems, and (6) Motor clumsiness. Many individuals who might meet criteria for a diagnosis of AS are often viewed as “unusual” or just “different”, with some research suggesting that individuals may be misdiagnosed with conditions such as Attention Deficit Hyperactive Disorder (ADHD), an associated neurodevelopmental syndrome (Tantam, 2012). Recent imaging examinations of the brains and brain functions of individuals with AS establish that AS is a “hard wiring” phenomenon which expresses itself as a distinctive way of processing sensory experiences and problem solving (Meyer et al., 2003). A crucial assumption underlying diagnosis and classification concerns is that, a label of ASC engenders greater stigma than a label
of Asperger’s Syndrome, despite being basically the same or similar symptoms (Ohan, Ellefson, & Corrigan, 2015).

2.3.1 Core features of Asperger’s Syndrome

Core features of people with AS include a wide range of difficulties in basic social and communicative behaviours, these include, eye contact, intonation and pragmatic language use, facial expressions, and lacking in emotional and social reciprocity. Taken together these features affect the ability to understand and respond to others’ thoughts and feelings (Attwood, 2007, 2015; Lovett, 2005). Although people with AS usually know what they think and feel, they are often unaware of what others around them think or feel. This lack of awareness can lead them to have more difficulty with the emotional content of communication, even when there is no indication of primary language impairment (Attwood, 2007, 2015; Lovett, 2005; Tantam, 2012). Since imaginative creativity is more difficult for them than reality-based creativity, conversations can tend to be one-sided with a lack of reciprocity, accompanied by a tendency to interrupt, a difficulty with social chit-chat through literal interpretations, and a tendency to include excessive technical detail, as well as having great difficulty in getting to the point (Aston, 2001; Attwood, 2007; Jacobs, 2006; Lovett, 2005; Marshack, 2009).

These social and conversational difficulties are combined with a lack of ability to attribute thoughts and goals to others, as shown in the theory of mind previously discussed (Baron-Cohen, 1997; Leslie, Friedman, & German, 2004). Therefore, those with AS can go through life focused on their needs and wants, often missing what is going on with others. This does not mean that they do not feel or love, but they do not seem to notice what is going on with others, and often do not convey that they care (Aston, 2001; Attwood, 2007; Lovett, 2005). It is not that an individual with AS is “uninterested in relationships but, misunderstanding them; is too intense or too detached” (Berney, 2004 p. 343). Consequently, AS is considered a social disorder, not an intellectual disorder, and can handicap individuals with AS in some aspects of their life, but not in others. Howlin, Goode, Hutton, and Rutter (2004) outlined how “a substantial minority of adults, although continuing to be affected by their autism, can find work, live independently, and develop meaningful social relationships with others. Nevertheless, the majority remain very dependent on parents or others for support” (p. 226).
According to Morrison and Blackburn (2008), the inability of people with AS to function within a customary level of social competence in the community, prevents them from attaining success in important life milestones. Many are aware of their social difficulties, and the negative evaluations that others may make about them in social situations (Burrows, Usher, Mundy, & Henderson, 2017). A lack of social success appears to be at the forefront of the necessity to remain dependent on others. Therefore, Morrison and Blackburn (2008) recommend that while those with AS need to “work hard to learn social behaviour, communities must also work hard to exercise tolerance and welcome individuals with differences” (p. 10). Similarly, a study by Jones and Meldal (2001) found that, while those with AS reported substantial amounts of difficulty in making sense of the social world, their desire for involvement in social relationships was such that many attempted to “role-play” being a non-autistic person in order to attempt to fit in to the dominant culture. Jones and Meldal’s (2001) study established that this strategy was rarely successful for adults with AS, but at the same time, confirmed that those with AS do have an awareness of the existence of social rules, and also have a desire to attempt to conform to them.

### 2.3.2 Anxiety and depression in Asperger’s Syndrome

McVey (2019) reports that anxiety is a common experience for people with autism. People with AS are characterised by anxieties in the areas of social interaction and self-directedness that are required for independent and interdependent interacting. The awareness of an existence of social rules, the desire to conform to them, but an awareness that they don’t completely comprehend them and don’t entirely “fit in” (Griffith, Totsika, Nash, & Hastings, 2011), can lead to experiences of anxiety. Additionally, the desire to have a relationship, but the accomplishment of the daily necessities of relating, can create a great deal of stress and anxiety for AWAS due to the gap between intellectual ability and everyday functioning (Dubin, 2009). Many people with AS frequently describe intense anxiety (Baron et al., 2006; Gillott & Standen, 2007). A study on the prevalence of anxiety and mood problems in autism and AS found that substantial proportions of participants scored with clinically relevant levels of generalised anxiety, showing no differences in the anxiety and mood measures between a diagnosis of autism and AS (Kim, Szatmari, Bryson, Streiner, & Wilson, 2000). Moreover, their study found that a high rate of
anxiety and depression for people with AS had a significant impact on their overall ability to make changes (Kim et al., 2000). Cai, Richdale, Dissanayake, and Uljarević (2018) found that people with ASC exhibit an extreme intolerance for uncertainty. Their study noted that intolerance to uncertainty predicts anxiety. Therefore, high intolerance to uncertainty forecasts high levels of anxiety (Cai et al., 2018). Since social interaction is anything but certain, the fear of making mistakes and getting entangled in the complexities of interrelating, together with subsequent tensions and conflict, can increase already high levels of anxiety for AWAS (Dubin, 2009; Lamport & Zlomke, 2014).

Furthermore, similar to the majority of people with ASC, people with AS tend to exhibit a low motivation to change unhealthy patterns of behaviour (Berney, 2004), including limited motivation to be more sociable (Attwood, 2007). Han, Tomarken, and Gotham (2019) found that, in the general population, suffering depression was a frequent trigger to experiencing anhedonia (i.e., loss of pleasure). Instead, people with ASC were found to experience the opposite. Both social and non-social anhedonia was found to be associated with knowledge of autism symptoms, which subsequently contributed to a development of depression. It appears that when an individual with ASC had a better understanding of typical relationships and of social communication, they were more likely to perceive their behaviour as atypical, leading them to experience depression (Day, McNaughton, Naples, & McPartland, 2019). Symptoms of depression can impair social functioning (Zimmerman, Caroline, Iwona, & Kristy, 2018). When involved in a relationship, these conditions may contribute to a lack of inherent appeal by AWAS to engage in, contribute to, and persevere with, the ongoing reciprocal interaction necessary to sustain relationship health (Attwood, 2007; Weigel & Ballard-Reisch, 2012). Plausibly, detachment toward others (Berney, 2004), in order to withdraw from anxiety and/or conflict, or dependency upon others to explain and instruct how to negotiate the social nuances of human interaction, becomes more probable (Brown, Silvia, Myin-Germeys, & Kwapis, 2007; Caughlin, 2002; Wilson et al., 2014; 2017).

2.3.3 Gender and Asperger’s Syndrome

While AS was thought to affect more males than females, there is increasing evidence to suggest that symptoms for females, while different or more subtle than in males, remain hidden, particularly those females who are of average to above
average intellectual ability (Leedham et al., 2019). Although females diagnosed with AS appear to have the same profile of abilities as males, emerging evidence supports the existence of a female autism phenotype who have remained undiagnosed, mislabelled, or overlooked entirely (Bargiela et al., 2016). A study conducted by Howe et al., (2015) found that when females have average or above average cognitive abilities, they were found to exhibit better social communication skills and social abilities than males. Their higher abilities, together with a subtler or less severe expression of the characteristics, could be a reason for under-recognition and delay in diagnosis.

Furthermore, as previously discussed, females appear to exhibit a greater ability to camouflage social difficulties in social situations than their male counterparts (Allely, 2019). Social imitation or camouflaging can enable some level of success and coping, which means they may not exhibit any observable functional impairments, and in turn could result in some females never receiving a diagnosis of AS. However, similar to males, under the surface of the camouflage, females share many of the same clinical needs and patterns of services as males. Equally, they experience comparably high levels of subjective stress, anxiety and exhaustion and, equivalent to males, need to re-charge or recuperate by withdrawing from social interaction (Allely, 2019; Tint, Weiss, & Lunsky, 2017).

Ketelaars et al. (2017) also found that corresponding to males, females on the autism spectrum show abnormalities in social attention, and these abnormalities are related to the level of autism symptoms. However, in contrast to males, females show an initial interest in social aspects, but often fail to maintain this initial interest. Thus, while females with AS are more likely give the impression of fewer symptoms, increasingly evidence is confirming that there may not be the gender bias in prevalence rates as first thought. Whether male or female, people with AS routinely display difficulties in social reciprocity and in demonstrating appropriate cooperative behaviour (Tayama et al., 2012) that impact on their ability to function effectively in all social contexts: home, school, workplace, and community (Lovett, 2005; Tantam, 2012).
2.4 The Dynamic System of Communication

Karimi-Aghdam (2017) describes Dynamic Systems Theory (DST) as “one of the most viable and comprehensive meta-theoretical schemes in developmental science which cogently and coherently caters for concerns of describing, explaining, and optimizing the processual trajectory of human development over time” (p.78). Dynamic Systems Theory has become influential in the field of developmental psychology for describing complex phenomena in fields such as linguistic development (Barsalou, 2008; Lang, 2014; Lewis, 2000; Thelen & Smith, 1996). Megremi (2014) adopted a dynamic systems framework to review the literature on the aetiology and pathogenesis of ASC, proposing that such an approach may have the potential to explain how ASC might be considered not as a combination of different symptoms within an individual, rather an outcome of a nonlinear pattern of system self-organisation. While Megremi was concerned with investigating the complex relationships between environmental, biological and neurodevelopmental factors that influence the manifestation of ASC in individuals, DST can also inform how the manifestation of ASC in individuals shapes communication and conversation patterns within their relationships.

Lang (2014) suggests that one of the fundamental assumptions of DST is that self-organizing systems behave in nonlinear ways. Dynamic Systems Theory explains observed patterns of behaviour (for example, motor behaviour) as the result of complex interaction between three domains: individual capacities and psychological states, performance constraints relating to the particular task, and contextual features or rules of performance (see Lewis, 2000; Thompson & Varela, 2001; Thelen & Smith, 1994). Any elements, or conditions within these domains, may act as affordances or constraints with respect to particular behaviour. Consequently, given particular individual capacities and task and performance contexts, particular behaviours may be more likely to emerge than other behaviours. Significantly, DST rejects the idea that observed behaviour is determined by the status of a particular underlying system (for example, genetics and cognitive stage of development). Rather, it suggests that observed behaviour is emergent, resulting from the interaction of multiple systems and contextual factors.

The dynamic system of communication can assume multiple qualitatively different states that are not related to one another in a linear way. As such,
communication is a dynamic system in which “communication partner or partners, the time course of the interaction, the medium that carries the interaction, the contents of the communication interaction, and the type of partner involved in the interaction are all variables in this dynamic system” (Lang, 2014, p. 60). Using DST to understand interactions within the context of NDR illuminates the importance of task constraints (reciprocal interaction) in social contexts (close relationships). When considering the dynamic system of interpersonal communication with the addition of prompting (Wilson, et al., 2014; 2017), DST allows examination of the conversation patterns and interactions that result from the inclusion of prompting as a component of the system. Thus, using a DST framework allows for examination of prompting interacting within typical features of interpersonal communication, and also interpersonal communication interacting within typical features of prompting. Each of the components of the resulting system could shape a completely and qualitatively different interaction, and result in entirely different outcomes.

2.5 The Language of Affection

Effective communication is critical to the realisation of a successful relationship, and reciprocity is central to communicating, connecting, and expressing love (Aston, 2001; Rearn, 2010). Reciprocal communication is the twofold back-and-forth flow of social interaction which involves three stages: (1) comprehension of, and recognition of, messages received; (2) processing the messages that are received, and forming potential responses; and (3) relaying messages back, that include both verbal and non-verbal elements (Liberman, Wheeler, de Visser, Kuehnel, & Kuehnel, 1980). Accordingly, social reciprocity is the “sharing of conversation, direction of an activity and resources” (Dodd, 2005, p. 138), which involves communicative partners working together to create successful interaction (Keysar et al., 2008). Communicative adjustments are made by both until success is achieved (Jones & Schwartz, 2009). Impairment in social reciprocity may be reflected in not taking an active role in social interaction (Doggett, Krasno, Koegel, & Koegel, 2013).

Expertise in social reciprocity is also of great consequence to the realisation of interdependent behaviour, an important factor in healthy, loving relationships. Interdependence signifies “independence as partnership” (Reindal, 1999, p. 364). Each person preserves a separate sense of self, together with mutual dependence on
the other in order to feel like, and be able to act like, a team (Agnew, Rusbult, Van Lange, & Langston, 1998; Knobloch & Solomon, 2004). These fundamental components provide the ability to interact and connect with others (Fletcher & Clark, 2008; Yovetich & Rusbult, 1994). In view of that, satisfying relationships can only be achieved when ongoing and reciprocated interaction conveys a sense of understanding and responsiveness and cultivates positive emotional encounters (Forest & Wood, 2011; Laurenceau, Pietromonaco, & Barrett, 1998; Laurenceau et al., 2005). Relationship health is constructed, negotiated, and sustained throughout everyday relating, on condition that it contains a level of commitment that is both detected and understood equally by each person involved (Pasch, Bradbury, & Davila, 1997; Weigel & Ballard-Reisch, 2012). Therefore, the capacity to provide and receive ongoing reciprocal interaction in everyday relating is critical to the realisation of meaningful close relationships (Fardis, 2007; McGraw, 2000; McKay et al., 1994; Whitehouse, Durkin, Jaquet, & Ziatas, 2009).

However, social reciprocity not only includes the ability to participate in reciprocal interaction, it also includes competent expressive and receptive capabilities, self-disclosure, and conversing with mutual equality and respect (Beckett, 2010; Harvey & Wenzel, 2002; McKay et al., 1994; Rollins, 2014; Tobin, 2014). Since malfunctioning communication is the main source of interpersonal misunderstanding, emotional distress, and even relationship breakdown (López-Pérez, Ambrona, & Gummerum, 2017; McGraw, 2000; Niven, Totterdell, & Holman, 2009), chances of interaction success is increased when people are skilled in social reciprocity.

Lasting emotional connection comes from the choice to consistently put effort into understanding and decoding the expectations and needs of the other, by participating in social reciprocity to deepen connection. The experience of successful social reciprocity allows a person to feel connected and affirmed; it conveys the message of caring in a deep and personal way, increases relational security and satisfaction, fosters health and well-being, and safeguards against stress, depression and anxiety that in turn, strengthens connection (Garris & Weber, 2018; Selcuk, Zayas, & Hazan, 2010). Since relationships are transactional, both giving and receiving, have associated health benefits (Garris & Weber, 2018): the social and emotional support gained from emotionally connected relationships sustains both the
individual and the relationship (Burleson, 2003; 2009). However, for a relationship to be healthy, typically each person must understand the needs of the other.

### 2.5.1 Alexithymia

Alexithymia can have an adverse effect on abilities to emotionally connect with others (Eid & Boucher, 2012; Montebarocci, Surcinelli, Rossi, & Baldaro, 2011). According to Milosavljevic et al. (2016) alexithymia is a personality trait that has frequently been found in adults with ASC and has been linked to impairments in emotion recognition and empathy. Griffin, Lombardo, and Auyeung (2016) explain that “alexithymia is a word derived from ancient Greek and literally translates into without words for emotion” (p. 773). Alexithymia is described as a pronounced difficulty in identifying emotions, describing one’s own emotions, and also communicating about emotions (Eid & Boucher, 2012; Griffin et al., 2016; Montebarocci et al., 2011). Alexithymia is associated with an externally oriented focus of thinking which encompasses four cognitive and affective dimensions: difficulty identifying and describing subjective feelings; difficulty distinguishing between feelings and the bodily sensations of emotional arousal; restricted imaginative capacities and paucity of fantasies and dreams; and an externally oriented cognitive style (Eid & Boucher, 2012).

While alexithymia is not exclusively found in the autism population, it is known to be more common in people with ASC, than in people who are NT (Griffin et al., 2016). Wilkinson (2016) reports that there is uncertainty whether the empathy deficit commonly attributed to those with autism is as a result of the disorder itself, or if it is a consequence of having alexithymia. Further, Wilkinson (2016) states that “although alexithymia is not a core feature of autism, recent studies have found varying degrees of this trait in 50 to 85% of individuals with ASD” (p. 1). Alexithymia has also been found to be a significant component of the emotion processing difficulties experienced by people with ASC (Wilkinson, 2016). Therefore, when an AWAS also has alexithymia it can present an added difficulty to the meaningful conversation required for relationship health, especially in regard to the requirement of giving and receiving emotional language within close relationships. Conceivably, alexithymia could contribute to a lack of emotional connectedness within a relationship which can be further hindered by complications with theory of mind (Beaumont & Newcombe, 2006).
2.6 Different Needs for Affection and Connection

Identified by Baumeister and Leary (1995) as the “need to belong”, the desire for interpersonal attachment is a fundamental human motivation which typically compels people to pursue frequent and meaningful social encounters (p. 497). Irrespective of this basic human need to belong and to be cared for, the ability to form healthy, loving relationships is not innate (Eckstein et al., 1999). Proficiency in reciprocal interaction is a critical factor in achieving meaningful connected relationships while negotiating the multitude of difference that derive from each individual’s distinct temperament, specific belief system, and varying childhood experiences (Goldstein & Thau, 2004; McGraw, 2000; McKay et al., 1994). A further complexity is added when relationships include both people with AS, and people who are NT.

Customarily, people who are NT experience a sense of well-being and enhanced functioning when their need to belong is fulfilled by frequent, productive and deep social encounters (Brown et al., 2007; Webster, Brunell, & Pilkington, 2009). Therefore, the opportunity to communicate, connect, express love, and give and receive emotional support through reciprocity is a fundamental component of interpersonal interaction for them (Butler & Randall, 2013; Keysar et al., 2008; Rearn, 2010). In contrast, difficulties with communication, social interaction, and processing their own and other people’s emotions (Fein, 2015), can lead people with AS to place less emphasis on social encounters and related emotional connectedness. Further, research confirms that those with ASC exhibit a reward system that is biased against social information in favour for more non-social phenomena (Benning et al., 2016; Bottini, 2018; Gillespie-Smith et al., 2018), suggesting that less emphasis is placed on social interactions in preference for non-social activities. Therefore, the deep social encounters that are required to fulfill a need to belong for individuals who are NT, do not always appear to be the same for those with AS, and this difference in need for emotional connectedness has the potential to cause difficulties in some relationships.

López-Pérez et al. (2017) report that these difficulties may limit the efforts of the person with AS to manage their own emotions and engage with others’ emotions. Rueda, Fernández-Berrocal, and Baron-Cohen (2015) found that while adults with AS can be highly successful in applying suppression as a frequent strategy to manage
their own negative emotions, it is not the most desirable strategy to cope with negative emotions. According to the literature on emotional regulation, more advanced emotional regulation strategies include disengagement or reappraisal (Parsafar, Fontanilla, & Davis, 2019). Reappraisal is using strategies, such as reframing the meaning of a situation, and disengagement is the use of tactics, such as distraction or reallocating attention (Parsafar et al., 2019). Although the use of suppression would prevent persons with AS from dwelling on their own negative states (Rueda et al., 2015), it does little to manage the emotions of others, or engage with the emotions of others. Taken together, when combined with communication skill differences around expressing emotions, there are increased risks that the customary intricacies of interrelating are furthered with fragmented and entangled communication a probable result.

Subsequent tensions and conflict from entangled communication may further the social interaction anxiety previously discussed, for those with AS (Dubin, 2009; Maddox & White, 2015). When added to a diminished motivation in social contexts (Assaf et al., 2013; Burnside & Wright, 2017; Carré et al., 2015), together with a lack of motivation to cope with the emotions of others, or participate with the emotions of others, a need for involvement in social encounters and related emotional connectedness may be widely divergent to that which is considered usual. The result may be a frequent avoidance of social situations and, just as importantly, may produce differences in the desire to connect with others (Attwood, 2015; Hill, Berthoz, & Frith, 2004; Kerns & Kendall, 2012; Lorant, 2011), together with a different formula to fulfill a need to belong.

Accordingly, for AWAS, the impetus to engage in frequent or deep social encounters may exist to a lesser extent than what is considered typical (Moreno et al., 2012). Within close relationships, this different desire for social interaction may well compel AWAS toward an idiosyncratic course of action, that is, avoidance of opportunities to communicate, connect, and express love through reciprocity with their significant others, in preference for solitude or separate activities. Campbell, Simpson, Kashy, and Rholes (2001) describe that, in general, more avoidant individuals display behaviours that harm relationships, such as psychologically distancing themselves, exhibiting more negative emotions, becoming irritated, being more critical, and appearing to be uncomfortable with both giving and receiving.
support. In addition, individuals in relationship with avoidant individuals tend to adopt similar behaviours (Campbell et al., 2001). Campbell et al. (2001) established that within relationships “greater avoidance, therefore, not only had a negative impact on an individual’s own interaction behaviour; it had a correspondingly negative effect on the partner’s behaviour” (p. 838). Smith, Heaven, and Ciarrochi (2008) add that “it is often the demand-withdraw pattern of communication that has demonstrated the strongest effects in relation to satisfaction and divorce” (p. 742).

Based on extensive martial relationship research over the past four and a half decades, Gottman and Gottman (2017) report that when people behave in detached and disengaged ways, towards their spouse, these behaviours usually lead to relationship break down. The Gottman’s extensive relationship work established that interactive behaviour between people matters a great deal. When “the four horsemen”, (i.e., criticism, defensiveness, contempt, and stonewalling) are present in a couple’s conflict discussion, it usually has an adverse effect on that relationship, often resulting in divorce (Gottman & Gottman, 2017). The research conducted by Gottman and Gottman (2017) does not specify whether their research includes people with autism or not, however some of the behaviour described by Gottman and Gottman as specifically detrimental to relationships has been previously documented as concerns in NDR (Attwood, 2015; Bostock-Ling et al., 2012; Grigg, 2012; Jacobs, 2006; Marshack, 2009; Mendes, 2015; Moreno et al., 2012; Rodman, 2003; Simone, 2009).

### 2.7 The Communication Predicament

Effective communication is a complicated multilayered endeavour for all people. Meaningful connected relationships require open, honest and responsive communication, combined with competency with social reciprocity, as previously discussed (Derlega, 2013). When people form a relationship, proficiency with these interpersonal communication features are critical factors for negotiating the assortment of differences derived from individual personalities, principles, upbringing and experiences (Beckett, 2010; McGraw, 2000; McKay et al., 1994; Spitzberg, 2000). The ability to confide in others with confidence that reciprocal responsiveness will occur, is at the core of building and sustaining committed healthy relationships (Maisel, Gable, & Strachman, 2008).
Within close relationships, reciprocal interaction is the key element to the construction of interdependent experiences and the maintenance of the relationship (Knobloch & Solomon, 2004; Laurenceau et al., 2005; Reindal, 1999; Young, 2004). Harvey and Wenzel (2002) explain that “communication based on partners’ individual unshared goals tend to hinder the partners’ relationship maintenance; when they keep talking, they keep the relationship growing” (p. 36). An exception to this rule is perseverating on special interest topics (Lepper et al., 2017); a tendency of those with AS, as previously discussed, that can have a propensity to undermine rather than strengthen close relationships. Typically, genuine warmth, intimacy and closeness in human relationships requires dialogue, reciprocity, transparency, and vulnerability (Timmerman, 1991). Day to day living in a close committed relationship is not straightforward. Continuing to talk with transparency and vulnerability, while cultivating genuine companionship and intimacy through the ebb and flow of a long-term relationship and family life, takes hard work and commitment from all concerned (Ariyo & Mgbeokwii, 2019; Buhrmester & Furman, 1987; Cyranowski et al., 2013; Gillespie, Lever, Frederick, & Royce, 2015; Side, 1997).

Normally, AWANT need close relationships that include reciprocal communicating, connecting, and expressing love in order to experience feelings of being understood, validated, and cared for (Aston, 2014; Grigg, 2012; Wilson et al., 2017). However, the difficulties in social interaction, social reciprocity, and social imagination typical of AS (American Psychiatric Association, 2013; Attwood, 2007; Crespi, Leach, Dinsdale, Mokkonen, & Hurd, 2016), can affect the person’s capacity to respond to the thoughts and feelings of others, hamper efforts to relate to others, and disrupt the cooperation and compromise that usually occurs within the ongoing reciprocal interaction required for close personal relating (Attwood, 2007; Lovett, 2005; Meyer et al., 2003). While people with AS usually have difficulty with reciprocity and appear to need less social interaction when compared to the general population, people who are NT generally need more reciprocity in interaction, especially in their close relationships. When an AWAS is in a relationship with AWANT, this disparity may be the cause of conflict.

Moreover, times of conflict necessitate an ability to repair the encounter with skilful communicative behaviour and an ability to both give and receive considerate
feedback (Harvey & Wenzel, 2002). People who address emotional situations directly rather than avoiding them have higher levels of well-being and are better able to cope with stress (Brackett, Warner, & Bosco, 2005; Coutinho et al., 2017; Geddes, 2016). When a relationship includes AS, disagreements can be difficult to resolve. Although disagreements are a common interpersonal phenomenon, repetitive disputes that focus on a particular issue and reoccur without a complete resolution are known as serial arguments (Bevan et al., 2008). This type of dispute can continue to resurface due to the key topic remaining unresolved and it is the continuously unsolved factor to a dispute that establishes the cyclical nature of serial arguments. Consequently, serial arguments cause a stalemate, as neither side in the dispute is able to move beyond the lack of resolution.

There is clear evidence that the most satisfied people within close relationships are those who do not avoid communication about important relational topics or conflicts, instead developing a sense of working together through their difficulties (Gottman & Notarius, 2002; Murray et al., 2013; Smith, Heaven, & Ciarrochi, 2008). Davis and Holtgraves (1984) also state that one of the main rules in conversation is that responses to others’ communications should be relevant and that collective verbal behaviour cannot be characterised as a conversation until at least three consecutive remarks about the same topic have been made by a minimum of two people. Adults who are NT usually see the necessity of working through their difficulties together with their significant others and therefore, more often than not, attempt to find resolutions when conflict occurs. However, difficulties with communication, social interaction, and processing their own and other people’s emotions can lead AWAS to fail to respond to interaction or avoid responding by withdrawing from interaction and, at times, desire a withdrawal from all interaction for extended periods of time (Caughlin, 2002; Eldridge, Sevier, Jones, Atkins, & Christensen, 2007; Gillberg, Gillberg, Thompson, Biskupsto, & Billstedt, 2015). Sometimes, AWAS can become annoyed or enraged by being required to participate in an undesirable interaction and consequently seek to evade the unwanted exchange through verbal or physical aggression (Clements, 2005; Patel et al., 2017; Pugliese, Fritz, & White, 2014). Due to their differences, AWAS tend to seek avoidance of conflict and avoidance of resolution to conflict. It appears that a frequent preference for those with AS, is that problems or issues be dropped completely, with lack of
response and *stonewalling* being used to achieve that end. Avoiding conversations, becoming defensive, shutting down and becoming verbally aggressive can all be termed stonewalling behaviours (Fowler & Dillow, 2011; Futris, Campbell, Nielsen, & Burwell, 2010; Worley & Samp, 2016).

Serial arguments can therefore be a common occurrence within NDR. While it appears that AWANT often want to attempt to resolve this predicament through a variety of means: instructions, explanations, reminders, lists, and so on. Many AWAS appear to fail to recognise that their significant others are trying to support the relationship by relieving the lack of reciprocity and improving their connection (Grigg, 2012; Wilson et al., 2017). Instead of being able to work together through this difficulty, the difficulty itself becomes a struggle between two very different needs: the need for emotional interaction versus the need to minimise emotional interaction. This struggle can provide the stimulus for serial arguments to form “communication roundabouts” within NDR (Wilson et al., 2017).

### 2.8 Behind Closed Doors

When relationships involve AWAS, people who usually prefer infrequent social encounters, and even less deep and meaningful forms of conversation, the contrasts between AS and NT people can create a unique situation behind closed doors. Due to compensation strategies that many AWAS exhibit in their desire to fit in and form connections (Livingston, Colvert, Bolton, & Happé, 2019), the start of a relationship may not provide an indication of the inherent social impairments that can acutely interfere with capacities to maintain interpersonal relationships over time (Attwood, 2015). Maintaining a socially accepted façade together with “having both gifts and a disability can lead to masking, where individuals are able to compensate for their disabilities with their talents or, that their talents are hidden by their disability” (Doobay, Foley-Nicpon, Ali, & Assouline, 2014, p. 2028). The result is often an ever widening gulf between AS and NT people in the privacy of their own home, and a discrepancy between what is seen from the outside, and what is experienced within these relationships.

#### 2.8.1 Masking, compensating, and being invisible

Recent population-based studies estimate that 40% of primary-school age children who need to be diagnosed with ASC go unrecognised, resulting in many
reaching adulthood without a diagnosis (Lehnhardt et al., 2013). Consequently, adults with autism remain largely unknown and, together with lower functioning autism, AS remains undiagnosed in adults (Hendrickx, 2009; Mendes, 2015). This means that the responsibility to cope with the particular difficulties associated with AS are placed on people with AS, and their significant others.

Many AWAS, however, have learnt from an early age to compensate for their underlying difficulties by camouflaging, that is modifying their behaviour in order to blend in, or appear neurotypical (Livingston et al., 2019). The verbal IQ abilities of many AWAS mean that they are often able to mask their deficits in social communication, to some extent, by learning social rules and scripts, in order to suppress autistic behaviours (Lehnhardt et al., 2013; Livingston et al., 2019). Therefore, an appearance of being socially skilled can hide impairments (Lingsom, 2008) until a relationship moves to a deeper level, whereby compensatory strategies cannot be maintained over time (Attwood, 2015; Lingsom, 2008).

Adults with AS, like all people, must negotiate their personal and social identity. This task becomes complicated by the use of compensation strategies that conceal who they truly are, both to themselves and to others. These compensation strategies are further problematised by being classified into a stigmatized group (McDonald, 2017; Uysal, Lee Lin, & Knee, 2010). However, not everyone on the autism spectrum respond in a similar fashion. There are those who, after receiving a diagnosis or suspect their own diagnosis, perceive being on the autism spectrum as a positive difference, as “desirable”; whereas, those who view the autism spectrum as a challenging disability, regard their diagnosis as “undesirable” (McDonald, 2017). In whichever category a person on the autism spectrum falls, Uysal et al. (2010) state that self-concealment involves a conscious and active process to hide negative personal information, and it has been shown that self-concealment is associated with negative physiological and psychological outcomes, such as anxiety and depression, rumination and poor wellbeing (Uysal et al., 2010). Similarly, Leedham et al. (2019) agrees that, although motivated by a desire to “fit in”, in order to navigate social relationships and to behave as required by societal standards, often camouflaging behaviour causes difficulties with mental health and feelings of disempowerment.
2.8.2 Constructing normalcy, perpetuating invisibility

Normalcy is a social construct that is defined through culture, media, the standard codes of conduct, and rules of communities (Lasser & Corley, 2008; Roman, 2009; Visser, 2016). Since AWAS often appear similar to AWANT, their compensation strategies and coping mechanisms can conceal their difficulties in public (Rench, 2014). Having learnt from an early age, they become expert at pretending and hiding their AS traits from view, even though maintaining a socially accepted façade requires an immense effort (Attwood, 2015; Stanford, 2014). Livingston, Shah, Milner, and Happé (2020) report that “many intellectually able adults, with and without a clinical diagnosis of autism, report using compensatory strategies to modify their social behaviour” (p. 1). Decisions about disclosure are accompanied by the fear of stigma and bias, considering that social conventions often support silence (Lingsom, 2008; Neely & Hunter, 2015; Pilling, 2012).

However, in spite of this, when an AWAS forms a relationship, both people may be unaware that the person with AS has successfully hidden his or her true nature from view (Stanford, 2014). A study conducted by Fein (2015) found that the often high intelligence levels and good functioning in other areas, did not signify how profoundly those with AS lacked independent living capabilities. While Fein’s study confirmed supportive relationships can be the momentum for change, problems in NDR can begin to form behind closed doors due to an inability for AWAS to uphold their ongoing pretence. A frequent consequence is the formation of disconnectedness within the home, with an additional disconnect between the public and the private face of the relationship. Lingsom (2008) suggests that although protecting personal privacy, when attempting to pass as normal, those with invisible impairments are constructing multiple and somewhat conflicting identities that challenge conventional categories, thereby enhancing narrow conceptions of normality. Further, they contribute nothing to dismantling social and structural barriers to participation, belonging and wellbeing of all people.

2.8.3 Challenges for neurodiverse relationships

Although most adults want to form a relationship and have children, adult relationships are complex with inherently unpredictable outcomes (Duck & Wood, 1995). Fardis (2007) reports that “the quality of a romantic relationship has direct bearing on physical and psychological health, and more broadly on the quality of
life” (p. 1). Ulloa, Hammett, Meda, and Rubalcaba (2017) go further by asserting that:

*Functional relationships, such as those relationships marked by happiness and satisfaction, have been found to be associated with better psychological health, physical health, and longevity, whereas dysfunctional relationships, such as those relationships marked by distress and dissatisfaction, have been found to be associated with a variety of negative consequences, including increased levels of stress and depressive symptomatology* (p. 208).

VanderDrift and Agnew (2011) reveal that need fulfilment is a central component of functional relationships. Maintenance of and satisfaction of a relationship rests on need fulfilment, which greatly influences an individual’s decision regarding the future of the relationship. Further expanding on this notion, Conger, Cui, Bryant, and Elder (2000) add that competence in romantic relationships has particular significance, both for the individual and for society, due to concerns regarding divorce, marital distress, and difficulties in cohabiting. Long-term healthy relationship functioning, therefore, is of great consequence to individuals, to their significant others, and to society at large.

Although AWAS can have relatively high-status occupations, including engineers, computer specialists and academics, showing extraordinary competencies at work, problems can often arise within their relationships as the reason for their difficulties is neurological. Many of the problems within their relationships surface, not from intellect, but are formed by AWAS either trying to relate or not wanting to relate (Attwood, 2015; Grigg, 2012; Moreno et al., 2012). Multiple failures and resulting frustration from inabilities to resolve relationship issues can lead those involved in NDR to act in anger towards each other. Depending largely on whether the relevant personality types are essentially passive or aggressive, AWAS can resolve these difficult circumstances in a defensive way, either by withdrawing or shutting down, or by control and aggression (Grigg, 2012). The approach used to handle issues may be different, with emotional “meltdowns”, complaints and criticisms of others, anger, and potentially threats of violence resulting (Mendes,
The outcome can be an intensification of conflicts within NDR (Clements, 2005; Patel et al., 2017; Pugliese et al., 2014).

Equally, other close relationships play a particularly important role in promoting health and well-being (Gillespie et al., 2015; Regan, 2011). Those formed within the family unit are “the single most outcome-determinative factor shaping one's outlook and achievement” (McGraw, 2004, p. 7). Close relationships can be some of the best, or some of the worst, kind of human experiences. Difficulties within close relationships have been identified as one of the most frequent reasons for people seeking psychotherapy (Harvey & Pauwels, 1999).

A study conducted by Mascha and Boucher (2006) established that while having a brother or sister with autism had some positive aspects for siblings, such as less sibling competitiveness, the behavioural problems siblings with autism exhibited, especially aggression and uncontrolled anger, can have adverse effects on the psychological adjustment of typically developing siblings. Moreover, a strong link between parental emotional distress and unmet needs was found in a study incorporating families of adults on the autism spectrum who either lived at home or kept close contact with their families (Hare, Pratt, Burton, Bromley, & Emerson, 2004). Hines, Balandin, and Togher (2014) found similar results when they interviewed older parents of adults with autism. Older parents reported that they had to perform a delicate balancing act between managing “their offspring’s symptoms of autism whilst achieving a degree of fulfilment in their own lives” (p. 163). Parents of adults on the autism spectrum in both studies reported that while there were positive aspects to having children on the autism spectrum, such as learning more patience, acceptance, and tolerance, they called for more autism-specific interventions and support for adults with ASC, that matched their family’s unique needs (Hare et al., 2004; Hines et al., 2014). If relationships break down, there are potentially negative emotional, physical, behavioural, social, and/or economic consequences for all concerned. Hence, the significance of supporting the stability of all close adult relationships within families cannot be overstated (Bodie et al., 2011; Carr, Cornman, & Freedman, 2019).
2.9 The Challenge of Chronic Unmet Needs

Neurotypical adults tend to have instinctive social skills (Attwood, 2007; Grigg, 2012; Rodman, 2003) that improve the potential to build the genuine intimacy required to maintain healthy interpersonal relationships (Mashek & Aron, 2004). Reciprocity, for them, is an integral part of communicating, connecting, and expressing love. Typically, AWANT seek emotionally connected close relationships (Aston, 2003) and expect a relationship to provide emotionally close, reciprocal interactions to experience feelings of being understood, validated, and cared for within their relationships (Grigg, 2012; Schröder-Abé & Schütz, 2011). When involved in an NDR, the challenges from incapacities to negotiate and reconcile unmet needs for affection and connection on the part of AWANT, and solitude on the part of AWAS, can result in frequent conflict in an attempt to get individual needs met.

Advice for NDR, presented in books and on websites, often necessitates the AWANT taking on an instructor’s role, while placing the AWAS in the position of student. For example, the work of Zaks (2006), Aston (2009), Mendes (2015), and Moreno et al. (2012) suggest strategies, such as the use of flash cards, prepared schedules, and posters with set rules. While these strategies may contend with certain aspects presented by the differences in communication, they do little to attend to the unmet need AWANT have of reciprocal interaction. Whereas, AWAS have the potential to find ways to meet their needs by withdrawing to a quiet place, or spending time with a special interest, the result is usually very different for AWANT. A frequent consequence for AWANT shows a lack of emotional fulfilment, with the absence of ongoing reciprocal interaction within the relationship undermining expected intimacy and closeness, fracturing emotional attachment, and causing discord within the relationship, (Emmers-Sommer, 2004; Grigg, 2012; Marshack, 2009; Rodman, 2003).

The work of Aston (2001, 2003), Attwood (2007), Bentley (2007), Bostock-Ling (2017; 2012), Grigg (2012), Jacobs (2006), Marshack (2009), Moreno et al. (2012), and Simone (2009), have established that the mental health of AWANT in a NDR is often negatively affected. Struggles to resolve unmet needs and connect with their AWAS partner/family members can cause AWANT in an NDR to become physically and emotionally overwrought, foreshadowing their deterioration in both.
mental and physical health. In addition, a study by Bostock-Ling (2017) found that, due to the overwhelming and chronic nature of the negative challenges that women in particular faced within NDR relationships, the women in Bostock-Ling’s study were found to experience significant levels of depression.

Meyer et al. (2003) explain that “AS adults' dependence on their higher functioning partner is often characterized by their partner as ‘childlike’ or even ‘like having another child in the household’” (p. 8). Meyer et al., (2003) describe these child-like features as an appearance of social naivety or timidity that can lead to reluctance to initiate social communication and activities. Accompanied by a lack of ability to interact socially or a rigidity of style that inhibits social interaction, that can be interwoven with a lack of ability to decide on socially appropriate courses of action in a timely fashion in the fast-pace of social interaction, this social inexperience may lead to social dependence. Coping with the resultant relational outcomes can collectively produce stress, isolation, and loneliness for AWANT within NDR (Aston, 2003; Bentley, 2007; Marshack, 2009).

Similarly, a lack of understanding of social cues may trigger socially and emotionally inappropriate behaviours (Attwood, 2007, 2015). Those with AS “may abruptly walk away or turn their back on conversations in which they have no personal interest” (Meyer et al., 2003, p. 12). This type of behaviour can be distressing and/or uncomfortable to others. The resulting sense of neglect experienced by AWANT in NDR may also contribute to loneliness. To have “an appropriate emotional reaction to another person’s thoughts and feelings” (Baron-Cohen, 2009, p. 71) it is necessary to have the ability to empathise with, not ignore or even merely observe, another’s distress. As already established, “a deficit in empathy has consistently been cited as a central characteristic of Asperger syndrome” (Rogers, Dziobek, Hassenstab, Wolf, & Convit, 2007, p. 709). Since those on the autism spectrum can have problems understanding the perspective of other people, this deficit may contribute to the behaviour patterns that can be so difficult to comprehend and negotiate for AWANT in NDR (Attwood, 2015; Marshack, 2009). Meyer et al. (2003) describe how these behaviours can often position AWANT in NDR in the role of a social go-between, or as an interpreter of the social world for their partner/family members with AS. Neurotypical partner/family members may tire of resolving embarrassing situations and,
subsequently, avoid social situations, which may also give rise to their isolation and loneliness (Attwood, 2015; Grigg, 2012).

In the prior study, Wilson et al. (2014; 2017) found that AWANT in NDR commonly incorporated prompting into their everyday communications in an attempt to manage the non-standard behaviour of their partners. Since partners with AS were found to frequently avoid interaction and often lacked understanding of what was acceptable, and what was not (Aston, 2014), prompting involved providing reminders, instructions, and explanations which often included precise and clear rules and boundaries (Aston, 2014; Wilson et al., 2017). Wilson and colleagues found that prompting became the main way for AWANT in NDR to resolve most relational issues and manage their relationship, while also using prompting to induce the ongoing reciprocal interaction they wanted (Wilson et al., 2014; 2017). However, as a consequence, the partnerships often became more unbalanced, particularly as a relationship progressed, with the need for prompting appearing to increase. Often, the result was that the AWANTs in the study took on a more dominant caretaker role, as the requirement to communicate with ever increasing amounts of prompts intensified. Wilson et al (2014; 2017) also found that when partners endeavoured to correct the resulting imbalance, the reverse was found to occur. The imbalance snowballed because prompting was an essential component in the attempt to correct the imbalance. Attwood (2007) confirms that partners who are NT may feel “more like a housekeeper, accountant and mother figure” than a partner (p. 310), and the resulting responsibility that stems from prompting partners with AS may contribute to this position.

Wilson and colleagues (2014; 2017) found that, for partners with AS, taking action mostly occurred when prompted, which became the norm, yet interaction was not always guaranteed, and success was often only short-lived. Attwood (2007) describes that:

The initial optimism that the partner with Asperger’s Syndrome will gradually change and become more emotionally mature and socially skilled can dissolve into despair that social skills are static due to limited motivation to be more sociable (p. 306).
Unless discussing a topic of their own choosing, this “limited motivation to be more sociable” was found to mean that AWAS rarely initiated interaction, especially intimate interaction (Wilson et al., 2014; 2017). Then again, at other times, prompted interaction was found to be avoided by AWAS in the study. In this case, prompting produced random results. The intermittent success of prompted interaction, however, was found to intensify the level of prompting over time. Limited positive outcomes were preferred to the alternative. Additionally, given that intermittent schedules of reinforcement are very resistant to extinction, the partial effectiveness of the strategy became influential in intensifying the level of prompting over time (Lerman, Iwata, Shore, & Kahng, 1996). With the total responsibility for the relationship resting on AWANT in the study, they were left with little choice other than the use of prompting, in an attempt to bring about what they were seeking (Wilson et al., 2014; 2017).

This lack of self-initiated change from AWAS appeared to trigger the despair described by Attwood of AWANT in NDR, and also appeared to further cement the perception of a “mother figure” for them. An absence of longer-lasting success regarding the emotional fulfilment that AWANT in NDR seek through reciprocal communication was found to leave the AWANT in Wilson and colleagues’ study feeling frustrated, isolated and lonely. With dwindling expectations of positive results, they reported similar feelings of depression and/or feelings of losing their minds that are described by Aston (2007), Grigg (2012), and Rodman (2003). In contrast, the AWAS in the study by Wilson and colleagues (2017) were found to be impelled toward self-protective behaviours in their relationships due to the difficulties they experienced with emotional communication and any resulting conflict (Wilson et al., 2014; 2017).

It is well established that people with a diagnosis of AS are often prone to stress, anxiety and frustration (Dubin, 2009; Lovett, 2005). As previously discussed, the fear of making mistakes and getting entangled in the difficulties of interrelating, together with subsequent tensions and conflict, can create high levels of anxiety (Dubin, 2009). Each successive challenge that goes awry can build a sense of repeated failure, fostering feelings of futility and frustration (Elliot & Church, 1997). These feelings may intensify an already low motivation to attend to the required social maintenance behaviours, as previously discussed. Anxiety may also increase,
and in turn, strengthen avoidance reactions and self-preservation responses. In response to these difficulties, AWAS may withdraw concern for others, focus inwardly, or engage in psychological withdrawal or antisocial activity (Deci & Ryan, 2000; Standage, Duda, & Ntoumanis, 2003). Repairing any resulting conflict may be frequently avoided, for “once they are finished with their tantrum, nothing further should be made of their behaviour” (Meyer et al., 2003, p. 7). Grigg (2012) suggests that the multiplicity of AS behaviours, from passive to arrogant and aggressive, frequently impacts negatively on relationship health. The impact may be greater if the AWAS is in denial, as he/she may try to deflect communication problems onto their partner/family members.

A tendency to withdraw from communication through passive or aggressive behaviour is a common theme in previous research (Aston, 2014; Grigg, 2012; Marshack, 2009; Wilson et al., 2014; 2017). Wilson and colleagues (2017) found that AWAS reported that angry outbursts were a way of avoiding communication in instances where they became confused by the problems that communication presented or where the intention was to avoid communication altogether by behaving in defensive or self-protective ways. The resulting passive or aggressive behaviour, (Deci & Ryan, 2000; Standage et al., 2003), was found to be damaging to healthy relating and relationship survival (Wilson et al., 2014; 2017). However, while realising that the difficulties they had during interaction caused complications within their relationships, the realisation for the AWAS in the study did not transfer to understanding just what these complications entailed, how they contributed to them, and/or how much impact these complications had on their partner. Subsequently, many AWAS in the study indicated that they had little knowledge of how to do things differently. A lack of understanding about involvement in disagreements and subsequent detached behaviour (Berney, 2004), often generated considerable disharmony, tension, and sometimes conflict between the partners in the study by Wilson and colleagues, which intensified a propensity toward their PD behaviours (Wilson et al., 2014; 2017).

Furthermore, for those on the autism spectrum, a frequent response to reduce anxiety is to switch the focus of challenging conversations onto special interests (Attwood, 2006). The duration and dominance of running commentaries about a special interest that include large amounts of excessive technical detail can regularly
engulf a conversation (Attwood, 2006; Lovett, 2005; Meyer et al., 2003). South et al. (2005) found that perseveration, as previously discussed, was one of the most difficult aspects of autism for family members to deal with. People with AS tend to lack awareness of others’ viewpoints, with their limited motivation to be more sociable (Attwood, 2007, 2015), they show little concern for, or sensitivity towards, others’ perceptions and have low self-motivation to make adjustments on behalf of others’ perspectives (Berney, 2004). Thus, AWAS can go through life focused on their own needs and wants, and are often oblivious to the needs of others. This does not mean that they do not feel or are unable to love, however, their lack of awareness of the experiences of their partners and family members results in a perception that they do not care (Aston, 2001; Attwood, 2007; Lovett, 2005). Taken together, these hurdles to reciprocity may contribute to a lack of inherent appeal on the part of AWAS to engage in, contribute to, and persevere with ongoing reciprocal interaction with their partner/family members, and thus, intensify the propensity toward the PD behaviours found in Wilson and colleagues’ (2017) study.

Having AS does not make a person abusive; however, in order to avoid challenging communication, behaviour can become controlling or even result in domestic violence (Aston, 2003; Grigg, 2012). Emotional over-reactions caused by difficulties experienced by those on the autism spectrum, either from trying to relate to others, or not wanting to relate, can result in an appearance of ill-intent. Aston (2003) reported that, in her investigations as a psychologist working with AS-NT couples, forty per cent of men with AS indicated that, at some point in their relationship, they had been physically abusive toward their partner. Seventy per cent indicated that they had been verbally abusive towards their partner. Grigg (2012) states that abuse in its many forms can be a common experience within NDR. Grigg also mentions that the most frequent behavioural descriptions AWANT gave of their partners with AS included “verbal aggression, blame, disproportionate emotional reactions, frequent criticism, [together with] correction, withdrawal, [and] retaliation” (Grigg, 2012, p. 40).

Such verbal and physical abuse underlies a syndrome known as Posttraumatic Relationship Syndrome (PTRS) (Vandervoort & Rokach, 2003; 2004; 2006), an anxiety disorder that often occurs following physical, sexual, or severe emotional abuse in the context of an emotionally intimate relationship. Grigg (2012) states that
attempting to find solutions in the context of NDR “is like living in a constant state of unfinished business, combined with confusion, day in and day out, and is probably quite a significant threat to our mental and emotional health, and our future outlook” (p. 63). Rodman (personal communication, 2010), has suggested that, when the traumatic relationship continues, it should be referred to as Ongoing Traumatic Relationship Syndrome (OTRS) rather than PTRS. Moreover, the resulting unresolved disappointment, anxiety, depression, and anger for AWANT (Aston, 2003; Jacobs, 2006; Marshack, 2009), has the potential to lead to the Cassandra Phenomenon (CP) and depression (Rodman, 2003), as discussed in the following section.

2.9.1 The Cassandra Phenomenon

The Cassandra Phenomenon (CP), is a term describing circumstances in which legitimate warnings or anxieties are scorned or rejected. The term emanates from Greek mythology.² Regarding AS, CP occurs when the partners or family members of AWAS seek help, and who are not believed by their partners, family members, professionals and community members, resulting in his/her reluctance to report the symptoms (Jennings, 2005; Rodman, 2003). The Cassandra Phenomenon is a condition of depression or ill-health that develops from the isolation and loneliness of knowing a truth, experiencing that truth, but not being believed (Simone, 2009). This then explains the hidden nature of OTRS, and often results in this aspect of AS impairments remaining invisible (Jennings, 2005). As Rodman (2003) describes when discussing the experience of AWANT in NDR, “we were not believed or listened to by professionals or medical, spiritual, educational or judicial leaders” (p. 23). The lack of validation or invalidation by professionals further exacerbates the confusion of the partner, resulting in CP and compounding OTRS.

However, Grigg (2012) suggests that CP is not an experience exclusive to AWANT. Grigg proposes that AWAS can also experience CP. When AWAS are aware of their difficulties and choose to seek help, the lack of knowledge many

² Cassandra was a daughter of Priam, the King of Troy. Struck by her beauty, Apollo provided her with the gift of prophecy, but when Cassandra refused Apollo’s romantic advances he placed a curse ensuring that nobody would believe her warnings. Cassandra was left with the knowledge of future events, but could neither alter these events nor convince others of the validity of her predictions (Aston, 2009; Jacobs, 2006). The Cassandra Phenomenon is also known as Cassandra Affective Disorder (CAD), Cassandra Affective Deprivation Disorder (CADD, Aston 2003a), or Affective Deprivation Disorder (ADD; Simons 2009) or Post-Traumatic Relationship Syndrome (PTRS; Vandervoort & Rokach, 2004).
professionals exhibit, may cause AWAS to remain “unheard, judged or misdiagnosed” and trigger similar feelings to those felt by AWANT (p. 33). Grigg’s recommendation is that once a person receives validation and support, gains awareness that different neurologies are the source of difficulties, and confusion, and affronts have been identified, the journey toward moving out from under CP’s negative influence can begin (Grigg, 2012).

2.10 Summary and Implications

The review of the literature establishes that very little research has been conducted in relation to AWAS with less being conducted in relation to their close relationships. Furthermore, even less research has been conducted on communication within these relationships. As a result, there is an apparent gap in evidence regarding AWAS in general and NDR in particular. Consequently, numerous misconceptions in the community abound concerning AWAS, and particularly regarding interaction within their close family relationships (Eichaoiff, 2015; Rodman, 2003). These misconceptions have placed the undue burden of being “unknown,” “invisible” and “unheard” on those within these relationships. The review also highlights how adults that do not have AS, but who are involved in a close relationship with those that do, are particularly vulnerable to experience stress and related health issues from the strain of managing the situation, without community support or understanding (Rodman, 2003).

The current study was developed in response to the issue of PD, initially identified in children with ASC (Bryan & Gast, 2000; Milley & Machalicek, 2012), and broadened to include AWAS in a small scale study (Wilson et al., 2014; 2017). This larger scale study further explored how this phenomenon affected interaction, emotional connection and relationship health within NDR.

2.10.1 Conceptual framework

Findings from the prior study suggested that the defining characteristics of AWAS, the expectations of AWANT, and the demands inherent in close personal relationships can result in PD; a communicative dissonance that can evolve into a PDC that inhibits the development of mutually satisfying close personal relationships (Wilson et al., 2014; 2017). The purpose of this study was to further investigate these findings and advance the conclusions by extending an examination of the impact of
PD on NDR; the role it plays in the interactions of those within NDR; the reasons it may or may not develop into a cycle; the impacts on the people with AS and their partners and family members; and how these relationships can be supported.

Figure 2.1 presents the conceptual framework that provides a visual representation of the background to the study about the phenomena being studied. It reflects how the theoretical model of the PDC developed from a grounded theory research strategy in a previous study was the basis for the study. This theoretical model was developed from grounded theory’s carefully executed sets of steps that allowed the emergence of theory concerning the underlying forces behind how PD mediated communications and interactions within the relationships that were explored. While the four main bodies of literature that informed this study are shown to be the influencing factors that shaped the study, these literatures are also shown to be influencing factors in the development of further understanding of the theoretical model of the PDC that was derived from grounded theory’s coding processes. Further, these literatures assisted in capabilities to update and extend the model.
Figure 2.1. Dissertation conceptual framework.
Chapter 3: Methodology

“Conversation isn't about proving a point; true conversation is about going on a journey with the people you are speaking with”
(Ricky Maye, An Emerging Spirituality, 2011).

This chapter details the processes undertaken in determining how the research questions could best be answered, in order to explore the association between different needs, expectancies, and capabilities of AWAS and AWANT, prompting, PD, and the ability to sustain NDR. Specifically, the main objective was to develop an understanding of the mechanisms of prompting and PD, together with the impacts that prompting and PD had on these relationships.

This chapter begins with a philosophical overview (section 3.8) which explains the underlying principles guiding the ways in which data has been collected, analysed and used. Section 3.2 discusses the methodology used in the study, the stages by which the methodology was implemented, and the research design; section 3.2 illustrates the theoretical framework of the study; section 3.4 details the participants in the study; section 3.6 lists all the instruments used in the study and justifies their use; section 3.6 outlines the procedure used; section 3.7 discusses how the data was analysed; section 3.8 discusses the ethical considerations of the research and its problems and limitations; finally, section 3.2 gives a summary of the chapter.

3.1 Philosophical Overview

Each methodological decision that is incorporated into the research process is informed by a researcher’s worldview: his or her interpretation of, and approach to, being in the world (Creswell, 2009). Mertens (2010) states that a worldview “is composed of four sets of philosophical beliefs: axiology (ethics), epistemology (knowledge), ontology (reality), and methodology (inquiry)” (p. 10). An interdependent affiliation exists between these philosophical beliefs as they guide the research process, shape the strategies of inquiry, and direct the overall research design in order to realise the research aims (Creswell, 2008, 2009; Guba, 1990; Heron & Reason, 1997; Scotland, 2012). The following sections of this chapter
expand upon the philosophical beliefs that underpin the proposed research, and the research methodology that will frame the study.

3.1.1 Axiology

Axiological assumptions are concerned with judgments about values and ethics. According to Heron (1996), values guide all human action. Heron suggests that researchers’ axiological assumptions influence what is to be studied, and how it will be studied. This research is guided by assumptions relating to human rights, social justice, attitudes to “difference”, and actioning for change concerning AWAS and those who are in close relationships with them. Transparency and reciprocity were also essential values that guided this study since the researcher supports the view that an explicit connection needs to be made between the process and outcomes of the research (Mertens, 2014).

3.1.2 Ontology

Researchers’ ontological assumptions are concerned with their view of reality: what exists, and what can exist. In other words, ontological assumptions are about how the world is constituted and the nature of things. For Cohen and Manion (1989), assumptions of ontology are those that relate to the very nature or substance of the social phenomena being explored, and are reflected in questions such as: Is social reality external to an individual – does it come from without? Or is it internally determined – does it come from the mind or consciousness of the individual? Cohen and Manion define these questions as belonging to the “nominalist-realist debate” (p. 6). Nominalists believe social reality comes from within. Realists believe it comes from an individual’s external environment. Alternatively, Heron and Reason (1997) describe this deliberation as being on the subjective-objective continuum. Elements of both have informed the study, as there are quantifiable aspects of AS, and there are also significant subjective components to the study of relationships.

3.1.3 Epistemology

Küpers and Pauleen (2013) define epistemology as “concerned with how to create knowledge and how to decide what counts as knowledge” (p. 81). Audi (2005) defines epistemology as the theory of knowledge and standards of evidence that should be used when seeking the truth regarding the world and human experience. On the other hand, Crotty (1998) describes epistemology as the theory of knowledge
embedded in the theoretical perspective of a study. Many authors agree that defining
the epistemological position a researcher takes is important prior to commencing
research, as it shapes the type of study and choice of methods (Audi, 2005; Scotland,
2012; Vasilachis de Gialdino, 2009).

The present writer was convinced by the position of Sweetman, Badiee, and
Creswell (2010) that “the purpose of knowledge construction is to aid people to
improve society” (p. 442), and that such knowledge emerges from social
relationships between the researcher, the researched, and the issue or phenomenon
studied. Mertens’ (2014) view that epistemology “centres on the meaning of
knowledge as it is defined from a prism of cultural lenses and the power issues
involved in the determination of what is considered legitimate knowledge” (p. 32),
also resonated. This study was based on the epistemological belief that “legitimate
knowledge” is that which makes a positive contribution to a more equitable society.

An adaption of Crotty's (1998) framework (see Figure 3.1), provides a visual
representation of the decision-making processes undertaken in the pilot study, and
then later formulating the overall research plan. In his schema, Crotty (1998) does
not include axiology or ontology. He suggests that since ontology is a certain way of
understanding what is, and epistemology is a certain way of understanding what it
means to know. These assumptions merge together, and need not be presented as
separate elements. The framework presented as Figure 3.1 has therefore been adapted
to position axiological and ontological assumptions relevant to the study and reflects
the outcomes of the researcher’s deliberations at each level of the model, as they
progressively informed the overall approach to, and design of, the research.
Figure 3.1. Research elements based on Crotty (1998, p. 4).
3.1.4 Emergence of the Theoretical Perspective

Reflecting on each of the above taxonomies led almost inevitably to the choice of an *advocacy/participatory approach*. An advocacy/participatory perspective is consistent with the ontological belief that multiple versions of the truth must be considered (Mertens, 2014). Ontological assumptions related to the proposed study include the recognition that diversity, differences of perceptions, and “issues such as oppression and domination [are] important to study” (Sweetman, Badiée, & Creswell, 2010, p. 442).

The epistemological position that knowledge is not neutral, is influenced by human interests, and reflects the power and social relationships within society, also led naturally to the selection of an advocacy/participatory approach for this study (Sweetman et al., 2010). It is consistent with the belief that collaboration with participants in the inquiry process is more likely to produce an action agenda to address the injustices of the marginalised group (Bergold & Thomas, 2012; Mertens, 2014).

An exploration of the *advocacy/participatory approach*

Consideration of the philosophical assumptions underpinning the advocacy/participatory approach arose during the 1980s and 1990s as a reaction against post-positivist assumptions that did not incorporate marginalised individuals in society or issues of social justice that needed to be addressed (Creswell, 2009). There was also dissatisfaction with the social constructivist model that had also rejected post-positivist assumptions, and that did not directly confront aspects of social oppression (Mertens, 2014). The advocacy/participatory approach allows for research “to join with fellow humans in collaborative forms of inquiry” (Heron & Reason, 1997, p. 2), and is distinctive in that its approach unlocks the potential to hear “traditionally silenced voices” (Mertens, 2014, p. 33).

An advocacy/participatory worldview holds that research inquiry “contains an action agenda for reform that may change the lives of participants” (Creswell, 2009, p. 9). In defining this approach, emphasis is placed on three intersecting factors: participation, action, and research. Rather than simply producing theoretical knowledge, advocacy/participatory studies often begin with an important issue or stance about particular problems faced by groups or individuals in society (Creswell, 2009). The objective is to bring about positive change in the lives of the research
subjects. In doing so, it seeks to address questions and issues that are significant to marginalised populations through collaborative inquiry and experimentation, grounded in experience and social history.

Participatory approaches did not originate as a methodology for research, but as a process by which communities could work towards change (Pain, Whitman, & Milledge, 2012). Thus, this approach to research is a set of principles and practices for designing, conducting, analysing and acting on research in order to address the gap between researchers and the intended beneficiaries of research (Turnbull, Friesen, & Ramirez, 1998). The aim is to take action to solve the problem that prompted the research (Turnbull et al., 1998). When the prospective beneficiaries are involved in identifying potential research priorities and specific topics, research is likely to be more relevant to participants through solving the actual challenges they face (Turnbull et al., 1998). Despite the obvious benefits of this type of collaboration, “the identification of research topics generally has been within the purview of researchers, and an important criterion for choosing research topics is the degree to which there exists a foundation of previous research” (Turnbull et al., 1998, p. 179). The collaborative process of participatory research, however, enables those who are most directly affected to contribute at each stage of the research process, which increases the likelihood of positive outcomes for clients and services alike (Boyle, 2012).

**Participatory research and insider research**

According to Pain and Francis (2003), “the defining characteristic of participatory research is not so much the methods and techniques employed, rather it is the degree of engagement of participants within and beyond the research encounter” (p. 46). In view of that, research is often undertaken with marginalised groups who are living in cultures very different from those of researchers. In the search to understand PD within the complexity of NDR, whereby the researcher is also a participant, the insider perspective facilitated a focus upon aspects of practice over which the researcher had some control (Costley, 2010). Consequently, there is the potential to affect change.

Some evidence suggests that AWAS and AWANT have even greater differences when compared to individuals from completely different cultures (Grigg, 2012; Rodman, 2003). Aston (2014) explains that many AS-NT couples have
described their communication differences and difficulties as resembling “talking in different languages” or coming “from different cultures” (p. 62). When added together, the differences collectively establish a further culture. It is widely recognised that to truly understand a culture, it helps to live in that culture. For that reason, first-hand knowledge of the AS-NT culture is an advantage. Accordingly, when an “insider researcher” is the one conducting the research there is a unique opportunity to examine a particular issue or phenomenon in depth and with distinctive knowledge about that issue or phenomenon (Costley, 2010). Adding to this concept, Costley reports that insiders have easier access to people, in-depth knowledge of many of the complex issues, specific and general exclusive information, and comprehension of the particular intricacies and complications within the culture of the group. These qualities can further enhance the knowledge of an insider. Consequently, the insider researcher is in a prime position to deeply investigate a particular situation and potentially make changes to that situation. Both are vital when exploring a problem or issue in a detailed and thorough way (Costley, 2010). Unluer (2012) agrees, describing insider research as having many advantages, such as a distinctive expertise in the ability to shape the case, a greater ability to gain access to the research site, and the ability to describe the researcher’s role to participants engaged in the research.

**Consideration of Dynamic Systems Theory**

Multiple methods, techniques, and theories can be incorporated into advocacy/participatory studies on the condition that they align with the axiological, ontological, epistemological, and methodological assumptions that guide advocacy/participatory studies (Mertens, 2010). Given that dyadic interaction can be described as a dynamic system, the perspective of Dynamic Systems Theory (DST) has direct application to this study. De Bot, Lowie, and Verspoor (2007) hold that “dynamic systems are characterized by what is called complete interconnectedness: all variables are interrelated, and therefore changes in one variable will have an impact on all other variables that are part of the system” (p. 8). Exchanges of information, feelings, and meaning between people are a complex dynamic process between sender and receiver (Burleson, 2010; Hartley, 1999), with each interaction between sender and receiver impacting on each proceeding interaction. Dynamic Systems Theory also focuses on a process of change over time within complex
systems that result in the development of a different condition (Samuelson, Jenkins, & Spencer, 2015; Weisstein, 2002). Not always linear or straightforward, interpersonal communication can develop in many different ways.

Dynamic Systems Theory has become instrumental in the field of developmental psychology for describing complex phenomena (Barsalou, 2008; Lang, 2014; Lewis, 2000; Thelen & Smith, 1996). Megremi (2014) used a DST framework to explore factors that influence the expression of ASC in individuals. Equally, DST is an effective framework for exploring features of interpersonal communication. Given that the PDC is equally supported and maintained by both prompter and promptee, it can be characterised “as a self-organizing process which is shaped by the iterative interplay between the participants” (Steenbeek & van Geert, 2007, p. 3).

Dynamic Systems Theory is distinct from the linear form of human reasoning that has dominated research since the emergence of the “scientific method” of the Enlightenment period which has restricted examination to linear cause-effect relationships between isolated factors (Dörnyei, 2014). De Bot et al. (2007) state that “when applied to a system that is by definition complex, such as a society or a human being, where innumerable variables may have degrees of freedom, DST becomes the science of complex systems” (p. 8). Further, Dörnyei (2014) explains that if the behaviour of a system is unpredictable, or random, it is impossible to research. If, on the other hand the system’s behaviour is predictable, then it is possible to find systematic trends underlying its behaviour and those can be analysed meaningfully. Some systems have a “self-organising capacity that aims to increase the orderly nature of the initially transient, fluid and nonlinear system behaviour” (Dörnyei, 2014, p. 84). The previously observed self-organising capacity of the system under study (the PDC), (Wilson et al., 2017), may benefit from a dynamic systems approach since it “is the product of multiple components brought together in a moment of time based on the particular context” (Samuelson et al., 2015, p. 192). As a result of the self-organisation process seen within the PDC, systematic trends underlying this cycle were analysed in this study. A dynamic lens allowed investigation of how the elements of the PDC interacted within a complex system of competing needs, roles, expectations, and problem-solving behaviours, in order to create long-term social transformation.
3.2 Methodology and Research Design

3.2.1 Methodology

The worldview and theoretical perspectives discussed thus far led to the selection of a mixed methods approach, as combining methods offers the potential “to understand, contextualize, and develop interventions” (Pinto, 2010, p. 11), in regard to prompting, PD and the PDC. The collection of both quantitative (closed-ended), and qualitative (open-ended), data, with one data set building on, or extending the other (Sweetman et al., 2010), best suited the aims of the study in order to fully explore what evidence could be found of the PDC in a larger sample of people involved in NDR.

Not only did the use of a mixed methods approach allow for a broader examination of the phenomenon under study but it provided a better understanding of the problem “by mixing the datasets…than if either dataset had been used alone” (Creswell & Plano Clark, 2011, p. 7). Additionally, it has also improved the credibility of the research findings (Hesse-Biber, 2010). Silverman (2013) describes that, similar to trigonometry, drawing data from different contexts offers the potential to “triangulate the ‘true’ state of affairs by examining where the different data intersect” (p. 136). Furthermore, since the choice of the specific mixed methods design should “be informed by a theoretical and conceptual orientation, that supports the overarching science and needs of the study” (Creswell et al., 2011, p. 7), a concurrent, embedded, transformative framework best suited, the underlying principles guiding the study.

Mixed methods designs can also contain a theoretical lens or perspective that is used to guide the study. The use of theory is particularly salient when faced with research problems that fall outside the usual bounds of inquiry due to the unique, or complex nature of the study (Evans, Coon, & Ume, 2011). Further, Evans et al. (2011) suggest that the use of a mixed methods design that allows for the inclusion of a theoretical lens “leads practitioners naturally to mixed methods where complementary approaches can accommodate scientific rigor and theory alongside uncertainty and instability” (p. 277). Consequently, this study used mixed methods within an advocacy/participatory approach through incorporating DST in order to explore the dynamic system of interpersonal interaction within NDR, while at the same time addressing issues of social justice.
3.2.2 Research Design

The study applied a mixed methods approach guided by a concurrent transformative design. An advocacy lens was also used to bridge the philosophy of inquiry with the undertaking of this research (Sweetman et al., 2010). The transformative method offers the potential to secure understanding of a "greater diversity of values, stances and positions [with] more complete and full portraits of our social world through the use of multiple perspectives and lenses" (Somekh & Lewin, 2005, p.275). Creswell et al. (2011) postulated research that uses a transformative approach does so for the purposes of “creating a more just and democratic society” (p. 4), while also permitting a more thorough understanding of the particular research topic from the perspectives of the core population it involves (Mack, Woodson, Macqueen, Guest, & Namey, 2005). Hanson, Creswell, Clark, Petska, and Creswell (2005) agree that these designs give a voice to diverse or alternative perspectives, advocate for research participants, and provide a “better understanding [of] a phenomenon that may be changing as a result of being studied” (p. 229).

The focus of this study was to provide a comprehensive analysis of prompting, PD, how prompting and PD manifests in the interaction of people within NDR, the reasons it may or may not develop into a cycle, and any resulting impacts on each individuals’ abilities to communicate with each other and consequently relate to each other. This involved drawing on the perspectives of both AS and NT adults – partners, siblings, parents, and adult children in relation to perceived prompting characteristics, and perceived PD characteristics. It also incorporated identification of influencing dynamisms, and how these operate together in a system of competing needs to maintain prompting, PD behaviour, and any development of the PDC.

This concurrent, embedded, transformative design was intended to culminate in valid and well-substantiated conclusions regarding a single phenomenon (the PDC) (Creswell & Plano Clark, 2011), and give primacy to the value-based and action-oriented dimensions of advocacy/participatory research. This approach allowed for the collection and analysis of quantitative and qualitative data to occur on the one phenomenon (the PDC) separately and concurrently; and combining the two data sets in order to compare results, and to validate/invalidate, confirm/refute, or corroborate/contradict quantitative results with qualitative findings.
3.2.3 Methods

*Case study survey and interviews*

Case study research makes use of several tools to obtain standardised information from all individuals in the sample (Chmiliar, 2012). An Internet-based survey complemented by case study interviews was the method selected for the study. Survey research is an effective tool for the assessment of facts, opinions, and trends (Siniscalco & Auriat, 2005). Whereas, interviews elicit subjective responses in order to gain particular understandings and insights into how the phenomenon actually occurs within a given situation (Farquhar, 2012; Harrison, Birks, Franklin, & Mills, 2017). Gable (1994), points out that the "complementarity between survey and fieldwork approaches” (p. 3), within a single research design allows for a thorough understanding of the nature and complexity of a phenomenon (Farquhar, 2012): in this case, of a communicative dissonance that appears to occur within NDR. The case study interview component enabled a closer examination of the specific dynamics of NDR, in order to secure a deeper understanding of the PDC phenomenon, while the survey component enabled examination of NDR on a larger scale. Therefore, in combination, the two methodologies maximise the strengths and minimise the weaknesses of each type of data (Creswell et al., 2011). A major goal of this study was to further investigate the PDC within NDR with a larger sample set, due to the strength of findings from a previous small-scale study on PD with nine neurodiverse couples (Wilson et al., 2017). Participants in the previous study were aged between 29 and 69 years with a mean age of 50 years. The grounded theory research strategy used in the prior study to analyse the interview data strongly supported the existence of PD characteristics within adults with AS and their intimate relationships.

*The survey approach*

The survey approach employs a quantitative methodology which seeks to identify a representative sample from a statistically valid population of interest. This approach provides generalizable statements about the object of study regarding opinions, knowledge, attitudes, beliefs, behaviours, reactions, and attributes, in response to specific questions (Groves et al., 2011; Scarpa, 2012). There are some disadvantages to internet research, such as; self-selection bias (i.e., a tendency of some individuals to respond to an invitation to participate in an online survey, while
others ignore it) or unreliability of survey data (i.e., respondents may not provide accurate, honest answers or not remember correctly) (Wright, 2005).

There are also many advantages to internet research. The aim of the research was to gather extensive information through a cross-sectional survey design in order to collect data regarding the PDC and the development of an ongoing communicative dissonance found within NDR (Wilson et al., 2017). In order to conduct collaborative research, it was essential that the participants who were directly affected by the focus of the research were given a voice. To facilitate participant testimony about the subject, the survey approach allowed multiple statements to be presented to multiple participants while excluding geographical dependence. Therefore, a major advantage of conducting online survey research was that it provided access to a large number of groups and individuals, who would otherwise be inaccessible. Due to the large number of Australian and international websites that were accessible to the researcher, survey research were well suited to the study purposes, while also allowing for a statistically valid sample. Internet-based survey research also permits the time saving benefits of data collection to continue at the same time as working on other research components (Wright, 2005).

The case study interview approach

In addition, the multiple case study; a qualitative methodology, allowed for a detailed examination of single cases to collect concrete, practical (context-dependent) knowledge (Flyvbjerg, 2006). This type of inquiry had the objective of testing a tentative pattern of important variables identified from previous research, anecdotal evidence, and the literature. It provided in-depth data relating to the single phenomenon of the PDC for the purposes of answering what questions (Farquhar, 2012). Therefore, the multiple case study approach suited the purposes of this study as it enabled the researcher to bracket together the related knowledge of the “insider”, the associated findings gained from the previous study, and also to gain additional detailed and descriptive information from subsequent participants (Creswell, 2008; Silverman, 2004). As such, the multiple case study allowed for a more thorough examination of PD derived from the perspectives of both AS and NT adults. The blending of multiple data sources from survey research and the concentrated understanding gained from case study interviews, has extended and
tested the cycle of PD theory (Farquhar, 2012; Wilson et al., 2017), providing a greater potential to affect change.

**Pilot studies**

Since the methodology is positioned within an advocacy/participatory worldview, sample questions were piloted with a small group of potential participants within AS support groups. These participants were invited to provide feedback in order to refine the types of statements that should be included in the survey (Persaud, 2010). Van Teijlingen and Hundley (2002) state that pilot studies are a crucial element of a good study design in order to pre-test the research instrument before the main study. Although not a guarantee of the success of the full-scale survey, a pilot study has the potential to promote scientific rigour, develop and test the adequacy of research instruments, while resolving potential answering problems (Lancaster, 2015; Lancaster, Dodd & Williamson, 2004; Van Teijlingen & Hundley, 2002).

### 3.3 Research Framework

Green (2014) states that a research framework provides the “map” for a study. It explains the rationale for the development of research questions, hypotheses and the literature review, all of which complements each other and supports the operationalisation of the design (p. 35). Building on the conceptual framework (see Figure 2.1), Figure 3.2 outlines the research framework used to guide this research. It encapsulates the research base that provided the focus of the study and led to the research questions, and provides an overview of the methodology that guided the implementation of this research.
Figure 3.2. The research framework that guides the study.
3.4 Participants

In quantitative research, participants are selected in order to identify trends, and explain the relationships among the variables that the study seeks to explore, through answering specific questions (Creswell, 2008). Vaughn, Schumm, and Sinagub (2015) regard the best sampling plan for quantitative designs to be “a randomly selected sample” (p. 4). In qualitative research, the reasoning behind participant selection is based on the significance of information-rich instances, in order to gain in-depth understanding that is not as accessible through random sampling. Therefore, Vaughn et al. (2015) favour “a purposive sampling procedure” (p. 4), to best suit qualitative research. Purposive sampling is used when researchers need to select a subject, or subjects based on their “predetermined criteria about the extent to which the selected subjects could contribute to the research study” (Vaughn et al., 2015, p. 4).

Due to the difference between quantitative and qualitative methods, it is customary practice that a mixed method design requires two distinct participant selection approaches. The different logics that undergird distinct sampling approaches are generally thought to be best captured by using different approaches (Patton, 2002). In spite of the traditional differences between quantitative and qualitative sampling approaches, purposive selection can be used for the collection of both quantitative and qualitative data because it is a strategy for accessing relevant data that “fit the purpose of the study, the resources available, the questions being asked, and the constraints being faced” (Patton, 2002, p. 242). Therefore, a homogeneous, purposeful sampling strategy was chosen for the study since it fulfils both quantitative and qualitative conditions, due to the study’s requirement that participants have membership of a particular group with “defining characteristics” (Creswell, 2008, p. 216).

3.4.1 Participant recruitment

Participants for the pilot study, together with the survey and interview phases of the study, were purposefully sampled through support groups specifically for people who identified as having Asperger’s Syndrome and/or people who identified as being in a relationship with a person with Asperger’s Syndrome. While the pilot study participants were sampled through a small group of Brisbane based support
groups and clinics for professional services for people with AS & ASC, the participants for the main study were sampled through a larger number of national and international support groups and websites. Survey participants subsequently used a self-selection technique, since they chose to take part in the research of their own accord. Interview participants, were either survey respondents who had elected to continue to the interview phase after survey participation, or were nominated by significant others who had completed a survey.

The primary survey selection criteria were that participants were at least 18 years old and identified as being part of one of two following groups:

- People who had identified as having Asperger’s Syndrome through accessing support services specifically for individuals with Asperger’s Syndrome.
- People considered to be neurotypical (i.e., not on the autism spectrum) and who were in a close relationship (i.e., partner/parent/sibling/offspring) with a person with Asperger’s Syndrome.

Additional criteria for participation were:

- Each participant selected one relevant relationship (i.e., partner, parent, sibling, adult offspring) with the selected relationship identified as AS if the participant was NT or NT if the participant was AS.
- Each participant selected whether they were living together or apart from the person of the relationship selected.
- Each participant selected the length of the relationship (added after pilot study feedback).

3.4.2 Pilot study

Pilot study participant recruitment

Pilot study participants were recruited through five specific support groups known to the researcher: the Queensland Asperger Partner Support group (QAPS), based in Brisbane, Toowoomba Asperger Partners' Support (TAPS), based in Toowoomba, West Brisbane Region Asperger Support Group (WBRASG), based in West Brisbane and Asperger Services Australia (ASA), a national AS support organisation based in Northern Brisbane. Additionally, Minds and Hearts, a psychological service for individuals with Asperger’s Syndrome and Autism
Spectrum Conditions based in south-east Queensland were also contacted. Each site was contacted in succession by the researcher.

To start the recruitment process, phone calls were placed by the researcher to the QAPS coordinator; the managing director of ASA, and the Minds and Hearts office to seek permission to advertise for participants for the study through each organisation. The QAPS coordinator contacted the TAPS and WBRASG groups. Once permission was obtained, an information letter with details of the study was emailed to each organisation, and in turn was uploaded onto each organisation’s website (see Appendix A). While the information letter outlined details of the pilot study, aspects of confidentiality, anonymity, the conditions for recording and reporting of data, and indicating the participant’s right to withdraw from the study at any time without providing a reason, it also described the other two phases of the study. The processes within the study followed the standards, guidelines and protocols provided by the Human Research Ethics Committee at Edith Cowan University. Through consultations, it was decided that the pilot study be conducted at the ASA head office in Brisbane since it had suitable facilities to hold a large number of participants.

**Pilot study participant selection**

Potential participants could signal their attendance to either organisation, directly to the researcher or by attending on the day. A total of 21 participants attended. While it would have been beneficial to have had participation from the full range of participants sought, only people who were in a marital or dating relationship attended the pilot study. After each participant signed a consent form, they were then handed the preliminary survey to fill out, followed by a group discussion to obtain their feedback regarding contents of the survey; statements that they would like to have included/excluded; and other ideas they thought were important to consider before designing the main part of the research.

**Pilot study participants**

Demographics for the 21 participants included five AWAS and 16 AWANT. Participants with AS comprised 20% (1) female and 80% (4) males. Participants who are NT consisted of 94% (15) females and 6% (1) male. Four couples participated.
Participants were aged from between 32 and 60+. Table 3.1 presents additional information on marital status and gender. Participating couples are colour-coded.

Table 3. 1. Pilot study participant demographics.

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>AS/NT</th>
<th>Age</th>
<th>Gender</th>
<th>Marital Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Betty</td>
<td>NT</td>
<td>60+</td>
<td>F</td>
<td>Casual Dating</td>
</tr>
<tr>
<td>Brenda</td>
<td>NT</td>
<td>53-59</td>
<td>F</td>
<td>Married</td>
</tr>
<tr>
<td>Bill</td>
<td>NT</td>
<td>25-31</td>
<td>M</td>
<td>Casual Dating</td>
</tr>
<tr>
<td>Cathy</td>
<td>NT</td>
<td>32-38</td>
<td>F</td>
<td>Married</td>
</tr>
<tr>
<td>Charlie</td>
<td>AS</td>
<td>32-38</td>
<td>M</td>
<td>Married</td>
</tr>
<tr>
<td>Denise</td>
<td>NT</td>
<td>60+</td>
<td>F</td>
<td>Married</td>
</tr>
<tr>
<td>Eve</td>
<td>NT</td>
<td>60+</td>
<td>F</td>
<td>Married</td>
</tr>
<tr>
<td>Fran</td>
<td>NT</td>
<td>60+</td>
<td>F</td>
<td>Married</td>
</tr>
<tr>
<td>Haley</td>
<td>NT</td>
<td>46-52</td>
<td>F</td>
<td>Married</td>
</tr>
<tr>
<td>Heidi</td>
<td>AS</td>
<td>32-38</td>
<td>F</td>
<td>Single</td>
</tr>
<tr>
<td>Hope</td>
<td>NT</td>
<td>60+</td>
<td>F</td>
<td>Married</td>
</tr>
<tr>
<td>Isabelle</td>
<td>NT</td>
<td>39-45</td>
<td>F</td>
<td>Married</td>
</tr>
<tr>
<td>Katy</td>
<td>NT</td>
<td>53-59</td>
<td>F</td>
<td>Separated</td>
</tr>
<tr>
<td>Kaitlin</td>
<td>NT</td>
<td>60+</td>
<td>F</td>
<td>Married</td>
</tr>
<tr>
<td>Kevin</td>
<td>AS</td>
<td>60+</td>
<td>M</td>
<td>Married</td>
</tr>
<tr>
<td>Megan</td>
<td>NT</td>
<td>60+</td>
<td>F</td>
<td>Married</td>
</tr>
<tr>
<td>Penny</td>
<td>NT</td>
<td>32-38</td>
<td>F</td>
<td>Married</td>
</tr>
<tr>
<td>Patrick</td>
<td>AS</td>
<td>32-38</td>
<td>M</td>
<td>Married</td>
</tr>
<tr>
<td>Stella</td>
<td>NT</td>
<td>53-59</td>
<td>F</td>
<td>Married</td>
</tr>
<tr>
<td>Winifred</td>
<td>NT</td>
<td>53-59</td>
<td>F</td>
<td>Married</td>
</tr>
<tr>
<td>William</td>
<td>AS</td>
<td>53-59</td>
<td>M</td>
<td>Married</td>
</tr>
</tbody>
</table>

Pilot study outcomes

The feedback gained from the pilot study provided the opportunity to; test the validity, the time taken to fill out the survey, common understanding and interpretation of the statements contained in the research instrument, identify design deficiencies before the main study was executed (Persaud, 2010), and allow participant involvement in the survey design. For example, participants deliberated on aspects of heading points and number of points on the Likert scale being used, as well as the statement clarity; gave suggestions, such as, adding categories (for instance – the length of respondent relationship); and, the addition of a comment box within the survey. In partnership with this steering group of AWAS and AWANT participants, the survey design and statements were amended to incorporate their feedback, and resulted in the refinement of items, reduction in answering difficulties and moderation of data recording problems.
3.4.3 Principal study

**Principal study participant recruitment**

Recruitment was achieved through phone calls combined with distribution of flyers and information, emailed to support groups (see Appendix B). Participants were recruited through various support groups, autism organisations and web based groups chosen from an itemised support group list (see Appendix C), together with multiple contacts within this researcher’s academic field (that is, Professor Tony Attwood’s Minds and Hearts, Brisbane, Australia; Asperger Syndrome: Partners & Family of Adults with ASD, Portland, Oregon, America; Isabelle Henault, Montreal, Canada).

To start the recruitment process, each organisation, group and person selected from the list was contacted by email with an attached recruitment invitation flyer that detailed who was eligible to participate; the different phases of the study; particulars for participation; the link to access the survey; aspects of confidentiality and anonymity; the conditions for recording and reporting of data; and the participant’s right to withdraw from the study at any time without providing a reason. The processes within the study followed the standards, guidelines and protocols provided by the Human Research Ethics Committee at Edith Cowan University.

**Principal study participant selection**

Survey results were further explored through case studies. The recruitment strategies described previously allowed participants to complete the survey alone, with the option to participate in the case study interviews. While the survey participants self-selected from within specific autism organisations, support groups, web based groups, and experts in the field, the interview participants were either survey respondents who had elected to continue onto the next phase of the study by providing their contact details on the survey or were a partner or family member of a survey respondent who consented to be involved by direct contact through email.

Survey participation was permissible if potential respondents met the criteria outlined in Section 3.6.1. To qualify for interview participation additional selection criterion were: consenting to a recorded interview; selection of email, phone, or Skype interview method within the timeframe allotted; and selection of date and time for interview within the timeframe allotted.
Principal study participants

Survey participants

The survey was distributed throughout autism organisations, groups and autism experts throughout the world. Since many families often have several of AS and NT members within the one household, participants could complete more than one survey, if selecting an alternative relationship. While a small number of surveys (7) were discarded because they did not meet the section criteria, the final total of completed surveys was 360. Table 3.2 presents participant localities and whether they were in the AS group or NT group.

Table 3.2. Survey respondent country/region.

<table>
<thead>
<tr>
<th>Country/Region of Origin</th>
<th>AS</th>
<th>%</th>
<th>NT</th>
<th>%</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Asia</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Australia</td>
<td>47</td>
<td>44</td>
<td>108</td>
<td>43</td>
<td>155</td>
<td>44</td>
</tr>
<tr>
<td>Canada</td>
<td>2</td>
<td>2</td>
<td>8</td>
<td>3</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Europe</td>
<td>9</td>
<td>8</td>
<td>15</td>
<td>6</td>
<td>24</td>
<td>7</td>
</tr>
<tr>
<td>Middle East</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>.5</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>New Zealand</td>
<td>5</td>
<td>5</td>
<td>8</td>
<td>3</td>
<td>13</td>
<td>4</td>
</tr>
<tr>
<td>South America</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>.5</td>
</tr>
<tr>
<td>United States of America</td>
<td>24</td>
<td>22</td>
<td>65</td>
<td>26</td>
<td>89</td>
<td>25</td>
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<tr>
<td>United Kingdom</td>
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<td>12</td>
<td>38</td>
<td>15</td>
<td>51</td>
<td>14</td>
</tr>
<tr>
<td>Not provided</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>107</td>
<td></td>
<td>253</td>
<td></td>
<td>360</td>
<td></td>
</tr>
</tbody>
</table>

Survey demographics

Demographics for the 360 respondents (see Appendix D), included 107 AWAS and 253 AWANT. Respondents with AS included 61% (65) females, 37% (40) males, and (2) who identified as “other”. Respondents who were NT included 94% (239) females and 6% (14) males. Respondents comprised of partners: 78% (283); parents: 10% (35); siblings: 4% (14); and adult children: 8% (28) and were aged between 18 and 60+. The majority of participants were from Australia, the United Kingdom and the United States of America. Numerous participants were from other areas such as, Africa, Asia, Canada, Europe, Middle East and New Zealand. A few participants did not provide details of location. Appendix D presents additional information on marital status, living arrangement and relationship classifications.
Interview participants

Potential participants indicated interest in the interview component of the study either through email or through the survey. The final number of interviewees that met the selection criteria, and were completed within the allotted time frame, was 44. The localities of interview participants are presented in Table 3.3.

Table 3.3. Interview participant country/region.

<table>
<thead>
<tr>
<th>Country/Region of Origin</th>
<th>AS</th>
<th>%</th>
<th>NT</th>
<th>%</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>10</td>
<td>40</td>
<td>15</td>
<td>60</td>
<td>25</td>
<td>57</td>
</tr>
<tr>
<td>Europe</td>
<td>2</td>
<td>67</td>
<td>1</td>
<td>33</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>New Zealand</td>
<td>1</td>
<td>33</td>
<td>2</td>
<td>67</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Mexico</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>100</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>United States of America</td>
<td>2</td>
<td>17</td>
<td>10</td>
<td>83</td>
<td>12</td>
<td>27</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>29</td>
<td>44</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Interviewee demographics

Respondents who proceeded to the interview stage included 13 AWAS and 29 AWANT. Two AWAS who did not participate in the survey phase decided to participate in the interview phase. AWAS participants included 40% (6) females and 60% (9) males. AWANT participants included 93% (27) females and 7% (2) males. While a standard gender bias, consistent with research, was found in the survey component, and in the interview component in regard to the AWANT participants, it was not consistent in regard to the interview component with the AWAS participants. Smith (2008) found that “females are more likely to engage in online activity characterised by communication and exchanging of information whereas males are more likely to engage in online activity characterised by seeking of information” (p. 13). However, since more males participated in the interviews in the AWAS group, either, more male AWAS wanted to talk about their communication difficulties, more females did not want to talk, or more males recognise themselves as AWAS. While the majority of participants discussed their relationships with their partners, four participants discussed their relationships with their adult children. One participant, who had completed two separate surveys; one on her partner, and one on her daughter, discussed both relationships. Appendix E presents the demographics of the interview participants which gives information on participant pseudonyms, gender and age; relationship classifications and whether interviewees were living together or apart with the relationship selected for discussion – signified by (T), or
(A); and locality of interviewees. Participants who are currently, or were previously a couple, are colour-coded and presented first. One of these couples had separated and were in different relationships (see Appendix E).

3.5 **Instruments**

*Quantitative data sources*

A combination of descriptive and explanatory social survey components were combined within the one survey. A descriptive survey seeks to describe the distribution of phenomena in a sample and population. An explanatory survey seeks to explain relationships between variables – to explain why things are as they are (de Vaus, 2006). Many surveys fulfil both functions (de Vaus, 2006).

For the quantitative component of the study, PD and its related cycle – the PDC was examined using an anonymous online survey uploaded onto Qualtrics.³ The survey statements were developed from considerations from a few different sources. A communication survey questionnaire (University of Louisville, nd), a Gottman assessment (Gottman, nd-a), the Love Map Questionnaire (Gottman, nd-b), a meaning and happiness survey (Argyle & Hills, nd), a marriage quiz (Cobb, 2007), and a Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985), were obtained after an extensive review and specific questions relevant to the study were developed after this consideration. An academic colleague reviewed the statements, which were further amended by the pilot study participants. Comprising of 60 statements, the survey was completed by AWAS and AWANT (partners, parents, siblings and adult children), (see Appendix F). Completed surveys identified if participants were either an AWAS or an AWANT, if they were a partner, parent, sibling, or adult child, and whether they were living together or living apart. From the cohort described above, participants who completed the on-line survey had the option to opt in to the interview component.

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³ Qualtrics (www.qualtrics.com) is an online survey package that provides a simple interface for the development and completion of online surveys. Qualtrics is a powerful tool for managing complex samples, as well as allowing customisation of surveys for individuals and groups. Qualtrics software is suited for implementing research ethics protocols for informed consent, as well as providing real time data analysis and reporting. Qualtrics software avoids the requirement to print surveys and enter data with built in validation of responses possible. In addition to the powerful backend to the software, Qualtrics can be used to manage cohort data across several time points.
Qualitative data sources

One of the most frequently used qualitative data collection techniques is the interview (DiCicco-Bloom & Crabtree, 2006). To provide for a comprehensive analysis, the interview approach selected for this study was one-on-one, in-depth, focused interviews (Cohen & Manion, 1980; Creswell, 2008; Mack et al., 2005). Cohen and Manion (1980), argue that the focused interview differs from other styles of interview in several ways:

1. The persons interviewed are known to have been involved in a particular situation.
2. By means of the techniques of content analysis, elements in the situation which the researcher deems significant have previously been analysed by her. She has thus arrived at a set of hypotheses relating to the meaning and effects of the specified elements.
3. Using her analysis as a basis, the researcher constructs an interview guide. This identifies the major areas of inquiry and the hypotheses which determine the relevant data to be obtained in the interview.
4. The actual interview is focused on the subjective experiences of the people who have been exposed to the situation. Their responses enable the researcher both to test the validity of her hypotheses, and to ascertain unanticipated responses to the situation, thus giving rise to further hypotheses (Cohen & Manion, 1980, p. 289).

3.6 Procedure and Timeline

3.6.1 Rationale and overview of quantitative phase of the study

A participation invitation flyer (see Appendix B), was sent to all support groups and organisations on the contact list (see Appendix C). It provided certain details about the study, explaining that the research seeks to understand communication patterns and resulting difficulties that can occur within NDR. In order to control for participant bias, the specific details of the research statements and questions were not disclosed. Other necessary information, such as the details about participation, the researcher’s email contact, the university email contact details, and the assurance this project was approved by the Human Research Ethics Committee at Edith Cowan University, was provided both on the flyer and on the
Anonymous internet-based survey

The study-specific anonymous internet-based survey (see Appendix F), was activated on-line through Qualtrics in order to provide a broad cross-section of respondents who meet participation requirements. The survey’s main purposes were to identify frequency of responses to each survey item (SI) and recruit interview participants for the case studies. While the survey provided the opportunity to do a statistical analysis, it was outside of the scope of this investigation. Demographic and diagnostic information was then requested, in addition to information regarding relationship role, status, length of relationship and whether they were living together or apart. The survey contained a brief description of the study for participants to read, in conjunction with confidentiality of information details (see Appendix F), and included support information, if required (see Appendix G). Incorporating feedback from the pilot study, a Likert scale was used to scale survey item (SI), responses as always, mostly, neutral, rarely, or never. The final response rate was 360 surveys that were sufficiently completed for data analysis. A survey was considered sufficiently completed to record when, the consent to participate was selected; acknowledgement that participants were 18 years of age or older was indicated; it included relationship identifiers so that data could be classified into one of the two groups; personal dimension data was filled out; relational questions were completed; and the participant had responded to about 50% of the survey items. While accepting 50% completed has a potential to skew data within a number of data analysis procedures, there was no risk of skewed data in the procedures used in this study, and out of respect for participants, their answers were included. A total of 94% (339) completed at least 65% of the survey with 85% (307) fully completing every statement on the survey. A total of 5% (17) completed over half and 1% (4) completed slightly less than half. Seven surveys in total were deleted. These were deleted as they did not meet the minimum criterion, or did not follow the survey directions, such as, the participant and the relationship selected identified as both AS or both NT. Surveys continued to be received until all interviews and transcription of interviews were completed. The survey was deactivated 13 months after first being posted.
3.6.2 Rationale and overview of the qualitative phase of the study

Once the survey was uploaded onto the aforementioned websites, the case studies also commenced. These were accomplished through multiple interview modes. Included at the end of the survey was a section for respondents to indicate if they would like to participate within the interview stage of the study. Also included was the scope to nominate their partner/family member to be interviewed. If indicated, contact was made and a consent form emailed (see Appendix H). Nominated partner/family members could choose to complete a survey, or only participate within the interview stage of the study. Moreover, potential interviewees could contact the researcher directly indicating a desire to participate in the interview stage.

The rise of Internet-mediated research (IMR), and technological advancements such as Skype, have allowed research to be easily internationalised without the usual related travel costs (Deakin & Wakefield, 2014). To accommodate geographically dispersed participants, internet-mediated interviews through Skype and email, together with phone calls, were included. Once a signed consent form was emailed back, further contact was made to schedule a convenient interview time and method. An interview schedule assisted in the management and scheduling of interviews within different international time zones (see Appendix I).

Interviews were conducted over a six-month period within the survey activation stage. In order to allow for flexible participation, interviewees could choose Skype, phone or email interview options. A total of 44 interviews were conducted, 8 email interviews, 15 phone interviews and 21 Skype interviews. Participants who chose email interviews could elect to have the complete set of interview questions sent in one email or the interview questions divided into the 3 separate sections and sent individually. One participant indicated that the sections were overly difficult to consider in their entirety, therefore chose to answer one question per email.

Interview materials

Interview questions were developed in order to expand on the survey statements. The same 36 open-ended probing interview questions (see Appendix J), used by the researcher to guide the discussion, were used for all participants. However, not all questions were asked within each interview, as they were used as a
means of interview guidance, to probe and generate conversation that flowed throughout the interviews. Hove and Anda (2005) remarked that “such interviews combine specific questions (to bring forth the foreseen information), and open-ended questions (to elicit unexpected types of information)” (p. 2). Interviews were transcribed verbatim. As soon as an interview was transcribed it was emailed to the respective interviewee for member checking. Once all interviews were transcribed, the survey was deactivated.

3.7 Analysis

Drawing largely on Yin’s (2006) work, Bazeley (2009) endorses the notion that both qualitative and quantitative data analysis should be integrated throughout all the steps in a mixed methods study – “the research questions being addressed, the definition of the units of analyses, the structure of the samples being studied, the instrumentation and data collected, and the analytic strategies” (p. 204). Further, Bazeley (2009) states that integration is an important key to mixed method studies due to its capacity to unfold the complex relationships within the topic of study. Intergration of analyses can be achieved using software packages, such as, NVivo and appenditions, such as, MS Excel.

While data analysis in qualitative research is about finding the story contained within through the management of “words, language, and the meanings these imply” (Walker & Myrick, 2006, p. 549), the study used mixed methods to achieve the same result and support “the story” with numerical substantiation. Although the survey data were imported into MS Excel for analysis and to represent the data in graphical form, respondents also provided written comments. Consequently, this survey data was also imported into NVivo, together with the interview data, to allow for coding of both qualitative and quantitative data.

3.7.1 Quantitative data analysis

As the primary intent of the survey was to provide statistical support for the qualitative data, descriptive statistics are presented to complement and strengthen the qualitative data involved in the communication difficulties within NDR. The data was obtained from Qualtrics and imported into MS Excel. The individual percentage values for each survey item (SI), were converted into a graph. Each SI was coded into at least one theme (most items were applicable to more than one theme), of the
five themes detailed in the results chapters (Chapters 4, 5 and 6), emerged from a combination of the survey and interview data through the analytic coding processes. To allow for visual comparison, each graph for each theme and/or sub-theme was analysed together as a set. Throughout the results chapters, each set of graphs were presented and evaluated together, necessitating many items to be present in multiple sets. This procedure remained consistent for each theme and/or sub-theme. In addition to graphs, tables were generated from the quantitative data in order to compare survey responses between the male and female respondents of AWAS and of AWANT. Totals in the graphs and the gender tables did not always equal 100% because not every survey statement was answered in each survey and the other gender category was not included. The small number who selected other would not be representative of their perspective. The tables are presented with the results in Chapters 4, 5 and 6.

Although designed primarily for qualitative analysis, NVivo 11 was used to “support combination of quantitative variable data within the qualitative database for matrix-based analyses of coded text and conversion of qualitative coding, to variable data” (Bazeley, 2009, p. 206). NVivo was used as a complete research management system.

### 3.7.2 Qualitative data analysis

NVivo 11 was used to support the analytical coding processes in order to establish meaning (Anfara, Brown, & Mangione, 2002). NVivo is a qualitative data analysis (QDA) computer software package designed for qualitative research of text-based information that provides a workspace to hold all project\(^4\) data. NVivo, with its purpose built tools for classifying, sorting, and arranging information, enabled a deep level of analysis of the relationships held within the interview data together with the text responses from the survey, supporting the coding processes that found the themes contained within the data (Bazeley, 2007, 2013; Richards, 2009). The software was also used to test developing theories, identify trends, and investigate

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\(^4\) A project in NVivo is a single database-style file (Bazeley, 2007) that contains all source materials and the analysis of these source materials. Adding annotations, recording observations and ideas, linking related source materials, creating nodes to represent themes, people, and places, creating models, running queries, and using visualizations (charts, cluster analysis diagrams, tree maps and graphs), and keeping a record of the project as it evolves, can all be completed within NVivo.
information in a multitude of ways by using its search engine and query functions to generate a body of evidence to support the study.

3.7.3 Coding procedures

Qualitative data (interviews), were coded using a combination of a-priori themes drawn from the research, and emergent themes derived from both interview and survey text responses. Working within NVivo, coding analysis and category allocation began by creating parent nodes (broad categories). In a hierarchical tree structure, sections of the transcribed interviews were first coded to the appropriate parent node. This was the first stage of the hierarchy. The parent node sections of the interview text were coded to the child nodes (more detailed analysis). Sibling nodes and grandchild nodes were formed down the hierarchy to allow for more detailed analysis.

**Parent nodes (broad category)**

To begin the coding process the transcribed interviews were imported into NVivo. In order to manage ideas and concepts generated from the data, nodes (storage depositories), were formed (Richards, 2009). Nodes were the means to hold smaller sections of the interview text. Auto coding is an NVivo function that helps with node creation, when using the same set of interview questions, to automatically code the content into broad categories before further exploration. Nodes were comprised of concepts that were similar or related in some way (Corbin & Strauss, 1990). A hierarchical tree structure of nodes was created linking node items to their sources. Everything could be retrieved instantly from this hierarchical tree structure of nodes to understand how different project items might relate to each other (Bazeley, 2007; Richards, 2009). Figure 3.3 shows a screen shot of the initial parent nodes (broad categories), created from auto coding the interview questions before further exploration, that is, the individual responses from each participant was separated and coded. Figure 3.4 shows a screen shot of the process of further exploration, that is, all participant responses to each question were collated. This procedure of grouping all respondent’s auto coded interview questions, allows for the commencement of theme formation.
Chapter 3: Methodology

Figure 3. 3. Auto coded transcripts.

Figure 3. 4. Collated auto coded transcripts and the commencement of theme formation.
Child nodes (more detailed analysis)

Coding involved recurring review and revision of concepts taken from the text to deposit into the nodes. As more concepts were discovered from the text the hierarchical tree structure of nodes began. To begin with, these broad categories or nodes were just storage areas – specific data entries could be selected to commence the iterative process of finding major themes within the data. This iterative process created additional parent nodes. As more parent nodes were developed, it became necessary to create more detailed categories. These detailed categories became the child nodes, sibling nodes, and grandchild nodes, emerging from the data as the analysis became more thorough. The hierarchical tree structure of nodes became the basis for theme formation. The process was repeated throughout the coding as a component of the constant comparison process (Creswell, 2008).

Figure 3.5 is a screen shot of the process of constant comparison that refined the data into categories, resulting in parent, child, sibling, and grandchild nodes. The process of relating codes to each other, through a combination of inductive and deductive reasoning by using nodes to group corresponding concepts and points of view, assisted in the identification of relationships existing among categories or themes (Walker & Myrick, 2006).
Figure 3.5. Early identification of themes within the data.

**Coding on (theme creation)**

The processes involved in finding associations between the themes, effects, ideas, consequences, interactions, and processes held within the nodes were supported by representing the associations found in the data in a model (Axelsson & Goldkuhl, 2004). Visual representations of ideas make possible an expansion of ideas in order to assist in the development of conclusions (Bazeley, 2007, 2013; Richards, 2009). The model that began to take form portrayed a cyclic process of interaction between AWAS and AWANT in NDR and resulting behaviours that cycled between them. The visual representation of data portrayed by the model assisted in positioning the themes into a cohesive pattern that emerged from the data. The model became the working concept that turned the emphasis from a broader consideration, to a concentrated endeavour in determining more about each theme (Bazeley, 2013).
At that juncture, the emergent model was used as a basis for “coding on”. Coding on involved further coding to reflect a conceptual advance (Bazeley, 2007). Rather than finding more associations, coding on was analysis performed from text that had already been coded. As such, the concepts taken from the interview data that emerged due to the constant comparative process, that in turn, generated the model, were subsequently used to set in motion a new set of themes. Figure 3.6 shows the screen shot of the themes that emerged from this process.

![Figure 3.6](image)

Figure 3. 6. The themes that emerged from coding on.

Developed from the analytic coding processes described above, the themes were united in a diagrammatic model (see Appendix K), in order to explain the data and the relationships between the themes.
3.8 Reliability, Generalisability, Ethics and Limitations

The need for rigour in research is extensively documented (Bradbury-Jones, 2007). Concerns of potential researcher bias, a lack of reproducibility, and limited generalizability of qualitative findings demand attention in order to produce credible research findings (Curry, Nembhard, & Bradley, 2009). Curry et al. (2009) maintain that the credibility of a study is verified by evaluating the findings in several ways: how well the phenomenon of interest is explained by the findings; how thoroughly the findings correspond to what is already known; how much attention is paid to alternative, or opposing explanations or interpretations; and, whether the participants’ portrayal of their experience corresponds with the researcher’s portrayal of that experience. Abowitz and Toole (2010) report that the combination of quantitative and qualitative approaches in mixed methods research design and data collection, improves validity and reliability of data by stabilising the strengths and weaknesses of each approach.

However, they recommend that researchers take particular care in recording how each construct is measured. Careful management of all the stated concerns of a study, produces research that allows sound validity and reliability measurement that also allows replication of the study. This is another aspect of triangulation. Additionally, meaningful results that include more than one research approach makes generalizability to a real world application more feasible (Abowitz & Toole, 2010). Onwuegbuzie and Johnson (2006) state that the degree to which research findings can be generalized to other individuals, times, settings, or contexts, increases the validity of that research. They differentiate between internal and external generalizability, with the former referring to generalisation within a particular population while the latter pertains to broader generalisability. Moreover, validity in mixed methods research can be enhanced when it is justifiable to research stakeholders for whom research is produced and used (Onwuegbuzie & Johnson, 2006). An effective technique to ensure this aspect is to use the viewpoint of the insider researcher.

3.8.1 Reliability and validity within insider research

Merriam et al. (2001) caution “what an insider ‘sees’ and ‘understands’ will be different from, but as valid as what an outsider understands” (p. 415). Nevertheless,
they make the point that all researchers bring certain assumptions about their research, from the phenomenon being investigated to choices about data collection. Both insider and outsider perspectives have advantages and disadvantages, whereby both insider and outsider viewpoints must be accepted as legitimate attempts to understand the nature of the group. Unluer (2012) argues that problems associated with being an insider can lead to a loss of objectivity, unconsciously making wrong assumptions, and the struggle to balance role duality. Despite that, Merriam et al. (2001) report that access can be granted, meanings shared, and validity of findings assured when a researcher is like the participants in terms of things, such as “culture, gender, race, [and] socio-economic class” (p. 406). Bartunek and Reis Louis (1996) add that insider researchers can be more effective action takers, due to the understanding they have of the setting. On the other hand, outsider researchers are “would-be visitors” to the setting and as a result lack the same level of understanding (Bartunek & Reis Louis, 1996, p. 3). To most effectively understand, and make public the perspectives of those inside a setting, it is imperative to include the insider perspective.

3.8.2 Bias and ethics

As stated by Dodd (2003), “research is a public trust that must be ethically conducted, trustworthy, and socially responsible if the results are to be valuable” (p. 6). Consequently, ethical behaviour throughout the research process is an important consideration in order for the results from research findings to be deemed reliable. It is important to note, that perhaps a higher standard of ethics than usual is required for insider researchers due to a shared investment in culture, mutual identification and a personal history that pre-dates the research engagement (Taylor, 2011). The strategies listed below were included to support the ethical conduct of this insider research (Alexander & Smith, 2019; Cho & Trent, 2006; Corbin & Strauss, 1990; Glesne, 1999; Heale & Forbes, 2013; Taylor, 2011):

*Full disclosure* of the purpose and intent of the research to all participants is essential for ethical insider research (Finlay, 2002a, 2002b). While specific details of the research statements and questions were not disclosed in order to control for participant bias, the researcher ensured that the purpose and intent of the study was fully disclosed.
Prolonged engagement in the research allows the time and space to check for accuracy, and to reflect on alternate or contradictory explanations of the phenomena (Cho & Trent, 2006; Gaus, 2017). The research took place over a 13 month period to allow for this to occur.

Member checking ensures that participants have opportunities to check the accuracy of recorded data, to elaborate further on any misunderstandings, and to request that data be removed (Cho & Trent, 2006; Creswell, 2009). All participants in the research had these opportunities.

Triangulation, the collection of data using different instruments can build a more complete picture of the phenomenon if there is greater consistency in the information gathered (Abowitz & Toole, 2010; Cho & Trent, 2006; Heale & Forbes, 2013). Alternately, different data sources can identify anomalies and inconsistencies, leading to new avenues of inquiry. Collecting data through both surveys and interviews provided triangulation.

Involving as broad a range of participants as possible allows for diverse perspectives to be included, and ensures that all voices are heard (Alexander & Smith, 2019; Pain & Francis, 2003). The extensive distribution of the on-line surveys both nationally and internationally were designed to allow for a wide range of individuals to participate.

Debriefing with others with expertise in the area also provides a safeguard to shield against bias in qualitative research (Milligan, 2016; Unluer, 2012). The researcher’s supervisors assumed the role of outsiders who could provide this informed perspective.

3.8.3 Areas of sensitivity

Due to the sensitive nature of questioning participants regarding their relationship details, each survey and interview included a fact sheet referencing specific Australian and overseas support services (see Appendix G).

3.8.4 Anonymity and confidentiality

All participants, both known and unknown to the researcher were de-identified and provided with a pseudonym that was used in all written records. Participant anonymity was safeguarded at all times. As per university requirements, all
transcripts, audio data, and electronic files were stored securely in a password protected computer and will be destroyed in accordance with Western Australian University Sector Disposal Authority requirements and the State Records Act.

3.9 Summary

This chapter has presented an explanation and justification of the research methodology that was used in the study. An argument has been made for the use of a mixed methods design positioned within an advocacy/participatory worldview in which “the research contains an action agenda for reform that may change the lives of the participants” and provide “a voice for these participants” (Creswell, 2009, p. 9). An online survey with case studies was used to explore the association between the defining characteristics of AWAS, the expectations of AWANT, the demands inherent in close personal relationships, and PD – a communicative dissonance that can evolve into a PDC within NDR. Also explored was the impact of PD on those within NDR, the reasons it may, or may not develop into a cycle, the role it plays in sustaining or damaging close relationships for those involved in NDR, and the ability to develop and sustain relationships for people within NDR.

The data analysis processes allowed both quantitative (closed-ended), and qualitative (open-ended), data to be brought together, with one data set building on, and extending the other (Sweetman et al., 2010). This procedure allowed for a full exploration of the evidence that could be found of the PDC in a larger sample of people involved in NDR, and the impact the PDC had on communication within these relationships. A rationale for using MS Excel and NVivo to organise and analyse both quantitative and qualitative data, and a description of the coding process, was given with specific reference to the steps taken, across the levels of the coding process that produced the themes that were later united into a diagrammatic model (see Appendix K). Finally, aspects of reliability and validity within insider research, bias and ethics, areas of sensitivity, and anonymity and confidentiality were also discussed. The following chapter provides the results derived from the research methodology that was used in the study.
Chapter 4: Results – Different Needs

“Good conversation is the equivalent of shared emotion”

4.1 Results Chapters Overview

Chapters 4, 5 and 6 present the results from both the quantitative and qualitative phases of this study, that sought to investigate prompting and PD in the interaction between those within NDR. Given that this mixed methods study generated a large amount of data, the results have been divided into three results chapters. Chapter 4 describes “the why”, (i.e., the reasons that prompting and PD commences), Chapter 5 describes “the what” (i.e., the development of prompting and PD into a communication cycle), and Chapter 6 describes “the impact” (i.e., the consequences of the formation of the PDC).

The quantitative and qualitative results, together with the analytic coding processes, were amalgamated to reveal the development of five themes: affection and connection incompatibilities; prompting triggers; a prompt dependency cycle; additional cycles; and three potential relationship outcomes. Theme one is presented in this chapter, which describes the different needs of AWAS and AWANT and how these differences are the triggers for activating prompting and PD. Chapter 5 presents themes two and three, detailing the conditions that cause prompting to become the main communication strategy within these relationships, the reasons behind the development of PD and the progression into the PDC. Chapter 6 presents themes four and five which explain the additional communication cycles that can form as a result of the PDC, and the potential outcomes of living with these communication cycles.

4.2 Quantitative and Qualitative Phases Overview

Text responses from the survey data were integrated with interview data to draw a parallel between survey and interview responses. Since one of the most consistent features of the majority of research is perceived gender differences in the presentation of, and diagnosis of ASC (Bargiela et al., 2016; Brooks, 2014; Garnett & King, 2019; Ketelaars et al., 2017; Leedham et al., 2019), tables drawn from survey data were
used to illustrate gender differences and/or similarities of responses. Totals in graphs and gender tables did not always equal 100% because not every survey statement was answered in each survey and the other gender category was not included. The small number who selected other, two participants, would not provide an accurate representation of their perspective.

It is interesting to note the different explanations AWAS, as opposed to AWANT, had for selecting neutral in the survey. When survey respondents were asked during the interviews about their reasons for selecting a neutral response, AWAS indicated that it was predominantly to express uncertainty as to what the statement meant. Whereas, AWANT said that it was primarily to express a fifty-fifty response in that sometimes they choose one way, and sometimes they choose the other way. Unless specified, the two data values “always” and “mostly” and the two data values “rarely” and “never”, were consistently combined throughout the chapter for ease of description.

4.2.1 Theme development

The quantitative and qualitative data analysis processes described in Chapter 3 allowed for the development of five themes. Drawn from the text, the main points were continually disseminated into a series of codes. The codes were sorted into similar concepts. Each theme was developed from these concepts that were observed from the repetitions and patterns found in the quantitative and qualitative data (i.e., topics that occur and reoccur) and from a priori themes (i.e., themes that come from the characteristics of the phenomenon being studied) (Ryan & Bernard, 2003). Through this constant comparative process, the repetitions, patterns and characteristics found in the data were developed into a written commentary. The commentary described and connected the five themes into a story line that gave a holistic view of the PDC phenomenon being studied (Vaismoradi, Jones, Turunen, & Snelgrove, 2016).

Each theme was divided into three sub-sections, and this organisation remained consistent for each theme. Sub-section 1, “contributing factors”, provided the rationale for the development of the theme; sub-section 2, “subsequent differences”, presented differences in approaches and attitudes between AWAS and AWANT; and sub-section 3, “resultant consequences”, described the consequences of the theme’s
subject matter in regard to the people within these relationships. Quantitative data were utilised within each theme to provide prevalence data for the qualitative data, and to support generalisability. The key findings drawn from the survey analysis were based on cross-tabulation and MS Excel analysis of the survey data, and were integrated with text responses from the surveys and interviews.

4.3 Theme 1 – Affection and Connection Incompatibilities

The first theme; “affection and connection incompatibilities” define “the why”, as in the occasions found in the data that appears to introduce the development of prompting and PD in NDR. This theme describes the circumstances that can lead to different emotional connectedness needs and resulting incompatibilities between AWAS and AWANT. It is suggested that it is these incompatibilities that give rise to a sequence of events that contributed to the formation of prompting and PD within NDR.

4.3.1 Contributing factors

Established in the review of the literature, AWAS experience difficulties expressing emotions and conversing about personal and emotional matters. The survey and interview data appeared to confirm research findings (Attwood, 2015; Lorant, 2011; Moreno et al., 2012). It emerged that the main contributing factor to a lack of affectionate, deep and meaningful conversations within NDR, was that participants with AS often revealed an avoidance of expressing feelings and emotions, conversing about personal matters and habitually resisted deep and meaningful conversations.

Expressing feelings and emotions

Key findings from survey data items 13 and 15

Responses to SI 13 (see Figure 4.1) and SI 15 (see Figure 4.2) suggest different perspectives are held by AS and NT survey respondents toward communicating feelings, and participating in emotional interaction. Of the 107 survey responses by respondents with AS to SI 13, 66% (71) answered that it was not easy for them to communicate feelings (see Figure 4.1). In contrast, survey responses from AWANT revealed much less difficulty expressing feelings. Of the 252 responses, 86% (216) answered that they always, or mostly, found it easy to communicate their feelings (see Figure 4.1).
Gender did not appear to affect the difficulty that participants with AS had communicating their feelings (see Table 4.1). For example, about half the males and females with AS rarely found it easy to communicate their feelings, whereas less than 15% of AWANT said that they experienced difficulty.

**Table 4.1. I find it easy to communicate what I am feeling, by gender.**

<table>
<thead>
<tr>
<th></th>
<th>AS Female</th>
<th>%</th>
<th>AS Male</th>
<th>%</th>
<th>NT Female</th>
<th>%</th>
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<th>%</th>
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</thead>
<tbody>
<tr>
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<td>238</td>
<td>14</td>
<td></td>
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</tr>
</tbody>
</table>

**Interview responses**

All 15 AWAS explained that expressing their feelings and emotions was challenging for them. Although recognising that their partner/family members wanted more from them, the challenges that they faced frequently meant that they preferred to avoid these types of conversations. Wally described the difficulty that attempting to express feelings caused for him:
I express it by saying I don't want to talk about this because I'll get upset...Trying to identify what the feeling is and how to deal with it is really hard and it gets in the way of rationality.

Similarly, Rachelle explained how limiting emotional conversations functioned well for her while acknowledging that her partner was not satisfied:

Well it meets my needs, I'm happy just to have...even just a 10-minute conversation a day and that forms for me a good marriage, but he wants more constant connection throughout the day. He doesn't feel satisfied.

While all 29 AWANT confirmed an awareness of the difficulties that their partner/family members experienced, this awareness did not defuse their disappointment that the lack of these types of conversation meant limited meaningful interaction and connectedness. Wilhelmina described how conversations became “stilted” when focused on emotions:

Sharing of emotions is not something that we do very often or with a great deal of depth...if I ask him how he is feeling he won't respond to those sorts of questions...he cannot express how he is feeling and similarly if I express how I am feeling his understanding is very limited...so that makes our conversations quite stilted around emotions.

Similarly, Maggie reported her son’s difficulty with expressing emotions:

I know he feels love...but he doesn't know how to integrate the expected expressions of love into a normal kind of interaction.

Although Nora’s understanding was evident, so was her dissatisfaction:

Obviously, I'd prefer to have more...of my intimate relational needs satisfied by him...but his capacity is not at my capacity of...relating...so that's where my dissatisfaction...comes [from].

While the majority of AWAS answered that they mostly preferred to keep to less emotive conversations, the majority of responses from AWANT illustrated that
their preference was the reverse. Of the 107 AWAS survey responses to the item “I would prefer to keep to less emotive conversations,” 66% (71) answered that they always, or mostly, agreed with this statement (see Figure 4.2). A total of 24% (26) selected neutral and 9% (10) answered that they disagreed with this statement. In contrast, AWANT participants responded that their preference was the opposite. Of the 252 AWANT, 68% (171) indicated that they rarely, or never, preferred less emotive conversations, 25% (64) selected neutral and only 7% (17) replied that they mostly preferred less emotive conversations (see Figure 4.2). Gender did not appear to affect preferences for emotive conversations (see Table 4.2). The majority of both males and females with AS, answered that they preferred less emotive conversation, whereas, the majority of AWANT males and females indicated a preference for more emotional conversations.

![Figure 4. 2. SI 15. I would prefer to keep to less emotive conversations.](image)

Table 4. 2. *I would prefer to keep to less emotive conversations, by gender.*

<table>
<thead>
<tr>
<th></th>
<th>AS Female %</th>
<th>AS Male %</th>
<th>NT Female %</th>
<th>NT Male %</th>
</tr>
</thead>
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<tr>
<td>Total</td>
<td>65</td>
<td>40</td>
<td>238</td>
<td>14</td>
</tr>
</tbody>
</table>
Survey responses

Comments from the survey also demonstrated similar positions toward emotive conversations between the males and females within each group of participants. A female respondent with AS said:

I have great difficulty communicating my emotional state.

A male respondent with AS reported:

I find it hard to process/think about, relationship/feelings stuff.

In contrast, a female respondent who was NT expressed:

[I] have to be more rational and not emotive at all. As soon as any emotion is involved, he shuts down.

A male respondent who was NT said:

It's become second-nature, now, to avoid emotional responses and getting angry...everything will escalate, and the situation will be dreadful for many days. It's better to remain factual and emotionally neutral. I deliberately don't think a lot about how much emotional warmth I would like in our relationship, because it's not going to happen...Why torment myself? It's better to get on with life, and learn how to make it work as best we can.

Interview responses

All 15 AWAS, both male and female, detailed their preference for an impassive type of interaction while also acknowledging that they understood that their partner/family members did not feel the same way:

SAMUEL  It would be far too intense for me to cope with...we would tend to get overly emotional and not know when to stop and things would rapidly spiral out of hand into a fight...and [my partner] would insist on continuing the conversation until it drove me nuts...so mostly, no
don't really want emotional discussions because things usually end up causing a fight and usually end up escalating.

TOM

*I prefer to keep to myself or talk about topics that are interesting to me. Emotive conversations make me feel anxious.*

RACHELLE

*I'm quite happy to sit in silence...[Emotional conversation is] too confusing and I don't understand it.*

SANDRA

*If it’s not emotional...it’s easier to have a conversation about it. Emotional ones I start to kind of think what I should be doing, or what the other person wants me to be saying...I'm more kind of anxious about me saying the right thing.*

Since a few AWANT selected neutral, and a small percentage replied that they mostly preferred less emotive conversations, these participants were asked in their interviews why they had selected mostly or neutral. A total of 18 AWANT participants reported that it was only in relation to emotive conversations with their partner/family members with AS, because they had decided to either discontinue completely, or lessen their attempts to have those types of conversations with them. Therefore, interviews with AWANT revealed a strong emergence of discontent regarding their partner/family members’ predisposition for impassive interaction. They disclosed that impassive interaction was problematic for them. They required more demonstrative forms of emotional interaction, and the resulting lack of emotional connectedness within their relationships left them feeling insecure and rejected. Many revealed that the pursuit for emotional connection became a string of failures. Instead of continuing to strive, many decided that the next preferred objective was to discontinue emotive conversations with their partner/family members with AS. Wanda expressed the widely held position within the NT group:

*I try to not express too much emotion in what I might say, so in conversations if I think that I'm not being understood these days, I tend to just back out of the conversation.*
The majority of AWANT also lamented the absence of closeness with their significant other, and what the resulting lack of affection meant to them:

TRACY  
*When I get close to him to express my emotions and my love, he is not ready to receive or to accept me, as if he is rejecting me. I asked him not to remain like an ice cube, without acknowledging my presence, when I approach him.*

NORA  
*I can't need stuff emotionally from him and if I do it has to be like I can't be emotional about it... but I think the bottom line is just move on, just get over it.*

RONDA  
*The closer I would try to get the more he would run away...unconsciously to me...[it seems] talking with me is not desirable; being around me is not desirable.*

**Conversing about personal matters**

The survey and interview data suggested that the communication difficulties encountered by AWAS shaped differences in a desire to express feelings and emotions. In turn, these differences may have influenced the majority of personal interaction within the relationship. These participants were predisposed toward keeping conversation more objective and impersonal since it was discussed in the interviews that problems with expressing feelings and emotions tended to cause much confusion for them. The majority of participants reported that the meanings behind the majority of personal interaction were regularly misunderstood, by both parties. The frequent result, for those with AS, was to avoid personal conversation in order to avoid the misunderstandings that emotional conversation produced. In contrast, participants who were NT exhibited a predisposition toward demonstrative, emotional and deeply personal interaction and reported that they rarely experienced difficulties with these types of conversations. These differences appeared to create considerable issues for both parties within their relationships.
Key findings from survey data items 5

Capabilities in conveying the meaning behind emotional exchanges are central to abilities in conversing about personal matters. These capabilities appeared to be significantly different between the two groups of people. The survey data indicated that AWAS had more difficulty with conveying meaning, in comparison to AWANT. Of the 107 survey responses to SI 5 from those with AS, 75% (81) acknowledged that they had difficulties with communicating meaning (see Figure 4.3). In contrast, survey responses from AWANT revealed much less difficulty communicating meaning. Of the 252 responses, 73% (185) indicated that problems with communicating meaning were rare or never occurred (see Figure 4.3). Both males and females with AS demonstrated similar difficulties with communicating meaning (see Table 4.3). For example, a female survey respondent with AS commented that: *Misunderstandings...escalate due to very different communication/thinking styles...I have [a] precise, analytical and often pedantic thinking style.*

![Figure 4.3. SI 5. Communicating the real meaning of what I am talking about is difficult.](image-url)
Table 4. 3. Communicating the real meaning of what I am talking about is difficult, by gender.

<table>
<thead>
<tr>
<th></th>
<th>AS Female</th>
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<th>%</th>
<th>NT Female</th>
<th>%</th>
<th>NT Male</th>
<th>%</th>
</tr>
</thead>
<tbody>
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<td>14</td>
<td></td>
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</tbody>
</table>

Interview responses

The majority of AWAS felt that the necessity to participate in the personal conversations expected of a close relationship was an unwelcome task, made more difficult by complications with communicating meaning. Edith explained the different ways she attempted to make sense of what she wanted to say, as opposed to her partner:

> I actually have to talk it through and then I understand what it is...and so for him it is inefficient, for me it's the process...because I haven't fully formed what I'm thinking about...then he's in the situation of not understanding what I'm thinking, not necessarily liking the process that he's forced to go through to find out what I'm thinking...the thinking and the feeling are separate.

Although for different reasons, the majority of AWANT also felt that, participating in personal conversations often became an unwelcome task because of the laborious and confusing patterns of conversation that often occurred. The problems with expressing feelings and emotions, that AWAS exhibited, appeared to cause intended meanings within conversations to become muddled for both parties. Sally explained the tangled communication that ensued when attempting to clarify her meaning to her AWAS partner:

> I can't tell him what I'm trying to tell him, because he won't listen and...it's really hard to get him to focus on what I'm actually trying to say, and what's important to me...what I am actually trying to get across, and trying to explain tends to get completely lost in all the words missing, and
the exaggerating, and the going off on tangents, and he interrupts me all the time...so I don't feel heard.

Deep and meaningful conversations

The survey data, together with the interview data, indicated that the differences in need for emotional interaction, found within neurodiverse relationships, appeared to result in a distinct lack of deep, meaningful conversations within the relationship. As illustrated in figures 4.4 and 4.5, the quantitative data signifies that the majority of both AS and NT respondents agreed that there was a need to take part in deep, meaningful conversations in order to build connectedness within their relationships (see Figure 4.4); however, the data suggests that, within their relationships, there was a noticeable lack of these types of conversations (see Figure 4.5).

Key findings from survey data items 10 and 34

A total of 65% (70) AWAS and 92% (231) AWANT confirmed agreement that deep, meaningful conversations were always, or mostly important for close relationships (see Figure 4.4), with 49% (47) AWAS and 70% (171) AWANT answering that they experienced a shortage of deep, meaningful conversations within their relationships (see Figure 4.5). The data appeared to show negligible difference between the males and females within each group of participants (see Table 4.4).

Figure 4. 4. SI 10. The best way for me to experience close connections with others is to have deep, meaningful conversations with them.
Table 4.4. *The best way for me to experience close connections with others is to have deep, meaningful conversations with them, by gender.*

<table>
<thead>
<tr>
<th></th>
<th>AS Female</th>
<th>%</th>
<th>AS Male</th>
<th>%</th>
<th>NT Female</th>
<th>%</th>
<th>NT Male</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
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<td>17.5</td>
<td>88</td>
<td>37</td>
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<tr>
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</table>

The statement in Figure 4.5 tests the statement in Figure 4.4. These graphs illustrate that for AWAS, an intellectual awareness of the need for meaningful conversations to build close relations (see Figure 4.4) does not always mean involvement in meaningful conversations (see Figure 4.5). The graph shown in Figure 4.4 supports the reports of AWANT interviewees, and not those provided by AWAS interviewees. Therefore, responses to the survey illustrated that participants with AS have an intellectual comprehension of the necessity of deep, meaningful conversations within their relationships; however, within their interviews, they revealed that an intellectual comprehension does not necessarily equate to acting in accordance with what is understood. The survey data indicated negligible response difference between the males and females within each group of participants (see Table 4.5).

![Figure 4.5. SI 34. Deep and meaningful conversations do not take place.](image)
Table 4.5. *Deep and meaningful conversations not take place, by gender.*

<table>
<thead>
<tr>
<th>Always</th>
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<th>Rarely</th>
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<th>Total</th>
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<td>NT Female</td>
<td>NT Male</td>
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</tr>
</tbody>
</table>

**Survey responses**

A survey respondent with AS confirmed that while he understood the necessity of having deeper conversations, he struggled to accomplish it:

*Communicating about internal feelings is difficult for me, and I often have difficulty responding to questions in deeper conversations. Don't understand myself and my desires in order to share them. I don't think I 'get' relationships and personal intimacy - may know the theory, but struggle to apply it. I have great difficulty meeting my wife's needs and find it difficult to change my patterns of behaviour and conversation.*

An AWANT survey respondent shared the NT perspective on the difficulty that the AS survey respondent noted:

*I have explained to my partner that the way I feel connected to him is through talking and that it is hard for me to maintain a feeling of connectedness when he barely responds. He made more effort for a while but seems to have given up, perhaps it is too hard. I try cognitively to value all the actions he does which show me he cares because he does do lots of nice things for me, but somehow, they don't mean as much to me as a conversation. I have to deliberately think about the things he does and place value on them, there is not the automatic satisfaction that comes with a meaningful conversation.*

**Interview responses**

Not only did AWAS report a preference for more of an objective, logical type of interaction, some conveyed dissatisfaction with the necessity of having to participate
within meaningful conversations. Wally shared that he understood the importance of meaningful conversations, and revealed the reasons that he avoided them:

*I have an intellectual belief that it's important to be able to have that deep exchange of ideas and...a respect that other people's feelings are different and I understand that that's a necessity so...of course it would be better to do this, but it's a scary place to go...so I will avoid.*

Similarly, while recognising its importance, Tom disclosed his dislike of meaningful conversation:

*I recognize the necessity of having meaningful conversations if I want a close connection. However, I do not like this type of conversation.*

On the other hand, Sharon identified the features that formulated meaningful conversation for her:

*Warm and affectionate conversations in my context translate into deep and meaningful intellectual discourse that may or may not involve our feelings for each other.*

Generally, AWANT lamented the lack of deep, meaningful conversation that they required for emotional connectedness. Tracy shared what she had put in the survey and why:

*I answered in the questionnaire that I was never satisfied with our emotional connection now, simply because there is none.*

Likewise, Sabrina shared a similar sentiment, labelling her relationship as a business relationship:

*There's just no more affection left. It's truly a business relationship...It's just day to day things that anybody would deal with but there's no emotion, there's just none.*

Beth described the complexity in attempting to hold important conversations:
He can get onto the one topic and just go on and on and on and I’ll have to change the subject, I’ll have to say now look I’ve got to discuss this with you, it’s really important.

Tracy described the impacts on her of an absence of deep, meaningful conversation within her relationship:

[My partner] does not understand what I am after. He doesn’t know why I would not feel ‘close’ to him...I have just stopped trying to have deep and meaningful conversations with him...I end up having those conversations with other people; friends, or my children.

4.3.2 Subsequent differences

The survey and interview data appeared to confirm that a frequent result of the difficulties and differences with expressing emotions, conversing about personal matters, and involvement in deep meaningful conversation on the part of AWAS, was their avoidance of these aspects. These data appeared to confirm previous research findings (Attwood, 2015; Ekman & Hiltunen, 2015) that avoidance behaviours were a common occurrence by those with AS. In the study, these avoidance behaviours were seen to cause differing affection and connection needs between the different groups of participants, and these differing needs appeared to produce conflicting expectations and viewpoints between the groups, regarding expressions of affection.

Key findings from survey data items 22 and 24

While a total of 42% (44) AWAS acknowledged that warm affectionate conversations were in short supply within their relationship (see Figure 4.6), 46% (49) indicated that they were satisfied with the levels of affection and therefore rarely or never desired an increase to expressions of affection (see Figure 4.7). In contrast, 84% (210) AWANT agreed that there were insufficient warm affectionate conversations within their relationship (see Figure 4.6) and 75% (188) always, or mostly wanted an increase to expressed affections (see Figure 4.7). Although a higher percentage of female than male respondents with AS answered that affectionate conversations were lacking (see Table 4.6), both female and male respondents with AS demonstrated a similar preference for lower levels of expressed affection (see Table 4.7).
Figure 4. 6. SI 22. I feel that warm, affectionate conversations are lacking.

Table 4. 6. *I feel that warm, affectionate conversations are lacking, by gender.*

<table>
<thead>
<tr>
<th></th>
<th>AS Female</th>
<th>%</th>
<th>AS Male</th>
<th>%</th>
<th>NT Female</th>
<th>%</th>
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</tbody>
</table>

Figure 4. 7. SI 24. I want more affection expressed.
Table 4. 7. I want more affection expressed, by gender.

<table>
<thead>
<tr>
<th></th>
<th>AS Female</th>
<th>AS Male</th>
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<td>Rarely</td>
<td>27</td>
<td>42</td>
<td>11</td>
<td>28</td>
</tr>
<tr>
<td>Never</td>
<td>6</td>
<td>9</td>
<td>4</td>
<td>10</td>
</tr>
</tbody>
</table>

|         | 65        | 39      | 236       | 14      |

**Interview responses**

The interview data confirmed what the survey data indicated, that is that AWANT had a greater need for affectionate conversations within their close relationships than do AWAS. Most interviewees with AS reported that while they noticed their partner/family members’ need, they themselves did not have the same need:

WALLY  
*Well we don't have the kind of rituals that I observe in others...We've been married nearly 30 years and we've never had the things that other people express or as being a normal part of that so we've never been, for example, in the habit of a kiss goodbye on the way out in the morning, even the ‘Honey I'm home’ is a stereotype which doesn't apply. It's just never been something that we do.*

SANDRA  
*I do know that he wishes that we would be more affectionate with each other and...I guess I don't have that feeling as much.*

MURRAY  
*Yeah, I think it’s more, I understand intellectually it's the right thing to do. I think ‘oh it's been a couple of months since I bought flowers, I should buy flowers.’*

TERRY  
*Quite often she'll just come up and hug me, sometimes without notice, so I'm learning to accept that and for me a good hug is probably anything up to a minute probably, but 2 or 3 minutes is something I'm learning to adapt to, or longer.*

On the other hand, while the majority of AWANT noticed their partner/family members with AS did not appear to have the same needs, they lamented the lack of
affectionate and deep meaningful conversation within their relationships. The majority of these interviewees also commented on the resulting lack of emotional connection and what it meant for them in their relationship:

QUINN  
*It's kind of hard for my husband to connect with me emotionally...it doesn't matter if I tell him this is what I need however many times, he doesn't seem to be able to get to the level that I need him to be.*

TRACY  
*But with time, I stopped trying to have deep conversations with [my partner] because I went away empty each time...In the end, you try to protect yourself from constant disappointment.*

MAGGIE  
*Whenever I want to talk about anything that's emotional, [my husband] will either shut down or just change the subject...I'm closer to some of my friends, I have better communication with my friends...but I have my daughter, I have my husband, there's a chance that my son-in-law has, and there's a chance that my grandson has, so [I'm] surrounded by AS. I can't hold and give to every single one of them.*

RUTH  
*I know he loves me, but he does not feel love in the same way I do. He has reported that love as an emotion is a big gaping hole to him. He doesn’t really know what it feels like, but he “loves” me in his own way.*

**Needs: Adults with Asperger’s Syndrome**

Different communication capabilities, and differences in a need for communication, appeared to lead to various other conflicting needs between AWAS and AWANT. The survey and interview data appeared to corroborate previous research findings (Dubin, 2009; Lamport & Zlomke, 2014) that AWAS often experience high levels of anxiety due to the complications they have with social interaction. In this study, expressing emotions; conversing about personal and emotional matters; and conveying meaning emerged as three key features in a frequent need for AWAS to find opportunities to disengage from interaction with their partner/family members. As identified in these data through the analytic coding
processes, these three key features guided various factors that facilitated disengagement from personal interaction for participants with AS. These were: company without expressive and deep conversations, solitude to relieve tensions, refuge in special interests. Each item will be considered in turn.

The need for company without expressive and deep conversations

Key findings from survey data items 24, 27 and 48

The survey suggests various motivations direct the need AWAS had for company, without expressive and deep conversation. Figure 4.7 illustrates different need levels for the expression of affection between the two groups. Figures 4.8 and 4.9 demonstrate the previously discussed difficulties with emotional communication which appear to guide a preference for demonstrations of affection mainly through actions rather than through conversation. The graphs show that a total of 74% (78) AWAS specified that affection is always, or mostly, better demonstrated through actions or deeds rather than words and 46% (43) also answered that they often communicated through their actions (see Figures 4.8 and 4.9). In contrast, AWANT showed some uncertainty in their answers to SI 27. While a total of 36% (91) agreed that deeds were better than words, 37% (93) selected neutral and 26% (66) disagreed. However, their responses to SI 48 showed a stronger preference for verbal communication with 52% (127) disagreeing, 36% (87) selecting neutral and 12% (30) agreeing (see Figure 4.9). Male and female respondents with AS revealed similar preferences for demonstrating affection and communicating through actions and deeds, rather than the use of words (see Tables 4.8 and 4.9). However, male and female AWANT responses displayed some difference in their preferences for demonstrating affection (see Table 4.8), but were similar in their tendencies for the use of words over actions (see table 4.9).
Chapter 4: Results – Different Needs

Figure 4. 8. SI 27. I think the best way to demonstrate affection is through deeds (that is, actions rather than words).

Table 4. 8. I think the best way to demonstrate affection is through deeds (that is, actions rather than words), by gender.

<table>
<thead>
<tr>
<th></th>
<th>AS Female</th>
<th>%</th>
<th>AS Male</th>
<th>%</th>
<th>NT Female</th>
<th>%</th>
<th>NT Male</th>
<th>%</th>
</tr>
</thead>
<tbody>
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<td>7</td>
<td>18</td>
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<td>62</td>
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<td>31</td>
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<td>50</td>
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<td>21</td>
<td>90</td>
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<td>21</td>
</tr>
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<td>Rarely</td>
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<td>12</td>
<td>0</td>
<td>0</td>
<td>57</td>
<td>24</td>
<td>4</td>
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</tr>
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<td>0</td>
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<td>2</td>
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<td>0</td>
</tr>
<tr>
<td>Total</td>
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<td>39</td>
<td></td>
<td>236</td>
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<td>14</td>
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</tr>
</tbody>
</table>

Figure 4. 9. SI 48. I communicate by actions rather than by talking.
Table 4.9. I communicate by actions rather than by talking, by gender.

<table>
<thead>
<tr>
<th></th>
<th>AS Female</th>
<th>%</th>
<th>AS Male</th>
<th>%</th>
<th>NT Female</th>
<th>%</th>
<th>NT Male</th>
<th>%</th>
</tr>
</thead>
<tbody>
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<td>37</td>
<td>23</td>
<td>10</td>
<td>5</td>
<td>36</td>
</tr>
<tr>
<td>Neutral</td>
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<td>32</td>
<td>84</td>
<td>37</td>
<td>3</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>54</td>
<td>38</td>
<td>8</td>
<td>230</td>
<td>14</td>
<td>14</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The qualitative data supports these findings. Within the interviews, AWAS conveyed that while they experienced contentment in the company of their partner/family members, and often wanted to spend time with them, they did not want to participate in the emotional aspects of conversations with them. Being together was enough for them. Doing things, rather than offering emotional support, was their preferred way to demonstrate affection. Consequently, in order to decrease the likelihood of the occurrence of emotional conversations, they reported that they frequently disengaged from the company of their partner/family members. Meanwhile, AWANT reported that because they desired more engagement with the emotional aspects of companionship than their partner/family members usually accomplished, they were frequently left in need.

**Interview responses**

As discussed previously, many AWAS confirmed that their preference was not to participate in giving emotional support. They highlighted that this lack of involvement did not suggest a lack of love for the people within their close relationships, rather their anxiety about participating within emotional conversation, together with a lack of an equal need to deeply connect through conversation:

**WALLY**  
* I don't feel like we have to be conversing, interacting, whatever, all the time. I just want to be in the same house...I used to like the fact that we could go somewhere and just be in the same space and...not feel like we had to have frivolous conversation. Just be around each other...at home and weekends because you know I have a full week and I'm buggered, I need that chill out space at the weekend and she accepts that.*
RICHARD  I do things like I'll come home and I'll put the kettle on...I'm not a person to go up and just give [my partner] a hug...I see if somebody needs help like carrying groceries or something like that...but reading somebody's emotional signs...it's just not an instantaneous or automatic thing.

SHARON  I expressed my affection through daily small acts like waking earlier to make coffee and breakfast for him before he went to work...I also helped him with his work...as a form of affectionate support and to relieve his work stress so that he was a happier person.

While the majority of AWANT understood that their partner/family members with AS did not have the same need for emotional connection, and that anxiety was a frequent cause, they nevertheless felt that the lack of emotional conversations, unresponsiveness to their emotional conversations, and the resulting lack of emotional connectedness they sought to have with their partner/family members, were the most difficult things to deal with in their relationships:

TRACY  One day he cleaned out the inside of the dishwasher...and said to me: "You must be so happy to have a husband like me! There's not many men would do this, you know!"...I just stood there speechless...Like I ever cared a hoot about the inside of the dishwasher!

MAGGIE  There was no affection, there was no encouragement, there was no hugs, unless you know you've just been chastised...then you start to say “well am I really worth anything”, and living with that is really hard to find an identity for yourself, and self-esteem, yeah and self-confidence, that's what I battle with all the time.

MANDY  We don't say we love each other a lot...he shows it in different ways so it's not telling me he loves me but then he'll come in with a cup of tea sometimes, so I've taken it as it's his action sometimes, rather than just his words.
The need for solitude to relieve tensions

Key findings from survey data items 11, 25, 29 and 39

From the survey, it appeared that AWAS frequently experienced a higher need for solitude with lower levels of need for social interaction, when compared to AWANT. In combination with difficulties with emotional conversations, the difficulties involved in responding within the, often, fast pace of interpersonal interaction (see Figures 4.10 and 4.11), the complexities concerned in discussing problems (see Figure 4.12), and a preference for time alone to solve problems (see Figures 4.13), seemed to contribute to a desire for regular amounts of seclusion.

A total of 66% (71) of AWAS answered that responding quickly within conversations were always or mostly challenging for them, whereas 76% (191) AWANT specified that responding quickly was rarely, or never, challenging (see Figure 4.10). Responses to SI 39, however, imply that taking some time to process a response can be a cause of dispute for both AS and NT respondents (see Figure 4.11). A total of 41% (39) AWAS answered that a dispute could be triggered by slow responses and 38% (36) answered that it only happened occasionally. Similarly, 35% (86) AWANT agreed that a dispute can be triggered by slow responses, whereas 36% (88) specified that it only occurred occasionally. The survey data suggested that both male and female AWAS experience similar challenges with responding quickly, whereas both male and female AWANT mostly do not appear to experience these difficulties (see Table 4.10). In contrast, there seemed to be negligible difference when it comes to taking time to respond between the males and females within each group of participants, and also between the groups (see Table 4.11).
**Chapter 4: Results – Different Needs**

**Figure 4.10.** SI 11. Responding quickly within conversations is challenging.

<table>
<thead>
<tr>
<th>Always</th>
<th>Mostly</th>
<th>Neutral</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>AS</td>
<td>28%</td>
<td>11%</td>
<td>11%</td>
<td>2%</td>
</tr>
<tr>
<td>NT</td>
<td>33%</td>
<td>27%</td>
<td>33%</td>
<td>17%</td>
</tr>
</tbody>
</table>

**Table 4.10.** Responding quickly within conversations is challenging, by gender.

<table>
<thead>
<tr>
<th></th>
<th>AS Female</th>
<th>%</th>
<th>AS Male</th>
<th>%</th>
<th>NT Female</th>
<th>%</th>
<th>NT Male</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>28</td>
<td>43%</td>
<td>11</td>
<td>27%</td>
<td>3</td>
<td>1%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Mostly</td>
<td>16</td>
<td>25%</td>
<td>14</td>
<td>35%</td>
<td>15</td>
<td>6%</td>
<td>2</td>
<td>14%</td>
</tr>
<tr>
<td>Neutral</td>
<td>8</td>
<td>12%</td>
<td>7</td>
<td>17%</td>
<td>35</td>
<td>6%</td>
<td>6</td>
<td>43%</td>
</tr>
<tr>
<td>Rarely</td>
<td>11</td>
<td>17%</td>
<td>8</td>
<td>20%</td>
<td>145</td>
<td>61%</td>
<td>6</td>
<td>43%</td>
</tr>
<tr>
<td>Never</td>
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<td>0%</td>
<td>40</td>
<td>17%</td>
<td>0</td>
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</tr>
</tbody>
</table>

**Figure 4.11.** SI 39. When I take some time to process a response within conversations it can trigger a dispute.
Table 4. 11. When I take some time to process a response within conversations it can trigger a dispute, by gender.

<table>
<thead>
<tr>
<th></th>
<th>AS Female</th>
<th></th>
<th>AS Male</th>
<th></th>
<th>NT Female</th>
<th></th>
<th>NT Male</th>
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<tr>
<td>Always</td>
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<td>13</td>
<td>2</td>
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<td>19</td>
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<td>14</td>
</tr>
<tr>
<td>Mostly</td>
<td>19</td>
<td>35</td>
<td>11</td>
<td>29</td>
<td>59</td>
<td>26</td>
<td>6</td>
<td>43</td>
</tr>
<tr>
<td>Neutral</td>
<td>10</td>
<td>19</td>
<td>9</td>
<td>24</td>
<td>67</td>
<td>29</td>
<td>3</td>
<td>21</td>
</tr>
<tr>
<td>Rarely</td>
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<td>17</td>
<td>12</td>
<td>32</td>
<td>57</td>
<td>25</td>
<td>3</td>
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</tr>
</tbody>
</table>

Respondents with AS portrayed some uncertainty in their answers to SI 25. A total of 44% (47) specified that they preferred to discuss problems, 27% (29) answered that they preferred not to discuss problems, and 28% (30) selected neutral (see Figure 4.12). In contrast, the large majority, 77% (191), of AWANT acknowledged that it was their preference to always, or mostly, discuss their problems, rather than to “move on”. In addition, answers to SI 29 also show a difference in preferences when it came to solving problems. The majority of AWAS, 79% (84), illustrated a preference for time alone when trying to solve problems, while 41% (103) of AWANT agreed, 33% (82) identified that they disagreed, and 26% (64) answered neutral (see Figure 4.13). The survey data suggested that while there was negligible difference between the males and females within each group of participants, there was marked differences between each group (see Tables 4.12 and 4.13).

![SI 25](image)

**Figure 4. 12.** SI 25. I believe it is best to ‘get over it’ and move on rather than discuss problems.
Table 4. 12. I believe it is best to ‘get over it’ and move on rather than discuss problems, by gender.

<table>
<thead>
<tr>
<th></th>
<th>AS Female %</th>
<th>AS Male %</th>
<th>NT Female %</th>
<th>NT Male %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>4</td>
<td>6</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Mostly</td>
<td>10</td>
<td>15</td>
<td>23</td>
<td>10</td>
</tr>
<tr>
<td>Neutral</td>
<td>17</td>
<td>26</td>
<td>31</td>
<td>25</td>
</tr>
<tr>
<td>Rarely</td>
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<td>119</td>
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<td>20</td>
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<tr>
<td>Total</td>
<td>65</td>
<td>39</td>
<td>235</td>
<td>14</td>
</tr>
</tbody>
</table>

Figure 4. 13. SI 29. Problems are best solved by thinking them through privately before deciding on a plan of action.

Table 4. 13. Problems are best solved by thinking them through privately before deciding on a plan of action, by gender.

<table>
<thead>
<tr>
<th></th>
<th>AS Female %</th>
<th>AS Male %</th>
<th>NT Female %</th>
<th>NT Male %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>28</td>
<td>43</td>
<td>9</td>
<td>23</td>
</tr>
<tr>
<td>Mostly</td>
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<td>8</td>
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<tr>
<td>Total</td>
<td>65</td>
<td>39</td>
<td>235</td>
<td>14</td>
</tr>
</tbody>
</table>

Interview responses

Similar to their survey responses, AWAS reported that they often preferred to spend time alone, sometimes just to relax, sometimes to recover from tense conversations or interaction difficulties, and sometimes to gain relief from resulting social interaction anxieties. Many also described how connection, interaction and
sharing through communication, were simply not a priority; however, spending time alone was a regular priority:

SUSAN  Sometimes I just need to be left alone and it would be the greatest way of showing he cares...I feel threatened by his voice, facial expression and other non-verbal communication...I'm scared of strong emotions.

RACHELLE  I'm quite happy to sit in silence...what's going on in my own head is far more important than what is coming out of other people's mouths.

SANDRA  If he's trying to maybe be emotional or affectionate with me and I'm doing something else, it gets that kind of anxious feeling of having to stop what I'm in the middle of and put my focus on what he wants, because in my mind I'm like, 'I'm in the middle of something, I have to finish this and I'm enjoying what I'm doing', so I don't want to stop and do something else.

While a few AWANT described their attempts to accommodate their partner/family members’ need for solitude by looking to other sources of connection, the main outcome for them was a shortfall of the desired interpersonal connection:

TRACY  The emotional connection I craved seemed to drain my husband, seemed to wear him out, seemed to demand all his energy, so that he had nothing left to give after a few days.

LUCY  I know they like their solitude, I know you've got to give them their solitude and I don't have an issue with that because I've got a good social life, I've got good friends.

QUINN  I just express how I feel and he either chooses to respond or not...He would shut down and not say anything and then I just mainly cry...He doesn't talk. I have to fill up the silence so I just keep talking.
The need for refuge in special interests

This theme was evident in items 6 and 52

As previously discussed, individuals with AS often appear to face considerable anxiety concerning conversing, especially in the emotional aspects of conversations. In this study, this anxiety appeared to lead to regular conversation avoidance. Interviews confirmed that, for AWAS, a focus on special interests often gave them a way to avoid emotional conversation and, therefore, appeared to function as a way to reduce anxieties that were founded on communicating. The survey appears to confirm high levels of conversational anxiety were experienced by the majority of AWAS respondents but rarely seemed to be experienced by AWANT respondents (see Figures 4.14 and 4.15). These graphs show that a total of 68% (73) AWAS acknowledged that they always, or mostly, experience anxiety when talking with others (see Figure 4.14). Only a small number; 7% (18) AWANT answered similarly, however 82% (207) AWANT indicated that they experience little or no anxiety when talking with others. Responses to SI 52 show that 65% (60) of AWAS always, or mostly, feel anxious during personal conversations, whereas 56% (141) AWANT answered that they rarely or never experience anxiety during personal conversations (see Figure 4.15). The survey data revealed negligible difference between the male and female responses within each group of participants, however there appeared to be considerable response difference between each group (see Tables 4.14 and 4.15).

![Figure 4.14. SI 6. Talking with others increases my anxiety levels.](image-url)
Table 4. 14. Talking with others increases my anxiety levels, by gender.

<table>
<thead>
<tr>
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<th>AS Female %</th>
<th>AS Male %</th>
<th>NT Female %</th>
<th>NT Male %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>25</td>
<td>8</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Mostly</td>
<td>23</td>
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<tr>
<td>Neutral</td>
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<td>11</td>
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<tr>
<td>Rarely</td>
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<tr>
<td>Total</td>
<td>65</td>
<td>40</td>
<td>238</td>
<td>14</td>
</tr>
</tbody>
</table>

Figure 4. 15. SI 52. I feel anxious as soon as conversations become personal.

Table 4. 15. I feel anxious as soon as conversations become personal, by gender.

<table>
<thead>
<tr>
<th></th>
<th>AS Female %</th>
<th>AS Male %</th>
<th>NT Female %</th>
<th>NT Male %</th>
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Interview responses

In the interviews, many AWAS noted that, while time spent on a special interest impinged on family time, this awareness did not often translate into changing their single-mindedness. Instead, they customised family time to accommodate their special interest. When conversation becomes personal Susan said:

I often feel as if I’m on trial, that I don’t know what to say, that my brain becomes paralysed and frozen.
For that reason she stated:

*I would be happiest to spend my days reading and listening to music, without him and our child.*

Whereas Sandra expressed how difficult it was for her to put aside her interests for the sake of others:

Yeah, I do see that getting very focussed and engrossed on something, and then if something else needs to be done between me and someone else...I get more anxious about having to leave what I'm doing to mind what they need.

What emerged from the interviews was that the entire group of AWAS often felt more dedicated to their special interest than to their relationships. Consequently, centred on themselves, requirements to spend time with their significant others usually became a lower priority:

RACHELLE  *Yes, I'd certainly want to spend a lot more time on my interests than I do on family time.*

SAMUEL  *I discovered photography...It became my obsession...I get most of the pleasure for my life from that.*

DEAN  *My tendency to spend hours absorbed in computer games, books, and other distractions does not pass without comment.*

Murray’s perspective revealed that he considered finding a constructive way to confront the matter:

Oh, I think we probably naturally, the Asperger person, can be quite obsessive about things...I used to gamble...Not a positive thing to be doing...once I understood Asperger's...ok I'm obsessive, I need to find something positive to be obsessive about.

While AWAS reported that a special interest formed a source of satisfaction and fulfilment in their lives, AWANT reported feeling quite differently about their
partner/family members’ special interests. Although many AWANT reported having some understanding of their partner/family members need for a special interest, they also felt that the devotion given to it, rather than them, was a major difficulty that they had to deal with in their relationship. The frequent result was feelings of resentment as they felt that had to compete with the special interest for time and attention. Laura acknowledged that she understood her partner’s reasons for time spent with special interests.

“He spends long hours at work...or internet surfing, all in the name of special interests in news/health. “Work” becomes the all-purpose reason to be unavailable...Real reasons—interaction with strangers, going to strange places are hard. He can’t say that, so there have to be plausible reasons for being unavailable.

However, many AWANT reported that the affection that they sought from their partner/family members suffered:

RUTH Yes, my husband used to spend substantial amounts of time on special interests...It was horrible...I felt like I didn’t matter, and he didn’t want to spend time with our son.

SALLY He doesn't get it, it takes time away from every part of our relationship, his daughter's relationship.

Needs: Adults who are neurotypical

The survey and interview data suggested confirmation of previous research findings (Baumeister & Leary, 1995; Grigg, 2012; Marshack, 2009; Mendes, 2015; Simone, 2009); that different needs for emotional communication and different capabilities with communication exist in NDR. These differences seemed to produce a need to use communication in different ways, and for different purposes, for AWANT as opposed to AWAS. Adults who are NT mainly seem to use emotional and personal conversation to build a closely connected relationship (Ariyo & Mgbeokwii, 2019; Pasch et al., 1997). However, the data indicated that AWAS do not appear to have the same desire, leading them to use conversation in different ways and for different
purposes, and not for the emotional and personal conversation desired by AWANT. These different approaches toward these types of interaction, different capacities for interaction, and also different desires for interaction, seemed to result in unsatisfactory communications and connections within these relationships. Identified in these data through the analytic coding processes, fulfilling communication and emotional connectedness for AWANT consisted of reciprocated expressive and deep conversations; reciprocated affective companionship; and, reciprocated affective conversational intimacy. AWANT participants reported that, within their relationships, each of these areas were mostly insufficient for their needs.

The need for reciprocated expressive and deep conversations

Key findings from survey data items 1, 2, 9, 22, 24 and 43

The interview and survey data suggested that AWANT had a higher need for reciprocated expressive and deep conversations than AWAS. Survey responses showed various differences between AWANT and AWAS in reactions to reciprocal features of communication (see Figures 4.16 to 4.19), and the desire for warm affectionate conversation (see Figures 4.6 and 4.7). These differences appeared to influence the appeal for involvement in expressive and deep conversations.

While both AWANT and AWAS were mostly in agreement with each other regarding aspects of effective communication, it was found that the agreement did not translate to the attainment of effective communication between them. A total of 99% (249) AWANT and 83% (89) AWAS agreed that taking turns made for more effective communication (see Figure 4.16). Likewise, 98% (247) AWANT and 71% (76) AWAS agreed that active participation within conversations also makes communication more effective (see Figure 4.17). However, while AWAS, agreed with AWANT, on the survey items, interview responses indicated that understanding did not lead to action. Georgia (NT) stated:

That's the problem with that reciprocal relationship that most of us are in this type of relationship are searching for, but an Asperger person doesn't seem to be able to give or understand.

Terry (AS) stated:
[My partner] would like to have more communication interaction with me... rather than just sit and listen.

Figure 4.16. SI 1. Taking turns in talking can make communication more effective.

Figure 4.17. SI 2. In order to acknowledge what a person is saying it is important to give eye contact, nod and/or make comments, such as “I see”, “mmm”, or “yes”.

Furthermore, illustrating differences in perceptions of non-verbal communication, responses to SI 9 show that 96% (243) of AWANT agreed that body language assists with meaning; however, 42% (45) AWAS disagreed (see Figure 4.18). Interview responses revealed similar views to survey responses from both
groups. Responses to SI 43 also supported the greater emphasis on both verbal and non-verbal communication for AWANT with 94% (231) of AWANT answering that they did participate in conversations either verbally or non-verbally, compared to only 49% (46) of AWAS (see Figure 4.19).

Figure 4.18. SI 9. Attending to a speaker’s body language can make it easier to decipher the real meaning of what she/he is talking about.

Figure 4.19. SI 43. I participate in conversations both verbally and non-verbally (for example, by nodding or gesturing).
Similarly, previously reported responses to SI 22 and SI 24 (see Figures 4.6 and 4.7), accompanied by interview comments, reveal a sizeable disparity between needs for expressions of affection. When taken together with different views on reciprocity, this incongruence illustrates that AWANT usually require an increase to reciprocated, responsive exchanges and expressions of affection in their relationships; however, AWAS essentially, do not. Therefore, through survey and interview responses, AWAS exhibited that they were predominantly receiving adequate amounts of interaction and affection in their relationship, while AWANT were not.

**Interview responses**

A lack of the desired amount of reciprocated expressive and deep conversations, for AWANT, appeared to be one of the main contributing factors to the absence of the emotional connectedness that they were seeking. While AWANT understood that their partner/family members did not often perform well and/or want to engage with these types of conversation, they nevertheless indicated that they wanted their partner/family members to understand that they had a necessity for these types of interactions. They reported that the support that they gave their partner/family members, in order to cultivate the positive emotional encounters that were missing, was often thwarted by a lack of engagement with their efforts. Many AWANT discussed that their commitment to the relationship was affected by the absence of these reciprocated expressive and deep conversations. A frequent result was that superficial conversations became the rule:

**WILHELMINA** *Our day-to-day conversations are superficial. They revolve around chores and how your day has been and it will be very concrete answers like – “I did x, I ate y for lunch, I went so and so” so there's no exploration of in-relationship interaction….It's the realisation that...things are not going to change, therefore my wanting more affection is only going to make me unhappy...so my response is to go and do more things with other people.*

**TRACY** *Reactions and lack of reaction also set up barriers which kill emotional reciprocity. If, when you speak to someone, the person does and says nothing, one gradually stops speaking to that person, so: no emotional connection. If he regularly says things which hurt you, you*
progressively pull back emotionally and get your emotional input elsewhere.

**WANDA**  
I've kind of given up...I think I've kind of worn myself out...I've sort of reached that point of not being hurt anymore and trying not to expect anything and I don't have the answers.

Many AWAS mentioned that they did not perform well and/or want to engage with reciprocal affectionate conversation. Some commented that they were often not aware when their significant others required reciprocal interaction and/or connection from them. Some reported that they did not know how to respond even if aware of when reciprocal interaction and/or connection was required, while others mentioned that sometimes they became annoyed by their partner/family members’ efforts to get them to reciprocate in conversations:

**RICHARD**  
But reading somebody's emotional signs...the light bulb doesn't go off in my head.

**EDITH**  
I can't construct those conversations as well as I'd like...Never guaranteed to be able to do it...I can't read the body language well enough to know.

**WALLY**  
Clearly, I'm not able to...I think she has an expectation...some kind of emotional support that I may even not recognise the need to give at the time she needs it, so yeah, it’s a bit of a minefield.

**SAMUEL**  
[My partner] really needs to hear people's opinions about things to make her feel that she's doing the right thing...debrief about her day which was something I always feel kind of annoying.

However, Matt reported that even though it was difficult for him, he recognised the importance of working at reciprocal interaction and/or connection for the sake of the relationship:
Any change in a relationship is really by invitation, I invite you to meet my needs...and without that kind of reciprocal meeting of invitations, the relationship does in fact suffer because it doesn't change, and the needs aren't met.

The need for reciprocated affective companionship

Key findings from survey data items 10 and 41

From the survey and interview data it can be seen that AWANT desired a different style of companionship than that desired by AWAS. AWANT appeared to want companionship that included warmth and closeness with opportunities to experience deep, meaningful conversations and to discuss important, personal and relational issues. Responses by AWAS implied that, although they understood logically the importance of these aspects within relationships, they wanted much less. They also wanted various occasions for solitude and seclusion (see previously reported Figure 4.4 and Figure 4.20). Even though Figure 4.4 shows that the large majority of both groups of participants thought that deep, meaningful conversations were important for close connections, a total of 53% (50) AWAS and 82% (201) AWANT agreed that they did not connect with their partner/family members when attempting important conversations (see Figure 4.20). The survey data suggested that there was negligible difference between the males and females within each group of participants (see Table 4.16).
Figure 4. 20. SI 41. I feel that we do not connect (that is, we are not ‘on the same page’) when attempting to have important conversations.

Table 4. 16. I feel that we do not connect (that is, we are not ‘on the same page’) when attempting to have important conversations, by gender.

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Interview responses

The majority of AWANT reported the lack of companionship they required led to fragmentation of their relationship for them. Some described how they became resigned to the lack of connection, while others described the sadness that caused them to turn away and attempt to gain companionship outside of their relationship. A few tried to appreciate the difficulties and accept the situation. It became apparent from the interviews that the entire group of AWANT felt disconnected from their partner/family member in some way. For most, the absence of the close companionship that they were looking for within their relationship, but were unable to remedy, gave rise to mixed feelings including discontentment and frustration:

QUINN    I would ask something…and he would never respond…I would go to bed crying…he never came and held me, he never came to ask what
was wrong...I can't get over the hurt...he can't connect with me emotionally to give me the assurance that I need...so I need to get over it on my own and I have no idea how to do that.

MAGGIE    It's just a nightmare and I battle with the lack of connection, especially with [my daughter]. I battle with being able to hug her...that sensory stuff... and I get that...I will live with that pain of that, but if I could have a more of an emotional connection with her that would be fine.

LAURA     He does not seem to want or solicit greater connection except that he does sometimes seem to seek out my presence...I wish he paid me more attention, noticed me more, shared more of his inner life with me...[I] often feel we just live two parallel lives.

Many AWAS reported that they did not appreciate the requirement placed on them to talk and connect to the satisfaction of their partner/family members:

SHARON    I was thinking about obligations to explain myself repeatedly over the same matter. That happened in the relationship and I was not pleased to have to do that.

TERRY     I suppose that's probably about 1 in 10 that we manage to talk things through to [my partner’s] satisfaction.

RACHELLE  We just go through our daily lives and we don't actually stop and connect.

The need for reciprocated affective conversational intimacy

Key findings from survey data items 7, 12, 17, 34 and 57

The reciprocated warm affectionate conversations that encourage emotional connectedness and build intimacy within relationships, was shown to be mostly missing within these relationships (see Figures 4.5 and 4.21 to 4.24). Although the majority of AWAS and AWANT were in agreement that using “I” statements was the best way to communicate feelings; 85% (215) AWANT and 67% (72) AWAS (see
Figure 4.21, the majority of both groups did not agree on giving and receiving “I” statements for expressing love and care. A total of 53% (133) of AWANT answered that they would like to regularly receive affectionate affirmations, such as “I love you” or “I care” (see Figure 4.22), and 70% (177) AWANT specified that these affectionate affirmations was were necessary. In contrast, 43% (46) of AWAS acknowledged that they would like to receive affectionate affirmations, but 37% (40) of AWAS thought that giving these affectionate affirmations was predominantly not necessary. Therefore, responses to SI 12 reveal that many AWAS appear to want to receive affectionate affirmations, but responses to SI 17 indicate that many AWAS also felt that giving affectionate affirmations were unnecessary. Consequently, responses to SI 12 show indicate that while the majority of AWANT desire affectionate affirmations more often than do AWAS, both would like to receive affectionate affirmations. Despite this, responses to SI 17 imply that AWAS do not have the same desire to give affectionate affirmations; however, AWANT do.

![SI 7 Graph](image)

*Figure 4. 21. SI 7. The best way to communicate my feelings is to use “I” statements, such as, “I think…,” “I feel…,” “I need….”*
Figure 4. 22. SI 12. I need to receive frequent affirmations, such as ‘I love you,’ ‘I care,’ or ‘I understand.’

Figure 4. 23. SI 17. Saying things like ‘I love you’, ‘I care’ or ‘I understand’ on a regular basis is not necessary.

The majority of both groups of survey respondents, 81% (197) AWANT and 52% (48) AWAS agreed that their relationship would improve if they had more meaningful conversations (see Figure 4.24). As previously reported; however, both groups of survey respondents indicated that deep and meaningful conversations usually do not take place in their relationships (see Figure 4.5). Therefore, a lack of regular affectionate affirmations (see Figure 4.23), and deep meaningful
conversations (see Figure 4.5), did not appear to allow for the full realisation of the affective conversational intimacy required for close relating. While AWAS demonstrated an appreciation of the importance of meaningful conversations (see Figure 4.24), they did not appear to act on this understanding. The need for reciprocated expressive deep conversations; reciprocated affectionate conversations; and reciprocated conversational intimacy that AWANT indicated that they required, appeared to often remain unmet. The survey data suggested that there was negligible difference between the males and females within each group of participants (see Table 4.17).

**Figure 4.24. SI 57. Our relationship would improve if we had deeper, more meaningful conversations.**

**Table 4.17. Our relationship would improve if we had deeper, more meaningful conversations, by gender.**

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**Survey responses**

An AWANT survey respondent revealed the frustration of a lack of emotional connection:
My experience of the relationship would be better if I felt connected with my partner and received acknowledgements that we exist as a couple. Communication is almost always frustrating.

In contrast, a respondent with AS confirmed that he did not have the same need for connection that his wife did:

*I don't feel the need to connect emotionally in the way [my wife] does.
Only in the past 5 years have I understood that I have ASD, but in hindsight can see relationship difficulties throughout our marriage that it has impacted and exacerbated.*

**Interview responses**

All AWANT within the study disclosed they felt that the needs of their partner/family members were being met to some extent; however, their needs remained fully unmet. The lack of expected warmth and intimacy within their relationships not only had a detrimental effect on their ability to grow close to their partner/family members, their unmet needs meant that the relationship lacked the depth that they required:

**NORA**  
*I probably have a higher need for emotional sort of intimacy and responsivity and desire to sort of be seen by my partner. He's happy with how things are because he doesn't need as much on that scale and...I'm lumped with how it is.*

**RENEE**  
*Conversations tend to be for example ‘how did you go at work today?’ ‘Oh okay.’ ‘Did you see so and so today?’ ‘Oh yeah.’ ‘How are you feeling today?’ ‘Okay.’...See what I mean; superficial.*

On the other hand, participants with AS, discussed the challenges of being required to offer emotional support, share in meaningful conversation and cultivate intimacy in their relationships:
Richard  It's been a frustrating exercise...I'll give one, or two, word answers, whereas she's looking for...talk[ing] it out a bit more, but as I say that's more...effort on my part.

Rachelle  If I wanted to have fixed it I would have increased the level of conversation or intimacy...this is the level I'm happy with...No, no I don't think he is happy at all.

4.3.3 Resultant consequences

As previously discussed, analysis of survey and interview data indicated that, due to the characteristics of individuals with AS, the different needs of each group of participants, when in relationship with each other, were incompatible with the needs of the other. The survey and interview data suggest that the consequences of irreconcilable needs produce affection and connection incompatibilities within NDR. These incompatibilities appear to establish an imbalance in expectations of acceptable expressions and displays of affection.

Affection levels

Corroborating the work of Aston (2001, 2003), Attwood (2007), Bentley (2007), Bostock-Ling (2017; 2012), Grigg (2012), Jacobs (2006), Marshack (2009), Moreno et al. (2012), and Simone (2009), the survey and interview data suggest that affection and connection levels within NDR are not equivalent to typically expected affection and connection levels for close relationships. Identified in this study was a different need between AWAS and AWANT for different levels of affection, emotional connection, closeness and responsiveness. Whereas, AWAS indicated that the lower than standard levels were adequate for them, AWANT indicated that they became more and more unsatisfied with a lower than standard level. Therefore, the suggested effects of these affection and connection incompatibilities were differences in satisfaction in their relationships.

Interview responses

The appearance of lower than usual levels of affection and connectedness appeared to be perceived very differently by each group of participants. Whereas the avoidance of emotional interaction often improved the situation for AWAS, it had the
opposite affect for AWANT. For AWANT, a common conclusion was to question whether their partner/family member felt any affection for them. These doubts, that their partner/family member held, caused some concerns for a few AWAS. Murray noted:

My wife points out that my...levels of affection aren't what she would expect normally...it's very easy for someone to assume that that means that they don't love you as much because you're not as affectionate as they would expect.

Richard described how his partner questioned his faithfulness as a result of low affection levels:

At one time she...said 'are you having an affair?'...and I said 'no there's nobody else and I do love you, but I suppose...I'm just not showing you as much affection as what I did 20 years ago.'

What emerged from the interviews were that AWANT participants wanted more affectionate interaction and were concerned with the lack of affection in their relationships. Shirley described her main irritation was that demonstrations of affection she expected usually did not occur:

It doesn't come naturally to [my partner] to be warm or affectionate, it's not something that naturally just comes to her head.

Likewise, Debra conveyed that she had given up expecting “loving care” from her son:

I find that there is a lot of work on my part to manage the relationship. My son tends to really lack empathy...I expect a little bit more loving care the way I give to him and I never ever get it, so I've learned to just not expect that thing from him...He's very stiff, very wooden, doesn't smile, doesn't interact in the conversation very much...I know he feels love...but he doesn't know how to integrate the expected expressions of love into a normal kind of interaction with people.
Similarly, Renee described how her partner was not as affectionate as she would like and was dismayed that he appeared satisfied with the situation:

*I think he's reasonably happy about it because he doesn't need that level of emotional connection really, or he doesn't appear to...the fact is I'm his wife, we've been married for coming up 33 years, as long as things are okay in his world, then he thinks that it's okay in my world.*

In a similar vein, Laura shared her view of her relationship:

*The warmth and affection is a one-way street.—I should give it to him, and be content that he solicits/accepts it...He does not seem to want or solicit greater connection.*

The dwindling level of affection in Sabrina’s relationship caused her to become downhearted:

*The affection stayed for a little while, but then, it just gradually fell off...and he doesn't seem to be that bothered by it, so that's kind of the sad part.*

**Satisfaction levels**

Responses implied that the majority of AWAS were usually satisfied with lower than usual levels of affection and connection that appeared to be an element of these relationships, whereas the majority of AWANT appeared to be dissatisfied (see figures 4.25 to 4.27). The effects of this satisfaction discrepancy between each group of participants appeared to result in disproportionate intentions towards change. It appeared that the NT group wanted affection and connection levels to increase, whereas the AS group were content to leave things as they were.

**Key findings from survey data items 18, 19 and 26**

Figure 4.25 reveals viewpoints regarding satisfaction levels between the two groups of participants. A total of 50% (53) AWAS answered that the levels of emotional connection within their relationships were always or mostly satisfactory for them; however, 69% (174) AWANT responded that they were not satisfied. Previously reported satisfaction with lower than standard levels of expressions of
affection (see Figure 4.7), and being untroubled by lower than standard levels of emotional connection (see Figure 4.25) suggested a contentment with the reduced amounts of affection and connection found within these relationships for AWAS respondents but not for AWANT respondents. However, the answers of male and female AWAS appeared to be similar, while the answers of male and female AWANT appeared differ to some extent. The males in the NT group seemed to be evenly divided in their answers (see Table 4.18).

Notably, while Figure 4.25 suggested disproportionate emotional connection needs between the two groups, Figures 4.26 and 4.27, implied a discrepancy in awareness of partner/family member satisfaction between the groups. The majority of both groups; 42% (45) AWAS and 66% (166) AWANT, answered that they felt their partner/family members were always or mostly satisfied with their emotional connection (see Figure 4.26). The majority of both groups; 42% (44) AWAS and 51% (126) AWANT, also answered that they thought their partner/family members were always, or mostly satisfied with the expressions of affection (see Figure 4.27). Yet, Figure 4.25, implies that levels of emotional connection were satisfactory for AWAS but not for AWANT. Therefore, responses to SI 19 and SI 26 indicate that many AWAS did not interpret the satisfaction level of their partner/family members correctly, while the perceptions of AWANT appeared to be more often correct. This more accurate assessment concerned partner/family members’ satisfaction with emotional connection, and also satisfaction with expressions of affection. Tables 4.19 and 4.20 indicate that males with AS were either more discerning than females with AS in their assessment of partner/family member satisfaction levels, since males showed slightly higher accuracy in their judgement regarding satisfaction levels than females, or it could be that AWANT in close relationships with female AWAS were more satisfied than those in relationships with male AWAS.
Figure 4. 25. SI 18. I am satisfied with our emotional connection.

Table 4. 18. I am satisfied with our emotional connection, by gender.

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Figure 4. 26. SI 19. I think my partner/family member is satisfied with the amount of emotional connection we share.
Table 4. 19. *I think my partner/family member is satisfied with the amount of emotional connection we share, by gender.*

<table>
<thead>
<tr>
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<th></th>
<th>NT Female</th>
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<th>NT Male</th>
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</tbody>
</table>

*Figure 4. 27. SI 26. I think my partner/family member is satisfied with how I express affection toward him/her.*

Table 4. 20. *I think my partner/family member is satisfied with how I express affection toward him/her, by gender.*

<table>
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</tr>
</tbody>
</table>

**Interview responses**

Confirming the survey data responses, many AWAS reported that they were reasonably satisfied with the levels of affection within their relationships:

**SHARON** *In my previous marriage to NT-partner, I have found that our expectations and requirements for emotional connection were quite...*
different. I was craving more personal space and time while he was wanting to do many things together.

TOM I feel comfortable when I am with [my partner] and I do not feel lonely. To me that is a satisfactory emotional connection. I don’t know how to make warm affectionate conversations, but I don’t feel anything lacking. Sometimes [he] says our intimacy is lacking.

In contrast to the AS group, most AWANT showed substantial dissatisfaction. Nora’s sarcastic comment revealed her displeasure:

NORA Well obviously we’ve both got different emotional needs...and basically there's a disparity there which means I'm lumped with how it is...and when I say to him are you happy he goes “yeah I've got no problems with you. This is great for me, this relationship.” I'm like “I'm glad you're so happy.”

SABRINA I'm the one who's dissatisfied. He's kind of okay because he's getting whatever limited needs that he has met.

However, Mia’s comments illustrated that individual differences still exist. She described how her relationship was distinctively unique to the majority of NDR and, consequently, she appeared to be more satisfied in her relationship than most:

I'm satisfied in our relationship, particularly in regards to understanding the ways that [my partner] expresses love in that he likes to connect, he likes conversation, he likes to talk about current events and world events and he is a good listener and, yeah, so I think we do share a good connection in that we talk, we spend time together, it’s give and take.

Confirming Mia’s comments, Matt (AS) gave his viewpoint on reasons why their satisfaction levels appeared to surpass the average NDR. Also, in regard to Murray’s earlier comments, Matt’s description gave a possible explanation as to why many AWANT experience doubts about their partner/family members’ affection:
I've had a lot of training with Mia. She's really helped me know what it is to do and...our relationship has improved tremendously...My natural response is to be Mr Blank Face, Mr Poker Face, and to not interact, not even smile and interestingly...when I focus on what someone is saying I will lose all expression in the face...and...create the impression in the other person's mind that I'm not paying attention to them, when in fact I'm extra paying attention to them...One of the things Mia did was...‘don't do ear only listening’ because that's what I do, ear only, and lose other aspects of visual feedback to show that I'm actually paying attention...but I guess if you don't have that desire to learn or...willingness to learn, then that itself would be an impediment to learning.

**Conclusion**

This chapter has presented theme one; “affection and connection incompatibilities” which describes “the why” of prompting and PD. In other words, the motivating reasons underlying the commencement of prompting and PD in these relationships. In this theme it was illustrated that the frequent and widespread different positions of AWAS and AWANT toward expressing feelings and emotions, conversing about personal matters and deep and meaningful conversations appear to lead to sizeable incompatibilities for each within these relationships. Further, these incompatibilities appear to emerge as a fundamental cause to the experiences of each to hold very different needs for affection and connection in comparison to the other. The survey and interview data revealed that these differences in needs appeared to be the main underlying cause to the frequent feelings of dissatisfaction that both AWAS and AWANT faced. However, dissatisfaction seemed to be experienced a lesser extent for AWAS. They did not appear to have the same need for affection and connection and were often able to find other ways to meet their particular needs. Predominantly, the needs of AWANT seemed to remain unmet with affection levels mostly remaining lower than adequate for them. Table 4.21 presents the key points of the chapter.
Table 4.21. Key points.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Sub-section</th>
<th>Content</th>
</tr>
</thead>
</table>
| Theme 1
| | Subsequent differences | Needs: Adults with Asperger’s Syndrome. The need for company without expressive and deep conversations. The need for solitude to relieve tensions. The need for refuge in special interests. Needs: Adults who are neurotypical. The need for reciprocated expressive and deep conversations. The need for reciprocated affective companionship. The need for reciprocated affective conversational intimacy. |
| | Resultant consequences | Affection levels. Satisfaction levels. |

The following chapter presents themes two and three which details how the unmet needs of AWANT were found to be the catalyst to initiate prompting; the conditions that cause prompting to become the main communication strategy within these relationships; and the circumstances that activate prompting and the resulting PD characteristics exhibited by AWAS to form into a dynamic communication cycle.
5.1 Prompting Triggers

Chapter 5 presents the results for themes two; “prompting triggers” and theme three; “a prompt dependency cycle”, which describe “the what” of prompting and PD by identifying what conditions cause prompting and PD and/or PA to become the main communication strategy within these relationships; what circumstances activate prompting and PD and/or PA to form into a dynamic communication cycle; what coping strategies participants use to deal with being entangled in the communication cycle; and what transpires as a result of the choice of coping strategies used. Thus, these themes illustrate how the differences in needs for emotional conversation, and affection and connection through conversation, influence a need to manage these differences through prompting on the part of AWANT in competition with PD and/or PA on the part of AWAS. Subsequently, the convergence of these opposing forces appeared to produce a distinctive dynamic that influenced the formation of a communication cycle that had embedded competing features. Hence, this second theme; prompting triggers describe how the lack of emotional connectedness impels an onset of prompting within these relationships, the reasons that AWANT use prompting as their main communication strategy, the functions that prompting fulfils, and what occurs as a result of prompting. The third theme will detail the communication cycle that results.

5.1.1 Contributing factors

Suggested by the survey and interview data, there were a number of factors involved in activating the prompting behaviour of AWANT. The different requirements for emotional, personal and meaningful conversations, lower than usual level of affection and connectedness, unresponsiveness to and/or withdrawal from communications, and the inability to discuss problems and deal with resulting
conflicts, were all found to trigger prompting. Features of relating were found to contribute to considerable discord between the two groups of people within NDR, and prompting was found to be the main strategy AWANT used to resolve these differences and resulting discord; however, prompting was also found to cause some discord as well.

**Rectifying affection and connection paucity**

*Key findings from survey items 22, 24, 37, 38 and 42*

The majority of AWANT reported that prompts were introduced as a means to resolve the avoidance behaviours of AWAS within NDR, and therefore, encourage more involvement from them, with an expectation that desired affection and connection would increase. However, as discussed in the previous chapter, responses to SI 24 indicated that this desired improvement generally did not occur since this amendment did not appear to be wanted by AWAS (see Figure 4.7).

The survey revealed that a regular behaviour employed by AWAS appeared to be systematic avoidance of communication within these relationships. Conversation avoidance was found to be an occasional conduct of AWANT. A total of 60% (56) of AWAS indicated that their partner/family members rarely, or never, avoided conversations. In contrast, 61% (148) of AWANT specified that their partner/family members always, or mostly, avoided conversations (see Figure 5.1). Conversation avoidance can be a catalyst to an absence of the warm affectionate conversations previously discussed (see Figure 4.6). The survey data revealed that 78% (192) of AWANT always, or mostly, prompt conversations (see Figure 5.2), and 83% (201) always, or mostly, guide conversations (see Figure 5.3). Whereas, only 32% (30) of AWAS specified that they always, or mostly, prompt conversation (see Figure 5.2), and 35% (33) indicated that they always, or mostly, guide conversations (see Figure 5.3). Interview data suggested a core factor in the commencement of prompting by AWANT was conversation avoidance by their AWAS partner/family members.

The interview data also revealed that conversation avoidance was one of the main coping strategies used by AWAS to manage their communication problems. In order to overcome the extent of the conversation avoidance shown by partner/family members with AS, guiding and prompting conversations seemed to be the main coping strategy used by AWANT. Interviews confirmed that these conflicting coping strategies caused an escalation of prompting. However, some AWANT answered in
their survey that they occasionally employed communication avoidance themselves (see Figure 5.1). Their interviews revealed that sometimes they wanted to escape the difficulties, and as a result, ceased conversations themselves. Tables 5.1 and 5.2 show that gender did not appear to greatly affect prompting or conversational guidance rates as both male and female AWANT answered that they prompted and guided conversations with their partner/family members with AS.

![Figure 5. 1. SI 38. My partner/family member avoids communicating with me.](image)

![Figure 5. 2. SI 42. I have to prompt my partner/family member to communicate with me.](image)
Table 5. 1. *I have to prompt my partner/family member to communicate with me, by gender.*

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<th>AS Female</th>
<th>%</th>
<th>AS Male</th>
<th>%</th>
<th>NT Female</th>
<th>%</th>
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Figure 5. 3. SI 37. *If I do not direct or guide our conversations, they remain at a superficial level.*

Table 5. 2. *If I do not direct or guide our conversations, they remain at a superficial level, by gender.*

<table>
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<th>%</th>
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<th>%</th>
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</table>

**Interview responses**

Participants with AS indicated that they understood that their partner/family members wanted more meaningful conversation and, therefore, often prompted conversations to occur and/or continue. Regardless of this realisation, they openly acknowledged that they often did not choose to take part in these conversations.
Participants with AS appeared to see the situation as an issue of their partner/family members, rather than as a result of something that they needed to address. Consequently, the majority of AWAS appeared to find their partner/family members attempts to initiate conversation and connection unnecessary, or a hindrance. Samuel’s words implied as much:

*I would find the prompting about that sort of thing would be annoying...I don't find it necessary to continue on because her conversations go into what I consider unnecessary detail and repetitiveness.*

Murray admitted that his emotional responsiveness only occurred when his partner elicits it from him:

*To be honest it's probably usually reactive, so she’ll display affection towards me so I'll try to display affection back. I'm not usually proactive in displaying affection.*

The majority of AWANT reported their inability to obtain the emotional connection, naturally anticipated from a close relationship, was a major difficulty for them. However, most indicated a desire to persist in their endeavours to overcome the difficulties. This desire escalated as awareness of the AS condition increased. The majority of AWANT reported that since their partner/family members did not initiate emotional connection, prompting did achieve some successful interaction. Therefore, prompting became the main approach used to achieve their goal. All AWANT discussed many different prompting strategies that they used, with the main course of action being to use questions, instructions, directions, or explanations. For example, Tracy said that she used instructions to gain affection and connection. However, she indicated that while prompting achieved initial success, it was not long before he fell back to his “old routine” and she would need to give further instructions:

*I have tried time and time again....Like, I would tell him something and he would do it for two days. Then it was back to the old routine.*

Ruth revealed that the only way that she achieved her objective was to prompt with questions:
With prompting, my husband tries to put forth the effort to connect with me, not just share information. I am the one who has to ask him questions in an effort to connect. He doesn’t go out of his way to connect with me.

**Achieving responses**

Prompting was found to be the principal strategy all AWANT used in their attempt to instruct responsiveness toward attainment of their emotional needs. However, responsiveness toward meaningful conversation and connection did not appear to hold the same meaning for AWAS, therefore, the frequent result was that prompting to gain an increase in reciprocated responses was often not well received by the partner/family members with AS.

**Key findings from survey data items 39, 46, 54**

Responses to SI 39 reported in Chapter 4, suggested that both AS and NT respondents experienced challenges in responding to each other that often triggered disputes (figure 4.11). One contributing factor identified in SI 46 was that 65% (61) of AWAS ascertained that they always, or mostly, did not give expected responses, and 32% (78) of AWANT answered the same (see Figure 5.4). Another factor was found to be disregarded explanations, with 59% (55) of AWAS answering that they felt their explanations were always, or mostly disregarded, and 71% (173) of AWANT answered the same (see Figure 5.5). These results suggest that both AWAS and AWANT participants frequently felt ignored by their partner/family members in their relationships.
**Figure 5.4.** SI 46. I do not give the verbal responses my partner/family member expects.

**Figure 5.5.** SI 54. My explanations are disregarded.

**Interview responses**

The interview data revealed that prompting for responsiveness obtained varying results. The majority of comments from AWAS illustrated that they understood that their lack of responsiveness limited the realisation of the prompts used by their partner/family members. Some mentioned that a lack of responsiveness had the potential to avert some prompting. Sandra’s words gave that impression:
He definitely tries to prompt it...because I'm not always positively responding back...he doesn't really try as much as he used to.

Many AWANT felt that unresponsiveness and the effort it took to gain a response was one of the most demanding things to deal with in their relationship. Tracy shared her frustrations behind the effort she felt was required in order to gain a response:

I have to ask so many questions just to get a very basic piece of information...I have told him time and time again that I am no wiser after one of his answers than before I asked the question.

Sophie described the effort it took for her to get a response; however, she reported that her efforts were rewarded with some positive outcomes:

I will usually prompt more conversation by initiating with him through questions or asking personal things or things about his interests. I will clearly tell him things like, “I need you to hold me for a bit,” “I am going to kiss you now,” “Will you please say encouraging or loving things to me,” etc. I have to be acutely aware of my own needs and then communicate them to him in a very straight forward manner so he knows what he needs to do...Once he gets on a roll, he can chat well but it takes the right prompting to get there.

**Discussing problems and dealing with conflict**

**Key findings from survey data items 14, 25, 29, 47, 51, 53, 58 and 59**

The survey and interview data indicated that AWANT frequently used prompting strategies in an effort to discuss issues, find resolutions to problems, and deal with conflicts within their relationships. Responses to survey items 14, 25, 29 and 58 reveal different reactions to discussing problems between AWAS and AWANT (see Figures 4.12 and 4.13 in the previous chapter, together with Figures 5.6 and 5.7). Survey items 47, 51, 53 and 59, specifically relate to answers regarding dealing with conflict (see Figures 5.8 to 5.11). Taken together, responses to these survey items provide insight into reasons behind the development of the prompting
cycle, since discussing problems and managing conflict were matters that AWANT appeared to want to address, but AWAS appeared to want to avoid. It emerged that these differences in how to address issues, created a power struggle within NDR that, in turn, strengthened the development of the prompting cycle.

**Discussing problems: Survey items 14, 25, 29 and 58**

Responses to SI 14, SI 25, SI 29 and SI 58, suggested that AWAS would more often prefer to avoid problems and conflicts, than resolve them, whereas the answers of AWANT suggested that they preferred to face them. An influencing factor to this contrast was identified in SI 14 with 64% (68) of AWAS revealing that they did not like to talk through problems whereas 76% (170) of AWANT answered that they did want to talk through problems (see Figure 5.6). As previously reported, SI 25 and SI 29, indicated that AWAS preferred to discontinue conversations that included discussing problems, while also choosing to find solutions to problems through solitary thinking time (see Figures 4.12 and 4.13). On the other hand, AWANT appeared to favour discussing problems and problem solving together with their partner/family member. Responses to SI 58, further revealed that AWAS preferred not to talk when upset and would rather be left alone, with 42% (39) in agreement, whereas 65% (159) of AWANT specified that they preferred to talk, even when upset (see Figure 5.7). Interview data indicate that these contrasts underpin motivations for the perpetual use of prompts.

![SI 14](Figure 5.6) SI 14. I don’t like being obliged to talk through problems.
Figure 5.7. SI 58. Our relationship would improve if my partner/family member left me alone to get over it when I am upset, rather than insisting on talking about it.

Dealing with conflict: Survey items: 47, 51, 53, and 59

Responses to SI 47, SI 51 and SI 53 (see Figures 5.8 to 5.10), appeared to display that although AWANT occasionally avoided resolving problems and conflicts through becoming defensive, shutting down or becoming verbally aggressive, AWAS used these behaviours frequently. Given that AWANT predominantly wanted to solve problems (see Figure 5.6), it emerged that the regularity and extent of avoidance behaviours shown by AWAS necessitated a need for AWANT to employ prompting procedures repeatedly. A total of 62% (58) of AWAS admitted that they always, or mostly, became defensive while only 26% (63) of AWANT admitted the same (see Figure 5.8). A total of 61% (57) of AWAS answered that they always, or mostly, shut down while 33% (82) of AWANT reported similarly (see Figure 5.9). A total of 39% (37) of AWAS reported that they always, or mostly, become verbally aggressive while only 17% (41) of AWANT reported the same (see Figure 5.10).
Figure 5. 8. SI 47. I can get defensive if I want to stop a conversation.

Figure 5. 9. SI 51. I shut down (for example, by not responding, or walking away) to end conversations that become difficult.
Figure 5.10. SI 53. I can become verbally aggressive to end difficult conversations.

It was interesting to note that responses to SI 59 revealed some inconsistencies between intellectual capacity and performance. A total of 62% (57) of AWAS answered that it would improve their relationship if they talked through problems with their partner/family member (see Figure 5.11), however in their interviews, the majority of AWAS disagreed with the survey statement. They indicated that their preference was to avoid discussing problems even in the face of what they understood would be a better undertaking. On the other hand, a large majority, 77% (189) of AWANT answered in their surveys that they felt that things would improve by talking through problems, which was consistent with their interviews (see Figure 5.11).
Figure 5. 11. SI 59. Our relationship would improve if we still talked about our problems even when it was difficult.

Interview responses

Various unresponsive and avoidant behaviours were discussed by AWAS. Terry conveyed his need to mentally and physically withdraw:

*I used to just sort of mentally tune out but what I've learnt to do over the years...is to actually physically remove myself because she will keep coming at me, or trying to meet her needs.*

Similarly, Wally disclosed a need to physically withdraw:

*Back out, leave the room...It just allows me to not become so emotionally overwhelmed.*

While Murray revealed that he often became defensive when he felt that he was being “accused of doing something wrong”:

*It's very easy to get defensive...if it goes from a discussion to more an accusation of what you're doing wrong, then that's where I probably don't want to talk about it.*
The majority of AWANT described that they dealt with their partner/family members unresponsive and avoidant behaviours through learning to become very direct, giving explicit instructions, and increasing their prompting practices. Mia shared her knowledge regarding the autism spectrum, revealing that learning to prompt in very direct ways helped to prevent her partner’s self-protective behaviours:

The way I talk about my needs and the way that I request some responses from him is very direct...Previously, I wasn't...That was before he had the diagnosis and we had the knowledge of the way he thinks and functions and our differences.

Georgia, on the other hand, overcame unresponsive behaviour by “prodding and giving clues”:

When I ask him something, don't expect an answer straight away, just give him the time to process and sometimes you have to actually prod and give him clues.

5.1.2 Subsequent differences

The survey and interview data appeared to confirm previous research findings (Attwood, 2015; Lamport & Zlomke, 2014) that the communication difficulties AWAS characteristically experience were strengthened within their close relationships. In all probability, this was due to the stresses and anxieties associated with expectations of participating in the personal and emotional elements of conversation. Striving for communication avoidance appeared to lead to the development of a fluctuating dependency on the effectual prompts of their partner/family members, while exercising avoidance and self-protective behaviours at other times. Analysis of survey and interview data indicated that social interaction anxiety was most likely the main cause of this behaviour.

The role of stress and anxiety

Key findings from survey data items 6, 45, 49, 50 and 52

Survey responses suggest that AWAS experience greater levels of stresses and anxieties within their conversations than do AWANT (see Figure 4.14 previously reported, together with Figures 5.13 to 5.16). The previously reported responses to SI
6, (see Figure 4.14), together with responses to SI 52 (see Figure 5.12), indicate that experiences of anxiety are quite different between the two groups. Responses to SIs 45, 49 and 50, reveal that both AWAS and AWANT frequently feel intimidated, stressed and powerless when trying to communicate with each other (see Figures 5.13 to 5.15). However, for AWAS, the appearance of high levels of anxiety when talking with others, (see Figure 4.14), appeared to extend to participation within personal conversations, with 65% (60) of AWAS agreeing that they always or mostly felt anxious during personal conversations (see Figure 5.12). In contrast, AWANT answered that they experienced little or no such anxieties, with 56% (141) answering that anxieties during personal conversations were rarely, or never experienced. Table 5.3 indicates that gender did not appear to greatly affect the experience of anxiety in personal conversations. However, both AWAS and AWANT answered that they felt stressed, intimidated, and powerless when talking with each other (see Figures 5.13 to 5.15). A total of 60% (56) of AWAS and 70% (171) of AWANT identified that interaction with each other triggered stress (see Figure 5.13); 68% (64) of AWAS and 59% (145) of AWANT indicated that they felt intimidated (see Figure 5.14); and, 55% (51) of AWAS and 66% (162) of AWANT specified that they felt powerless to speak about difficulties with each other (see Figure 5.15). Tables 5.4, 5.5 and 5.6 illustrate gender did not appear to greatly affect the feelings of being stressed, intimidated and powerless when talking with each other.

![Figure 5.12. SI 52. I feel anxious as soon as conversations become personal.](image-url)
Table 5.3. I feel anxious as soon as conversations become personal, by gender.

<table>
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<tr>
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<th>AS Female %</th>
<th>AS Male %</th>
<th>NT Female %</th>
<th>NT Male %</th>
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</table>

Figure 5.13. SI 49. My attempts to communicate with my partner/family member triggers stress for me.

Table 5.4. My attempts to communicate with my partner/family member triggers stress for me, by gender.

<table>
<thead>
<tr>
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<th>AS Male %</th>
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<th>NT Male %</th>
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</table>
Figure 5. 14. SI 45. I feel intimidated when I attempt to speak about difficulties between us.

Table 5. I feel intimidated when I attempt to speak about difficulties between us, by gender.

<table>
<thead>
<tr>
<th></th>
<th>AS Female</th>
<th>%</th>
<th>AS Male</th>
<th>%</th>
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</table>
Figure 5. 15. SI 50. I feel powerless to speak to my partner/family member about the difficulties between us.

Table 5. 6. I feel powerless to speak to my partner/family member about the difficulties between us, by gender.

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<th>%</th>
<th>NT Female</th>
<th>%</th>
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Interview responses

The survey and interview data appear to confirm previous research findings (Attwood, 2015; Lamport & Zlomke, 2014) that a fear of failure and resulting anxieties with conversation often trigger avoidance behaviours for AWAS. Interviews with AWAS revealed that by withdrawing they were attempting to maintain control of the situation. Interviews also indicated that while both AWAS and AWANT experience similar feelings when speaking with each other, the suggested reasons were very different. A fear of failure, anxiety in the complexities of emotional conversation, and the resultant stress from multiple malfunctioned communications were reported to be the main motivations behind the feelings of stress, intimidation and powerlessness of AWAS. In contrast, AWANT reported that the ongoing requirement to prompt for interaction and connection, in the face of excessive
amounts of resistance and self-protective behaviours, caused them to experience similar feelings. Many AWAS discussed these anxieties with conversation. Wally divulged that his fear of getting it wrong overshadowed his desire to try:

\[I\ don't\ know\ how\ to...initiate.\ I\ certainly\ don't\ know\ how\ to\ ask\ for\ that...it's\ partly\ probably\ the\ fear\ that\ if\ I\ ask\ for\ it\ and\ it's\ not\ given\ or\ that\ I'm\ asking\ and\ it's\ the\ wrong\ time\ and\ I'm\ talking\ about\ verbal\ or\ physical\ or\ whatever...if\ I've\ misread\ that\ it's\ an\ inappropriate\ time\ and\ it's\ brushed\ off\ then\ I\ won't\ know\ whether\ it's\ for\ now\ or\ forever\ so...\]

Rachelle described how her anxieties diminished her desire to talk with others:

\[Talking\ to\ others\ definitely\ brings\ on\ a\ level\ of\ anxiety\ and\ stress\ and\ it's\ just\ incredibly\ uncomfortable.\ I\ only\ want\ to\ talk\ to\ people\ when\ I\ need\ something\ out\ of\ them.\]

Mareena disclosed how her anxieties dominated her actions:

\[With\ great\ anxiety,\ I'm\ treading\ on\ eggshells\ because\ it\ seems\ that\ anything\ I\ say\ is\ going\ to\ be\ taken\ the\ wrong\ way\ and\ used\ as\ a\ basis\ for\ further\ judgement.\]

Alternatively, the majority of AWANT protested about having to guide, direct and prompt conversations, so as to be more meaningful and personal. Considerable dissatisfaction was reported that the necessity to prompt remained constant over time. Many mentioned that they struggled to get conversations going or to continue, and this constant effort resulted in discontentment and frustration. With little choice than to continue to prompt for involvement, the result was an escalation of prompting. Ruth lamented the necessity of prompting with instructions in order to get what she needed:

\[I\ wish\ I\ didn't\ have\ to\ prompt\ him...but\ I\ realize\ that\ is\ the\ reality\ of\ my\ life...He\ needs\ instructions,\ so\ if\ I\ provide\ them\ he\ can\ usually\ follow\ them\ in\ his\ own\ way...It\ would\ be\ great\ if\ he\ could\ say\ these\ things\ without\ prompting,\ but\ I\ know\ that\ may\ never\ happen.\]
Ronda also protested the need to prompt her husband into having conversations with her, and that he remained dependent on her prompts in all aspects:

*The initiation for entering into any kind of communication was always me. Conversation starter is always me, and initiation for calling or Skyping will always be me and he just waits until I call...I've tested that over the years to see if I stop, will he start, and the answer is – no he will not. So, if I don't initiate then there is nothing, and that's in all aspects of our marriage.*

**Prompting as a communication strategy**

The intermittent success of prompting in combination with a regular avoidance of prompting tended to intensify the level of prompting over time. Intermittent success usually intensifies behaviour. Consequently, prompting by AWANT appeared to become the main way that the majority of AWANT made things happen in their relationships. In contrast, prompting was not an often-used approach for AWAS. The few times that it was used, AWAS reported that it was for different reasons than those of AWANT.

**Key findings from survey data item 42**

As already stated, responses to SI 42, illustrate the frequency of prompting by each group of participants (see Figure 5.2). Interviews confirmed the different reactions and reasons that AWAS might use prompting.

**Interview responses**

When AWAS were asked within the interviews if they had felt a need to prompt conversations or connection to occur, most gave succinct answers in the negative. However, a few described reasons that they may occasionally use prompting within their conversations:

**SAMUEL**    *Yeah, few and far between. I don't generally prompt conversation apart from the necessary small talk to get on together.*

**TERRY**    *The only time I've needed to prompt her is if she is in a bad mood and I'm trying to make up because it's quite likely she's in a bad mood because of something I've done or said, or not done or not said.*
When AWANT were asked within the interviews if their partner/family members had prompted conversations or connection to occur, similar to AWAS, most gave answers in the negative.

DAWN  
No not really. No that’s one thing that I noticed, that I will say ‘you are really frustrating me because …’ or ‘I am really unhappy because …’ and he never, ever says anything like that. He never brings it up.

A few, however, described the occasional circumstance when their partner/family members with AS had done so, and their perception of motivations for doing so:

SOPHIE  
I think most of the time that he prompts conversation is when the response or decision is directly affecting him. For example, the ever so common, ‘what do you want to do for dinner’, conversation.

5.1.3 Resultant consequences

The survey and interview data suggested that for AWAS, the difficulties experienced with communicating with their partner/family members can cultivate a fear of failure and anxieties that develop from this fear increase when required to interact. Thus, fear of failure and resultant anxiety appeared to be behind a lack of self-motivation to change behaviour. In addition, anxiety was found to strengthen self-protective behaviour that, in turn, led to inabilities to resolve resulting problems. Consequently, AWAS revealed that they used various strategies to avoid communication as much as possible. Prompting was not able to resolve many of the problems due to the durability of the distinct and differing needs and viewpoints between AWAS and AWANT.

The un-resolvability of communication problems

Key findings from survey data item 23

The survey and interview data suggested that the majority of both AWAS and AWANT generally felt that unresolved difficulties were a common and persistent problem. Responses to SI 23, reveal some ambiguity by AWAS to the statement. While 46% (49) answered that difficulties always, or mostly, remain unresolved, 37% (39) answered that difficulties rarely, or never, remain unresolved, and 17% (18) selected neutral (see Figure 5.16). In contrast, a clear majority; 79% (197) of
AWANT identified that difficulties always, or mostly, remained unresolved, while only 11% (28) specified that difficulties rarely, or never, remained unresolved. Neutral was selected by only 10% (25) AWANT. The difference in perception about the need to discuss issues in order to resolve them, appeared to confirm that AWAS preferred to avoid problems, rather than resolve them. Therefore, it appeared that escape was preferred at the expense of the health of the relationship. Interviews confirmed that while prompting was the main strategy used by AWANT, in their attempt to combat unresolved difficulties, avoidance was the main strategy employed by AWAS.

![Figure 5.16. SI 23. Difficulties between us remain unresolved.](image)

**Survey responses**

A respondent with AS shared a noticeably different viewpoint about getting along with others in comparison to the majority of AWANT:

> Now I have had so much therapy and social skills training, that I now go through the motions to get on with people, and wear an invisible mask each day, and do things that aren't authentic, to keep everyone else happy and get ahead in life. Do I believe what I am doing – no. I don't believe it. It is important to other people so I am faking it. It is important to other people to take turns, so I do it. I don't believe it as something important to me, rather it is something important to other people that I fake because I
want something out of that other person (information, speed in processing my request, etc.).

The above statement suggests a common view shared by many AWAS; that although an intellectual identification of ways to improve relationships with others may be understood, there may not be a personal value in accomplishment of this improvement. In contrast, a comment from a male AWANT respondent shared a personal struggle of wanting to improve the relationship remained unfulfilled; a common view that AWANT usually demonstrate:

I am at a loss as to how to improve the relationship. Neither talking it out, or not talking about it, seem to work. It's like, rather than having two individual agendas and one agreed upon cumulative agenda, there is her agenda and - at best - my agenda items are footnotes at the bottom of the page in superscript.

Interview responses
While many AWAS described their lack of conversational success, they mainly focused on attempts to escape difficult conversations rather than endeavour to resolve them. Similar to the above survey response, Dean described how his partner’s prompts had “trained” him to respond, while still expressing a preference for silence:

[My partner] takes care to get my attention and tells me what she has to say clearly. I'm trained to wait for her to solicit response, although I am prone to interrupt. I'm trained too, to answer the question she's asked. Humiliating but effective...Letting go of frustration helps...My natural tendency is to fall silent.

Wally lamented that he did not know how to resolve his disagreements with his partner:

It's a scary place to go...so I will avoid...it's avoiding that confrontation...and then she says 'you'll go silent for a couple of hours and then...you'll talk about stuff like as if nothing has happened’...and I'm like 'well what else am I supposed to do?...Maybe it was unresolved but
we can't keep hammering away at something until it's resolved because some of these things are unresolvable.

While all AWANT reported that they felt that by facilitating collaboration and amending any uncooperativeness through prompting was the only way to attempt resolution, they lamented the limited results. Renee revealed that problem solving in her household became a function of pre-planning, followed by prompts that included lists and instructions:

I've learnt that problems don't get solved in our relationship by talking about them, they get solved by me thinking about them, thinking through and then going with him “right this is what we need to do,” which takes me back to me being the boss...which in most relationships that is not how you do things but he was just absolutely ok with that, it was like “oh ok then.” I gave him a list and it's “what it is today” and it's like “hmmm ok”.

Dawn’s dissatisfaction was evident by the lack of problem solving:

If we are in a conversation and I said ‘I am very unhappy because...’ or ‘your behaviour was ...’ he will react saying ‘well you did such and such’...he never says ‘I am unhappy with you because ‘or ‘I am uncomfortable...’ or ‘can we talk about this...’ Never, NEVER.

Quinn reported that her way of dealing with her partner’s shutdowns was to “force” him to be involved by using emails as prompts:

He shuts down...it's like a defence mechanism...every time that we have a conversation with some type of disagreement, I think he feels that I'm finding faults on him... I kind of force him to be involved. I'll send him emails at work about stuff.
5.2 A Prompt Dependency Cycle

The survey and interview data appeared to support previous research findings (Canevello & Crocker, 2010; Mendes, 2015), that considerable unresponsiveness creates extensive disharmony in relationships. Disharmony underpins the third theme; a prompt dependency cycle. This theme describes the need for interpersonal interaction and emotional connectedness that remained in competition with avoidance of the same interpersonal interaction and emotional connectedness. This competition becomes a vying dynamic force. These opposing dynamic forces appear to be the main cause of prompting and PD and/or PA to form into a communication cycle of competing needs, differences and difficulties between AWAS and AWANT. Regardless of an intermittent success of prompting, the unpredictability between avoidance behaviour and random dependency on prompts, appear to be the catalyst to set in motion a process of oscillation between prompting on the part of AWANT and avoidance and/or response, and/or dependency, on the part of AWAS. This process of oscillation appeared to establish a complex system of circular conversations within these relationships, with conversation anxiety underpinning the behaviours displayed by AWAS, and conversation solicitation underpinning the behaviours displayed by AWANT. The resulting power struggle from one wanting to keep matters unchanged, while the other wanting to change those same matters was found to be the formula that set the PDC in motion.

5.2.1 Contributing factors

The interview and survey data appeared to support previous research findings (Domingue & Mollen, 2009; Egan & Linenberg, 2019; Gillberg et al., 2015), that the unresponsiveness and avoidant behaviour frequently used by those with AS, became an entrenched behaviour. Interview data revealed that these behaviours led to intensified prompting efforts by AWANT that included supportive coaching to induce and scaffold interaction and connection, with the intent to keep interaction continuing and/or to offer support when required. However, instead of having the desired effect, often these intensified prompting efforts contributed to furthering the unresponsive, avoidant and self-protective behaviour exhibited by AWAS. At times, this self-protective behaviour contributed to AWANT conceding defeat, and becoming avoidant themselves. At other times, the intermittent success of prompting kept PD
and/or PA on the part of AWAS and the prompting behaviour on the part of AWANT, oscillating between them.

An alternating struggle

Key findings from survey data items 14, 38, 44, 47, 51 and 53

Due to this alternating struggle between the attempts of AWANT to overcome unresponsive and avoidant behaviours, and the unyielding resistance on the part of AWAS, together with attempts to get individual needs met, it appeared that AWANT increase the intensity of their prompting behaviour, which appears to further resistance on the part of AWAS. A rising intensity of these interwoven behaviours, together with the variety of avoidance and stonewalling behaviours, such as avoiding conversations, becoming defensive, shutting down and becoming verbally aggressive that AWAS used (see Figures 5.1, 5.6, 5.8, 5.9 and 5.10, previously reported), appeared to lead to a sequence of behaviours and actions. Behaving out of character was one such action. This behaviour was acknowledged by 57% (54) AWAS, and 29% (72) AWANT (see Figure 5.17). Interviews suggested that the resulting outcomes from these interconnected behaviours were the development of a communication cycle and the evolvement of a variety of coping strategies, each employed in order to cope with the ongoing, alternating and cumulative struggles.

Figure 5.17. SI 44. I behave out of character when having difficult conversations.
Interview responses

Many avoidance and stonewalling behaviours were reported by AWAS and AWANT, and appeared to trigger a sequence of additional communication difficulties. Many AWAS openly discussed a tendency to withdraw from communication. However, they seemed to be unaware that their stonewalling behaviours, such as avoiding conversations, becoming defensive, shutting down and becoming verbally aggressive can be destructive to a relationship. Likewise, unawareness appeared to extend to the efforts of their partner/family members to connect with them. Thus, these stonewalling behaviours similarly prevented the attempted connection. This lack of awareness seemed to not only thwart the connection and relationship satisfaction that their partner/family members were seeking, it also appeared to result in relationship dissatisfaction for AWAS. Frequently, their need for time alone was likewise prevented. Most AWAS evaluated the resulting consequences from their interpretation of events. Samuel disclosed that his diagnosis became a catalyst to become “more stand-offish”:

After the diagnosis I became more stand-offish…in knowing that I'm wired differently and in order to act normally is a real strain, I'd rather just save my energy and enjoy myself doing what I want.

Terry divulged he avoided interaction by “zoning out”:

Well I tend to back off and sort of zone out at times…I'm noticing that I do tend to withdraw a lot, in those sort of situations.

Tom disclosed that difficult conversations can incentivise him to use stonewalling tactics:

Sometimes difficult conversations cause me to feel attacked and I respond defensively and sometimes angrily…I tell him I don't want to talk about it anymore.

However, Matt shared a different perspective:

You know if you don't have the humility to respond to your external suggestions you don't improve…If you're not prepared to be humble to
some extent then whether you’re on the spectrum or whether you’re neurotypical the lack of humility will inevitably effect the relationship…but I think to some extent you also have to go to a place where you’re not comfortable.

The majority of AWANT described the many stonewalling actions of their partner/family members with AS. Maggie drew attention to the different stonewalling approaches that her partner used, as opposed to her daughter:

Whenever I want to talk about anything that’s emotional he will either shut down or just change the subject…My daughter tends to get angry, more than my husband…she's also more aggressive…[My husband] will sit there and pretend and try, whereas…she tends to…just shut me out.

Whereas Debra’s account of her ex-partner and her son, revealed variations in a different way:

[My ex-partner] seems to be really needy about me, and always has been…If I call him or if I send him a note, he responds immediately…He can't wait to talk to me. [My son] is a little bit less inclined to do that…He likes to be really demonstrative about not responding.

5.2.2 Subsequent differences

The communications cycle that emerged between AWAS and AWANT appeared to surface as a result of endeavours to cope with the escalating difficulties and attempts to attain opposing needs. What become apparent from the survey and interview data was that the alternating and cumulative struggles between prompting behaviour and PD and/or PA behaviour, amalgamated into a variety of coping strategies.

Conversation avoidance, while appearing to be used for self-protective means by AWAS, also appeared to merge with additional behaviours, such as an absence of asking personal questions, together with misinterpreting actions, and the development of inaccurate assumptions. These additional behaviours appeared to form part of an overall conversation avoidance pattern which, for AWAS, seemed to become their
dominant coping strategy within the PDC. Attempting to overcome these behaviours, AWANT reported that their prompting regularly included substantial conversation planning and preparation, together with relationship management that was way beyond conventional relationship communications. Consequently, conversation planning and preparation appeared to become the primary coping strategy AWANT used within the PDC.

_Coping strategies: Adults with Asperger’s Syndrome_

A lack of participation in most interpersonal conversations accompanied by the avoidance behaviours used by AWAS seemed to result in an absence of asking interpersonal questions, misinterpreting actions, and forming inaccurate assumptions. While it appeared that the intended outcome of these avoidance behaviours, for AWAS, was to cope with their inabilities, and consequently, avoid emotional conversation, it appeared that an often unintended outcome was that these strategies became triggers for prompting. Each of these coping strategies used by AWAS will be discussed in turn.

_An absence of interpersonal questions_

**Key findings from survey data item 8**

Although a total of 58% (62) of AWAS answered that they always, or mostly, seek clarification by asking questions (see Figure 5.18), this survey data is inconsistent with the majority of both AS and NT interview data. Both AWAS and AWANT reported that the lack of asking interpersonal questions was a key shortcomings of most AWAS within the study. This finding appeared to be similar to the differing survey and interview results between the two groups in regard to the necessity of deep, meaningful conversations. Perhaps an additional incidence of AWAS exhibiting an intellectual comprehension that does not always equate to acting in accordance with what is understood. It could also be an indication of the different needs and abilities of AWAS as opposed to AWANT. Asking questions is a form of sharing information. Information sharing is a well-known strength of AWAS. However, asking questions in regard to relational aspects appears to be a limitation of AWAS. In contrast, 95% (240) of AWANT answered that they always, or mostly, seek clarification by asking questions, corroborating the majority of interview data from AWANT. Asking questions is also a form of gaining access to the inner world of
another in order to connect deeply with them. Connection is a well-known strength of AWANT. In reality, questioning is also a form of prompting.

**Figure 5.18.** SI 8. When someone says something that I’m not sure about, I ask for clarification.

**Interview responses**

Reports given by AWAS illustrate that stonewalling behaviours offered protection for them. Rather than ask questions, stonewalling behaviours provided the opportunity to withdraw from difficult and unwanted conversations. However, they exhibited unawareness that this self-protective behaviour ensnared them in the PDC in the first place, and avoidance of the prompting behaviour of their partner/family members ensnared them in the PDC all the more. Reports given by both AWAS and AWANT showed that this avoidance actually increased the aspects that they were trying to avoid. Adults who are NT equally wanted answers to their questions and the emotional connection they were seeking. Richard confirmed that while he could see something was “wrong” he preferred to turn a blind eye, not ask questions, and, therefore, protect himself. His answer also revealed that he lacked the awareness that his avoidance of answering his partner’s questions actually increased the likelihood that “her pushing” and asking would continue:

*But if I can sort of see something is wrong, I don’t ask questions...She requires an answer...pushing and pushing...It gets too annoying, sometimes an argument.*
Terry showed insight that asking questions and asking for clarification would help him understand better; still he revealed that he did not often recognise when to ask for clarification:

[My partner] would like me to take the lead with conversation at times and ask questions rather than hang back...If she says something that I take literally...[I] don't...recognise I don't understand and I need more information, and to actually stop and ask for clarification.

The interconnected life that AWANT longed to share with their partner/family members was a frequent casualty of the lack of interpersonal questions. However, their need to be emotionally connected with their partner/family members meant that prompting was unavoidable. Sabrina shared, that even though her endeavours were frequently unsuccessful, prompting with questions was her preferred option to the “staring quiet” otherwise conveyed:

No matter how many different ways I try to ask him “well what would you...?” I read one of the books and I tried one of the techniques about asking them how they would feel and it doesn't help, it gives me more of...which I hate; that uncomfortable staring quiet.

Similarly, while Mandy observed that her questions caused her to be “in trouble,” she also noted that her partner did not ask her about her concerns:

He won't come to me and say “you're cranky. What's wrong?”...I'm always in trouble for asking too many questions but if I don't ask I don't know anything.

Misinterpreting actions and forming inaccurate assumptions

This subject matter was evident in survey items 4, 35, 38, 40, 46 and 54

The survey and interview data appeared to confirm previous research findings (Attwood, 2015; Zamzow et al., 2016), that difficulties AWAS face with reciprocity, and their resultant need to disengage from social conversations, was found to have the most influence on a tendency to misinterpret the actions of others, and to form inaccurate assumptions based on those misinterpretations. The combination of a lack
of asking questions (see Figure 5.20), and assumptions about conversational exactitude (see Figure 5.21), together with the previously reported conversation avoidance (see Figure 5.1), unexpected responses (see Figure 5.4), disregarded explanations (see Figure 5.5), and unproductive circular conversations (see Figure 5.17), detected in the study may all contribute to misinterpretations and making assumptions.

Survey responses revealed that waiting for more information was thought to be more productive than asking questions by 43% (46) of AWAS and 39% (98) of AWANT (see Figure 5.19). A total of 63% (59) of AWAS and 65% (159) of AWANT felt that they were equally held responsible for communication difficulties (see Figure 5.20). While these aspects, in of themselves, usually do not guarantee that misinterpretations and assumptions occur, when united, they can be part of the cause, especially when you add in previously discussed topics, such as conversation avoidance, giving responses that are unexpected, disregarding explanations, and unresolved, and unproductive conversations (see Figures 5.1, 5.4, 5.5 and 5.12).

Figure 5. 19. SI 4. If unsure of what someone is saying to me, rather than ask questions, I will wait to learn more.
Figure 5. 20. SI 35. Although I use precise and accurate statements I am held responsible for communication difficulties.

**Interview responses**

Interviews suggested that AWAS appeared to either be unaware that they had formed an assumption, or did not know how to put right misunderstandings subsequent to assumptions. They also showed unawareness that investing time into becoming more effective within conversations by asking questions would often correct inaccurate assumptions. Frequently, becoming accomplished in question asking would also render unnecessary, the need for their partner/family member to prompt these things and, therefore, lessen the systematic continuation of the PDC. Although Susan indicated that she noticed her partner’s attempts to bring about more emotional conversations between them, she did not respond. Instead, she assumed that his displeasure, and not her lack of response, was the reason for his prompts:

*I sometimes notice his efforts, but they annoy me, as I either want to be left alone or I need a different way of connection…Yes, he has prompted conversations, usually straight away, when he was displeased with my behaviour/words.*

Samuel shared the different suppositions he and his partner had concerning concluding a discussion:
In a lot of cases I would take our previous discussion as an agreement whereas she would take it as a discussion and...we still hadn't actually come to a conclusion, according to her, I would find the prompting about that sort of thing would be annoying in a sense in the fact that I thought we'd agreed on something and she's saying no we hadn't.

Sharon assumed that confusion was caused when discussing her problems with others:

I don’t like to burden other people with my problems...it confused them when I start to talk to them about my problems. I am also usually the most rational person among people I know, and their highly emotional reaction toward my problem can be very ineffective for me.

Barry assumed that a difference of opinion signified stupidity:

Because it's almost like if someone doesn't see the thing the way that I do, I just think they are stupid.

Rachelle assumed that others converse just to “hear their own voices:”

I just try and withdraw from conversation at work because people tend to talk about the same things over and over again...it’s so shallow and minor as well. They're just talking to hear their own voices sometimes.

Many AWANT reported that they felt a lack of questions, was one of the main reasons for the substantial inaccurate assumptions that occurred and that, as a result, conversations, actions and events were repeatedly misconstrued. The majority of AWANT reported that the prompting and conversational work they were required to do, in order to counteract inaccurate assumptions, was a frequent cause of conflict. Dawn shared her experiences of her partner’s propensity to form assumptions based on his misinterpretation of events, and the effect it had on her life:

He takes away what can be a completely different perception of what I have said and...he doesn't ask me anything, my feelings or thoughts on things and then makes sweeping assumptions, I mean I have heard him telling somebody “oh Dawn thinks blah, blah, blah” and I am like ‘I
never said that. Where did that come from?’...That's not uncommon and he has...obviously heard my voice in his head saying ‘Dawn likes A’ instead of asking Dawn if she likes A or B and finding out that she likes B and so he makes these sweeping assumptions...about me without checking on them first.

Maggie disclosed the strategies that she implemented in order to cope with the aftermaths of incorrect assumptions, both from her daughter and her husband:

    My husband has conversations with me in his head and then vows and declares that that's what I've said and I used to think I was going crazy because I don't remember these conversations until I worked it out...but for [my daughter]...I have to have things written down which is why I like the text...if she says one thing and then she says another I can turn round and say “no you said this, see, check the text message that you said it,” and she'll check it and go “oh!”

Ronda made an interesting point about how misinterpretations can occur:

    Some researchers...said [that] a major source of their social misunderstandings is because they jump to conclusions too quickly and they jump to the wrong conclusion.

**Coping strategies: Adults who are neurotypical**

In their efforts to contend with the lack of participation within conversations, and resultant absence of personal questions, misinterpreted actions, and inaccurate assumptions of their partner/family members, AWANT reported extensive communicational effort. This effort involved substantial conversation preparations which were embedded with prompting, together with relationship management features, and were found to be the main coping strategies reported by AWANT.
Conversation preparation

Interview responses

Since conversations were frequently met with resistance from partner/family members with AS, all 29 AWANT, described how they needed to “prepare” for the majority of their important, emotional, resolving, and decision making-discussions. This communicational groundwork established a blueprint for the approach the participants used, in order to overcome self-protective behaviours or dependency behaviours, and influence some semblance of relating. Wilhelmina shared her strategy in giving repeated reminders:

If the issues come up...that we need to discuss as a couple, then I will assess the time when it is a “good time” to set aside time to talk about that and I will warn him about that so that he can prepare...I will just mention for a few days in advance, you know we need to talk about this, we need to talk about this...we have better conversations and he will sit and participate in a conversation if I do that preparatory work.

Likewise, Haley shared her recipe for success:

I had to censor everything before I actually attempted to tell him something and I had to make sure I worded it so that it didn't come across like I was attacking ...I’d either write down some dot points and I made sure that I stuck to them or I would just make sure in my head I had it straight exactly what I need to say to him you know and I always started with “I don't want you to react, I want you to listen to what I have got to say. I don't want your opinion either. I just need you to listen and then process it and then I will ask you to make a choice.

Georgia reported that her conversation preparation involved becoming proficient at “conversational scene setting”, being cautious with the words that she used and intercepting conversations that go off track:

I have to precede...“I'm not criticising,” and learning how to say your sentences in a way that's not threatening to them, and then if you were to get it wrong then the shit hit's the fan, because you've said it in the wrong
way, or with the wrong tone of voice, and they feel threatened, or they feel you're criticising them or you're undermining, and it's like 'Oh my God! You're worse than a teenager.'

Lilly explained that slowing her discussions down worked for her:

_I try to slow my voice down. I try to give one instruction at a time. I try to wait for his responses. Sometimes you know I mess up and start going on the next thing too._

5.2.3 Resultant consequences

Revealed by the survey and interview data, the main consequence of the converging coping strategies of each group of participants was the establishment and continuation of the PDC. The PDC was found to become entrenched within most conversations, where each became entwined in a power struggle competing for an opposing need. For AWAS, the outcome of the resulting tensions involved fluctuating between conforming to prompts, and finding ways to avoid prompts, while also endeavouring to avoid ensuing conflict. For AWANT, it involved extensive communicational effort, usually beyond what is customary within close relationships, that in turn, formulated a parental/caretaker role for them.

_The development of a cyclic entrenched communication system_

As previously reported, when adding together communication difficulties, dependency behaviour, and avoidant and self-protective behaviours, on the part of AWAS to the prompting behaviours and conversation preparations on the part of AWANT, the result became an embedded communication system that became cyclic within these relationships.

**Key findings from survey data items 37, 40 and 42**

A total of 57% (54) of AWAS, and 79% (192) of AWANT agreed that cyclical conversations formed without resolution, and were the experience of the majority of AWAS and AWANT (see Figure 5.21). As previously stated, the manner in which the majority of AWANT managed these types of situations was to prompt and guide conversations (see Figures 5.2 and 5.3). Previously discussed interviews confirmed,
that prompting and guiding conversations often occurred as a result of contending with the conversation avoidance exhibited by many of their partner/family members with AS. Interviews also confirmed that prompting and guiding conversations contributed to circular conversations, since prompting and guiding did not always achieve desired results.

![Figure 5. 21. SI 40. Conversations tend to go around and around without coming to a satisfactory conclusion.](image)

**Interview responses**

While it was a topic that not many AWAS discussed, a few shared some valuable insights into their perspective on the un-resolvability of their cyclic disagreements. When asked about circular conversations, Susan described how constant and unresolvable their circular conversations were:

*We raise the same topics over and over again – child rearing, money and chores and it seems that we never reach a final conclusion.*

Terry outlined the escalating nature of some of his cyclic types of conversations:

*I have one point of view and she has another one. Whether it's one person is right or wrong or whether it's a communication misunderstanding again we get this sort of 'ratcheting up' scenario that seems to happen.*
In contrast, the majority of AWANT had a lot to say on the topic. Haley described how the progress of time had only made the circumstances worse:

\[\text{We] couldn't get off the merry-go-round and ended up...in a screaming match...I used to try and reason, like as a normal person would...In the end...it had to stop because it was just going on and on in circles.}\]

Likewise, Ronda recalled how their “ridiculous crazy circles” did not achieve a resolution:

\[\text{There was never any resolution, they just went around in circles because he was never addressing the actual topic...probably didn't understand where I was trying to go...Just going around in these ridiculous crazy circles all evening.}\]

Shirley also described “endless cycles” of miscommunication:

\[\text{So many of our arguments...are based on misunderstandings and we just keep getting into a cycle of “but I didn't mean that, I meant this,” “well that's not how I took it, I felt this” and it just keeps going around and around and the arguments...tend to be of a cyclic nature...about the same things so...we get stuck in these endless cycles of the same kind of arguments.}\]

Sabrina expressed it as a “dog chasing its tail” that they cannot escape:

\[\text{We just end up in this, it’s the dog chasing its tail...when it’s about us and our relationship it’s just a circle that we can't get out of.}\]

**The development of a parental/caretaker role**

**Key findings from survey data item 21**

The extensive communicational effort that AWANT were required to construct within their relationships, appeared to result in an asymmetrical development of their relationship. Responses to SI 21 suggest that while AWAS generally do not experience notions of being a relational caretaker, AWANT mostly do (see Figure 5.22). A total of 49% (52) of AWAS, answered that they rarely, or never, felt this
way, whereas a total of 91% (227) of AWANT, answered that they always, or mostly, felt this way. Although a higher percentage of female than male respondents with AS, and a higher percentage of female than male AWANT respondents, answered that they felt that they were a relational caretaker, the majority of males and females with AS answered that they did not feel that they were a relational caretaker. In contrast, the majority of both male and female AWANT participants answered that they did feel that they were a relational caretaker (see Table 5.7).

![Figure 5.22. SI 21. I feel that I am the relationship caretaker and manager.](image)

**Table 5.7. I feel that I am the relationship caretaker and manager, by gender.**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>AS Female %</th>
<th>AS Male %</th>
<th>NT Female %</th>
<th>NT Male %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
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<td>0</td>
<td>137</td>
<td>4</td>
</tr>
<tr>
<td>Mostly</td>
<td>17</td>
<td>6</td>
<td>81</td>
<td>5</td>
</tr>
<tr>
<td>Neutral</td>
<td>22</td>
<td>6</td>
<td>15</td>
<td>3</td>
</tr>
<tr>
<td>Rarely</td>
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<td>.85</td>
</tr>
<tr>
<td>Never</td>
<td>10</td>
<td>14</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>65</strong></td>
<td><strong>39</strong></td>
<td><strong>236</strong></td>
<td><strong>14</strong></td>
</tr>
</tbody>
</table>

**Interview responses**

While most AWAS did not discuss this asymmetrical feature of their relationships, Wally did have some thoughts that he shared on the matter:

*When I get into that state, I need support from her which she may not be willing to give and she shouldn't have to...It puts her into that caring role rather than an equal role and that's unfair. It's me imposing that need on*
her that she shouldn't have to deal with and it's become a real barrier. Interesting talking about this stuff because that's what it is, it's that fear of being the needy one.

All 29 AWANT in the study reported that the result, for them, was to feel responsible for assuming a dominant caretaker role while managing their relationship which some of these participants described as resembling that of a parent/child relationship. Lucy expressed the general NT point of view:

You've just got to point it out to him. He just doesn't get it because he's so focussed on him. I guess that's the childlike way that they go about things...I believe that yes I am the major caretaker...being the caretaker of the emotional side...but I seem to be the one working at it all the time...I don't understand, it's very childish...unless we're talking about his stuff it's as if they're of little interest to him.

The majority of AWANT mentioned similar impressions of feeling more like a mother to their partner/family members with AS:

SABRINA It's like having a conversation with a child...and I feel like I'm mothering him and I don't want to be that person but...I'm like “stop acting like a 15-year old,” so the conversation is like with a kid.

QUINN And I was telling him this week it almost feels like when I have conversations with him about our relationship, it feels like a mum and a child...I have 3 children with him, I have 3 boys...he's my 4th child.

Conclusion

This chapter has presented theme two; “prompting triggers” and theme three; “a prompt dependency cycle” which revealed “the what” of prompting and PD. In other words, what conditions caused prompting and PD and/or PA to become the main communication strategy within these relationships; what circumstances activated prompting and PD and/or PA to form into a dynamic communication cycle; what coping strategies participants used when becoming entrapped in this communication cycle; and what transpired as a result of the coping strategies adopted.
In theme two it was illustrated that AWANT usually used prompting approaches in their attempt to resolve the affection and connection incompatibilities. However, it was shown that mostly AWAS appear to fluctuate between capitulation when prompted or resisting the prompts. The subsequent alternating struggle between AWANT prompts and AWAS fluctuations gave rise to theme three; the development of the prompt dependency communication cycle. This communication cycle, which consisted of prompting on the part of AWANT and PD and/or PA on the part of AWAS, appeared to be the catalyst for participants to employ differing and opposing coping strategies. These coping strategies appeared to further cement a communication polarisation between AWAS and AWANT. Table 5.8 presents the key points of the chapter.
Table 5.8. *Key points.*

<table>
<thead>
<tr>
<th>Theme</th>
<th>Sub-section</th>
<th>Content</th>
</tr>
</thead>
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<tr>
<td>Prompting Triggers</td>
<td></td>
<td>Subsequent differences: The role of stress and anxiety. Prompting as a communication strategy.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Resultant consequences: The un-resolvability of communication problems. The need for solitude to relieve tensions.</td>
</tr>
<tr>
<td>Theme 3</td>
<td>A Prompt</td>
<td>Contributing factors: An alternating struggle.</td>
</tr>
<tr>
<td>Dependency Cycle</td>
<td></td>
<td>Subsequent differences: <strong>Coping strategies: Adults with Asperger’s Syndrome.</strong> An absence of interpersonal questions. Misinterpreting actions and forming inaccurate assumptions.</td>
</tr>
<tr>
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<tr>
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<td></td>
<td><strong>Coping strategies: Adults who are neurotypical.</strong></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Resultant consequences: The development of a cyclic entrenched communication system. The development of a parental/caretaker role.</td>
</tr>
</tbody>
</table>

The following chapter presents themes four and five which describes the additional cycles that form as a result of being caught within the communication cycle. Also detailed are the potential outcomes of living with these communication cycles.
“A conversation is so much more than words: a conversation is eyes, smiles, and the silences between words”

6.1 Additional Cycles

Chapter 6 presents the results for theme four; “additional cycles” and theme five; “three potential relationship outcomes” which describe “the impact” of prompting and PD and/or PA. These impacts were found to be additional communication cycles that formed as a result of the power struggle of competing needs within the PDC; conversation and abilities to interact were distinctively influenced by the additional PDC cycles; non-standard consequences were identified as a result of the PDC cycles; and three potential outcomes for these relationships were identified as a result of the PDC and its additional cycles.

The survey and interview data illustrated that the constant interplay between prompting on the part of AWANT, and self-protective and/or dependency behaviours on the part of AWAS produced additional cycles alongside and within the PDC, as a result of a difference in positions toward emotional connectedness. These intertwined communication cycles in which prompting and PD were central factors, were found to develop into the main communication activity within NDR that was triggered by the power struggle to attain these individual positions. It was the stability of the different positions toward emotional connectedness that was found to equally forefront the durability of the communication cycle and also how it became interwoven within most aspects of communication within these relationships. As identified by these data, theme five will detail three potential outcomes of living with these communication cycles for those within NDR.

6.1.1 Contributing factors

The survey and interview data revealed that as each contended with entangled communication, and the resultant ongoing communication roundabout, the subsequent friction appeared to yield a dynamic system of interconnected communication cycles (see Appendix K). These interwoven cycles, of which prompting, PD and/or PA and
other forms of self-protection all featured; amalgamated to form the PDC. The many different forms of self-protective behaviours, that AWAS were reported to perform, when combined with the contrasting needs of AWANT, were found to be the main contributing factors in the development of the PDC, the cause of the perpetuation of the PDC, and also in the development of the accompanying interconnected cycles. These additional cycles, as identified in these data through the analytic coding processes, were found to be the imitating normalcy cycle, the stonewalling cycle, the help seeking cycle, and the loss of sense of self cycle.

**The imitating normalcy cycle**

*Key findings from survey data items 9 and 16*

The data indicated that maintaining a socially accepted façade was a construct that both AS and NT participants endeavoured to uphold. While responses to SI 9, previously reported, (see Figure 4.19), and responses to SI 16 (see Figure 6.1), appeared to confirm certain established social interactional differences between the two groups of participants, the interviews illustrated that, in public, both AWAS and AWANT made an effort to appear “normal”. A disconnect between skillfulness in the workplace, and skillfulness in the home of AWAS, was reported by the majority of participants. Since there was a reported disconnect between what occurs in the privacy of the home and what occurs in public, results suggested that the normalcy cycle informed and intertwined with many aspects of the prompting and self-protective cycles, given that AWANT reported that they often fill in the missing gaps of standard social information for their partner/family members with AS. Richard explained that:

> On the movie Prince Charming and Snow White...they get together, they have the big wedding and go off into the sunset and you don't see the rest of their life together...we get information on whether you're suitable for marriage...but the actual...married life...and what's normal...you're pretty much learning things as you go along.

While responses to the surveys indicated that less than half of AWAS respondents, 47% (50), answered that they were aware of social rules (see Figure 6.2), responses in the interviews confirmed that this learning often became the responsibility of AWANT, in an effort to help their partner/family members with AS.
understand what was required of them. Additionally, interviews confirmed Richard’s aforementioned point, that AWAS were largely unaware of generally accepted social conventions for the maintenance of close relationships. In contrast, while a total of 98% (246) of AWANT identified that they were always, or mostly, aware of social rules, more than half, 58% (146) answered always. Their interviews confirmed the survey data.

![SI 16](image)

**Figure 6.1.** SI 16. I am aware of the rules that guide social behaviour.

**Interview responses**

Murray explained that his partner had helped him to learn social rules:

_Over time I've picked up a lot of rules...when [my partner] has explained to me “you shouldn’t say this or you should do it that way or whatever” because I've come from being fully clueless to being I now know a lot of them intellectually...I think for people who are on the spectrum that don't have partners that explain the rules to them they would know less of the rules...every social rule needs to be explained...if my partner never explained the rules to me I literally wouldn't know them._

Richard and Wally discussed differences between their public and private lives:

**RICHARD**  _The actual day in, day out married life... and what's normal...you're pretty much learning things as you go along...When you go out the_
front door...you put on a happy face and you say ‘good day’ to everybody but...at home it could be world war 3...but you don't take that outside.

WALLY  
*I function well at work...Work is the place where you know your place, you know your structure, you know your boundaries. There are limitations to the subjects that are discussed...In your work place you're there because you know your shit in that area, but in a family all rules are off.*

While those with AS can benefit from the support given to them by their partner/family members in order to construct normalcy in their lives, it was a different story for AWANT. They reported that the difference between the public persona, and the person that they experienced behind closed doors, created a disconnection between the actual and fabricated aspects of their lives:

GEORGIA  
*You shouldn't have to tell a 54 year old man of 3 children...how to live his personal life in his family, a man who is capable of running a department, being the head of people, is obviously incredibly bright, manages multi-million dollar grants, but at home is basically a child...Work...is their interest. They are functioning, they take initiative, they get stuff done, but when they come home, they can't do anything...you end up being their mother.*

TRACY  
*At first, I did not dare to tell anyone...then, after seeking professional help, I felt more at ease about sharing with more people...because [my partner] is a totally different person in public.*

**The stonewalling cycle**

**Key findings from survey data items 38, 47, 51 and 53**

Stonewalling is an avoidance tactic used to terminate a conversation. As previously reported, avoiding conversations, becoming defensive to stop a conversation, shutting down to end a conversation, and becoming verbally aggressive to stop a conversation, can all be termed stonewalling behaviour. These previously
reported responses reveal that AWAS appear to show a high rate of avoidant and stonewalling behaviour, while AWANT appear to show a low rate of avoidant and stonewalling behaviour (see Figures 5.1, 5.8, 5.9 and 5.10). It emerged from the survey and interview data that this unresponsive, avoidant, and stonewalling behaviour were the main reasons that AWANT instigated prompting, and also continued prompting in an effort to end the avoidant and stonewalling behaviours displayed to them by their partner/family members with AS.

**Interview responses**

The interview data confirm responses from the survey data. As discussed previously, the majority of both AS and NT participants reported that AWAS in the study often attempted to avoid discussing problems and difficult conversations; however, the more serious stonewalling behaviour can be the cause of multiple relationship problems. Many AWAS did not appear to be concerned:

**SANDRA**  I start to walk out of the room or I just turn over in bed and want to go to sleep...He's told me it really bothers him...I just want to go do something else and end that situation.

**RACHELLE**  I don't want the conversation to occur...Sometimes I tell him I don't understand why it is so much of a big issue...He does [explain] but I still don't really get it.

**TERRY**  I tend to withdraw...it works for me but it doesn't work for [my partner].

While all the 29 AWANT reported they understood that avoidance of their conversations was not always deliberate, they also reported that the stonewalling behaviour shown to them, and the resulting disconnection, was an extensive challenge to their relationship:

**RUTH**  He would prefer to not talk through issues, which I find odd...A willingness to talk through issues and listen to the other person is important in a relationship...Him getting defensive and shutting down, freezing, not answering questions, not talking to me, stonewalling.
Sometimes he even walks away from me when I’m talking. He often forgets what we talk about.

LAURA

He either evades or gets frightened and retreats...His tendency to get out of uncomfortable things with small lies. His obsessive secrecy, which has grown more as we’ve been together, so that he just blanks me on certain topics.

The help seeking cycle

Key findings from survey data items 30 and 31

Seeking help was found to be a complicated issue for most participants. The survey and interview data suggested that the invisible nature of many people on the autism spectrum, together with the effort involved in maintaining a socially accepted façade, resulting in both AS and NT participants facing either disbelief or rejection when seeking help. Revealed by responses to SI 30 and SI 31, many survey respondents had experienced being doubted (see Figures 6.2 and 6.3). While a large amount of AWAS; 41% (43) indicated that this statement was not applicable regarding family and friends, and 55% (58) indicated that this statement was not applicable regarding professionals, 31% (33) did indicate that they had been disbelieved by family and friends, and 16% (17) had been disbelieved by professionals. In contrast, a higher percentage; 62% (154) of AWANT, identified that they had been disbelieved by family and friends and 35% (88) identified that they had been disbelieved by professionals. Only 15% (37) of AWANT felt that this statement was not applicable regarding family and friends, and 34% (85) felt that this statement was not applicable regarding professionals. Although a higher percentage of AWAS and AWANT females answered that they had experienced a lack of belief by family, friends and professionals, both males and females of both groups showed that they had experienced this lack of belief (see Tables 6.1 and 6.2).
Figure 6.2. SI 30. I am not believed when describing our particular relationship difficulties to others, such as family and friends.

Table 6.1. *I am not believed when describing our particular relationship difficulties to others, such as family and friends, by gender.*

<table>
<thead>
<tr>
<th></th>
<th>AS Female</th>
<th>%</th>
<th>AS Male</th>
<th>%</th>
<th>NT Female</th>
<th>%</th>
<th>NT Male</th>
<th>%</th>
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**Chapter 6: Results – Outcomes**

**Figure 6.3** SI 31. I am not believed when seeking professional help regarding our relationship.

**Table 6.2** I am not believed when seeking professional help regarding our relationship, by gender.

<table>
<thead>
<tr>
<th></th>
<th>AS Female</th>
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**Interview responses**

Most AWAS participating in the study stated that they did not seek help or talk to family and friends about their relationships. Those who did seek help, either through family and friends or professionally, reported varying degrees of success. When asked if he talked to friends and family about his relationship Terry said:

*No. I've never done that, the only person I discuss my relationships with is [my partner].*

However, he went on to say that he had sought professional help which was not always positive:
We've been through a number of psychologists...I went to one psychiatrist who just didn't believe it...[I] decided, no that wasn't going to work for me because he thought that I was not on the spectrum.

Similarly, Murray explained that he did not talk to others about his relationship:

No, only because the best person to talk to is my wife and...I don't feel like I need to talk to others...I think naturally Asperger people aren't that keen to talk about their emotions.

Rachelle shared the long journey that led to her diagnosis:

I saw [over]20 psychologists and psychiatrists and doctors and counsellors etc., etc., trying to work out what was wrong and then finally my son was diagnosed and then I was diagnosed.

When AWANT in the study were asked about seeking help, most reported that talking with others was a delicate issue. Many reported that inadequate community knowledge and awareness led to feeling invisible and disbelieved. While they made it clear that they would welcome being able to talk through their difficulties with others, the lack of understanding and resulting opinions and conclusions that others arrived at resulted in mixed reactions. For this reason, many had selected the “not applicable” option in their survey to the two statements about being believed. Seeking professional help was also reported to cause mixed results. Sophie reported on the difficulties that she encountered from the lack of community understanding:

I usually do not [talk about it] because others have no concept of what I go through or deal with. The issues...of an AS man does not resemble anything from a normal NT – NT relationship for people to relate to. The few times I do reach out...their response quickly reminds me I shouldn't have reached out to them...Unless someone has gone through a relationship like ours, there is no way for them to relate to this experience...I find some friends incredibly judgmental of him, and us, so I retreat further away from them.

Wanda gave details of the difficulties of explaining the distinct problems:
I find when you talk to friends...or colleagues its more “oh all men are like that”...You don't really feel that you're listened to or understood...Other people see your spouse...his talent and he’s able to communicate in a very professional manner to other people, they're just amazing...and you're like ‘you don't live with it’... Always not believed!

**Impressions**

Not only were many of the accounts of AS and NT participants disbelieved, reported outcomes of the PDC were that other people tended to develop impressions that the AWANT were the main cause of difficulties experienced within their relationships. Accounts by AWANT indicated that the parental/caretaker role, previously discussed, played a dual role in maintaining these impressions. One aspect was that many people assessed their conduct in a negative light when observing the appearance of the AWANT taking care of, or talking to, their partner/family member with AS like they were a “child”. The second aspect was that many AWANT reported that they themselves, their family members, and other people frequently felt that they were “crazy”. Due to their repeatedly unsuccessful prompts, and attempts to make their relationship function, that instead, often resulted in circular communication debacles, these failures gave rise to self-doubt. Regularly, others came to similar conclusions. Each of these outcomes will be discussed in turn.

**Parent-child**

The majority of AWANT reported that an unpleasant outcome of being placed in the “caretaker” role within their relationships was the observations and assumptions other people made about their behaviour towards their partner/family members with AS:

**DAWN**  
When people observe us as a couple, they think I am treating him like a kid at times...I know he thinks like that sometimes.

**SABRINA**  
If we're not talking business he's being childlike and I feel like I'm mothering him and I don't want to be that person...He tells me...“stop trying to be my mother” and I'm like “stop acting like a 15 year old,” so the conversation is like with a kid.
And I was telling him this week it almost feels like when I have conversations with him about our relationship it feels like a mum and a child...I feel it's like a mum is getting onto the child and then the child is trying to do something to kind of calm mum down.

Notions of irrationality

Reported by the majority of AWANT, another challenging outcome was when seeking help or trying to address issues. They frequently encountered daily and subtle forms of incorrect conclusions from others, their partners and other family members, regarding observations and evaluations of their attempts to make sense of their experiences:

RUTH  
It used to be that I was written off as “emotional”, “crazy,” or my thoughts and feelings about things just didn’t make sense to him most of the time. Now, he seems to realize that what I say is valid or important more often than he used to.

HOLLY  
I've had one friend who gave me an absolute lambasting... and said to me for goodness sake pull yourself together, [your partner’s] not the problem, you're the problem...I'd say such and such – “oh my husband does that”, and so she just totally wrote off everything I said...and so I've chosen not to see her and that's a real sadness because I've lost friends over it.

RONDA  
It's extremely hard because any of the dysfunction they see as coming from me...[My daughter] just threw it back in my face and said “oh it's not Asperger’s. It's not that at all...He doesn't even have it. It's you that can't get along with anybody.

GEORGIA  
If these communication issues are really identified and seen that they can have such devastating effects on couples...I mean just being validated and knowing...people are starting to realise it’s there, it happens, it’s real and that the suffering...whether you call it the Cassandra Phenomenon or some sort of ongoing stress disorder like PTSD...we do suffer, we suffer as a consequence.
If you went into a normal councillor, I'd...be made the fool, and then they come away more arrogant than ever going 'well there is nothing wrong with me, it's all you'...years ago we went and saw the pastors...then he just said to both of them 'oh Rae does talk a lot.' Well I will never forget it, the two of them just burst out laughing....you know ‘Rae talks so much, she obviously she is just waffling on with gobbledygook’...it's just hard isn't it, no one really understands.

6.1.2 Subsequent differences

Analysis of survey and interview data, identified that while it was the power struggle associated with the interconnected cycles of prompting and self-protection that resulted in the formation of additional communication cycles as sub-systems, it was the continuing discord as each attempted to resolve their individual unmet needs that appeared to lead to a dynamic communication system of recurring and rebounding disputes. A perpetual communication tug-of-war between these different sub-systems was found to become the communication pattern within NDR that at times cycled in linear ways and at other times in non-linear ways, with neither individual being the victor.

A dynamic system of interconnected cycles

The interaction of all the communication sub-systems within the PDC was found to become a communication roundabout full of confusion and conflict for the majority of both AS and NT participants, when in relationship with each other.

This theme was evident in items 20, 23, 33 and 40

While the answers of AWAS to SI 20 (see Figure 6.4), and SI 33 (see Figure 6.5), show a high neutral response, AWANT show high agreement to both statements with 51% (127) answering that felt that they were not taken seriously and 68% (167) answering that they felt that they were not responsible for the communication difficulties. Although almost half of AWAS gave a high neutral response to SI 33; 47% (45), it is interesting to note that, while 37% (35) of AWAS felt responsible for communication difficulties, 16% (15) felt always, or mostly, not responsible for communication difficulties. As previously reported, AS and NT respondents agreed with each other that their problems remained unresolved despite attempts to find
resolutions and that conversations cycle around, without coming to a satisfactory conclusion (see Figures 5.12 and 5.17). A dynamic system of interconnected communication cycles were found to be the result of the combination of feelings, of not being taken seriously, communication difficulties, unresolved problems and cyclic conversations.

Figure 6. 4. SI 20. My ideas are not taken seriously.

Figure 6. 5. SI 33. I am not responsible for most of the communication difficulties.
Interview responses

While both AWAS and AWANT in the study felt that communication was an often unproductive, unresolvable, cyclic situation, each frequently attributed the problems to the other. Sharon’s (AS) comment indicated that other people were the cause:

*I guess, in general, people don’t like it when other people point out that they are the cause of an ineffective communication.*

Despite the fact that the result was often increased conflict, neither AWAS or AWANT in the study knew how to discontinue the cycle. Susan (AS) shared the circular nature of the conversations that she had with her partner:

*Difficulties remain...We raise the same topics over and over again...We never reach a final conclusion.*

Likewise, Sandra (AS) shared the futility to being caught in the cycle:

*I'm saying the same thing over and over because I don't have anything more to maybe say in this situation except you know just saying over and over my side of it so it kind of is a bit redundant to me and if I don't see it going anywhere it just becomes like I don't know what else to say.*

Rachelle (AS) and Robert (NT), one of the couples involved in the study, also felt that they could not progress pass a certain point, therefore they had both given up:

RACHELLE  *Because what annoys us about each other...we're beyond the point of bothering to fix them and to try to not do that thing anymore.*

ROBERT  *I'm not sure that going deeper into a conversation would actually resolve anything. We go as deep as we need to go and either there is going to be a resolution or not going to be a resolution. If there is not going to be a resolution there's going to be an argument and a fight and I don't tend to want to go in that territory myself...she can get quite worked up over a decision that is not going her way...She has been known to throw things at me in the past too, so I don't tend to want to go into that territory.*
Similarly, most AWANT discussed the unproductive circular characteristics to most of their conversations. Rae lamented the frustration and confusion that resulted:

*And you go round and round the mountain and still don't come up with an answer... but I mean they just tip you over the edge with the frustration and the annoyance and I just think ‘why is this so hard’? I can talk, have a conversation with anybody else and everybody else can understand me...you just get so confused when I try to talk...I lay it all out there you, still...are going round and round in circles. People have got no idea, have they?*

### 6.1.3 Resultant consequences

The survey data suggested that a common result of the communication unresolvability and resultant consequences for both AWANT and AWAS was a sense of a loss of oneself. The interview data revealed that this sense of a loss of oneself was for different reasons between the two groups.

*The loss of sense of self cycle*

**Key findings from survey data item 28**

The interview and survey data indicated that many AWAS and AWANT felt that they had lost their sense of self. A total of 54% (57) of AWAS and 55% (136) of AWANT indicated that they felt this lost sense of self (see Figure 6.6).
Figure 6. 6. SI 28. I feel that I have lost my sense of self (that is, the way I think about and view my personality, beliefs, and purpose within the world).

Interview responses

Many AWAS mentioned the necessity to fit into the neurotypical world, and what that meant to them in their day to day lives. When asked to comment on the reason for selecting always, or mostly, to SI 28 (see Figure 6.6), in their survey, the general consensus was an obligation to pretend to be something that they felt they were not.

DEAN For the first half century of my life, I had a sense of purpose - making sense of the world. Then...I discovered autism. Another decade or so of research and I'm left high and dry - there's no place in the world for adult autistics. We're there, but we conspire to maintain our ignorance.

EDITH So I probably identify fairly strongly with myself as an intellectual person because...I like the way my mind works....and I know who I am...With other people I just get lost.

Rachelle (AS) and Robert (NT) shared their individual perspectives on the loss of sense of self, within their relationship with each other:
RACHELLE  I feel like I'm faking it every day and I can't be the person I want to be...I just have to conform to what society wants me to be and I can't talk to people the way I want to talk to people. I have to put in all these nice words and use inflection in my voice and try and act normal...People think I'm rude...and I'm just surrounded by people who aren't on the spectrum at work and with my husband...It's like being from another planet, speaking another language and yeah its difficult. It's like I wake up every day and when I leave the house I have to put on a mask and pretend...and when we see other people communicating and smiling at each other and chatting away and stuff and the small talk it's all fake like it's all just nothing, meaningless, we don't find any meaning in it so when we see, it looks meaningless.

ROBERT  When you are inside the family unit I feel very much that it is team Rachelle and not team [us] so...yeah I do feel like it's the loss of myself, in a lot of ways...It is really very much about what she wants, and wants to do, and wants to achieve, and not really much about what I want... I'm very quick to make a sacrifice...for the rest of my family...I'm trying to manage a relationship that all works...Yes thinking about others.

The majority of AWANT mentioned that their sense of self became lost as they frequently had to capitulate to the continual rigidity of their partner/family members with AS. When asked to comment on the reason for selecting always, or mostly, to SI 28 (see Figure 6.6) in their survey, the general consensus for these interviewees was their grief over the loss of the person they once were:

QUINN  I no longer know who I am. I think that's probably the most painful part of this whole thing....I've lost myself...I love him but I want to get myself back...I was very outgoing and a ‘happy go lucky’ kind of girl and I always liked to help people and I felt like I was happy and full in my life and that's not the way I feel anymore...I have no idea who I am anymore.
6.2 Three Potential Relationship Outcomes

The last theme; *three potential relationship outcomes*, describes the outcomes found in these data for those living within NDR. The different needs for emotional connectedness, the unsatisfied state of a predominantly unresolvable difference, the subsequent continuous communication cycles, and the predicament of becoming entangled within the resultant chronic turmoil for people within NDR, can cause multiple difficulties to overcome. Triggered by the communication difficulties, and its subsequent PDC, three outcomes were identified by these data; the relationship thrives, the relationship survives, or the relationship deteriorates.

6.2.1 The relationship thrives

While not the most common outcome, the data confirmed that outcomes for these relationships can be positive.

**Key findings from survey data items 3, 57 and 60**

Survey responses indicate that both groups of participants generally agree that their relationship would improve if they listened to each other (see Figure 6.7), apologised to each other after disputes (see Figure 6.8), and frequently participated within meaningful conversations (see Figure 4.25, previously reported). A total of 50% (54) of AWAS and 89% (225) of AWANT agreed that listening to the other person was important for interacting (see Figure 6.7). A total of 62% (57) of AWAS and 57% (139) of AWANT agreed that apologies were an important requirement for relating (see Figure 6.8).
Figure 6. 7. SI 3. The best way to get someone to listen to me is to listen to that person first.

Figure 6. 8. SI 60. Our relationship would improve if I apologised when I have hurt my partner/family member’s feelings, even if I didn’t mean to.

In conjunction with listening and apologising, as previously stated, the majority of both AS and NT respondents agreed that meaningful conversation was an important function of healthy relating (see Figure 4.25). This level of agreement, however, was not suggestive of the majority of AWAS interviewees, since only a small minority demonstrated an appreciation of the importance of active involvement, and not just an intellectual knowledge of its importance.
Interview responses

While the survey data confirmed that many AWAS demonstrated an intellectual understanding of the necessity to listen, participate in deep and meaningful conversations, and apologise, few AWAS in their interviews corroborated the survey data with actual instances. However, those who did give accounts of being motivated to learn about, and positively embrace the differences between AWAS and AWANT, and subsequently, each other’s individual needs, demonstrated that positive outcomes for NDR were possible. Dean demonstrated a willingness to learn about his autism, and learn from his partner:

[My partner] is good at establishing relationships, and works hard at it. We have discovered autism together. She is sympathetic, but her theory of mind doesn’t quite grasp the autistic model...We work hard at being good to each other...What I know of kindness I have learned from [my partner].

Similarly, Terry disclosed how an awareness of the diagnosis and a willingness to learn from his partner helped him:

Well the expectation that I've grown to understand is that I need to actually consciously spend more time with [my partner] and to further develop my communication skills...I think I'm doing a lot better than I used to, and being aware of the various conditions that I have, Asperger's diagnosis from about 6 or 7 years ago.

Matt (AS) and Mia (NT) shared how Matt had positively responded to the support Mia had provided through her training and how it had helped their relationship to grow:

MATT I've had a lot of training in terms of how to interact with neurotypicals and a lot of practice so Mia and I are actually a long way down the track...Mia and I may not be your typical AS-NT relationship...She's really helped me know what it is to do and so now that I'm actually able to do that, our relationship has improved tremendously.

MIA I'm satisfied in our relationship, particularly in regards to understanding the ways that Matt expresses love...We do share a good
connection in that we talk, we spend time together, it’s give and take….I feel a lot of compassion for how difficult life can be for someone with ASD and I have just total respect for Matt as a person. He’s incredibly humble and open to looking at things in his life that he can do better…It's coming more naturally to him but it’s hard…when you have autism…Another thing that makes Matt different is his faith….Yeah I just feel like we do connect during conversations.

Similar to AWAS participants, AWANT participants shared that recognition and acceptance of the diagnosis from both sides made a significant difference to their relationship. Sophie stated this was the case for her:

He recently had his “ah ha” moment last year in realising he has Asperger’s Syndrome. I am incredibly expressive with my emotions and he is able to express himself well too...The key to making this work between us is clear communication and honesty from both sides.

Likewise, Wilhelmina described how awareness of the diagnosis can be transforming:

Well I think from what the women that I have read about, the women that I have met in the group, I am just amazed by (a) their resilience and (b) persistence too, and the hard work they put into learn[ing] and the efforts to make the relationship work and to teach themselves about the condition rather than just walk away.

Even while appreciating her partner’s limitations, Laura shared how cherishing each other, can make a difference:

He once or twice has indicated that I, and the home I have created for him, has saved him from despair, but he avoids emotional discussions.

6.2.2 The relationship survives

The interview and survey data indicated that the majority of AS and NT participants felt that the differences found within their relationships were often insurmountable. It was found that when matters become unmanageable, a frequent
result was the formation of a lack of interest in each other, unresponsiveness toward each other, and consequently withdrawal from each other.

**Key findings from survey data items 36 and 55**

A total of 52% (49) of AWAS and 78% (191) of AWANT felt that a regretful compromise was required to keep the peace (see Figure 6.9), and a total of 46% (43) of AWAS, and 56% (137) of AWANT, felt that communicating was not worth the hassle (see Figure 6.10).

![Figure 6.9 SI 36](image)

**Figure 6.9.** SI 36. Regretful compromise is often required to keep the peace.
Interview responses

Several participants reported that they had become more like housemates behind closed doors while acting and looking like a “normal relationship” in public. A few participants reported that while they still remained within the relationship, they had completely disconnected themselves from their partner/family member. Surviving behind closed doors was not a topic under much discussion for many AWAS; however, Samuel shared how his relationship survived:

**SAMUEL** *Our relationship has gone through a lot of upheaval and we separated for a time... so now we are simply companions... We do pretty much our own thing apart from the odd thing together... but affection is really just making each other a cup of tea and coffee and sitting and chatting together, that's about it really.*

In contrast, quite a few AWANT had plenty to say on the subject.

**WANDA** *I've kind of given up... I think I've kind of worn myself out... Yeah, I've sort of reached that point of not being hurt anymore and trying not to expect anything and I don't have the answers.*

*Figure 6. 10. SI 55. I have given up trying to communicate because it is not worth the hassle.*
HOLLY  He wasn't responding…that has caused me to withdraw, not to bother, telling him minor bits of information that are kind of social discourse…Once we used to chat about the day to day things. I just realise quite frequently he's tuned out, he's not receiving.

MAGGIE  I won't put myself forward anymore and share as much as I would like to share with him because of his reaction and his unknowing of how to deal with it on an emotional level...I’ve heard of people say “oh look, you've just got to get all your needs met somewhere else with your friends”…and I thought to myself ‘but that's not a marriage’.

6.2.3 The relationship deteriorates

Many participants lamented the demise of the relationship that they had hoped for and having to come to the realisation that what was anticipated was not an option for them. As a result, some decided to solve the problem by remaining in the same house, but living completely separate lives, others lived in separate houses and continued seeing each other, while a few decided that divorce was the only option.

Key findings from survey data items 32, 56 and 53

Responses to SI 32 (see Figure 6.11), SI 56 (see Figure 6.12), and previously reported SI 53 (see Figure 5.10), illustrate the diminishing communication, relationship break down and, on rare occasions, physical ill-treatment that can occur over time within these relationships. A total of 43% (41) of AWAS and 64% (156) of AWANT answered that they always, or mostly, felt that their communication had deteriorated (see Figure 6.11). While the majority; a total of 61% (57) of AWAS, indicated that physical ill-treatment never occurred, 17% (16) acknowledged that it did occur, although rarely, while 13% (12) admitted that physical ill-treatment mostly, or always, occurred, and 10% (9) selected neutral (see Figure 6.12). In addition, 60% (146) of AWANT indicated that physical ill-treatment never occurred, 18% (44) acknowledged that it rarely occurred, 10% (25) admitted that physical ill-treatment mostly, or always, occurred and 12% (30) selected neutral.

As previously reported, responses to SI 53 reveal that a large percentage of both AS and NT survey respondents acknowledged verbal aggression occurred within their
relationships (see Figure 5.10). Approximately 60% of both groups admitted that verbal aggression was present in their relationships and 30% of both groups acknowledged that physical ill-treatment was also present in their relationships.

**Figure 6. 11.** SI 32. The quality of our communication has deteriorated over time.

**Figure 6. 12.** SI 56. Frustration triggered by entangled conversation can escalate to physical ill-treatment.

**Interview responses**

A few participants in the study had decided to completely leave their relationship. Anecdotal evidence suggests that it is a rare occurrence for those within NDR to divorce. The main reason for a decision not to divorce appears to be that,
when understanding of the condition occurs, accommodation of the condition follows. Sometimes, however, understanding occurs too late to save the relationship. Sharon (AS), disclosed that her need for solitude ended her marriage:

*He understood that I needed some level of solitude, but that took a toll in the marriage eventually.*

She went on to give her thoughts on how to save NDR:

*For any relationship to stay strong and go far, they must be allowed to be themselves – AS or NT – and still enjoy the relationship.*

Many AWANT reported that they attempted to find unconventional solutions if conventional ones were not an option for them. Tracy had found that a solution for her was to use an empty room in her house:

*I just stop talking and leave. I need to protect myself. We now have an empty room in the house, and I can withdraw there.*

However, Haley reported that her marriage had ended a few weeks prior to the interview:

*I really hope you do get some answers out of it...how to actually deal with it...cause, I've ended up, I've left. We've been gone now for about five weeks. So it's only...recent, but I did put it to him earlier in the year...in January, I just said “look I’m not happy, I look at you and I think you're not happy as well”...Like in the end we just stopped talking.*

**Conclusion**

This chapter has presented the results for theme four; “additional cycles” and theme five; “three potential relationship outcomes” which describe “the impact” of prompting and PD and/or PA. These were the additional communication cycles that were seen to form as a result of the power struggle of competing needs within the PDC; subsequent impacts on conversation and abilities to interact; consequences on participants; and the potential outcomes on these relationships.
The survey and interview data illustrated that it was the constant interplay between prompting on the part of AWANT, and self-protective and/or dependency behaviours on the part of AWAS, that produced additional cycles alongside and within the PDC, as a result of a difference in positions toward emotional connectedness. These intertwined communication cycles in which prompting and PD were central factors, were seen to develop into the main communication activity within NDR. The resultant power struggle between AWAS and AWANT in order to attain individual positions were seen to cause the continual nature of this communication activity. It was the stability of the different positions toward emotional connectedness that equally preserved the durability of the communication cycle and also how it became interwoven within most aspects of communication within these relationships. The consequences were found to be mainly negative for both AWAS and AWANT. However, seeking help was found to be a precarious situation for most, with predominantly unsatisfactory conclusions. Theme five detailed three potential outcomes identified by these data; of living with these communication cycles for those within NDR. Table 6.3 presents the key points of the chapter.
Table 6.3. Key points.

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The next chapter provides the diagrammatic model derived from the interview and survey responses and analytic coding processes, together with the interpretation and discussion of the five themes previously presented throughout the three results chapters.
Chapter 7: Discussion

“The great gift of conversation lies less in displaying it ourselves than in drawing it out of others. He who leaves your company pleased with himself and his own cleverness is perfectly well pleased with you’’ (Jean de La Bruyère, The Characters, 1688).

7.1 Discussion Chapter Overview

The purpose of this study was to build on a previous study by the researcher to further investigate the nature of PD in AWAS. Particularly explored in this study were the reasons that PD may or may not develop into a cycle; the role that PD plays in sustaining or damaging close relationships for those involved in NDR; and to identify how these relationships may be supported. Presented in this chapter is a full discussion of the major findings of this investigation, as related to the literature on the higher functioning Autism Spectrum Conditions in general and AS in particular. Literatures on social interaction, communication in relation to Dynamic Systems Theory, and human behaviour were similarly utilised.

Also included is an interpretation and evaluation of the results with reference to the five themes that were an amalgamation of the quantitative and qualitative results introduced in the three previous results chapters. The five themes were: affection and connection incompatibilities; prompting triggers; a prompt dependency cycle; additional cycles; and three potential relationship outcomes. As in the results chapters, the five themes are discussed as separate sections. Themes one, two and three are divided into the same three sub-sections that were presented in the results chapters; contributing factors, subsequent differences, and resultant consequences. Theme four is a discussion of the four additional cycles that result from the PDC, and in theme five, the three potential outcomes found in the study of living in NDR, are discussed.

Lastly, participant recommendations for future research progress and advancement of their needs, accompanied by their viewpoints regarding the lack of community understanding, the lack of professional understanding and the inadequacy of support avenues, are included.
7.2 Model Overview

The five themes found in this study were united in a diagrammatic model in order to explain the data and the relationships between the themes (see Figure 7.1 and Appendix K). This model was updated and extended from a previous grounded theory study. The theoretical model derived from grounded theory’s coding processes in the previous study identified six categories. These were:

1. Core category – A reciprocal connected relationship is the need of NT partners (Reciprocity).
2. Guiding conditions – Unresponsiveness of AS partners prevents reciprocity (Unresponsiveness).
3. Actions/interactions – To obtain reciprocity NT partners prompt (Prompts).
4. Intervening conditions – Social impairment, indifference of AS partners obstructs prompts (Obstructions).
5. Context – A parental/caretaker role forms for NT partners (Responsibilities).
6. Consequences – Negative consequences are experienced by NT partners (Burden).

These six categories were used as a starting point for comparisons with the quantitative and qualitative data that was acquired in this study. The six categories also served as the foundation to the development of the diagrammatic model that was updated and extended in this study. The model, begun from this groundwork, and then further developed from the quantitative and qualitative data analysis processes using MS Excel and NVivo, served as a visual aid of the interaction processes in NDR. Thus, it conveyed the progression of how differences in need, for communication and emotional connection, developed into an interlinked PDC, and self-protective cycle within NDR. Also illustrated was the development of additional cycles that formed as a result of the un-resolvability of the dynamic tensions between the two overlapping cycles. The model displays how these overlapping, and associated cycles emerge as the core interaction pattern, within these relationships.

Commencing with the need AWANT have of healthy reciprocal relationships by means of deep conversation, companionship and intimacy, the model illustrates that this need was often thwarted by the social interaction difficulties experienced with their AWAS partners/family members. Alternatively, attributable to these difficulties, AWAS often need to socially disengage to a place of solitude and refuge
in non-social activities in order to achieve respite from their interaction challenges. The model reveals that two separate trajectories follow.

The first pathway shows that the social interaction difficulties experienced by AWAS trigger AWANT to prompt in order to improve interaction, encourage involvement and meet their need for a healthy reciprocal relationship. Frequently, however, AWAS remain unresponsive and/or avoid the prompts. This avoidance regularly elicits an increase in prompting. Sometimes, the actions prompted are accomplished. Sometimes, unresponsiveness and avoidance remain. Intermittent schedules of reinforcement are very resistant to extinction. Therefore, the partial effectiveness of the prompts set in motion a process of oscillation between the prompting behaviour of AWANT and the avoidance, and/or response behaviours of AWAS which, in turn, intensified the prompting behaviour of AWANT. The model illustrates how this oscillation activated the formation of an intertwined cycle of prompting with prompt dependency and/or self-protectiveness.

The second pathway arises from the need AWAS had of social disengagement. This path tracks alongside the intertwined PDC cycle and self-protective cycle, which converges with and influences, both these cycles. Effects such as, a lack of asking questions, misinterpreting actions and inaccurate assumptions furthers a lack of engagement with conversations, which similarly, furthers the oscillation between prompting and self-protective behaviour and/or dependency on prompts. The intensification of these intertwined behaviours shape the development of a parental/caretaker role for AWANT with neither AWAS nor AWANT succeeding in attainment of their needs.

The model illustrates that additional interaction cycles result from the power struggle of unresolved needs attainment. These cycles; the imitating normalcy cycle, the stonewalling cycle, the seeking help cycle and the loss of sense of self cycle, all cycled in the background and alongside the intertwined PDC and self-protective cycle, while also converging with and influencing both the PDC and self-protective cycles. Three possible outcomes of these interaction cycles are illustrated in the model. These are: the relationship thrives, the relationship survives and the relationship deteriorates. An abridged version of the model follows (see Appendix K for full version), together with an interpretation and discussion of the five themes that were united and illustrated in this diagrammatic model.
Figure 7.1. An abridged version of the diagrammatic model.
7.2.1 General overview of themes

People who are NT, typically experience a sense of well-being and enhanced functioning when their need to belong and be cared for are fulfilled by frequent productive deep social encounters (Baumeister & Leary, 1995). In contrast, difficulties with communication, social interaction, and processing their own and other people’s emotions can lead people with AS to place less emphasis on social encounters and related emotional connectedness (Brown et al., 2007). Within the study, it was found that for adults involved in a NDR; whether the relationship was romantic, parent-child or between siblings, the attainment of healthy reciprocal interaction was a highly unlikely occurrence. Reciprocity is a major challenge for individuals on the spectrum, and accordingly, reciprocity was found to be difficult to achieve in the circumstance of a NDR. The needs of one, to have reciprocal interaction, conflicted with the needs of the other, to avoid reciprocal interaction. In this study it appeared that this needs disparity was the main cause for the onset of prompting on the part of AWANT participants, and prompt avoidance (PA) and/or prompt dependency (PD), on the part of AWAS participants. In response to misconceptions that AS is a mainly male condition, the comparison tables, reported in the results chapters between male and female responses, suggest that gender does not have a marked effect on responses. The tables reveal the similarity of responses of male and female AWAS and similarity of responses of male and female AWANT. In addition, the wide range of national and international participants demonstrated a cross cultural similarity of responses.

7.3 Theme 1 – Affection and Connection Incompatibilities

The data derived from both interview and survey responses suggested that the distinctive complications within conversations that AWAS encounter, thwart the need that AWANT have for sharing in frequent and meaningful social encounters with their partner/family members. The data also indicated that interpretations of frequent and meaningful social encounters were substantially different for AWAS and AWANT. Results suggested that the expectations of, and abilities to, emotionally connect with the other were influenced by the differences in need for communication and emotional connection, together with the differences in social interaction capabilities between AS and NT participants. These differences, for
AWAS participants, may cause them to avoid expressing feelings and emotions, conversing about personal matters, and having deep meaningful conversations in their relationships. However, for AWANT participants, these contrasts appeared to trigger the need to seek modifications to their partner/family members’ avoidance behaviours. The model developed from the analytic coding processes (see Appendix K), illustrates that prompting was the principal way AWANT sought to modify these avoidance behaviours.

7.3.1 Contributing factors

The emotional effect

Emotions perform a vital role in the coordination of social interaction within relationships (Schröder-Abé & Schütz, 2011) and, equally, quality social interaction is related to relationship satisfaction (Emmers-Sommer, 2004). Therefore, constructing optimal affective encounters through competency in social interaction is fundamental to creating healthy functioning relationships (Brant R. Burleson, 2009; Butler & Randall, 2013). However, in this study, the ability and desire to express feelings and emotions, converse about personal matters and engage in deep and meaningful conversations appeared to be key factors in contributing to contrasting needs for affection and connection between AWAS and AWANT participants.

In general, affection and connectedness are built over time within close relationships through the emotional interaction that fosters close relating. The majority of AWAS participants testified to the challenges that they had with communicating their feelings and expressing emotions. They reported that these challenges, together with the anxieties related to their communication difficulties, frequently led them to distance themselves from emotional interaction (Maddox & White, 2015). In addition, these difficulties and anxieties appeared to control a need to prioritise social disengagement. While AWAS understood that the disengagement they wanted within their relationship presented an obstacle to relationship satisfaction for their partner/family members (Eid & Boucher, 2012; Fardis, 2007), their preference for non-social experiences (Attwood, 2003; Grove et al., 2016; Sasson et al., 2012) signified that avoidance of these forms of conversations became commonplace within their relationships.
Although it is well established in research that people with AS experience difficulties with communication, especially in regard to the reciprocal and emotional elements of communication (Attwood, 2015), in this study it was the reported insufficiencies of these aspects within NDR that were found to contribute to an unconventionality to these relationships. Whether the relationship was romantic, parent-child or between siblings, this unconventionality emerged as vastly different conversational exchanges and concentrations of affection and connectedness than is typically expected to be seen within the different varieties of close relationships. The model shows that it was this unconventionality that initiates prompting within NDR relationships.

Within NDR, expressing feelings and the majority of emotional, affectionate and personal interaction was not provided to the satisfaction of the majority of AWANT. It seemed that the omission of these aspects strongly influenced most relationship interaction. Additionally, capabilities in conveying the meaning behind emotional exchanges are central to conversing about personal matters. Since abilities in emotional intelligence serve important communicative functions, by providing information about thoughts, intentions, and any likely actions of interaction partners (Schröder-Abé & Schütz, 2011), the lack of these abilities found in AWAS participants may predispose them toward more impassive, logical types of interaction within their close relationships. This difference appeared to be a contributing factor in the different conversational exchanges found within NDR.

The more developed emotional intelligence that AWANT often possess can predispose them toward the desire to give, and also receive, more demonstrative emotional forms of interaction. In NDR, it appeared that this desire was often thwarted. Usually, their abilities and desires to express feelings and emotions, for AWANT participants, meant that these types of conversational exchanges were a usual source of satisfaction and fulfilment and, when denied in their relationships, became a source for dissatisfaction and frustration with their relationships. Therefore, for AWANT participants in the study, it emerged that the need to share within these forms of conversations appeared to be denied to them by the inabilities of their partner/family member with AS leading them to feel much frustration about their relationship.
Not only did these differences in abilities create considerable interaction issues for each within these relationships, as a consequence, AWAS participants reported that they withdrew from the emotional, affectionate and personal interaction forms in conversation. This avoidance appeared to further the discord between the different needs each have and might suggest a regular occurrence within these relationships. The distinct absence of deep, meaningful conversations was reported to become commonplace within the relationships of the participants. This may result in furthering contrasting attitudes. The majority of AWAS participants indicated a preference for the continuation of the situation, feeling considerable apprehension and irritation toward any appeal for improvement in deep, meaningful conversations from their AWANT partner/family members. However, in contrast, it was reported that the lack of these forms of conversations equally caused considerable apprehension and irritation for AWANT.

What’s more, a study by López-Pérez et al. (2017), found that AWAS engage significantly less than average in “interpersonal affect improvement” (p. 105). Interpersonal affect improvement is regulation of someone else’s emotions and mood states, such as working to improve how others feel, and is a key process for appropriate interpersonal functioning (Niven et al., 2009). This reduced ability of AWAS to perform interpersonal affect improvement appeared to be confirmed in the study by their unresponsiveness to, and avoidance of, the emotional needs of the AWANT in their lives. Therefore, they did not seem to work to regulate their partner/family member’s feelings, which likely furthered the resistance observed within this study to correct an absence of deep, meaningful conversations. The survey and interview data indicated that these reduced proficiencies of AWAS also furthered their self-protective behaviour and may be a basis for dissatisfaction for each, within these relationships.

7.3.2 Subsequent differences

Contrasting needs

As established in research, the study supported that AWANT have a greater requirement for affection and connection within their close relationships than do AWAS (Attwood, 2015; Bentley, 2007; Bostock-Ling et al., 2012; Marshack, 2009). Stemming from the main differences that AWAS have in the areas of social interaction, social reciprocity, and social imagination (American Psychiatric...
Association, 2013), the study corroborated established evidence that reciprocal emotional conversation was not as critical to the maintenance of a close relationship for AWAS as it was for AWANT (Aston, 2014; Sasson et al., 2012). The survey and interview data identified that within NDR, a consequence of these contrasts was a distinct dearth of personal interaction, especially the emotional, affectionate, deep and meaningful modes of conversation, expected for close relationships. An absence of these customary relational communications appeared to instigate incompatible relationship needs, which may be irreconcilable. When completely contradictory needs become integrated within the one relationship, it can create a unique type of relationship. The model illustrated that these opposing needs, when integrated collectively within a close relationship, not only created a unique type of relationship, they also occasion the onset of a communication pattern that appeared to become prominent in these relationships over time.

Identified by these data, the core needs of AWANT participants involved three elements: reciprocated expressive and deep conversations, reciprocated affective companionship, and reciprocated affective conversational intimacy. Three elements for AWAS participants were also identified: a need for companionship that excluded expressive and deep emotional conversations, time devoted to solitude in order to relieve tensions acquired when involved in the emotional elements of relating, and time engaged in the pursuit of particular special interests. These six elements, the three needs of each, were found to be in competition with the needs of the other.

**A needs tug of war**

As established in literature, this study suggests that the interaction needs of AWANT greatly differ from the needs of those with AS (Bentley, 2007; Mendes, 2015; Simone, 2009). The model shows that the needs of each are in opposition. The considerable amounts of social interaction AWANT typically need are shown to be at odds with the need of AWAS to experience considerable amounts of time alone or in pursuit of special interests. It was found that a result of this needs contrast was a scarcity of passionate and explicit expressions of love and care, which appeared to become habitual. It was not that love and care for their significant others were not felt by AWAS participants, but these types of conversations were reported to be either quite stressful or irrelevant to them. It appeared that when the two aspects combined, for AWAS, (aversion to participate within emotional conversations, and
the view that emotional conversations were basically inconsequential) the social interaction that AWANT desired to have with the AWAS in their lives, was regularly overlooked. Similar to findings from previous research, love and care were not usually demonstrated or expressed to the AWANT partner/family members in the study in a way that made it evident to them (Aston, 2014). In this study, love and care emerged as mainly expressed through actions rather than words. Typical conversational demonstrations of love and care frequently seemed to become barely discernible; sometimes non-existent. Therefore, AWANT were often deprived of the reciprocal emotional interaction, support, and connection that they anticipated through the giving and receiving of warmth and affection in these types of conversations (Aston, 2014; Bentley, 2007; Grigg, 2012; Wilson et al., 2017). The majority of AWAS within the study reported that they were not intending to ignore their partner/family members’ needs, they were simply attempting to meet their own needs. Therefore, while it may not be an intended outcome that they contribute to the reduction in the relationship satisfaction and contentment felt by their partner/family members, often they did.

**Reciprocity**

Aston (2014), refers to reciprocity as a “means to feel or give in return for the same” (p. 115). However, reciprocal interaction is not just give and take in a literal sense. Keysar et al. (2008) explain that reciprocating one another’s actions depends largely on how those actions are interpreted, rather than simply on the objective features of those actions. Webster et al. (2009) add that, the “reciprocation of disclosure is a hallmark of relationship stability and satisfaction” (p. 292). Therefore, reciprocal interaction is not as straightforward as one person making a comment and the other responding with another comment. Reciprocity is giving an associated comment in a way that encourages pro-social exchanges (Keysar et al., 2008). Relationship health is constructed, negotiated, and sustained through reciprocated self-disclosure within the everyday relating behaviours of individuals within relationships (Maisel et al., 2008; Weigel & Ballard-Reisch, 2012).

However, the interview and survey data suggested that AWANT participants had a need for reciprocated expressive and deep conversations, that was not being met by their partner/family members with AS. This need remained unmet because AWAS participants appeared to place low emphasis upon the “reciprocation of
disclosure”, required for maintaining relationship health, accompanied by emotional conversation, and the emotional connectedness this type of conversation could bring. Low emphasis appeared to also be placed upon the need to engage in frequent deep social encounters. While AWAS participants reported that they did enjoy the company of their partner/family members and frequently wanted to spend time with them, they often declined to participate in the emotional aspects of conversations. Company without much in the way of conversation was reported to be their usual preference.

The majority of AWANT participants reported that this preference of AWAS gave an appearance of disinterest in them. They conveyed dissatisfaction that their partner/family members’ inclination toward being uncommunicative guided an inclination for demonstrations of affection to mainly be through actions, rather than through conversation. While the majority of AWANT participants reported that they appreciated these demonstrations, they wanted reciprocal conversational involvement as well. Mostly, they conveyed that they did realise that their partner/family members did not have the same need for emotional connection, and that anxiety appeared to be a frequent cause. However, AWANT felt the unresponsiveness to their emotional conversations deeply, and considered that the resulting emotional disconnectedness was one of the most difficult things to deal with in their relationships. The discrepancy between the reciprocated self-disclosure required to build the close relationship that AWANT participants craved, and the actual quality of communication found within these relationships, meant that their deep need to engage with their partner/family members emerged as often left unmet.

**Responsiveness**

Laurenceau et al. (1998) found that self-disclosure, other disclosure, and other responsiveness, at an interaction-by-interaction level were the most significant components to the formation of closeness and intimacy between people. Webster et al. (2009) add that expressing closeness on an intimate level encourages an equivalent response in others. People generally reciprocate others’ level of disclosure, whether the source is a romantic partner or a stranger. In support of this concept, Derlega (2013) and Mashek and Aron (2004) report that, without disclosure and responsiveness, it can become difficult to love a person when that person is difficult to get to know in a more meaningful and connected way.
Consistent with research, AWAS participants in the study appeared to display a higher need for solitude with lower levels of need for social interaction when compared with AWANT participants (Attwood, 2015). An altered responsiveness to social stimuli found in the study conducted by Johnson et al. (2006) was suggested in this study. Since emotional connection did not appear to have equal meaning for AWAS participants, they did not appear to have a corresponding need to give responses. Consequently, it seemed that they repeatedly chose to remain largely unresponsive to their partner/family members. The data also indicated that difficulties involved in responding within the fast pace of interpersonal interaction compounded the response deficit toward loved ones. The appearance of a regular failure for AWAS participants to self-disclose to any great extent, or reciprocate their partner/family members’ level of disclosure, may have been the catalyst that prevented the formation of the affective conversational intimacy AWANT participants were seeking within these relationships.

Typically, warm intimate disclosure and responsiveness received during one’s disclosure results in feeling appreciated, validated and understood, while also encouraging an understanding of the other’s thoughts and behaviours (Harvey & Wenzel, 2002). However, the lack of warm intimate disclosure and responsiveness (Webster et al., 2009), found in this study, may have led to feelings of being unappreciated, invalidated and misunderstood for both groups of participants in the study. While AWAS did not seem to require the same level of warm intimate disclosure, their partner/family members’ level of unhappiness within the relationship appeared to be the main contributing factor for AWAS participants feelings of being unappreciated, invalidated and misunderstood in their relationships. Neither one could construct shared understandings of the other’s thoughts or behaviours. Communication patterns were not favourable to foster intimate, deeper layers of self-disclosure in order to enhance the relationship (Harvey & Wenzel, 2002), and the typical growth of deeper and deeper conversational intimacy that usually occurs over time did not seem to materialise either.

Many AWAS participants also appeared to illustrate a lack of awareness of the ramifications of their unresponsiveness on their partner/family member. Seeking solitude was reported to be an enjoyable experience for AWAS. Engaging in reciprocal emotional interaction was often an unenjoyable experience or troublesome
event. Unresponsiveness was a logical outcome. While this behaviour may appear very selfish, rather, as established in research, it was observed that the experience of conceptualising how others may feel was challenging for them. As a consequence, they were unable to “put themselves in another’s shoes” to give the required responses (Baron-Cohen, 2008). Additionally, a preference to shelve problems rather than discuss them, or else require large amounts of time to ponder them, appeared to be part of the desire for regular amounts of seclusion.

While moments of solitude mitigated concerns for AWAS participants, the data suggested the opposite occurred for AWANT participants. Although the majority of AWANT reported that, at times, they did attempt to accommodate the response difficulties and solitude needs of their partner/family members, they also wanted some receptiveness to their needs for companionship as well. Therefore, it was the extent of unresponsiveness and unreachability that was unmanageable for them. Many AWANT admitted that, on occasion, to deal with this unreachability, they also became unresponsive in the face of their partner/family members’ unresponsiveness. The result was that many AWANT eventually experienced a frequent similar decline in their desire for interpersonal connection with their partner/family members.

The data suggested that an outcome of these contrasting differences in these relationships was that the condition of the relationship often remained poor. It was reported that mediocre and trivial conversation proliferated. It was also reported that the deeply intimate conversations, usual for close relationships, either did not happen, or dwindled. Consistently, the main source of interaction was stated to be limited to inconsequential exchanges and superficial types of relating. The majority of AWANT participants within the study concurred that the lack of expected conversation intimacy within their relationships not only had a detrimental effect on their ability to get to know and become close to their partner/family members, their relationships became limited to a superficial level.

Different implications of the lack of warm intimate disclosure and responsiveness were revealed between the two groups. The majority of AWANT participants commented that they felt that their partner/family member’s needs were being met to some extent; however, it was their emotional needs that remained fully unmet. The majority of AWAS participants supported this perspective. While they conveyed an understanding that the conversational needs of their partner/family
members were essentially not being met, they showed a lack of awareness as to how far-removed they were from identification of the actual level of conversational need that their partner/family members reported.

**Companionship**

Typically, companionship is defined as a state of experiencing genuine committed fellowship with another, and effective communication is equally crucial to fostering committed fellowship with others and to the fulfilment of satisfying close relationships (Ariyo & Mgbeokwii, 2019; Buhrmester & Furman, 1987; Cyranowski et al., 2013; Gillespie et al., 2015). In spite of this, the model illustrates that the variety of, and level of companionship desired by AWANT was in direct opposition to the variety of, and level of companionship desired by AWAS. Although Cyranowski et al. (2013) suggest that the “quality of our daily social interaction; the support we receive from people around us, and our feelings of loneliness influence our health and well-being from childhood through old age” (p. 293), AWAS seem to have a different notion of what represents quality social interaction. Typically, the primary purpose of conversation within close relationships is to maintain healthy social relations (Side, 1997), give and receive emotional support (Brant R. Burleson, 2003), and build relationships into understanding, committed, close relationships (Grigg, 2012) in order to experience the companionship required for good health and well-being. Yet, similar to Attwood’s (2015) description, the data indicated that the primary purpose of the majority of conversation for AWAS was to have the “opportunity to exchange information, to learn or inform, and if there is no practical information to exchange, why waste time talking?” (p. 220). Therefore, different opinions, beliefs, requirements and philosophies regarding companionship were noticed between the two groups. For AWANT, as identified by Ariyo and Mgbeokwii (2019), companionship was defined as living life together, working toward common goals, and experiencing common interests, where thoughts and actions are exchanged and challenged and behaviour is affected. Without the reciprocal conversational exchanges desired by AWANT, these ideal companionship attributes would be difficult to achieve for them in a NDR. However, companionship, for AWAS was identified as company without the social and emotional interaction, but with selected intellectual communication, or else just being in the same room.
As established in research, the consuming special interests of people with AS often take precedence over time spent with others (Caldwell-Harris & Jordan, 2014; Grove et al., 2016; Sasson et al., 2012). While the special interests of those with AS exist on a continuum with NT interests, and often reflect exceptional abilities, such as systemizing and heightened attention to detail, they require extensive amounts of time (Caldwell-Harris & Jordan, 2014), therefore an additional effect on cultivating the companionship required for close relating. Thus, the special interests of people with AS are often considered problematic to others. Due to the intensity held for a special interest, reduced social motivation as a result of increased interest in circumscribed non-social experiences, and resistance to change (Sasson et al., 2012), others “often require extreme patience, tolerance and accommodation” (p. 1). The interview data confirmed that AWANT participants often felt correspondingly. However, the interview data revealed that AWAS participants felt quite differently. For AWAS, a focus on special interests frequently gave them a way to avoid emotional conversation and, therefore, appeared to function as a way to reduce the anxieties that were founded on communicating. The high levels of conversational anxiety that they appeared to experience seemed to be able to be lowered through spending time focusing on a special interest. In addition, many AWAS participants reported that their special interests frequently gave them a source of enjoyment that spending time with others did not.

The majority of AWANT participants stated that they felt otherwise. Many expressed resentment that attention was given to a special interest at the expense of interaction with them. While they expressed an understanding of the function special interests performed, they also wanted to be able to enjoy time with their partner/family member. Additionally, when combining considerable time spent focused on special interests, together with the common experience of having considerable limitations placed on their emotional conversations, a result for AWANT was that the deep companionship that they were looking for usually failed to form. Substantial amounts of time given to a special interest, and the denial of their need to foster deep companionship through conversation, frequently led AWANT to experience an ongoing fragmentation of their relationship. Some described how they became resigned to the lack of connection and interaction that often came to nothing, no matter how much effort they contributed. Others described
their sadness, causing them to turn away and attempt to gain companionship outside of their relationship. Still others, while not satisfied, tried to appreciate the difficulties and accept the situation. It became apparent from the interviews that the majority of these participants felt disconnected from their partner/family members in some way, and were unable to develop the feelings of close companionship that they required. Inabilities to remedy the situation, for most, gave rise to mixed feelings including discontentment, frustration, and sometimes despair.

7.3.3 Resultant consequences

Affection

The literature shows that less than satisfying relationships are experienced when difficulties in emotional expression create interpersonal communication paucity (Coutinho et al., 2017; Eid & Boucher, 2012; Pasch et al., 1997). While AWAS participants noted that they were not good at giving emotional support, or recognising the necessity, they did not appear to consider that an increase in their efforts, in that regard, would improve the situation. However, the large majority of AWANT participants discussed at length their belief that the lower levels of emotional connection within their relationships were not what would be considered typical by the general population. The work of Aston, (2014), Attwood, (2015), Jacobs, (2006) and Marshack, (2009) outlined these core communicational difficulties. Their work demonstrated the distinctions between a neurodiverse relationship, versus a conventional relationship, which showed marked differences in connectedness.

The majority of AWANT participants relayed that they experienced these same observed differences. As a result, the low levels of affection reported created challenges that were difficult to surmount for them, especially when experiencing resistance to efforts to make a change to the level of affection. Further, although AWANT participants stated that they realised the difficulties and differences their partner/family member with AS displayed were often unintentional, they expressed dismay at their partner/family member’s reluctance to amend the situation. Since attempts to change things were usually resisted, it appeared to them that their partner/family member with AS were reasonably contented with the lower affection levels.
Satisfaction

Research shows that relationship quality and satisfaction are mediated by how able a person is in abilities to recognise, express, and manage emotion in both self and others (Brackett et al., 2005; Monteborocci et al., 2011; Schröder-Abé & Schütz, 2011). When a relationship includes people on the autism spectrum, who do not have the typically expected abilities to recognise, express, and manage emotion in both self and others, unexpected challenges to relationship quality and satisfaction can result.

The interview and survey responses from AWAS participants suggested that the assumptions of AWANT discussed above, were correct. The AWAS in the study were reasonably contented with lower levels of affection since avoidance of emotional interaction often improved the situation for them. Whereas the interview and survey responses from AWANT participants confirmed that the majority of AWANT participants were dissatisfied, given that they stated that they needed much higher levels of affection to feel emotionally connected to their partner/family member. A common conclusion was to question whether their partner/family members with AS felt any affection for them at all. The data indicated that the effect of this satisfaction discrepancy was disproportionate intentions towards change. The NT group wanted an improvement to affection and connection intensities, whereas the AS group demonstrated that they were content to leave things as they were. Some indicated that they would be content with even lower quantities of affection and connection than currently existed in their relationship.

7.4 Theme 2 – Prompting Triggers

Commonly, communication (both verbal and non-verbal) is the very means used to improve interpersonal interaction or resolve differences of opinion. However, if the very processes used to achieve understanding or resolve differences increases misunderstanding and difficulties, constructing competent interaction becomes arduous, and the means by which understanding and commonality may be achieved also becomes arduous. The model illustrates that, in response to a need for greater affection and connection, AWANT participants introduced prompts as a way to resolve the communication difficulties. As defined in chapter 2, a prompt is typically any external stimuli, such as instructions, explanations, gestures, or illustrations, that
are initiated in order to increase the likelihood that an individual will make a particular response (MacDuff et al., 2001). The data confirmed that, in an attempt to rectify affection and connection paucity, prompting was introduced by AWANT participants as a means to achieve responsiveness. Prompting was also used as a means to discuss problems and deal with conflict.

7.4.1 Contributing factors

Rectifying affection and connection paucity

The data strongly confirmed that prompts were introduced by AWANT participants as a means to resolve the lack of affection and connection found within their relationships. Since AWAS participants indicated that, due to their neurological difference, they have a different schema in regard to what they wanted from their relationships, the intentions of AWANT participants were often negated. Affection and connectedness levels frequently remained low and prompting included various unpredictable results. Consequently, prompting was required continuously and appeared to become imbedded in most conversations.

Achieving responses

Davis and Holtgraves (1984), state that “the process of social interaction is guided by a set of expectations (or scripts, rules, norms, conventions, etc.), concerning the way in which interaction should proceed” (p. 383). Unresponsiveness disrupts the expectation that when a person makes a remark it is usually followed with some sort of response. However, research confirms that individuals on the autism spectrum usually do not have the same self-determined motivation to respond to others as individuals who are NT, given that connection does not have the same meaning for them (Whitehouse et al., 2009). In this study, the negative effect of a lack of response was found to activate a need for AWANT participants to prompt for a response. The majority of AWANT participants reported that the unresponsiveness, and the resulting lack of connection, was found to be one of the most difficult things that they had to deal with in their relationship, causing increased levels of friction. The data confirmed that prompting for responses became a common practice in an attempt to alleviate this distress.


**Discussing problems and dealing with conflict**

The survey and interview data confirmed that AWANT participants also used prompting strategies in an effort to discuss issues, find resolutions to problems, and deal with conflicts within their relationships. Spitzberg (2000) explains that there are three components to constructing competent dyadic interaction: “motivation to communicate, knowledge of communication in that context, and skills in implementing their motivation, and knowledge” (p. 380). Social communication impairments are a core characteristic in AS. As a result, difficulties with social motivation (Carré et al., 2015; Chevallier et al., 2012), contextual communication (Vermeulen, 2012), and skills to implement these aspects (Attwood, 2006; Rollins, 2014; Tobin, 2014; White et al., 2015) not only disrupt the abilities to meet the needs of the other, they also impair abilities to accurately decipher problems and difficulties. It was evident in the data that prompts were often used by AWANT participants as a means to alleviate their partner/family members’ difficulties, and their attempt to rectify problems.

7.4.2 Subsequent differences

**Stress and anxiety**

Although anxiety is not exclusively found in the autism population, research has confirmed that people with AS are prone to considerable amounts of stress, anxiety and frustration (Dubin, 2009; Gillott & Standen, 2007). A study by Gillott and Standen (2007) found that adults with ASC experience elevated levels of generalised anxiety in the areas of coping with change, anticipation, sensory stimuli and unpleasant events. Their study confirmed that “the more anxious the individual with autism became, the less likely they were able to cope with these demands” (p. 359). In addition, research has established that a primary source of anxiety for these individuals is social interaction anxiety, that is, the mere fact of being obliged to interact socially can create anxiety (Cai et al., 2018; Lamport & Zlomke, 2014). The survey and interview data suggested that AWANT rarely experience social interaction anxiety and, therefore, interacting socially was a very different experience for them as opposed to AWAS.

These elevated levels of anxiety for AWAS were reported in the study, especially in regard to the interaction requirements for close relationships. Similar to
findings in research, for the AWAS in the study, the fear of making mistakes and getting entangled in the complexities of interrelating, together with subsequent tensions and conflict, appeared to be contributing factors to their high levels of social interaction anxiety within their relationships (Cai et al., 2018; Lamport & Zlomke, 2014). Consequently, the data suggested that anxiety and the stress involved in attempting to relate, or endeavouring to avoid relating, played a substantial role in avoidance of unwanted interactions through either; passive, unresponsive means; antagonistic, argumentative means; or, physical distractions to other more enjoyable activities. These avoidance tactics appeared to be central in triggering prompting.

**Prompting as a communication strategy**

The survey and interview data suggested that prompting, as a strategy to gain affective conversation and connection or resolve issues, was predominantly used by AWANT participants. In contrast, AWAS participants reported that they rarely used prompting as a communication strategy; however, in those rare moments when they did, prompting was mostly used to change the topic or to discuss self-interests. In spite of the frequent descriptions given of the avoidance behaviours used by AWAS participants, AWANT participants recounted that, at times, their use of instructions, explanations, demonstrations, and questions were intermittently successful. Due to this success, prompts that included supportive coaching to induce and scaffold interaction and connection were added. Consequently, the interview data confirmed that, in compensation for the conversational challenges, avoidance behaviours, and contrasting needs of their partner/family members with AS, AWANT participants were compelled to adopt additional prompting practices in order to keep interaction continuing, and/or to offer support as required. The partial effectiveness of the strategy became influential in intensifying the level of prompting over time. Intermittent schedules of reinforcement are very resistant to extinction (Lerman et al., 1996). Successes, on occasion, therefore, fostered an increase in prompting intensity and also set in motion a process of oscillation between the prompting behaviour of AWANT and the avoidance, and/or response behaviours of AWAS which, in turn, intensified prompting behaviour of AWANT.
Prompt dependency and/or prompt avoidance

As previously discussed, the survey and interview data strongly confirmed that prompting developed within NDR in order to compensate for the different capabilities, approaches to, and requirements of interpersonal communication that each held within the relationship. While a repeated failure of AWAS to respond to the emotional requirements of AWANT was regularly reported, AWANT participants also reported that their prompting practices did succeed on occasion. However, the instances that were successful did not translate into permanent, autonomous displays of the behaviours expected.

Accordingly, rather than using “declarative language”, that is language defined as a statement or comment, it became necessary to use mostly “instrumental language” with their partner/family members with AS. Instrumental language is speech that requires a particular response, whether that is an answer to a question or following a direction. The aim of instrumental language usage is to influence the listener for certain purposes intended by the speaker. As a result, the data suggested that repeated guidance, supervision, and explicit step-by-step instruction, became necessary practically every time interaction was desired, especially emotional interaction. Prompting by means of extensive explaining, instructing, teaching, training, guiding, or advising, in attempts to solve the issue as best they could, was reported by AWANT as their only option. At the same time, the failure of their partner/family members with AS to independently commence the actions that were sought meant that, unfortunately, dependency on the prompting became the custom. At other times, avoidance of the prompted actions was the preference. This avoidance of, and/or dependence on, prompted actions appeared to become a pattern in the majority of conversations seeking connectedness.

7.4.3 Resultant consequences

The un-resolvability of communication problems

Irrespective of this pattern of prompting with avoidance of, and/or dependency on prompting, the survey and interview data suggested that the majority of both AWAS and AWANT generally felt that unresolved difficulties were a common and persistent problem. Interviews confirmed that even though spasmodically successful, AWANT reported that prompting was also the main strategy that they used in their
attempt to combat unresolved difficulties. Largely, however, interaction problems
remained due to the permanency of the distinct and differing abilities, needs and
viewpoints on how to solve problems. The majority of AWAS indicated that they
preferred not to discuss problems, rather to drop them and move on, suggesting that
resolution was not required by them. In contrast, AWANT preferred to face problems
and resolve them by talking them through until a resolution was reached. This
difference of opinion kept problem solving at odds, as neither appeared to be able to
move past the difference.

Interviews with AWAS participants revealed that the majority became
frustrated, anxious, distressed and confused, as a result of their partner/family
members’ propensity to want to discuss problems. These reactions, some AWAS
participants confirmed, were frequently due to a lack of understanding of how to fix
any communication problems with their partner/family members or how to respond
to resultant distress when required by their partner/family members. Many AWAS
participants confided that they felt incapable of communicating in a way that was
required of them, and these circumstances led them to being overwhelmed. Some
indicated that they relied on the help of their partner/family members. Others,
however, resented this help, preferring to withdraw rather than address the problem.
Either way, rather than working on the cause of the problem themselves, the study
confirms previous research findings (Eldridge et al., 2007; Elliot & Church, 1997;
Wilson et al., 2017) that an approach-avoidance communication pattern arose,
considering that AWAS participants tended to allow their partner/family members to
continue to attempt solutions on their own and, in the process, become dependent on
the prompts delivered to them, or else avoid the prompts given through self-
protective means.

The interview data revealed that a fear of failure appeared to be behind the
reluctance of AWAS participants to engage in problem solving conversations with
their partner/family members. Further, the fear of failure, and the anxiety that
developed from their fear, also appeared to be behind a lack of self-motivation to
change their behaviour. Since problem solving discussions are particularly difficult
for AWAS, this lack of self-motivation could be due to feeling incompetent (Ryan &
Deci, 2000). Therefore, their avoidance of mistakes instead of learning from them
(Bushwick, 2001), their fear of failure, their intolerance of uncertainty, and related
anxiety (Cai et al., 2018), appeared to work together to persistently hamper progress toward becoming more knowledgeable about what was expected of them, and how to interact competently.

While they expressed the desire to ensure that their partner/family members were happy and contented, mind-blindness (Baron-Cohen, 1997), with its resulting lack of awareness, frequently appeared to cause many AWAS participants to miss the signals of when interaction was becoming unproductive. Given that many discussed how they only became aware of a problem after it was too late to resolve the problem, repairing interaction before it became problematic usually did not seem to occur. Participants with AS also repeatedly relayed how their partner/family members were unhappy or angry with them, while appearing to demonstrate a lack of appreciation that they themselves, or their behaviours and patterns of interaction, may be impacting on their partner/family members’ feelings. They appeared to see the anger, rather than see the cause of the anger, while also failing to notice that much of this anger was not actually directed at them, rather at the confusing situation at hand.

The lack of understanding AWAS participants revealed also appeared to be a contributing factor in their confusion as to why their partner/family member often appeared to be distressed, when they felt they were doing all that they could do. They spoke about frustrations at how regularly disputes became protracted. The majority of AWAS participants felt that their partner/family member needed to move on and get over problems, rather than continue on about them. While they were clear that they did not want their partner/family member to be unhappy they indicated that, whatever the issue at the time, it would be much better if their partner/family member just moved on a lot quicker. Since interaction was often a problematic, confusing matter for them, AWAS participants seemed to be unaware of the power of conversation’s restorative qualities. Consequently, AWANT participants reported that the AWAS in their lives gave them the impression of having a complete lack of understanding about what they were trying to achieve through prompting. Whereby, the prompts of AWANT were an attempt at connection with their AWAS, for the purpose of support and assistance with solving the difficulties, and for becoming closer to them. Prompts were also used as an attempt at ameliorating the resulting problems for both.
Attempts by AWAS to repair through actions rather than words, while intended to mend the situation, was often reported by AWANT participants as regularly missing the mark. Frequently striving and repeatedly failing, the majority of AWAS reported that they did not know what to do differently and, as a consequence, described how they often conceded defeat. This resignation, combined with their lack of knowledge, appeared to be an additional reason for AWAS participants to react with self-protective behaviours toward their partner/family members (Baumeister et al., 1989).

In interviews, a few AWAS demonstrated an understanding that their problem-solving skills needed improvement. They recognised that their partner/family members were helping them, and acknowledged that it was a work in progress with much work yet to be done. However, the majority indicated that they felt completely blameless for communicational issues within the relationship, since they intended no harm. While this particular issue did not appear to specifically influence the prompting of AWANT participants, it did appear to contribute to the lack of awareness, by the AWAS participants, that they were contributing to problems, even though unintentional. This, in turn, led them to experience a great deal of frustration and anger. Many AWAS participants described how, as a consequence of their partner/family members’ communications, they felt they were being continually criticised and reprimanded for things that they felt they had not done, or were not responsible for. The perception of wrongful accusations, for AWAS participants, did appear to contribute to their determination to resolve any communicational issues in support of themselves. Self-protection was an often-conveyed mind-set by AWAS. This they accomplished by endeavouring to escape communication, through either withdrawing and shutting down, or exerting controlling and aggressive behaviours.

According to Gottman and Silver (2015), functioning healthy relationships demonstrate an optimal ratio of 5:1 positive to negative interactions. Therefore, for AWAS, avoidance of resolving problems in order to preserve their own mental health was preferred at the expense of the health of the relationship. The model demonstrates that this unresponsive withdrawal behaviour, for whatever reason, was the most influential criteria for the continuation of prompting and PD and/or PA. Consequently, a communication pattern formed between prompting for actions,
avoidance of the actions prompted (PA), and/or dependency on the instructions to carry out the actions prompted (PD).

7.5 **Theme 3 – A Prompt Dependency Cycle**

The model demonstrates that within the study, avoidance of emotional connection, and therefore an emotional connection dearth, was observed to be the dominant impetus behind each element of prompting and PD or PA. The model indicates that the two positions, either the need for emotional connection or avoidance of emotional connection, worked to define distinctive roles for each within NDR. The data suggested that these two opposite positions were the driving force behind a complex interconnection of competing needs, roles and expectations, and problem-solving behaviours, within the ongoing communicative enterprise that defines close relationships.

The unfolding of the model reflects that, irrespective of the prompting practices that AWANT participants used to resolve the behaviours of their partner/family members with AS, avoidance behaviours and counteracting these prompting practices regularly occurred. At other times, compliance with, and dependency on, the prompts took place. The constant interplay between a lack of communicational abilities, accompanied with the subsequent strategies that AWAS participants used to avoid communicating, and the need AWANT participants have for communication to gain connection, was found to trigger an escalation of prompting. The data suggested that, from dependency on prompts, the intensification of prompting with an accompanying escalation of avoidance tactics, such as PA, was the catalyst to the formation of the PDC.

7.5.1 **Contributing factors**

*An alternating struggle*

The model illustrates that it is an alternating struggle between individual needs, and striving to get these individual needs met, that results in the incompatible behaviours of prompting and self-protection between AWAS and AWANT. These incompatible behaviours are both the main contributing factors to the formation of the PDC, and also the main contributing factors in the continuation of the PDC. The data suggested that the majority of both AWAS and AWANT participants were
unable to overcome both, their diametrically opposed needs, and their widely divergent behaviours, which appeared to result from striving for these opposing needs. There is clear evidence that the most satisfied people within close relationships are those who do not avoid communication about important relational topics, or conflicts, and instead develop a sense of working together through their difficulties (Forest & Wood, 2011; Gottman & Notarius, 2002; Murray et al., 2013). However, the incompatible needs of each, and the resulting alternating struggle seemed to counteract the abilities of those with NDR to be able adopt collaborative practices with each other. Therefore, the data indicated that a sense of working together was unable to develop in the majority of NDR, with very little option for either to do anything differently.

7.5.2 Subsequent differences

Coping strategies

The model illustrates that an inability to overcome incompatibilities between AWAS and AWANT seemed to result in equally discordant coping strategies between them. Therefore, to deal with the difficulties with communication and the subsequent needs conflict, AWAS appeared to use unresponsiveness, avoidance and withdrawal behaviours as their main ways of coping. In order to cope with these various forms of avoidance behaviours used by their partner/family members, AWANT appeared to use several planning and preparation strategies. These coping strategies will be discussed in detail below.

Coping – Adults with Asperger’s Syndrome

In research, withdrawal into themselves and a focus on special interests has been found as the main ways that those on the autism spectrum cope with life’s stresses (Dachez & Ndobo, 2018). Consistent with research, AWAS in this study appeared to use many avoidant behaviours to cope with the demands placed on them in NDR. However, it was also found that AWAS also coped by becoming unresponsive to their partner/family members. While many AWAS participants openly discussed their unresponsive, withdrawal and avoidant behaviours, they appeared to be unaware that these behaviours not only prevented their partner/family members’ efforts to connect with, and collaborate with them, but also resulted in their own relationship dissatisfaction. When considering mind-blindness (Baron-
Cohen, 1997), with the associated lack of awareness, connecting their dissatisfaction with their own behaviour may be challenging for AWAS. Connecting their dissatisfaction with their partner/family members’ behaviour however, has the potential to proliferate impressions of being misunderstood, uncared for, and mistrusted (Aston, 2003; Attwood, 2007; Baron-Cohen, 1997; Grigg, 2012) to each other. Equally, a lack of awareness and unresponsiveness to their partner/family members’ endeavours, when combined, appeared to contribute to coping with their partner/family members’ prompting through becoming indifferent to the motivations underlining prompting. An absence of asking questions, misinterpreting actions, and forming inaccurate assumptions, appeared to be the main outcomes of coping in this way.

**An absence of questions**

Asking questions are not only fundamental to initiate, continue, and sustain interaction (Doggett, Krasno, Koegel, & Koegel, 2013; Jones & Schwartz, 2009) they are also used to reduce inaccuracies and misunderstanding within interaction. While not discussed by AWAS participants, the testimonies given by AWANT participants established that it was this absence of questions within their day to day interaction that often produced a necessity to find solutions and attempt to implement these solutions, with very little support from their partner/family members with AS. An additional result of the lack of questioning was inaccurate understandings between each other. Consequently, in conjunction with a need to find ways to solve problems alone, or prompt through asking questions, AWANT participants reported that the regular occurrence of erroneous assumptions compounded the distance that grew between them. While this lack of asking questions furthered an ever-increasing division, it also furthered prompting.

**Misinterpreting actions and forming inaccurate assumptions**

The difficulties that are experienced by those on the autism spectrum can result in misinterpreting actions, forming inaccurate assumptions and further complications with interacting. Theory of mind, or mind-blindness (Baron-Cohen, 1997) with a resulting lack of awareness and cognitive empathy (Rueda et al., 2015), executive function difficulties (Brady et al., 2017), and various communicational difficulties (Attwood, 2015; Tantam, 2012), can intersect with the usual complexities of relating. In this study, these complications appeared to contribute to the self-protective
behaviour displayed by AWAS in their struggle to make sense of repeated erroneous interaction. However, it seemed that this self-protective behaviour became a causal force in furthering communication malfunction, as it appeared to be a recurrent response to the attempts AWANT made to rectify ongoing interaction problems.

The data suggested that an absence of asking questions, misinterpreting actions, and forming inaccurate assumptions, became a common occurrence within these relationships. It appeared that this chain of behaviours negatively impacted on interaction, regardless of the efforts made by either person. The model demonstrates that, while there were various motives for this self-protective behaviour, it was the most influential in countering the purposes of prompting, which in turn, played a role in the continuation of the prompting. It emerged that the prompting amplification gave rise to a twofold response by AWAS participants. Sometimes, the response was to further cement the self-protective behaviour, in order to avoid that which was prompted, and at other times the response was dependency on prompting on the part of AWAS participants.

_Coping – Adults who are neurotypical_

The model illustrates that attempts to counter the self-protective behaviours employed by their partner/family members with AS often involved extra effort for AWANT participants. Communicational groundwork (to plan, formulate and communicate supporting procedures, implement preparations prior to initiating conversations, detailed explanations, and/or precise organisations of environmental conditions) was found to be the main coping strategy reported by AWANT participants in their efforts to contend with the lack of participation within conversations, and resultant chain of behaviours their partner/family members with AS displayed. This additional communicational workload is usually beyond that which is customary within close relationships.

_Conversation preparation_

The majority of AWANT participants described how they needed to prepare for most of their important, emotional, problem resolving, and decision-making discussions. Participants described using strategies to support these discussions, such as conversational scene setting and forewarning by giving plenty of notification of up and coming important conversations, careful and deliberate censorship of language
and expressions, and using procedures, such as conveying information gradually step by step. This communicational groundwork appeared to become the blueprint for the approach that AWANT participants used in order to attempt to overcome self-protective and avoidant behaviours, or dependency behaviours. The intent was to influence some semblance of relating; however, outcomes were unpredictable. In spite of these efforts, the consequence was an embedded communication system that became cyclic.

7.5.3 Resultant consequences

*The development of a cyclic entrenched communication system*

As shown in the model, this embedded communication system that became cyclic within these relationships, was the result of many interconnected factors that surfaced within NDR. The interlocked, constant and unresolvable circular conversations and communication difficulties together with avoidant and self-protective behaviours on the part of AWAS, and prompting behaviours on the part of AWANT, appeared to emerge as natural by-products of the on-going endeavours, by each, to get needs met. The extensive communicational effort that developed within the prompting strategies of AWANT, for interactions to linger or resume or resolve the resulting difficulties, when paired with the dependent and/or self-protective behaviours of AWAS, generated an asymmetrical development of the relationship.

*The development of a parental/caretaker role*

The model illustrates that the main effect of the PDC on both AS and NT participants was to become entwined in a power struggle as each fought to gain an opposing need. The outcome for AWAS participants, of the resulting tensions, involved fluctuating between conforming to prompts and finding ways to avoid prompts, while also endeavouring to avoid ensuing conflict. For AWANT participants it involved the extensive communicational effort described above. While this effort is usually beyond what is customary within close relationships, it became a necessary component of most conversations that, in turn, formulated a parental/caretaker role. This parental/caretaker role positioned AWANT with the obligation of managing their relationship, taking care of their partner/family members and being responsible for the undertaking of holding their relationship together. Rather than being able to enjoy the rapport, attachment and connection
expected within close relationships, most of the AWANT participants (both male and female), relayed the notion that they did not really have a relationship at all; that they had no one to rely on or help them when they needed support. They had to manage everything within their relationship on their own. Most described how this created a sense of “aloneness” in the relationship. This aloneness in the relationship also produced a variety of negative feelings for AWANT participants which included: frustration, anger and loneliness. Some described a sense of guilt about whether to leave the relationship.

7.6 Theme 4 – Additional Cycles

The model shows that central to the formation of the interconnected cycles of prompting and self-protection, the constant interplay between prompting on the part of AWANT participants and self-protective and/or dependency behaviours on the part of AWAS participants established the development of further interconnected cycles. The reduced interactive behaviour of AWAS participants, and the resultant sequence of behaviours that led to misinterpreting actions and forming inaccurate assumptions, became intertwined with their communication difficulties. The data suggested that this series of behaviours merged with self-protective, avoidant behaviours and became most influential in countering the purposes of prompting that, in turn, played a role in the continuation of the prompting, and also furthered fluctuation between PD and PA. What appeared to emerge from being caught in this tangled interaction was a further increase of the avoidant and self-protective behaviour of AWAS.

In their efforts to contend with the lack of participation within conversations, and resultant absence of personal questions, misinterpreted actions, and inaccurate assumptions of their partner/family members with AS, AWANT participants were required to perform extra communicational effort. It was found that the effect of this sequence of events was the formation of additional cycles. The additional cycles appeared to arise in response to the interplay between the twofold impacts of imparting prompts on the one hand with the paired element of dependency on, or else avoidance of, prompts on the other, and accompanied by a lack of communicational abilities and associated tactics to avoid communicating. These additional cycles
were: the imitating normalcy cycle, the stonewalling cycle, the help seeking cycle, and the loss of sense of self cycle.

### 7.6.1 The imitating normalcy cycle

The model shows that, while the imitating normalcy cycle was not a result of the PDC, it continued in the background. Its influence affected components of the PDC, and all other cycles, since maintaining a socially accepted façade was a construct that both AS and NT participants endeavoured to uphold. The interviews confirmed that, in public, both AWAS and AWANT participants made efforts to appear normal, (that is, give the appearance of what is considered normal relationship behaviour). It was found that attempting to appear normal created a substantial disconnect between the private and public aspects of their lives. Given that AWANT participants reported that they were required to fill in the missing gaps of standard social information for their partner/family members, the imitating normalcy cycle informed and intertwined with many aspects of the prompting and self-protective cycles.

Different outcomes of the imitating normalcy cycle resulted for AWAS participants in contrast with AWANT participants. Although AWAS participants were found to benefit from the support given to them by their partner/family members in having some sense of normalcy constructed in their lives, AWANT participants did not benefit in the same way. A difference between the public persona, and the person who they experienced behind closed doors, created a disconnection between the actual and contrived aspects of their lives. For AWANT participants, this division between the private and public aspects of their lives often led to friends and family remaining unaware of the actuality of their lives. Since others usually do not experience AWAS behaviours in an emotional context or witness behaviour that may only occur within the confines of a home, others cannot have the same understanding. Consequently, maintaining a sense of normalcy disadvantaged AWANT in regard to attempts to comment on life events with others.

The majority of AWANT gave an account of the disbelief that they often experienced due to this lack of recognition and understanding of their particular circumstances. The model shows that a result of this disbelief can be the formation of the Cassandra Phenomenon (CP). As defined in chapter 2, CP occurs when the partners or family members of AWAS seek help, and who are not believed by their
partners, family members, professionals and community members, resulting in his/her reluctance to report the symptoms. The Cassandra Phenomenon is a condition of depression or ill health that develops from the isolation and loneliness of knowing a truth, experiencing that truth, but not being believed (Simone, 2009).

7.6.2 The stonewalling cycle

One of the main avoidance behaviours described in this study was unresponsiveness; a refusal to listen to and respond within a conversation. This type of withdrawal behaviour is often known as “stonewalling”. Stonewalling is an emotional, psychological, and/or physical withdrawal from an interaction that functions as a way to minimise or terminate an interaction, and is considered the most severe behaviour in terms of detriment to a relationship (Fowler & Dillow, 2011; Futris et al., 2010). However, stonewalling behaviour within NDR seemed to operate somewhat differently from that which transpires within conventional relationships. The reduced interactive behaviours of partners/family members with AS are seen to occur as a result of the condition. In order to relieve anxiety, disengage socially, and avoid emotional conversations, stonewalling behaviour became the exit strategy. Consequently, while still a negative behaviour, it appeared to serve a different purpose from the more conventional explanations. Regardless of the reasons, Worley and Samp (2016) report that avoidance of these types of conversations has been associated with consequences such as relational dissatisfaction, intensified physiological stress, and unfavourable judgments concerning relational difficulties. It was revealed through the survey and interview data that although the majority of AWANT participants understood, to some degree, the differences found within their relationships was an explanation for their partner/family members’ stonewalling behaviour, the detrimental consequences of this type of behaviour established in previous research, still regularly occurred for the participants in this study.

7.6.3 The help seeking cycle

Seeking help was found to be a complicated issue for most participants. Although most AWAS participants stated that they did not seek help or talk to family and friends about their relationships, those who did reported varying degrees of success. Some AWAS participants, together with the majority of AWANT participants, discussed how inadequate community knowledge and a lack of
awareness led to feeling invisible and disbelieved. The survey and interview data revealed that both AS and NT participants frequently faced these problems, with many confronting either disbelief or rejection when seeking help. The invisible nature of many people on the autism spectrum, together with the effort involved in maintaining a socially accepted façade, commonly appeared to be a factor in the disbelief others held. Many AWAS and AWANT also reported that they often decide to suppress difficulties rather than reach out to others and face possible rejection. The model illustrates that self-doubts and disclosure reservations associated with erroneous judgements and perceptions from uninformed others also often influence decisions regarding whether to seek help.

While AWANT participants made it clear that they would welcome the opportunity to talk through their difficulties with others, they reported that, ultimately, it proved to be a delicate issue. The lack of understanding, and resulting opinions and conclusions others arrived at, occasioned mixed reactions, sometimes quite unhelpful. Many AWANT reported that ill-informed people often held them responsible for the relationship’s problems. The parental/caretaker role many were required to assume appeared to play some part in maintaining these impressions. The almost exclusive use of instrumental language (that is, factual information used to induce certain actions) that AWANT were mostly required to use, may be misunderstood. It was reported that, when others observed an appearance of taking care of or talking to their adult partner/family members with AS like they were a “child”, it was inaccurately regarded by others as condescending behaviour.

Perceptions of mental instability developed from incorrect observations. Due to their unsuccessful attempts at correcting the circular communication debacles, ineffectiveness at making their relationship succeed and lack of quantifiable evidence to properly explain their experiences, reports from the majority of AWANT participants conveyed that their family members and other people frequently believed that they were “crazy”. Many AWANT reported that they sometimes felt that way as well. They described the difficulties at trying to explain these unspecifiable debacles to others which often gave an appearance of irrational behaviour. A frequent outcome was that, not only did others question their mental health state, but AWANT repeatedly arrived at the same conclusion. Accordingly,
symptoms of CP were regularly reported by AWANT and often they abandoned attempts to reach out to others as a result.

Seeking professional help was also reported to cause mixed results, since many professionals went through their education at a time when the autism spectrum was relatively unknown. While seeking help did not appear to specifically influence prompting from AWANT, or self-protective behaviour from AWAS, it did appear to contribute to feeling invisible and disbelieved. Many AWANT participants reported that seeking help became a distressing experience as they often felt more unsupported and alone after seeking help than before, possibly furthering the CP symptoms reported by the majority of AWANT.

Additionally, community and professional knowledge and understanding has not kept up with the increase in diagnosis. A few AWAS reported that, sometimes professionals refuted the diagnosis that they had already received. However, there appeared to be no clear evidence that CP symptoms occurred for the AWAS in this study. Furthermore, there appears to be large numbers of adults who have self-diagnosed without a formal diagnosis, those with a misdiagnosis, or with no knowledge at all that they have an ASC (Elichoff, 2015), thus perpetuating the obstacles encountered when seeking professional help.

7.6.4 The loss of sense of self cycle

Over fifty percent of each group of survey respondents, and the majority of both AS and NT interviewees, reported feeling a loss of a sense of self, although AWAS and AWANT expressed very different reasons for this sense of loss. Duck and Wood (1995) point out that there are a number of internal challenges that influence the management of self in personal relationships. Connection, as opposed to autonomy; the need to sustain an independent self while, at the same time, the need for interdependence in a relationship; and, how each responds to the other, are equally influential to relationship quality (Campbell et al., 2001; VanderDrift & Agnew, 2011). Positive self-evaluation is connected with personal well-being, whereas the difficulties associated with AS, such as negative self-evaluation, can lead to low self-esteem and internalizing problems (Baumeister et al., 1989; Burrows et al., 2017). These problems, together with inabilities to understand and predict other people’s thoughts, feelings, intentions and behaviour, and difficulties with initiating or sustaining a conversation, can negatively influence mental
representations of the self-in-relationship, effecting closeness (Agnew et al., 1998; David et al., 2010; Doggett et al., 2013). Consequently, AWAS usually experience different challenges to AWANT in regard to aspects of self-in-relationship.

Research has found that the consequences of these matters is a tendency for people to see themselves more as an independent self, and less as part of a pluralistic self-and-partner/family member collective (Agnew et al., 1998). Well-being rests less on interdependent involvement in the relationship and more on independent involvement in individual pursuits and immediate self-interests. A relationship is viewed as a secondary activity, while individual pursuits and immediate self-interests are assessed as main activities. Consistent with research, the need to fit into the neurotypical world (Attwood et al., 2014), the need to instigate more frequent relationship-relevant cognitive activity, and the requirement to integrate the needs of a close partner or family member into the sense of self (Agnew et al., 1998), were reported in this study as the main influencing factors for AWAS participants to feel a sense of the loss of self.

On the other hand, for people who are NT, their relationships are an integral component of the self and integral to what makes life important and meaningful to them. In this study, the inability to form an interdependent relationship, while also required to yield to the continual rigidity of their partner/family members, were the explanations of the majority of AWANT participants as to why they felt a sense of the loss of self.

7.7 Theme 5 – Three Potential Relationship Outcomes

Contrasts are a part of life and, while most consider relationships as central to happiness, relationships are also sources of frustration and challenge (Bodie et al., 2011; Carr et al., 2019; Duck & Wood, 1995). Happiness, frustrations and challenges are equally inherent to the experience of relationship. The model illustrates three potential outcomes for NDR. These outcomes are triggered by the different needs for emotional connectedness, the unsatisfied state of the relentless difference, and the subsequent continuous communication cycles. Potential outcomes of the predicament of becoming entangled within the resultant chronic turmoil of communication difficulties and consequential PDC, while mainly discouraging, were also found to indicate some encouraging results.
7.7.1 The relationship thrives

While limited, the data shows that outcomes for these relationships can be positive. Consistent with research, the model illustrates that when able to access appropriate support, that is, support from people knowledgeable in the area of AS, together with an acceptance of the diagnosis from both parties, the likelihood of a positive outcome can be improved (Attwood, 2015; Moreno et al., 2012). The data revealed additional aspects that can improve the prospect of a positive outcome were in the areas of knowledge, awareness and learning. Important aspects that were observed to encourage promising results were: gaining neurodiversity knowledge and understanding; the ability to apply a constructive mindset; and the motivation for both parties to learn about the needs of each and apply the information gained.

7.7.2 The relationship survives

The interview and survey data revealed that the majority of AS and NT participants felt that the differences, found within NDR, were often insurmountable. The model reveals that, when matters become unmanageable, the inability of each person within the relationship to regard themselves as part of a collective unit, and instead, living parallel disconnected lives (Bentley, 2007), became a pattern. A developing lack of interest in each other, perpetual unresponsiveness toward each other, with indifference and emotional withdrawal from each other, appeared to be the main results from living within the limitations of this pattern. Exhibiting a non-authentic life that looked standard on the outside, and nonstandard on the inside, seemed to become the custom for this group of participants, with many reporting that they were living more like disconnected house mates than partners or close family members.

7.7.3 The relationship deteriorates

The model shows that sometimes destructive results occur and outcomes can, therefore, be undesirable. Surprisingly, this outcome was not a frequent finding. Awareness of the autism spectrum can buffer some of the negative effects of resultant difficulties. Sometimes, however, awareness occurs too late to save the relationship. Participants who were in this group expressed anguish and grief over the demise of the relationship that they had hoped for, but realised was not an option
for them. As a result, some decided to solve the problem by remaining in the same house while living completely separate lives. Others lived in separate houses and continued seeing each other from time to time, whereas, a few decided that divorce was the only option.

7.8 Participant Recommendations

There is a growing literature on the value of involving research participants’ views within the research process, in order to provide insights into how to change the life experiences of those who may most benefit from the result of the research (Bergold & Thomas, 2012; Mertens, 2005). An aim of this study was to include participants’ feedback in order to increase professional understanding. Consequently, in light of participant testimonies on the lack of community understanding and insufficient support avenues, interview participants were asked to report about their experiences of assistance and services specific to NDR. The majority of participants indicated that the few services that did have knowledge of particular AS difficulties were either challenging to find and/or often inadequate when located. The services were too expensive for them or were not within a distance close enough to access on a regular basis. Most participants also reported that, when consulting with medical practitioners, therapy providers, or in counselling situations, they were often treated in an unsatisfactory manner due to the lack of understanding to the particular manifestations that AS brings to the relationship. Sabrina (NT), stated the viewpoint of the majority of both AS and NT participants:

> Since so many of these relationship issues naturally end up in marriage counselling...there needs to be a better job done in the education of psychologists, social workers...so that they don't inflict the traditional counselling on the neurotypical spouse...It’s never going to work, and it's just going to cause more harm than good.

In the same vein, Mia (NT) testified:

> I think awareness is a huge issue. Awareness amongst professionals in terms of the GP’s, psychiatrists and psychologists. Awareness is massive.
All interview participants were asked a question regarding viewpoints for future research progress and advancement of their needs. Not only did participants want to see more awareness in the professional community, they also wanted to see more community awareness regarding the differences between AS and NT individuals. In response to the question “what do you want to see happen to make AS-NT relationships better?” Samuel (AS) said:

Acceptance of the differences, so that...people understand when a person with Asperger's responds in what they would consider inappropriate...instead of just dismissing it outright, taking the time to hear it out a bit further.

Sharon (AS) concurred:

For both parties to understand and accept that the differences is part of the package...and be alright with that. For AS-NT relationships to work, both parties must not expect the other person to give more than he/she would.

Maggie (NT) shared her view on how to gain an understanding:

An AS-NT relationship can work, but there's three criteria...1. Is that you need to go to counselling. 2. You need to both accept that one person has AS and we have to learn about AS, and 3. The AS has to want to change.

She went on to discuss how she thought that this could be achieved:

The professional would have to understand the AS and then they would have to help the AS understand the AS...and understand how AS can affect them in everyday life and in everyday relationships, but then also the partner needs to be supported and helped to actually understand the AS as well, and understand what they can do to actually help themselves and the AS in that relationship.

Likewise, Wilhelmina (NT) added her thoughts on what was needed to achieve greater understanding:
More research would be helpful. I think perhaps more education...going right back to...the universities.

Dawn (NT) added that using the Internet would be constructive too:

I think the Internet is such a phenomenal way of disseminating information...to communicate personal experience to people is how you get them to understand...as I did. I have known about Temple Grandin for probably 10 years...I still didn't make the connection. Now she, to me, is what autism is...I think webinars...and pod casts and using....radio and TV resources...to disseminate the information, the personal experience, so that is going to help.

Matt (AS) also gave some thoughts on how to begin to activate transformation in the lives of people in NDR:

I think people do actually change when they realise that's the way things are done...We want change so that people don't drink and drive. I remember the time...when people used to say “have one for the road” and...now if you get caught drink driving...you don't get much sympathy at all...like smoking that's another thing that's taken a while to change...so I think that maybe we need to embed some relationship understandings within the culture...it just comes through awareness like...on domestic violence at the moment...it changes when men change...We're saying “mate you shouldn't be doing that”... If we find ways to teach people through awareness society will change.

Dean (AS) shared similar sentiments:

As our autistic children move into adulthood, drawing back the veil on adult autism would be an appropriate gift to them.

Susan (AS) added the aspect of gender:

More understanding and acceptance, especially for women on the spectrum.
Shirley (NT) drew attention to areas that she thought change needed to occur:

*I can't stand it when I see things on the internet, on my news feed, social media [where they say]...‘oh, you know autistic people can be in relationships too’...I find it strangely offensive that it's even a conversation...so...if it became a little bit more...accepted...like more in the media.*

Robert (NT) provided an important point:

*I think the more people who are diagnosed...with ASD are open about it...[would] help a hell of a lot. The more people that you have in your life saying “well I'm on the spectrum”...it's going to be a great win.*

While, Wally (AS) shared his thoughts regarding involvement in this type of study:

*I thank you for the opportunity to talk. I think the kind of questions that you're asking are the kind of questions that I would like my Psychologist to ask...which are not the sort of standard marriage guidance type...there's stuff that I'd like my partner to hear that I don't think you can say as part of an ordinary couples conversation...for NT partners and Aspie partners to read perhaps some of the things that your interviewees are saying is probably going to be valuable...There's a lot of stuff that's not very positive, so...I'm assuming that most of the Aspie spouses that you're talking to actually do care as much as I do...you see you can learn scripts...[but] when you're in that moment of anxiety all the scripts are gone.*

**Conclusion**

This chapter has presented a full discussion and interpretation of the five themes that were an amalgamation of the quantitative and qualitative results introduced in the three results chapters. Also presented was the diagrammatic model that was a consolidation of the data, and which explained the relationships between the themes (see Figure 7.1 and Appendix K). The study established that different needs for affection and connection between AWAS and AWANT appeared to
motivate AWANT participants to prompt to achieve their needs in their relationships and AWAS participants to be either dependent on the prompts in their interaction with their AWANT partner/family members, or they used self-protective measures in order to avoid the prompts of their AWANT partner/family members. In addition, the study established that the emergence of an intertwined cycle of PD, combined with self-protective measures and PA, appeared to form within the interaction of people within these relationships, that mostly had negative impacts on both people in general, and AWANT participants in particular. Also presented were recommendations for advancement of education and awareness regarding people on the autism spectrum conveyed by the participants. The following chapter will answer the three research questions through clarifying the key findings of the study.
Chapter 8: Conclusions

“Deep conversations with the right people are priceless”
(Robert Frerck, 2015).

In this final chapter, the discussion and the related model presented in Chapter 7 will be amalgamated to interpret the findings of the study and enable conclusions to be drawn in relation to the research questions. Key limitations of the study will also be presented concerning generalisability of results and elements of researcher subjectivity regarding data analysis and interpretation. To conclude this chapter, implications for practice and future research will be reported, together with the contribution made by the study.

8.1 Key Findings

Findings from the analysis and interpretation of the quantitative and qualitative data strongly supported that, whether the relationship is romantic, parent-child or between siblings, the association between different needs, expectancies, and capabilities of AWAS and AWANT were the catalyst to the formation of PD characteristics within AWAS and their close relationships. While there are diverse power differentials between each different variety of relationship examined in this study; partner-partner, parent-child, or between siblings, as a rule, the same basic desires for social interaction exist. Generally, all people, irrespective of the relationship classification, need to connect emotionally, feel heard, feel that they are able to get their message across, and to know if the message sent is the one received. Unresponsiveness to, and avoidance of, emotional connection on the part of AWAS was found to establish an emotional connection dearth within NDR, regardless of the relationship type. The lack of emotional connection was observed to be the dominant impetus behind each element of prompting, on the part of AWANT participants, and each element of PD or PA, on the part of their partner/family members with AS.

In addition, when prompting became linked with PD and/or PA, the blending of these contradictory motivations were found to form a cycle within the interaction of the AWAS and AWANT relationships. The model depicts the notion that AWANT typically seek deep reciprocal emotional connection, sharing, and intimacy
in their relationships, that is, maintaining integral components of a healthy close relationship (Baumeister & Leary, 1995). However, AWAS do not have the same need for connection and, when combined with the difficulties that they experience with communication, they often remain unresponsive towards family members and partners. This lack of response thwarts the need AWANT have for reciprocal interaction, and that leads to their needs remaining unmet (Wilson et al, 2017). Unmet needs are the predicament that activates prompting. However, it is a fluctuation between dependence on prompting, and the self-protective ways in which AWAS act, that furthers prompting which, in turn, furthers PD and/or PA. The end result is a cycling between these behaviours that are involved in a struggle to get needs met. This struggle is the process that triggers the PDC. Predominately, most features of the cycle were found to have negative impacts on both individuals within these relationships in general, and on AWANT in particular. Further, additional interaction cycles were found to form, as a result of the negative features of the cycle. In this chapter, findings from the study will be discussed in relation to the three research questions.

8.1.1 The prompt dependency cycle (RQ 1)

*What are the characteristics associated within the interaction of adults involved in neurodiverse relationships that allow the prompt dependency cycle to form?*

The survey and interview data from 360 survey respondents and 44 interview participants strongly confirmed that AWAS in this sample showed PD in their interaction with their partner/family members who are NT. The model illustrates that prompting develops within NDR and is attributable to the need that AWANT have of a healthy reciprocal relationship, which is not met by their partner/family members with AS. In order to address this unmet need, AWANT participants revealed that they used various prompting activities to motivate or compel their partner/family members into action. However, AWAS participants indicated that they had a different schema in regard to what they wanted from their relationship, given that they did not need the same emotional connections in the same measure as do their partner/family members who are NT. What followed, for those with AS, was a pattern of either dependence on the prompts (PD), or unresponsiveness to, and avoidance of, the actions prompted (PA).
The model shows an additional contributing factor; frequently, participants with AS lack motivation to take appropriate action to remedy the situation as best that they can. Mentalising and motivation, integral to typical social interaction, being diametrically opposed in AS and NT individuals, appears to create a disparity regarding responsiveness. Additionally, the gap between intellectual ability and practical everyday interaction functioning can create a great deal of stress and anxiety for AWAS. Anxiety was also found to influence unresponsiveness. A lack of responsiveness guided an absence of asking questions, which in turn led to misinterpreting actions and forming inaccurate assumptions. An apparent lack of desire to work on correcting these actions shaped a variety of self-protective behaviours. These were found to be the main influencing factors in AWANT participants taking action themselves, by using prompts. The need for reciprocal emotional connectedness (AWANT) and the need to avoid reciprocal emotional connectedness (AWAS) were the common threads that kept prompting and PD and/or PA cycling between AWAS and AWANT in NDR.

8.1.2 The implications of the prompt dependency cycle (RQ 2)

What are the implications of prompting, and prompt dependency on communication, within neurodiverse relationships?

Survey and interview data confirmed that it is the various communication difficulties of those with AS, when amalgamated with an intrinsic motivation to attend to the physical world rather than the social world, that shaped very different interaction and connection needs between AWAS and AWANT. The model illustrates that the behaviours of each developed in order to compensate for these opposing characteristics and needs.

For AWAS participants, communication difficulties, a preference for non-social activities and an inclination toward avoidance of the inherent complications of taking part in the emotional aspects of conversation, was found to amalgamate and shape a tendency toward unresponsive behaviour in their relationships. Consequently, avoidance of the customary expression of emotions, avoidance of conversing about personal matters, and avoidance of deep meaningful conversations became their preferred option. While it was their difficulties with interaction that usually triggered their unresponsiveness and accompanied avoidance and
stonewalling tactics of AWAS participants, it was the denial of frequent and meaningful social encounters that triggered the prompting behaviours of AWANT.

In addition, the majority of AWAS participants were found to experience an ongoing lack of understanding of what was required of them, regarding interaction with their partner/family members. Although they appeared to be aware that some of their inabilities caused their partner/family members to question their level of commitment, they did not appear to be aware that their unresponsiveness and avoidance behaviours also marred the level of commitment that their partner/family members had for them. This turning away from each other was found to be instrumental in furthering already malfunctioning communication. The constant interplay between these differing and opposing behaviours are apparent throughout the model. The model illustrates that it is this interplay between the behaviours of AWAS and the behaviours of AWANT, within NDR, that triggered the prompt dependency phenomenon. Subsequently, the impact of imparting prompts, competing with, either a dependency on the prompts, and/or an avoidance of the prompts, were shown to have a negative influence on interaction in these relationships.

Moreover, the model demonstrated an additional result. AWAS evasion tactics of the prompted actions triggered an escalation of prompting. Most AWANT participants indicated that they became imbedded in trying to explain, talk, prompt, and instruct, in an attempt to achieve solutions to communication problems or restore communications after a communication failure with their partner/family member. This intensified prompting, integrated with evasion tactics, triggered the formation of an intertwined PDC and self-protective cycle. The model illustrates that when these two opposing forces of very different needs and actions converge, a resulting conflict is activated by attempts to accomplish individual needs. The consequence is a needs tug-of-war as the struggle to obtain individual needs becomes enmeshed in an interlinked communication cycle. The extra communicational effort, the resultant communication power struggles, the entangled interaction, all function concurrently to produce a sequence of events that introduces the development of further interconnected cycles.
8.1.3 The outcomes of the prompt dependency cycle (RQ 3)

*What factors of prompting and prompt dependency, influence relational outcomes, within neurodiverse relationships?*

The survey and interview data confirmed that the PDC intertwined with the self-protective cycle, produced additional cycles that developed into an interwoven chaotic communication cycle. At times these cycled in linear ways, and at other times in non-linear ways, which formed a dynamic interconnected communication system in NDR. This system became irresolvable for most participants. The majority expressed a feeling of powerlessness to amend their circumstances, yet often persisted with endeavours to make improvements where possible. The model illustrates that it was the incapacity between people involved in NDR to bring this prolonged communication system to an end that created insurmountable disharmony between them. The data confirmed that the resulting communication dissonance was experienced as living within two worlds for the majority of the participants. Externally, the relationship looked normal to all, other than a few trusted people, while, internally, the relationship was far from normal. Living between these two worlds became a balancing act with varied results for the people involved in NDR. Although both groups experienced certain undesirable outcomes from the everyday experience of contending with this communication dissonance, for the majority of AWANT in the study, living with the resulting dichotomy between their private and public lives frequently led to experiencing symptoms of CP.

**The private life**

In the face of the strong communicational resistance encountered from their partner/family members with AS, AWANT participants reported that, behind closed doors, their sense of self became lost. In their attempt to overcome this resistance, they felt that they were required to act more like a teacher, parent or a carer; rather than a partner/family member. Even though participants with AS also indicated a loss of a sense of self, their reasons were very different. In order to fit within the world, AWAS reported that they were often required to perform as if they were neurotypical. However, while being involved in a NDR did not appear to affect their sense of self, it did appear to further the concealed aspect of their lives.

The continual communicational struggles that formed within these relationships emerged as a contributing factor to a propensity for AWANT
participants to become overburdened within the relationship. Consequently, most AWANT participants reported experiences of psychological stress and angry feelings toward their partner/family members with AS. The built-up anger and frustration was reported to be very distressing for them. However, it appeared to be a consistent thread in the way each AWANT participant experienced and coped with their relationship. The resulting loss of their sense of self was reported as very debilitating to them. The majority also reported feeling defeated, drained and depleted, from the stress of the relationship. Many reported associated feelings of not being validated, included or appreciated for who they were by their partner/family members with AS.

The model illustrates that while these experiences of AWANT participants are mainly negative, experiences for AWAS participants were also similarly negative. The majority of AWAS became frustrated, anxious, and confused as a result of their partner/family members’ struggles to connect with them. Many felt that much of the exchanges that their partner/family members wanted with them were “much ado about nothing”. The relationship would be much better if the AWANT in their lives just dropped most conversations and moved on. Some indicated that the prompts they experienced produced a sense of feeling nagged. They simply wanted a happy peaceful life with their partner/family members and felt frustrated with the presence of persistent disharmony within communications.

**The public life**

Individuals who are NT, in contrast to individuals with AS, frequently look to professionals, other family members, and friends outside of their relationship, in order to seek comfort, support, and relief from their circumstances. However, understanding and support were reported as often being in short supply, regarding the circumstances of an NDR. While previous literature has found that the camouflaging behaviours of those on the autism spectrum exacerbate difficulties with their mental health, the interview data established that these camouflaging behaviours similarly impact negatively on the mental health of their partner/family members. The data confirmed that these camouflaging behaviours hindered AWANT propensity to share their difficulties with others and to be able to seek the comfort they desired. The lack of validation or invalidation by professionals, family members and friends further exacerbated the difficulties AWANT faced within their relationship, and frequently led to experiencing symptoms of CP.
In addition, inaccurate assumptions of others often resulted from the masked behaviour of AWAS. While several AWAS reported that they experienced various ill-advised assumptions, causing some consternation, they appeared to not be as affected by it, as were AWANT participants. This lack of understanding, and the resulting misguided opinions and conclusions that others arrived at, were found to be a cause of major ordeals for the majority of AWANT participants, instigating much distress. The majority of AWANT reported that feelings of worthlessness and loneliness often resulted. A powerlessness to change the conditions of their relationship, while maintaining a public face, frequently occasioned psychological stress, symptoms of CP, and negatively impacted on their self-image.

**Synthesis**

The key findings derived from the purpose of this study, are shown in the survey responses, the participant narratives, and the resultant model. The findings confirmed the association between different needs, expectancies, and capabilities of AS and NT individuals, prompting, PD and/or PA, and the ability to sustain NDR. Also shown is how PD mediated the communication within the relationship. The model illustrates the experience of participants regarding the formation of the PDC and the related additional communication cycles. Also shown is how the phenomenon found in NDR commenced due to the need AWANT had for reciprocal connection and interaction in their close relationships, and continued because AWAS commonly avoided reciprocal connection and interaction.

Moreover, the model depicts the psychological stress that participants in the study experienced, in part, attributable to their powerlessness to change the circumstances that they have found themselves in. Clearly indicated are the potential outcomes that result from living within the conditions of the PDC, and related communication cycles. Consequently, the study is of particular significance to educators regarding the need for more educational programs to inform the community concerning AWAS. Implications for therapy providers, or counselling services for AWAS, and their partner/family members, are also vital to focus on features found in this study and the subsequent model.
8.2 Limitations

The study had four key limitations. One was the use of self-reported data, administered through an on-line survey and interviews. While the main strength of self-report methods is the ability to allow participants to describe their own experiences (Ganellen, 2007), there is a possibility of unintentional bias. Participants may not respond candidly for many reasons; they cannot accurately recall events, they desire to portray themselves in a socially acceptable manner, they may be unfamiliar with the constructs being asked, or they lack the self-awareness to give accurate information (Ganellen, 2007; Holt et al., 2018). However, Ganellen (2007) also points out that the individuals themselves may be a better source of information than observers interested in the subjective inner experiences. To ameliorate this limitation of self-reported data, participants were sourced through the websites of ASC support groups as well as specialised associations and organisations that provide support and intervention, therefore, securing a sample who is possibly experiencing, or who have experienced, difficulties in their relationships that was highly relevant to the study.

A second key limitation related to the participant sample was that people who are not experiencing the same difficulties may have characteristics different from the population who volunteered for this study. That is, people in NDR who are content may not be interested in completing the questionnaire. Although a few participants in the study did indicate various levels of satisfaction in their relationship, the small number who did so may not provide an accurate representation of the perspective of a larger sample set.

The third limitation of this study was that of researcher subjectivity. By the very nature of being an insider researcher, it is important to acknowledge the interplay between researcher, participant, and the researcher’s subjectivity (Bradbury-Jones, 2007). An important aspect of insider research is to identify researcher subjectivity in operation (Bradbury-Jones, 2007) by being mindful of the enabling and disenabling potential of personal prejudice, experience, and understanding, which is critical to the creation of meaningful research. Although the researcher’s subjectivity shaped this research, her supervisors assumed the role of outsiders who could provide objective guidance. While being mindful of the limitations, the researcher’s understanding encouraged the participants to tell the
“real story” of their lives. Her familiarity with the context assisted her interpretations within the analysis processes by facilitating the voices of the participants to emerge within this study. Also, as a result of knowing the specifics of the context and giving concentrated attention to the perspectives of those studied (Merriam, 1995), a realistic depth of understanding of interaction within NDR was provided to the study.

A fourth key limitation relates to differences between the two groups of people studied in this thesis (i.e., people who identified as being on the autism spectrum and people who identified as not being on the autism spectrum). As no formal statistical testing was employed to determine if the differences between participants were statistically significant, a cautionary approach should be taken towards the findings. Therefore, future research exploring differences between these two groups of people should include statistical analysis of data so that conclusions such as those presented in this thesis can be confirmed.

An additional potential limitation is in regard to participant diagnosis. In this study, to determine involvement in the AS group, participants self-selected as people who identified as having Asperger’s Syndrome through accessing support services specifically for individuals with Asperger’s Syndrome. It is not clear how they determined their suitability for the criteria. Further, comorbidities are present for a large portion of the ASC population, for example ADHD, mental health conditions, depression, anxiety disorders, mood disorders, or other complicating health conditions (Gargaro et al., 2011; Ghaziuddin, 2002). Within the study, it was not viable to take comorbidities into account even though a manifestation of additional conditions could certainly impact on communication within close relationships. Likewise, participants self-selected involvement in the NT group. Given that many people with ASC remain undiagnosed and unaware, there is a chance that participants who chose to be in the NT group actually belonged in the AS group. In addition, it was not viable to take other syndromes such as neurological injury or psychotic illness, which may impact on interpersonal functioning, into account in this study.

8.3 Implications for Practice

In 2009, the study conducted by Bresnahan et al. (2009), acknowledged that “what we know about autism in adulthood is minimal” (p. 1172). In 2014, it was
concluded that there are large discrepancies between research priorities identified by the autism community and research portfolios, with a particular lack of research focus on adults (Pellicano, 2014a; Pellicano, Dinsmore, & Charman, 2014). The study conducted by Howlin and Magiati (2017) identified that, by 2017, very little had changed. A prolonged limited attention has meant that the needs of AWAS, the needs of their significant others, and their specific family needs, have largely been overlooked by the public, healthcare providers, researchers, academics, and policy makers. Findings from this study suggest that, in general, AS and NT participants felt powerless to change their situation unassisted, and yet the lack of understanding from many professionals meant that clinical interventions were mainly ineffective for this group of people. Participants also reported that inadequate community knowledge and awareness led to feeling invisible and disbelieved. Likewise, unsatisfactory treatment in counselling and therapy programs often exacerbated their distress regarding their particular difficulties, while leaving them with little option for other appropriate assistance. Rodman (2003) declares:

*The pain is in us, the spouses, the parents and the siblings, not the person with Asperger’s Syndrome. Yes, we should help them! We should do everything humanly possible to make it easier for them to live in our world. But at whose expense? What about those of us who have had to live in their world for years? Where do we go? What should we do, the spouses, the parents, the siblings? We are the bearers of this emotional pain in this unrelenting abnormality. Where do we, the ‘walking wounded,’ go for help? (p. 43).*

As a consequence, people in NDR often become isolated by the lack of understanding of their particular predicament, with many reporting that they face a lack of belief, a lack of acceptance and sometimes ridicule. Despite their struggles, most participants indicated a desire to maintain their relationship if they could find solutions to their dilemma. Professionals, therefore, need to be better equipped in their approach toward these families and couples, in view of the compelling and unmistakeable issues raised by participating individuals in the study.

The study expands the knowledge base in relation to AWAS and their close relationships. The methodological rigor and inductive abilities of insider awareness
that was applied in the conduct of this study, afforded a systematic exploration of the experience of PD on NDR, identifying psychosocial aspects, realities, and challenges, of families and couples living with the resulting difficulties. Analysis of the communication cycle of prompting and PD and/or PA, and resulting outcomes, undertaken in the study, has important implications for professionals working with neurodiverse families and couples, educators involved in community programs and teachers and educators in school communities.

Moreover, the study expands the knowledge base in relation to what is known, in regard to PD and avoidance behaviours, to better inform both educational and psychological practices for children with AS, and their dependency and avoidant behaviours. The cycle of prompt dependency theory, developed in the previous study and further investigated in this study, has important implications for educators. The cycle of prompt dependency theory developed in the previous study was possibly the first theory of prompt dependency, observing the interaction between prompter and promptee, and how the two support each other in a cycle of dependency. The further exploration in this study found additional negative results emanating from being involved in a cycle that can form from the opposing actions of prompting and PD and/or PA, but also potential for positive outcomes if awareness, knowledge and understanding are increased.

As such, the issues raised in the study need further exploration regarding both children with ASC and AWAS, their PD and/or PA, and other avoidant behaviours with their teachers and other professionals who work with them. Increased knowledge of dependency and avoidant issues, in regard to AWAS, could better inform practices regarding children with AS. There may be programs developed to help these students learn how to be less dependent, and/or less avoidant, by increasing their communication competencies specifically in regard to asking questions and, therefore, increasing their motivation to be more engaged in social settings that will contribute to them being more independently capable in adulthood.

Furthermore, it is essential that the neurodiverse families and couples themselves obtain awareness that, rather than simply relational issues, the issues experienced within their close relationships are possibly due, in part, to persistent intrinsic motivation problems with communication. These problems are often due to communication malfunctions over a life time that can lead to learned helplessness
with resulting dependency and avoidant behaviours. To this end, the study points to increasing awareness from the perspective of the families and couples. As such, it is critical to adopt a life-course approach to AS and other developmental disabilities, rather than the focus remaining mainly on children. Research also needs to adopt a lifespan approach to support adults on the autism spectrum, and those that live with, work with, and love them.

The model that illustrates the updated PDC has the potential to become a useful and important educational tool for counsellors and therapists. Trainees could also benefit from an early exposure to the revised model that has been produced. Moreover, the PDC shows benefits for classroom educators to gain understanding that PD has the potential to be a lifelong issue. Addressing this issue in childhood, to inform and guide the content of behavioural interventions in school, has the potential to reduce the continuation of prompt dependency into adulthood.

### 8.4 Implications for Future Research

Investigation of the cycle of prompt dependency points to areas that require further research attention. While the present study was a second examination of the PDC, as in any new finding, the research needs to be replicated in future studies. Studies to test the PDC model are of initial concern; particularly, future research should include longitudinal studies that examine these variables over the lifespan, including changes in the pattern of PD over time and the effects of social and cultural factors on the presentation of PD. An important area of future research should also include naturalistic or simulated observations of PD within social interaction. Self-report may pose difficulties for individuals with ASC, who may have more limited insight into the nature of their current skills regarding social interaction. Studies of these dynamics among adults within this population are particularly scarce and more research focus is required to determine how the PDC impacts on other important life outcomes, such as occupation and extended family members. While, this study examined impacts on parent-child dyads and between siblings, the large majority of participants were partners. Power differentials between each different type of relationship require further consideration. Future studies may also aim to explore alternative data analysis methods and research designs to discover if other methods produce different results and theories about PD in AWAS.
Moreover, it is essential to research further impacts of PD on the emotional health of people within NDR. The study found frustration, anger, and despair were particular emotions that resulted from the PDC. In addition, high levels of stress, depression, symptoms of CP, and feelings of intimidation and powerlessness were found. Further exploration of CP in both AWANT and AWAS, while also looking deeper at these emotions in orders to assess how people are affected, and in turn, how their relationships are affected, would be useful for both educational and psychological perspectives. Furthermore, it would be informative to research the impacts of PD on other human behaviours. The focus of the study was on the influence of PD on the communicational aspects of relating within close relationships (Dion, 2005; McKay et al., 1994; Rosenberg, 2003), since interpersonal communication is particularly salient regarding AS. Of particular issue is how PD influences other vital relationship qualities that are also required to maintain relationship health. These include: mutual respect, honesty, trust, support, fairness, equality, a sense of playfulness/fondness, and separate identities. These standard relational characteristics all require effectual interpersonal communication. Further studies researching these customary features would be particularly important for gaining a broader understanding of the PD phenomenon found in this study, and prevention of secondary problems, such as anxiety and depression.

8.5 Contribution to Knowledge

Further to the previous study (Wilson et al., 2014; 2017) that first developed the cycle of prompt dependency theory and model, this research represents a deeper investigation into the PDC. Survey responses and interviews produced the raw data needed as a catalyst for the development of the revised PDC and updated model that has the potential to inform and to guide the content of educational programs and clinical interventions, in order to assist neurodiverse families and couples within the cycle. The study extended research on the cycle of prompt dependency theory and was broadened to include a deeper investigation into the relationship between the impacts of prompting, in contrast to dependency on, and/or avoidance of the prompts, that were shown to have a negative influence on these relationships. Consequently, additional interaction cycles were found to form as a result of the negative features of the cycle. Influences appeared to be similar regardless of the variety of relationship; partner-partner, parent-child, or between siblings.
8.6 Conclusion

The present study modified and improved the first set of data gained from the previous study on PD in AWAS, within the context of neurodiverse couples and their interaction experiences. The findings from this study not only describe the communicational “merry-go-round” that AS-NT couples experience arising from PD found in the previous study (Wilson, et al., 2014; 2017), it also describes additional aspects. Described are the intertwined cycles of PDC and self-protective behaviours that give rise to further communication cycles. These additional communication cycles were found to materialise from the consequences of the particular processes that occur from, and within, the PDC. Also illustrated are extra consequences that arise from these additional communication cycles that interweave throughout and within the PDC. These were found to be a noticeably different private world behind closed doors in comparison to the public face presented; a lack of awareness and understanding from others that often led to subsequent misguided opinions and conclusions; a lack of community and professional awareness and understanding on the particular interaction dynamics that develop from these communication cycles; and a lack of appreciation of the resulting impacts on the people concerned. Furthermore, also identified was that the PDC was not restricted to neurodiverse couples. Parents, children, and siblings can be similarly affected.

This more complex model, developed within this study, while demonstrating many negative outcomes, also shows the potential for positive outcomes that could be useful to counselling programs. Findings also stress the need for greater community awareness and education regarding issues confronting both AWAS and AWANT in NDR in order to reduce the distress felt by these families and couples in general, and partners/family members who are NT, in particular. It is hoped that this study will promote greater understanding in order to assist in bridging the knowledge gap that currently exists between many service providers, the community in general, and the unique relationship experiences of neurodiverse families and couples.


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References 301


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Intervention in School and Clinic, 48(2), 67-75. doi:10.1177/1053451212449739


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Scotland, J. (2012). Exploring the philosophical underpinnings of research: Relating ontology and epistemology to the methodology and methods of the scientific, interpretive, and critical research paradigms. *English Language Teaching, 5*(9), 9-16.


University of Louisville. (nd). Communication survey questions Retrieved from https://louisville.edu/ombuds/surveys/


Appendices

Appendix A

Pilot Study Information Letter

If you are at least 18 years old, you are invited to participate in a pilot study for research on communication within the close relationships of people with Asperger’s Syndrome. This is being held on the 30th of January 2016 at Asperger Services Australia, 16 Yarraman Pl, Virginia QLD. It will begin at 9.30 am, followed with a light lunch.

This research project is being undertaken as part of the requirements of a PhD at Edith Cowan University. Your participation is completely voluntary and greatly appreciated. If you do decide to participate, on the day of the pilot study you will be given an information pack with a consent form to sign and additional support information.

In order to participate, you need to identify with one of the following groups:

**GROUP ONE** are people who have a clinical diagnosis of Asperger’s Syndrome and/or are accessing support services specifically for individuals with Asperger’s Syndrome.

**GROUP TWO** are people considered to be neurotypical (i.e., not on the autism spectrum) and who are in a close relationship (i.e., partner/parent/sibling/offspring) with a person with Asperger’s Syndrome.

The purpose of this study is to explore communication within the close relationships of adults with Asperger’s Syndrome. In contrast to conventional research, however, this study uses an advocacy/participatory approach, that is, research guided by issues highlighted as important to participants. Consequently, all participants are co-researchers and key partners in the inquiry process.

There are three stages to this study. The aim of this first stage is for people to “have their say” in aspects of the topic under study, namely communicational issues. In this stage you will be asked to fill out a survey, and then participate in a recorded group discussion. The intent is to obtain feedback from you concerning communication within your close relationships in particular your thoughts regarding what is currently in the survey; other questions you would like to have included; and other ideas that you think are important to take account of before beginning the main part of the research. The recording will be treated confidentially and participants will be de-
identified. If you would like to participate, but do not wish to be recorded, you can still contribute through written feedback.

Stage two will be the actual survey that will incorporate your feedback from this first stage. It will be an anonymous on-line survey. Stage three is a process of one-on-one interviews that will be conducted at the same time as the survey goes on-line. You will have the option to participate in stage two and/or stage three after the pilot study is completed. You can also participate in the anonymous on-line survey more than once if you want to consider multiple close relationships. Accordingly, there are many and varied ways that you can participate in and enrich this research project.

Your participation in the study will contribute to a better understanding of communication within the close relationships of adults with Asperger's Syndrome. The information gained from the study will be used to identify communicational difficulties within these close relationships and explore possible solutions.

Confidentiality of Information
All research data will be treated confidentially, stored under lock and key, accessed only by the research team, and will be destroyed after five years. No participant will be identified in any research reports. All participants will be given a pseudonym. All data gained from the study will be coded. Research findings will be reported as a thesis, at academic conferences, and in journal articles. At no time, however, will your name be used or any identifying information revealed. Should you require, you may decline to answer any question and you are free to choose to withdraw from this study for any reason without affecting relationships with ECU, the research team, or any support services that you access and/or are likely to access. If you do withdraw, all information from you will be destroyed.

I am happy to discuss any questions about the project and I may be contacted on or by email using . This project has been reviewed by the Human Research Ethics Committee at Edith Cowan University and has met the requirements of the Department of Education. If having any concerns about the project or requiring to discuss any matter regarding this project to an independent person, the Research Ethics Officer may be contacted at: Human Research Ethics Office Edith Cowan University 270 Joondalup Drive JOONDALUP 6027 WA Phone: (08) 6304 2170. Email: research.ethics@ecu.edu.au

Please phone: ASA (07) 3865 2911 or QAPS 0418 761 652 to register your place. Alternatively, email qaps.group@gmail.com

Yours sincerely,

Bronwyn Wilson
Appendix B

Research Study Recruitment Invitation

Description of the Research Project

Are you an adult with an Autism Spectrum Disorder Level 1 (Asperger’s Syndrome) or are you in a close relationship with an adult with an Autism Spectrum Disorder Level 1 (Asperger’s Syndrome)?

If the answer to either of these questions is yes, you are being invited to participate in research on communication within your close relationships.

This research project is being undertaken as part of the requirements of a PhD at Edith Cowan University. The purpose of this study is to explore communication patterns and resulting difficulties that can occur in the close relationships of adults with Asperger’s Syndrome. Using an advocacy/participatory approach, that is, research guided by issues highlighted as important to participants, this study is concentrating on tangible problems and genuine needs which is also combined with the insight of an insider researcher (that is, research conducted with a group to which this researcher belongs).

In order to participate you will be a least 18 years old and you will need to identify with one of the following groups:

GROUP ONE are people who have a clinical diagnosis of Asperger’s Syndrome and/or are accessing support services specific for individuals with Asperger’s Syndrome.

GROUP TWO are people considered to be Neurotypical (i.e., not on the autism spectrum) and who are in a close relationship (i.e., partner/parent/sibling/offspring) with a person with Asperger’s Syndrome.
For the purposes of the study, all participants will be required to select one relationship – either; partner, parent, sibling, or offspring and answer questions related to that one relationship. However, participants who wish to consider more than one relationship can choose to participate in the study more than once. Participants will also need to indicate whether they are living together or living apart regarding the relationship selected. Your participation in this research is completely voluntary and you are able to withdraw from the study at any time.

**What will participation involve?**

There are two separate parts to the study: an anonymous on-line survey and also individual audio recorded one-on-one interviews. Participants will have the option to participate in the anonymous online survey and an interview or either one of these parts alone.

**To participate in the anonymous online survey**

You will be asked a series of questions relating to your communication within the specific close relationship you have selected. The survey should take approximately 20 minutes to complete. If you agree to participate and answer the questions on-line, you are giving consent to participate in this study. Please click on the following link which will take you to the survey:

https://ecuau.qualtrics.com/SE/?SID=SV_6sNVH8j0WgVQsPH

**To participate in the individual audio recorded interviews**

You can choose to participate in the interview in two ways:

If participating in the survey there is provision at the end of the survey to provide your contact details, or, you can contact me via the email link or phone number below.

A consent form will be emailed to you. Once you have signed the consent form and returned it to me (Bronwyn Wilson) you will have a choice to participate by either phone, email, Skype, or in person with me. You will be asked a series of questions relating to your views and perspectives about your interaction within the specific close relationship you have selected. The interview will take approximately one hour. It will be audio taped and a typed transcript will later be made of the tape.

Although unlikely, participation in either the survey or the interview may cause some slight discomfort or embarrassment when reporting about incidents that were negative. Should this occur, national and international information on additional support services will be provided to you in order to assist with any discomfort you may experience. At the time of interview, you are free to choose to withdraw from this study for any reason and your recorded interview will be erased from the tape by the researcher upon request.

**Confidentiality of Information**

All research data will be treated confidentially, stored under lock and key, accessed only by the research team, and will be destroyed after five years. No participant will be identified in any research reports. All participants will be given a pseudonym. All data gained from the study will be coded. Research findings will be reported as a thesis, at academic conferences, and in journal articles. At no time, however, will
your name be used or any identifying information revealed. Should you require, you may decline to answer any question and you are free to choose to withdraw from this study for any reason without affecting relationships with ECU, the research team, or any support services that you access and/or are likely to access. If you do withdraw, all information from you will be destroyed.

I am happy to discuss any questions about the project and I may be contacted on [redacted] or by email using [redacted]. This project has been reviewed by the Human Research Ethics Committee at Edith Cowan University and has met the requirements of the Department of Education. If having any concerns about the project or requiring to discuss any matter regarding this project to an independent person, the Research Ethics Officer may be contacted at: Human Research Ethics Office Edith Cowan University 270 Joondalup Drive JOONDALUP 6027 WA Phone: (08) 6304 2170. Email: research.ethics@ecu.edu.au

I thank you very much for your time and consideration, and I look forward to hearing from you soon.

Sincerely,
Bronwyn Wilson
Appendix C

Australian and International Groups for Study Recruitment

AUSTRALIAN ASSOCIATIONS

A.C.T.

*Autism Asperger ACT*

Chifley Health and Wellbeing Hub
Corner of Eggleston and MacLaurin Crescents Chifley ACT 2606
P.O. Box 719
Mawson ACT 2607
ph 02) 6176 0514    fax 02) 6281 2834
Email: info@autismaspergeract.com.au

*FaHCSIA*

The Australian Government has committed $190 million for four years to deliver the Helping Children with Autism package which includes Autism Advisors, an Early Intervention Panel of Service Providers, Early Days family workshops and PlayConnect Playgroups.
Contact James Dowdall on (02) 6131 0018
Email [james.dowdall@fahcsia.gov.au](mailto:james.dowdall@fahcsia.gov.au)
Contact [james.dowdall@fahcsia.gov.au](mailto:james.dowdall@fahcsia.gov.au) for subscription to an Autism eNewsletter
Sandra Jbeili - Communication and Media Branch

*Australian Capital Territory – Autism Asperger ACT Inc.*

Formed through amalgamation in September 2006 of Autism ACT and the Asperger Syndrome Support Network (ASSN). Both websites autism.anu.edu.au and www.assn.org.au will be maintained until they are amalgamated.

N.S.W.

*Autism Spectrum Australia (Aspect)*

Building 1, Level 2, 14 Aquatic Drive, Frenchs Forest 2086
Tel: (02) 8977 8300
Fax: (02) 8977 8399
Web: [www.autismspectrum.org.au](http://www.autismspectrum.org.au)

N.T.

Autism NT Inc.
Shop 19, Nightcliff Shopping Centre, Coconut Grove NT 0810
Postal Address: Autism NT Inc., PO Box 36595, Winnellie NT 0821
Queensland

*Autism Queensland Inc.*
437 Hellawell Road, Sunnybank Hills, QLD, 4109
Postal: PO Box 354, Sunnybank, QLD, 4109
Ph: (07) 3273 0000
Fax: (07) 3273 8306
Email: admin@autismqld.com.au
Web: www.autismqld.com.au

South Australia

*Autism SA*
262 Marion Road, Netley SA 5037
PO Box 304, Marleston DC SA 5033
Tel: 08 8379 6976
Fax: 08 8338 1216
Info Line: 1300 AUTISM (1300 288 476)
Email: admin@autismsa.org.au
Web: www.autismsa.org.au

Tasmania

*Autism Tasmania*
P.O. Box 313
South Hobart 7004
Ph: (03) 6423 2288
Email: autism@autismtas.org.au
Website: www.autismtas.org.au

Victoria

*ASSN Asperger Syndrome Support Network (Victoria)*
http://www.aspergersvic.org.au

*Autism Victoria now trading as AMAZE*
24 Drummond Street, Carlton, VIC 3053, Australia
Postal Address: PO Box 374, Carlton South, VIC 3053, Australia
Tel: (03) 9657 1600 Fax: (03) 9639 4955
Email: info@amaze.org.au
Web: www.amaze.org.au

*The RISE Centre*
Resource, Information, Support and Education Centre (RISE Centre)
38 Packham Street, Shepparton, 3630
The Centre contains developmental resource lending, large range of ASD books and DVDs, regular parent support group meetings complete with child care and a free in-home visiting service.

**Western Australia**

*Autism Association of Western Australia (Inc.)*
215 Subbs Terrace, Shenton Park WA 6008
Locked Bag 2, Subiaco WA 6904
Telephone +61 8 9489 8900 Fax +61 8 9489 8999
Email: autismwa@autism.org.au
Web: [www.autism.org](http://www.autism.org)

*Friends of Autism*
We provide the following support services:
Parents – toy and information library, information seminars, support groups
Children – early intervention therapy, social groups including school holiday programs
Professional Counselling Services for parents, couples and adults
Our contact details for (08) 9440 6800 at 3/77 Wanneroo Road, Tuart Hill WA 6060,
[f.o.a@bigpond.com](mailto:f.o.a@bigpond.com) and [www.friendsofautism.org.au](http://www.friendsofautism.org.au)

**WEB BASED SUPPORT**

*Different Together*
Different Together is a safe, supportive and understanding community for the partners of adults with Asperger’s Syndrome
[https://different-together.co.uk/](https://different-together.co.uk/)

*Dr. Kathy Marshack*
Asperger Syndrome Partners Family of Adults with ASD

*FAAAS*
Families of Adults Affected with Asperger's Syndrome
Karen Rodman
Website: [faas@faas.org](mailto:faas@faas.org)

*OASIS* (Online Asperger Syndrome Information and Support) @ MAAP
[www.aspergersyndrome.org](http://www.aspergersyndrome.org)
Professor Tony Attwood
www.tonyattwood.com

Resources At Hand
A home based business with 18 years’ experience in the Autism and Asperger resource field, based in Queensland, Australia

AUSTRALIAN SUPPORT GROUPS

Support Groups for people with Asperger's Syndrome

Aspect's Adult Social Group
For adults with Asperger's or high-functioning autism
Contact: Caroline
Mobile: 0409 603 582
Email: adultsocialgroup@autismspectrum.org.au

Asperger Services Australia
Web: www.asperger.asn.au
Email: office@asperger.asn.au
Phone: (07) 3865 2911

Brisbane Syndrome Asperger Adults
This group is specifically open to adults from Brisbane, although members of the wider community are also invited to join.
For more information please contact Garry at garrysmobile@hotmail.com
‘Facebook Garry Burge’
Blog is http://garrysaspieblog.blogspot.com/

Partner Support Groups

Aspergers Victoria
Blackburn, Melbourne
Web: www.aspergersvic.org.au/partners

ASPIA
Asperger Syndrome Partner Information Australia
Website: http://www.aspia.org.au/

ASPIA Support Yahoo Group
ASPIA's private online discussion forum
For all enquiries, please contact us by email -- info@aspia.org.au
Queensland Asperger Partners' Support Group (QAPS), Brisbane
Asperger Partners' Support Group
Email: qaps.group@gmail.com
Mobile: 0418 761 652

Toowoomba Asperger Partners' Support (TAPS)
Contact: Sheena
Mobile: 0418 790 216
Email: the.taps.group@gmail.com

West Brisbane Region Asperger Support Group
Email: Jane Leonforte leonforte7@gmail.com
Venue: St. Matthew’s Church Hall
Corner of Oxley & Sherwood Rds. Sherwood
Coordinators: Jane & Lyndell ph. 0448 909 863

Parent Support Groups

ABIQ - Autism Behavioural Intervention Qld (Inc)
Autism Behavioural Intervention Queensland (ABIQ) Inc. was formed to enhance the treatment of children with Autism in Queensland, Australia and to promote the use of Applied Behavioural Analysis (ABA).
Ph: 07 3881 1868
Web: www.abiq.org

Asperger Services Australia (Queensland)
ASPERGER CENTRE
Unit 1, 16 Yarraman Place
Virginia Qld 4014
Office Hours
Monday to Friday
9:30am to 3.00pm
Office and support groups are closed during school holidays
Phone: +61 7 3865 2911
Fax: +61 7 3865 2838
Web: www.asperger.asn.au

INTERNATIONAL SUPPORT GROUPS

England

National Autistic Society
393 City Road London ÉCIV 1NG UK
Tel: 44 (0)20 7833 2299
Fax: 44 (0)20 7833 9666
www.autism.org.uk
New Zealand

Aspiehelp / The Aspire Trust (Inc)
This is a "peer-support organisation", in other words, the support staff all have Asperger Syndrome themselves making them uniquely fitted to understand their clients, and be able to communicate with them as "interpreters" of the Neuro-typical world.
http://www.aspiehelp.com/

The Cloud 9 Foundation
The Cloud 9 Foundation was set up by Raymond Thompson who is the CEO of the Screen Entertainment Group Ltd. This is a production company that operates out of Wellington, New Zealand and exports its television programmes worldwide. Raymond has a 12 year old son who was diagnosed by Professor Tony Attwood in Brisbane. Consequently, Tony became a trustee on the Board of the Foundation and is its patron.
The Foundation was established in October 2000 as a non-profit, stand-alone charity and it aims to raise the awareness of Asperger's Syndrome. Other aims are to raise funds, hold seminars/workshops, holiday programmes, support groups, etc.
www.withyoueverystepoftheway.com

United States

Autism Society
4340 East-West Hwy,
Suite 350 Bethesda, MD 20814 USA
Tel: 301-657-0881
Tel: 800-3AUTISM (800-328-8476)
www.autism-society.org

Autism Speaks
1 East 33rd Street
4th floor New York, NY 10016
Tel: 212-252-8584
Fax: 212-252-8676
www.autismspeaks.org

GRASP - Global and Regional Asperger Syndrome Partnership

RDI Connect
4130 Bellaire Blvd.
Suite 210 Houston, TX 77025 USA
Toll free: 866-378-6409
Phone: 713-838-1362
Fax: 713-838-1447
www.rdicomnect.com
### Appendix D

#### Survey Demographics

Survey demographic legend:
- **SR#** = Survey response number.
- **M/F** = Male/female.
- **AS/NT** = Asperger’s Syndrome or neurotypical.
- **T/A** = Together or apart.
- Survey respondents who participated in an interview.
- Survey respondents who completed two surveys (self/partner and self/offspring) and participated in an interview.

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SR 122
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SR 123
F  AS 32-38 Married Partner 11-20 A Australia Queensland Cairns
SR 124
M  NT 39-45 Married Partner 11-20 A Australia Queensland Brisbane
SR 125
F  NT 32-38 Single Partner 2-5 T Australia Not Provided Not Provided
SR 126
F  AS 32-38 Couple Partner 6-10 T Australia Hong Kong Island Hong Kong
SR 127
F  AS 46-52 Divorced offspring 11-20 T USA New York New York City
SR 128
F  NT 39-45 Married Partner 11-20 T N/Z New South Wales Sydney
SR 129
F  NT 46-52 Married Partner 21-30 T USA Minnesota Minneapolis
SR 130
F  AS 39-45 Divorced Parent 41-50 T Australia Victoria Melbourne
SR 131
F  AS 39-45 Single Offspring 11-20 T UK Devon Plymouth
SR 132
F  AS 39-45 Married Partner 11-20 T Australia South Australia Adelaide
SR 133
F  NT 53-59 Married Offspring 21-30 A Australia Not Provided Not Provided
SR 134
M  AS 60+ Couple Partner 21-30 T UK South Australia Adelaide
SR 135
F  NT 46-52 Divorced Parent 11-20 T Australia South Australia Adelaide
SR 136
F  NT 60+ Divorced Partner 21-30 A UK Portugal Faro
SR 137
F  AS 32-38 Couple Partner 11-20 T UK Sweden Örnsköldsvik
SR 138
F  AS 32-38 Couple Sibling 31-40 A Sweden South Australia Adelaide
SR 139
F  NT 39-45 Married Partner 11-20 T Canada Not Provided Not Provided
SR 140
F  NT 60+ Married Partner 50+ T UK England Exeter
SR 141
F  NT 53-59 Married Partner 31-40 T UK England Midlands
SR 142
F  NT 60+ Married Partner 21-30 T USA Not Provided Not Provided
SR 143
F  NT 60+ Couple Partner 2-5 T USA New York New York City
SR 144
M  NT 46-52 Married Partner 11-20 T UK England Liverpool
SR 145
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SR 146
F  NT 53-59 Married Partner 21-30 T UK England London
SR 147
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SR 148
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SR 149
F  AS 53-59 Separated Partner 11-20 A USA Not Provided Not Provided
SR 150
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SR 151
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SR 152
F  NT 60+ Married Partner 41-50 T USA Florida St Petersburg
SR 153
F  NT 53-59 Married Partner 11-20 T UK England London
SR 154
M  NT 46-52 Married Partner 11-20 T USA Illinois Naperville
SR 155
M  NT 53-59 Married Partner 21-30 T Europe Switzerland Geneva
SR 156
M  AS 53-59 Married Partner 6-10 A UK Queensland Brisbane
SR 157
F  NT 60+ Married Partner 31-40 T USA Not Provided Not Provided
SR 158
M  AS 32-38 Single Parent 31-40 A USA Washington State Seattle
SR 159
F  NT 46-52 Married Partner 21-30 T UK England Cambridge
SR 160
F  NT 46-52 Single Partner 2-5 A UK England London
SR 161
F  NT 60+ Married Partner 31-40 T Europe Western Australia Perth
SR 162
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SR 163
F  NT 46-52 Married Partner 11-20 T Africa Not Provided Not Provided
SR 164
M  AS 46-52 Married Partner 6-10 T Australia New South Wales Miranda
SR 165
F  NT 46-52 Divorced Partner 6-10 A Australia New South Wales Sydney
SR 166
F  AS 32-38 Single Friend 11-20 A USA Illinois Chicago
SR 167
F  NT 53-59 Married Offspring 21-30 A USA Maryland Washington
SR 168
F  NT 60+ Married Partner 31-40 T NZ Bay of Plenty Tauranga
SR 169
F  NT 60+ Couple Partner 31-40 T Canada British Columbia Kamloops
SR 170
F  NT 46-52 Married Partner 21-30 T Australia Not Provided Not Provided
SR 171
F  NT 25-31 Single Partner 2-5 T Europe Norway Oslo
SR 172
F  NT 53-59 Married Partner 11-20 T USA Arizona Phoenix
SR 173
F  NT 60+ Married Partner 50+ T Australia Queensland Gold Coast
SR 174
F  NT 53-59 Married Partner 31-40 T Canada Washington State Seattle
SR 175
F  NT 39-45 Married Partner 21-30 T USA Oregon Portland
SR 176
F  NT 60+ Married Partner 21-30 T Europe New Zealand Dunedin
SR 177
F  AS 25-31 Single Parent 21-30 A Australia New South Wales Sydney
SR 178
M  AS 32-38 Single Sibling 21-30 A USA Texas Abilene
SR 179
M  NT 25-31 Couple Partner 31-40 A Middle East Not Provided Not Provided
SR 180
F  AS 39-45 Married Partner 11-20 T Australia Western Australia Perth
SR 181
F  AS 39-45 Married Partner 11-20 T NZ Queensland Brisbane
SR 182
F  AS 39-45 Married Partner 6-10 T USA Virginia Washington
SR 183
F  AS 39-45 Couple Partner 11-20 T UK England Southampton
SR 184
F  AS 32-38 Married Partner 11-20 T USA Texas San Antonio
SR 185
F  AS 39-45 Single Partner 2-5 A USA Minnesota Minneapolis
SR 186
F  AS 32-38 Married Partner 6-10 T Europe Serbia Belgrade
SR 187
F  NT 53-59 Married Offspring 21-30 A Australia Victoria Melbourne
SR 188
F  AS 32-38 Single Parent 31-40 A Australia Not Provided Not Provided
SR 189
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SR 190
F  NT 53-59 Married Offspring 21-30 T UK England London
SR 191
F  NT 60+ Single Parent 50+ A USA California Los Angeles
SR 192
F  NT 60+ Married Partner 31-40 T USA New York New York City
SR 193
F  NT 46-52 Couple Partner 2-5 A Australia New South Wales Sydney
SR 194
F  NT 60+ Separated Partner 2-5 A Ireland England Liverpool
<p>| SR 195 | F | NT | 46-52 | Couple | Partner | 6-10 | T Australia | New South Wales | Sydney |
| SR 196 | F | NT | 32-38 | Married | Partner | 11-20 | T UK | California USA | Sacramento |
| SR 197 | F | AS | 25-31 | Single | Parent | 21-30 | A UK | Not Provided | Not Provided |
| SR 198 | M | AS | 46-52 | Married | Partner | 11-20 | T Australia | Not Provided | Not Provided |
| SR 199 | M | AS | 25-31 | Dating | Partner | 2-5 | T Australia | Queensland | Brisbane |
| SR 200 | F | NT | 53-59 | Single | Partner | 0-1 | A USA | Not Provided | Not Provided |
| SR 201 | F | NT | 60+ | Married | Partner | 31-40 | T USA | Massachusetts | Townsend |
| SR 202 | M | AS | 60+ | Married | Partner | 31-40 | T USA | Massachusetts | Townsend |
| SR 203 | M | AS | 18-24 | Single | Sibling | 21-30 | T Europe | Greece | Thessaloniki |
| SR 204 | F | NT | 50+ | Married | Partner | 50+ | T Australia | Western Australia | Perth |
| SR 205 | F | AS | 60+ | Divorced | Partner | 2-5 | A Australia | New South Wales | Sydney |
| SR 206 | F | AS | 39-45 | Divorced | Partner | 6-10 | T Asia | Denmark | Odense |
| SR 207 | F | NT | 60+ | Married | Partner | 31-40 | T USA | Ohio | Cincinnati |
| SR 208 | F | NT | 53-59 | Married | Partner | 21-30 | T USA | California | Redding |
| SR 209 | F | AS | 32-38 | Married | Partner | 11-20 | T USA | Virginia | Norfolk |
| SR 210 | M | AS | 60+ | Married | Partner | 2-5 | T USA | Hawaii | Lahaina |
| SR 211 | F | NT | 60+ | Divorced | Partner | 21-30 | A USA | California | Not Provided |
| SR 212 | F | NT | 25-31 | Married | Partner | 6-10 | T Australia | Queensland | Calliope |
| SR 213 | M | NT | 60+ | Divorced | Offspring | 21-30 | A USA | Mexico | Jalisco |
| SR 214 | F | AS | 39-45 | Single | Sibling | 41-50 | A Canada | British Columbia | Vancouver |
| SR 215 | F | AS | 53-59 | Couple | Partner | 0-1 | T Australia | New South Wales | Sydney |
| SR 216 | M | AS | 53-59 | Married | Partner | 31-40 | T Australia | Queensland | Brisbane |
| SR 217 | M | NT | 53-59 | Married | Partner | 11-20 | T Australia | Western Australia | Perth |
| SR 218 | M | AS | 32-38 | Married | Partner | 2-5 | T NZ | Queensland | Brisbane |
| SR 219 | F | NT | 46-52 | Separated | Partner | 11-20 | A Australia | Queensland | Brisbane |
| SR 220 | F | NT | 46-52 | Married | Partner | 21-30 | T Australia | Queensland | Brisbane |
| SR 221 | F | NT | 60+ | Married | Partner | 41-50 | T UK | Queensland | Cairns |
| SR 222 | F | NT | 39-45 | Separated | Partner | 11-20 | A Ireland | Queensland | Brisbane |
| SR 223 | F | NT | 25-31 | Married | Partner | 11-20 | T Europe | Queensland | Brisbane |
| SR 224 | F | NT | 32-38 | Married | Partner | 11-20 | T Australia | Queensland | Brisbane |
| SR 225 | F | NT | 46-52 | Married | Partner | 11-20 | T Australia | Queensland | Brisbane |
| SR 226 | F | NT | 46-52 | Married | Partner | 21-30 | T Australia | Queensland | Brisbane |
| SR 227 | F | NT | 60+ | Married | Partner | 31-40 | T NZ | Queensland | Sunshine Coast |
| SR 228 | F | NT | 60+ | Married | Offspring | 21-30 | A NZ | Queensland | Sunshine Coast |
| SR 229 | M | NT | 39-45 | Married | Partner | 21-30 | T USA | Queensland | Brisbane |
| SR 230 | F | NT | 53-59 | Separated | Partner | 21-30 | A Australia | New South Wales | Sydney |
| SR 231 | F | NT | 53-59 | Married | Partner | 21-30 | T Europe | Queensland | Brisbane |
| SR 232 | F | NT | 46-52 | Married | Partner | 21-30 | T Australia | Queensland | Bald Hills |
| SR 233 | F | NT | 46-52 | Married | Parent | 50+ | A Australia | Queensland | Brisbane |
| SR 234 | F | NT | 60+ | Married | Partner | 41-50 | T Australia | Queensland | Brisbane |
| SR 235 | F | NT | 46-52 | Couple | Sibling | 50+ | A Australia | Queensland | Brisbane |
| SR 236 | M | AS | 25-31 | Single | Parent | 21-30 | T Australia | Western Australia | Perth |
| SR 237 | F | NT | 46-52 | Married | Offspring | 21-30 | A Australia | Queensland | Brisbane |
| SR 238 | F | NT | 32-38 | Married | Partner | 11-20 | T UK | Queensland | Brisbane |
| SR 239 | M | AS | 53-59 | Married | Partner | 21-30 | T Australia | Queensland | Brisbane |
| SR 240 | F | NT | 60+ | Married | Partner | 21-30 | T Australia | Queensland | Gold Coast |
| SR 241 | F | NT | 60+ | Married | Partner | 21-30 | T UK | Queensland | Brisbane |
| SR 242 | F | NT | 53-59 | Married | Partner | 21-30 | T Australia | Queensland | Brisbane |
| SR 243 | M | NT | 60+ | Married | Offspring | 31-40 | T Europe | New South Wales | Sydney |
| SR 244 | F | AS | 32-45 | Dating | Parent | 31-40 | A Australia | Not Provided | Not Provided |
| SR 245 | F | NT | 60+ | Married | Offspring | 31-40 | A Australia | Queensland | Kingscliff |
| SR 246 | F | NT | 39-45 | Married | Partner | 21-30 | T Australia | Queensland | Brisbane |
| SR 247 | F | NT | 60+ | Married | Offspring | 21-30 | T UK | England | London |
| SR 248 | M | AS | 60+ | Couple | Parent | 50+ | A Africa | Queensland | Brisbane |
| SR 249 | F | NT | 32-38 | Married | Partner | 11-20 | T UK | England | London |
| SR 250 | F | NT | 53-59 | Married | Partner | 21-30 | T USA | Virginia | Roanoke |
| SR 251 | F | NT | 60+ | Married | Partner | 31-40 | T UK | Massachusetts | Shiffield |
| SR 252 | F | NT | 60+ | Couple | Partner | 21-30 | A Australia | New South Wales | Sydney |
| SR 253 | F | NT | 46-52 | Married | Offspring | 11-20 | T Australia | Queensland | Brisbane |
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| SR 255 | M | AS | 46-52 | Married | Sibling | 21-30 | T Australia | Queensland | Brisbane |
| SR 256 | F | NT | 46-52 | Married | Partner | 21-30 | T Australia | Victoria | Melbourne |
| SR 257 | F | NT | 60+ | Married | Partner | 11-20 | T Australia | Queensland | Brisbane |
| SR 258 | F | NT | 60+ | Married | Partner | 31-40 | T Australia | Queensland | Sunshine Coast |
| SR 259 | F | NT | 46-52 | Married | Partner | 21-30 | T Australia | Tasmania | Launceston |
| SR 260 | F | NT | 46-52 | Married | Offspring | 21-30 | T Australia | Tasmania | Launceston |
| SR 261 | F | NT | 46-52 | Married | Parent | 21-30 | A Australia | Tasmania | Launceston |
| SR 262 | F | NT | 60+ | Married | Partner | 21-30 | T Australia | Tasmania | Launceston |
| SR 263 | F | NT | 25-31 | Married | Partner | 6-10 | T USA | Vermont | Burlington |
| SR 264 | F | NT | 60+ | Married | Partner | 41-50 | T USA | Michigan | Detroit |
| SR 265 | F | NT | 46-52 | Single | Parent | 41-50 | A UK | Not Provided | Not Provided |
| SR 266 | F | NT | 39-45 | Married | Offspring | 11-20 | T Australia | Victoria | Melbourne |
| SR 267 | F | NT | 53-59 | Married | Parent | 41-50 | A Australia | Western Australia | Perth |
| SR 268 | F | NT | 53-59 | Married | Offspring | 11-20 | T Australia | Victoria | Melbourne |
| SR 269 | F | NT | 39-45 | Married | Partner | 21-30 | T Australia | Queensland | Sunshine Coast |
| SR 270 | F | AS | 25-31 | Divorced | Parent | 21-30 | T | USA | Alabama | Huntsville |
| SR 272 | F | NT | 53-59 | Married | Partner | 31-40 | T | Australia | New South Wales | Sydney |
| SR 273 | F | NT | 46-52 | Couple | Partner | 21-30 | T | UK | England | Southampton |
| SR 274 | F | AS | 35-31 | Single | Parent | 21-30 | A | Australia | Tasmania | Hobart |
| SR 275 | M | AS | 46-52 | Married | Partner | 11-20 | T | Australia | Queensland | Sunshine Coast |
| SR 276 | F | AS | 53-59 | Married | Partner | 11-20 | T | Australia | New South Wales | Sydney |
| SR 277 | M | AS | 21-31 | Married | Partner | 6-10 | T | Australia | New South Wales | Bendigo |
| SR 278 | F | AS | 53-59 | Married | Partner | 31-40 | T | Australia | Victoria | Geelong |
| SR 279 | F | NT | 32-38 | Couple | Partner | 2-5 | T | UK | England | Plymouth |
| SR 280 | F | NT | 46-52 | Married | Partner | 21-30 | T | USA | New York | Albany |
| SR 281 | F | NT | 25-31 | Engaged | Partner | 2-5 | T | USA | Colorado | Denver |
| SR 282 | F | NT | 60+ | Separated | Partner | 31-40 | A | USA | California | San Francisco |
| SR 283 | F | NT | 32-38 | Couple | Partner | 2-5 | A | UK | Scotland | Glasgow |
| SR 284 | F | NT | 60+ | Married | Partner | 11-20 | T | USA | Missouri | St Louis |
| SR 285 | F | NT | 25-31 | Married | Partner | 6-10 | T | Chile | South America | Valparaiso |
| SR 286 | F | NT | 53-59 | Married | Partner | 31-40 | T | USA | Illinois | Chicago |
| SR 287 | F | NT | 32-38 | Married | Partner | 11-20 | T | Australia | New South Wales | Central Coast |
| SR 288 | F | NT | 32-38 | Separated | Partner | 11-20 | A | Australia | Victoria | Melbourne |
| SR 289 | F | NT | 32-38 | Married | Partner | 2-5 | T | USA | Ohio | Cleveland |
| SR 290 | F | NT | 18-24 | Single | Parent | 11-20 | A | USA | Virginia | Roanoke |
| SR 291 | F | NT | 18-24 | Single | Parent | 11-20 | A | USA | New York | Williamsburg |
| SR 292 | F | NT | 53-59 | Married | Partner | 21-30 | T | USA | Tennessee | Knoxville |
| SR 293 | F | NT | 39-45 | Married | Partner | 11-20 | T | USA | Texas | Houston |
| SR 294 | F | NT | 25-31 | Married | Partner | 6-10 | T | UK | Wales | Cardiff |
| SR 295 | F | NT | 46-52 | Separated | Partner | 2-5 | T | Australia | Victoria | Ballarat |
| SR 296 | F | NT | 60+ | Widowed | Partner | 50+ | T | USA | Not Provided | Not Provided |
| SR 297 | F | NT | 60+ | Divorced | Partner | 21-30 | A | UK | Portugal | Faro |
| SR 298 | F | NT | 46-52 | Separated | Partner | 11-20 | A | Australia | New South Wales | Wagga Wagga |
| SR 299 | F | AS | 25-31 | Married | Partner | 2-5 | T | UK | Queensland | Brisbane |
| SR 300 | F | AS | 32-38 | Married | Partner | 11-20 | T | Australia | Queensland | Brisbane |
| SR 301 | F | NT | 53-59 | Married | Partner | 31-40 | T | USA | California | Myrtle Beach |
| SR 302 | F | NT | 60+ | Married | Partner | 11-20 | T | Australia | Western Australia | Perth |
| SR 303 | F | NT | 53-59 | Married | Partner | 31-40 | T | UK | England | Lincolnshire |
| SR 304 | F | NT | 39-45 | Married | Partner | 11-20 | T | USA | New York | New York City |
| SR 305 | F | NT | 53-59 | Married | Partner | 21-30 | T | USA | New Jersey | Not Provided |
| SR 306 | F | NT | 32-38 | Married | Partner | 6-10 | T | Australia | Victoria | Melbourne |
| SR 307 | F | NT | 60+ | Married | Partner | 41-50 | T | Australia | Queensland | Brisbane |
| SR 308 | M | NT | 39-45 | Married | Partner | 11-20 | T | Australia | New South Wales | Sydney |
| SR 310 | F | NT | 60+ | Couple | Partner | 31-40 | T | Canada | Not Provided | Not Provided |
| SR 311 | F | AS | 39-45 | Married | Partner | 6-10 | T | USA | Not Provided | Not Provided |
| SR 312 | M | AS | 60+ | Divorced | Ex-Partner | 31-40 | A | Australia | Victoria | Melbourne |
| SR 313 | M | AS | 39-45 | Single | Sibling | 31-40 | A | Australia | Victoria | Melbourne |
| SR 314 | F | NT | 46-52 | Married | Partner | 31-40 | T | Australia | Victoria | Melbourne |
| SR 315 | F | NT | 60+ | Married | Offspring | 31-40 | T | Australia | New South Wales | Lismore |
| SR 316 | F | NT | 46-52 | Married | Parent | 21-30 | T | USA | Queensland | Billings |
| SR 317 | F | NT | 53-59 | Married | Offspring | 31-40 | T | Australia | New South Wales | Sydney |
| SR 318 | F | NT | 46-52 | Divorced | Partner | 2-5 | A | Australia | Not Provided | Not Provided |
| SR 319 | M | NT | 60+ | Married | Partner | 41-50 | T | Australia | Queensland | Brisbane |
| SR 320 | F | NT | 25-31 | Couple | Partner | 2-5 | T | Australia | New South Wales | Sydney |
| SR 321 | O | AS | 18-24 | Married | Partner | 2-5 | T | USA | Mississippi | Jackson |
| SR 322 | F | AS | 53-59 | Married | Partner | 11-20 | T | Europe | Not Provided | Not Provided |
| SR 323 | F | AS | 39-45 | Married | Partner | 21-30 | T | USA | Georgia | Savannah |
| SR 324 | F | AS | 25-31 | Couple | Partner | 0-1 | T | Europe | France | Not Provided |
| SR 325 | F | NT | 46-52 | Married | Offspring | 11-20 | T | Asia | Malaysia | Kuala Lumpur |
| SR 326 | M | AS | 18-24 | Single | Parent | 21-30 | T | Asia | Malaysia | Singapore |
| SR 327 | F | AS | 32-38 | Single | Parent | 31-40 | A | S America | Brazil | Guaíba de sá |
| SR 328 | F | NT | 46-52 | Couple | Offspring | 21-30 | A | Australia | Western Australia | Perth |
| SR 329 | F | NT | 46-52 | Engaged | Partner | 2-5 | A | Australia | New South Wales | Sydney |
| SR 330 | F | AS | 39-45 | Single | Offspring | 0-1 | A | Asia | Malaysia | Not Provided |
| SR 331 | F | NT | 60+ | Couple | Partner | 21-30 | T | UK | England | London |
| SR 332 | F | NT | 46-52 | Married | Partner | 6-10 | T | UK | England | Melbourne |
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| SR 335 | F | NT | 60+ | Married | Partner | 6-10 | T | USA | Colorado | Denver |
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#### Interviewee Demographics

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<td>21.30</td>
<td>T</td>
<td>Europe</td>
<td>Switzerland</td>
<td>Geneva</td>
</tr>
<tr>
<td>Ruth</td>
<td>F</td>
<td>NT</td>
<td>32-38</td>
<td>Married</td>
<td>Partner</td>
<td>6-10</td>
<td>T</td>
<td>USA</td>
<td>Minnesota</td>
<td>Minneapolis</td>
</tr>
<tr>
<td>Rose</td>
<td>F</td>
<td>NT</td>
<td>25-31</td>
<td>Married</td>
<td>Partner</td>
<td>3-5</td>
<td>T</td>
<td>USA</td>
<td>Massachusetts</td>
<td>Providence</td>
</tr>
<tr>
<td>Holly</td>
<td>F</td>
<td>NT</td>
<td>60-</td>
<td>Single</td>
<td>Parent</td>
<td>31.40</td>
<td>T</td>
<td>New Zealand</td>
<td>Bay of Plenty</td>
<td>Taumanga</td>
</tr>
<tr>
<td>Dawa</td>
<td>F</td>
<td>NT</td>
<td>46-52</td>
<td>Married</td>
<td>Partner</td>
<td>11.20</td>
<td>T</td>
<td>USA</td>
<td>Maryland</td>
<td>Washington</td>
</tr>
<tr>
<td>Lilly</td>
<td>F</td>
<td>NT</td>
<td>53-59</td>
<td>Single</td>
<td>Parent</td>
<td>21.30</td>
<td>T</td>
<td>Australia</td>
<td>Victoria</td>
<td>Melbourne</td>
</tr>
<tr>
<td>Sabrina</td>
<td>F</td>
<td>NT</td>
<td>30-45</td>
<td>Married</td>
<td>Partner</td>
<td>6-10</td>
<td>T</td>
<td>USA</td>
<td>Texas</td>
<td>Dallas</td>
</tr>
<tr>
<td>Diana</td>
<td>F</td>
<td>NT</td>
<td>25-31</td>
<td>Married</td>
<td>Partner</td>
<td>6-10</td>
<td>T</td>
<td>Australia</td>
<td>Queensland</td>
<td>Calliope</td>
</tr>
<tr>
<td>Rae</td>
<td>F</td>
<td>NT</td>
<td>60-</td>
<td>Married</td>
<td>Partner</td>
<td>21.30</td>
<td>T</td>
<td>Australia</td>
<td>Queensland</td>
<td>Gold Coast</td>
</tr>
<tr>
<td>Beth</td>
<td>F</td>
<td>NT</td>
<td>46-52</td>
<td>Married</td>
<td>Partner</td>
<td>21.30</td>
<td>T</td>
<td>Australia</td>
<td>Queensland</td>
<td>Bald Hills</td>
</tr>
<tr>
<td>Mandy</td>
<td>F</td>
<td>NT</td>
<td>46-52</td>
<td>Married</td>
<td>Partner</td>
<td>6-10</td>
<td>T</td>
<td>Australia</td>
<td>New South Wales</td>
<td>Sydney</td>
</tr>
<tr>
<td>Nora</td>
<td>F</td>
<td>NT</td>
<td>39-45</td>
<td>Married</td>
<td>Partner</td>
<td>11.20</td>
<td>T</td>
<td>Australia</td>
<td>Victoria</td>
<td>Cliff Hill</td>
</tr>
<tr>
<td>Quannah</td>
<td>F</td>
<td>NT</td>
<td>32-38</td>
<td>Married</td>
<td>Partner</td>
<td>21.30</td>
<td>T</td>
<td>USA</td>
<td>Texas</td>
<td>Houston</td>
</tr>
<tr>
<td>Georgia</td>
<td>F</td>
<td>NT</td>
<td>46-52</td>
<td>Married</td>
<td>Partner</td>
<td>21.30</td>
<td>T</td>
<td>USA</td>
<td>South Carolina</td>
<td>Charleston</td>
</tr>
</tbody>
</table>
Appendix F

Survey

If you are at least 18 years old, you are invited to participate in a survey on communication within the close relationships of people with Asperger’s Syndrome, which will contribute to a better understanding of communication within these relationships. This research project is being undertaken as part of the requirements of a PhD at Edith Cowan University. It should take approximately 15 minutes to complete all sections of the survey.

Your participation is completely voluntary. Although unlikely, you may feel some slight discomfort or embarrassment if contemplating negative concerns. Should this occur, links are provided at the end of the survey for you to access material on support services to assist with any discomfort you may experience.

In order to participate, you need to identify with one of the following groups:

GROUP ONE are people who have a clinical diagnosis of Asperger’s Syndrome and/or are accessing support services specifically for individuals with Asperger’s Syndrome.

GROUP TWO are people considered to be neurotypical (i.e., not on the autism spectrum) and who are in a close relationship (i.e., partner/parent/sibling/offspring) with a person with Asperger’s Syndrome.

When completing the survey, please select only one relevant relationship: partner, parent, sibling, adult offspring.

Please also indicate whether you are living together or apart, and length of relationship, regarding the relationship you have selected. If you wish to respond about more than one close relationship, you will need to complete the survey again for each additional one.

Confidentiality of Information
All research data will be treated confidentially, stored under lock and key, accessed only by the research team, and will be destroyed after five years. No participant will be identified in any research reports. All participants will be given a pseudonym. All data gained from the study will be coded. Research findings will be reported as a thesis, at academic conferences, and in journal articles. At no time, however, will your name be used or any identifying information revealed. Should you require, you may decline to answer any question and you are free to choose to withdraw from this study for any reason without affecting relationships with ECU, the research team, or
any support services that you access and/or are likely to access. If you do withdraw, all information from you will be destroyed.

This survey is designed to be anonymous. Please do not write your name, or any other comments that will identify you on the survey unless you would like to participate in a follow up interview. If so, there is provision at the end of the survey for you to provide your contact details. If you have any questions, please feel free to contact me at the email address below.

I am happy to discuss any questions about the project and I may be contacted on [redacted] or by email ([redacted]). This project has been approved by the Human Research Ethics Committee at Edith Cowan University. If you have any concerns about the project or need to discuss any matter regarding this project with an independent person, the Research Ethics Officer may be contacted at: Human Research Ethics Office Edith Cowan University 270 Joondalup Drive JOONDALUP 6027 WA Phone: (08) 6304 2170. Email: research.ethics@ecu.edu.au

Thank you for your participation in the survey.

Yours sincerely,

[redacted]

Bronwyn Wilson

[redacted]

DEMOGRAPHIC INFORMATION

Please circle:

Gender

M    F    Other

Age


Marital Status

Single Casually Dating Couple Engaged Married Separated Divorced Widowed
1. General communication

*This section explores personal communication in a general sense. Rather than focusing on interaction within specific relationships, please consider your view toward your conversations with others in general.*

<table>
<thead>
<tr>
<th>Statement</th>
<th>Always</th>
<th>Mostly</th>
<th>Neutral</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Taking turns in talking can make communication more effective.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. In order to acknowledge what a person is saying it is important to give eye contact, nod and/or make comments such as “I see”, “mmm”, or “yes”.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. The best way to get someone to listen to me is to listen to that person first.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. If unsure of what someone is saying to me, rather than ask questions, I will wait to learn more.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Communicating the real meaning of what I am talking about is difficult.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Talking with others increases my anxiety levels.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. The best way to communicate my feelings is to use “I” statements, such as, “I think…,” “I feel…,” “I need…”</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. When someone says something that I’m not sure about, I ask for clarification.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Attending to a speaker’s body language can make it easier to decipher the real meaning of what she/he is talking about.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. General communication within close relationships

*This section explores personal communication in close relationships in a general sense. Please consider your view toward your conversations within close relationships in general.*

<table>
<thead>
<tr>
<th>Generally I believe that within close relationships….</th>
<th>Always</th>
<th>Mostly</th>
<th>Neutral</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. The best way for me to experience close connections with others is to have deep, meaningful conversations with them.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11. Responding quickly within conversations is challenging.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12. I need to receive frequent affirmations such as ‘I love you,’ ‘I care,’ or ‘I understand.’</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>13. I find it easy to communicate what I am feeling.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>14. I don’t like being obliged to talk through problems.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>15. I would prefer to keep to less emotive conversations.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>16. I am aware of the rules that guide social behaviour.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>17. Saying things like ‘I love you’, ‘I care’ or ‘I understand’ on a regular basis is not necessary.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

*For the following sections please select one close relationship. If you wish to consider more than one relationship you are more than welcome to participate in the survey more than once.*

**Description of relationship**

**Relationship**

Please select one relationship for the purposes of the survey.

<table>
<thead>
<tr>
<th>Partner</th>
<th>Parent</th>
<th>Sibling</th>
<th>Adult Offspring</th>
<th>Other (please describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>
Living arrangements
Please select whether you are living with, or living apart from the person you have selected.

- [ ] Living together
- [ ] Living apart

Length of relationship
Please select the length of time of the relationship you have selected.

<table>
<thead>
<tr>
<th></th>
<th>0-1 years</th>
<th>2-5 years</th>
<th>6-10 years</th>
<th>11-20 years</th>
<th>21-30 years</th>
<th>31-40 years</th>
<th>41-50 years</th>
<th>50+ years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

3. General communication within my relationship

*This section explores your views on how the more general features of communication within the particular relationship you have selected impacts on you and your relationship.*

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Mostly</th>
<th>Neutral</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 I am satisfied with our emotional connection.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>19 I think my partner/family member is satisfied with the amount of emotional connection we share.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>20 My ideas are not taken seriously.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>21 I feel that I am the relationship caretaker and manager.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>22 I feel that warm, affectionate conversations are lacking.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>23 Difficulties between us remain unresolved.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>24 I want more affection expressed.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>25 I believe it is best to ‘get over it’ and move on rather than discuss problems.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>26 I think my partner/family member is satisfied with how I express affection toward him/her.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>27 I think the best way to demonstrate affection is through deeds (that is, actions rather than words).</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>28 I feel that I have lost my sense of self (that is, the way I think about and view my personality, beliefs, and</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
4. My experiences of this relationship.

*This section explores how you experience the selected relationship and how this impacts on you and your relationship.*

<table>
<thead>
<tr>
<th>Within this relationship…</th>
<th>Always</th>
<th>Mostly</th>
<th>Neutral</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>32 The quality of our communication has deteriorated over time.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>33 I am not responsible for most of the communication difficulties.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>34 Deep and meaningful conversations not take place.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>35 Although I use precise and accurate statements I am held responsible for communication difficulties.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>36 Regretful compromise is often required to keep the peace.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>37 If I do not direct or guide our conversations, they remain at a superficial level.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>38 My partner/family member avoids communicating with me.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>39 When I take some time to process a response within conversations it can trigger a dispute.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>40 Conversations tend to go around and around without coming to a satisfactory conclusion.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>41 I feel that we do not connect (that is, we are not ‘on the same page’) when attempting to have important conversations.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>42 I have to prompt my partner/family member to communicate with me.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>43 I participate in conversations both</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
verbally and non-verbally (for example, by nodding or gesturing).

<p>| | | | | | |</p>
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>44</strong></td>
<td>I behave out of character when having difficult conversations.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>45</strong></td>
<td>I feel intimidated when I attempt to speak about difficulties between us.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>46</strong></td>
<td>I do not give the verbal responses my partner/family member expects.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>47</strong></td>
<td>I can get defensive if I want to stop a conversation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>48</strong></td>
<td>I communicate by actions rather than by talking.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>49</strong></td>
<td>My attempts to communicate with my partner/family member triggers stress for me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>50</strong></td>
<td>I feel powerless to speak to my partner/family member about the difficulties between us.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>51</strong></td>
<td>I shut down (for example, by not responding, or walking away) to end conversations that become difficult.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>52</strong></td>
<td>I feel anxious as soon as conversations become personal.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>53</strong></td>
<td>I can become verbally aggressive to end difficult conversations.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>54</strong></td>
<td>My explanations are disregarded.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>55</strong></td>
<td>I have given up trying to communicate because it is not worth the hassle.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>56</strong></td>
<td>Frustration triggered by entangled conversation can escalate to physical ill-treatment.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. My hope for this relationship.
This section explores how you think the relationship you have selected could improve.

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Our relationship would improve if...</strong></td>
<td>Always</td>
<td>Mostly</td>
<td>Neutral</td>
<td>Rarely</td>
<td>Never</td>
</tr>
<tr>
<td><strong>57</strong></td>
<td>…we had deeper, more meaningful conversations.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>58</strong></td>
<td>…my partner/family member left me alone to get over it when I am upset.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
rather than insisting on talking about it

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>59</td>
<td>…we still talked about our problems even when it was difficult.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>60</td>
<td>…I apologised when I have hurt my partner/family member’s feelings, even if I didn’t mean to.</td>
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Any other comments?

Thank you for your time.
Appendix G

Support Information

AUSTRALIAN ASSOCIATIONS

A.C.T.

*Autism Asperger ACT*
Chifley Health and Wellbeing Hub
Corner of Eggleston and MacLaurin Crescents Chifley ACT 2606
P.O. Box 719
Mawson ACT 2607
ph 02) 6176 0514    fax 02) 6281 2834
Email: info@autismaspergeract.com.au
Web: http://www.autismaspergeract.com.au

FaHCSIA
The Australian Government has committed $190 million for four years to deliver the
Helping Children with Autism package which includes Autism Advisors, an Early
Intervention Panel of Service Providers, Early Days family workshops and
PlayConnect Playgroups.
Contact James Dowdall on (02) 6131 0018
Email james.dowdall@fahcsia.gov.au.
Contact james.dowdall@fahcsia.gov.au, for subscription to an Autism eNewsletter
Sandra Jbeili - Communication and Media Branch

*Australian Capital Territory – Autism Asperger ACT Inc.*
Formed through amalgamation in September 2006 of Autism ACT and the Asperger
Syndrome Support Network (ASSN). Both websites autism.anu.edu.au and
www.assn.org.au will be maintained until they are amalgamated.

N.S.W.

*Autism Spectrum Australia (Aspect)*
Building 1, Level 2, 14 Aquatic Drive, Frenchs Forest 2086
Tel: (02) 8977 8300
Fax: (02) 8977 8399
Web: www.autismspectrum.org.au

N.T.

Autism NT Inc.
Shop 19, Nightcliff Shopping Centre, Coconut Grove NT 0810
Postal Address: Autism NT Inc., PO Box 36595, Winnellie NT 0821
Tel: (08) 8948 4424
Fax: (08) 8948 4014
Email: info@autismnt.com.au
Web: www.autismnt.com.au

Queensland

Autism Queensland Inc.
437 Hellawell Road, Sunnybank Hills, QLD, 4109
Postal: PO Box 354, Sunnybank, QLD, 4109
Ph: (07) 3273 0000
Fax: (07) 3273 8306
Email: admin@autismqld.com.au
Web: www.autismqld.com.au

South Australia

Autism SA
262 Marion Road, Netley SA 5037
PO Box 304, Marleston DC SA 5033
Tel: 08 8379 6976
Fax: 08 8338 1216
Info Line: 1300 AUTISM (1300 288 476)
Email: admin@autismsa.org.au
Web: www.autismsa.org.au

Tasmania

Autism Tasmania
P.O. Box 313
South Hobart 7004
Ph: 03) 6423 2288
Email: autism@autismtas.org.au
Website: www.autismtas.org.au

Victoria

ASSN Asperger Syndrome Support Network (Victoria)
http://www.aspergersvic.org.au

Autism Victoria now trading as AMAZE
24 Drummond Street, Carlton, VIC 3053, Australia
Postal Address: PO Box 374, Carlton South, VIC 3053, Australia
Tel: (03) 9657 1600 Fax: (03) 9639 4955
Email: info@amaze.org.au
Web: www.amaze.org.au

Bendigo Autism Asperger Group (BAAG)
PO Box 439
The RISE Centre
Resource, Information, Support and Education Centre (RISE Centre)
38 Packham Street, Shepparton, 3630
PO Box 40, Shepparton, 3632
PH/FAX: 0358221230
Email: gvsnt1@iinet.net.au
The Centre contains developmental resource lending, large range of ASD books and DVDs, regular parent support group meetings complete with child care and a free in-home visiting service.

Western Australia

Autism Association of Western Australia (Inc.)
215 Subbs Terrace, Shenton Park WA 6008
Locked Bag 2, Subiaco WA 6904
Telephone +61 8 9489 8900 Fax +61 8 9489 8999
Email: autismwa@autism.org.au
Web: www.autism.org

Friends of Autism
We provide the following support services:
Parents – toy and information library, information seminars, support groups
Children – early intervention therapy, social groups including school holiday programs
Professional Counselling Services for parents, couples and adults
Our contact details for (08) 9440 6800 at 3/77 Wanneroo Road, Tuart Hill WA 6060, f.o.a@bigpond.com and www.friendsofautism.org.au

WEB BASED SUPPORT

Different Together
Different Together is a safe, supportive and understanding community for the partners of adults with Asperger’s Syndrome
https://different-together.co.uk/

Dr. Kathy Marshack
Asperger Syndrome Partners Family of Adults with ASD
Website: http://www.meetup.com/Asperger-Syndrome-Partners-Family-of-Adults-with-ASD/

FAAAS
Families of Adults Affected with Asperger's Syndrome
Karen Rodman
Website: faaas@faaas.org

OASIS (Online Asperger Syndrome Information and Support) @ MAAP
www.aspergerssyndrome.org

Professor Tony Attwood
www.tonyattwood.com

Resources At Hand
A home based business with 18 years’ experience in the Autism and Asperger resource field, based in Queensland, Australia

AUSTRALIAN SUPPORT GROUPS

Support Groups for people with Asperger's Syndrome

Aspect's Adult Social Group
For adults with Asperger's or high-functioning autism
Contact: Caroline
Mobile: 0409 603 582
Email: adultsocialgroup@autismspectrum.org.au

Asperger Services Australia
Web: www.asperger.asn.au
Email: office@asperger.asn.au
Phone: (07) 3865 2911

AUT-SUPPORT - Aspergers & Autistic Spectrum Network Inc.
A peer based support network for people with ASD of all ages.
Phone: (02) 4966 1717 Email: aut_s_pport@yahoo.com.au

Brisbane Syndrome Asperger Adults
This group is specifically open to adults from Brisbane, although members of the wider community are also invited to join.
For more information please contact Garry at garrymobile@hotmail.com
‘Facebook Garry Burge’
Blog is http://garrysaspieblog.blogspot.com/

Melbourne - Werribee Asperger Support Group
Asperger Adults 18+
Phone: Catriona on 0438 596 662
Web: aspergers.silverviper.com
**Sydney - North Shore**
Asperger Adult Group  
Contact: Jeroen Decates  
Monthly Saturday afternoon sessions, attendance is only possible by contacting Jeroen beforehand.  
Ph: 0402 028 588  
Email: info@jdpsy.org

**Sydney - West**
Adults with Asperger's Group  
Burwood  
Contact: Eleanor Gittins  
Ph: 0408 954 358  
Email: janetgittins@hotmail.com

**Partner Support Groups**

**Aspergers Victoria**  
Blackburn, Melbourne  
Web: www.aspergersvic.org.au/partners

**ASPIA**  
Asperger Syndrome Partner Information Australia  
Website: http://www.aspia.org.au/

**ASPIA Support Yahoo Group**  
ASPIA's private online discussion forum  
For all enquiries, please contact us by email -- info@aspia.org.au

**ASPIA - Asperger Syndrome- Partner Information and Support Adelaide**  
Meeting held 1st Monday of every month, 7-9 pm.  
Eastwood Community Centre  
95 Glen Osmond Road  
Eastwood SA 5063  
Contact: Heike Haffer  
Ph: 0431 039 136  
Email: heikehaffer@hotmail.com

**Cairns ASD Support Group Inc.**  
PO Box 115M  
Manunda Qld 4870  
Email: cairnsasg@gmail.com  
Website: http://www.casg.org.au/

**CT Support Group**  
A live support group for NT women married/dating Aspie males.  
People can sign up to join this live meetup group at this URL: http://www.meetup.com/CT-Partners-of-Aspies-Aspergers-Peer-Support-Group/
Melbourne Partner Support
Contact: Melissa
Web: www.aspartneraus.org
Email: admin@aspartneraus.org

Northern Rivers (Tweed Heads) Partner Support
Contact: Debbie
Phone: (02) 6676 0483
Email: northernriversasdnetwork@gmail.com

Perth Partner Support
Contact: Roz
Ph: (08) 9284 5252
Email: rozsdesk@iinet.net.au

Queensland Asperger Partners’ Support Group (QAPS), Brisbane
Asperger Partners’ Support Group
Email: qaps.group@gmail.com
Mobile: 0418 761 652

Toowoomba Asperger Partners’ Support (TAPS)
Contact: Sheena
Mobile: 0418 790 216
Email: the.taps.group@gmail.com

West Brisbane Region Asperger Support Group
Email: Jane Leonforte leonforte7@gmail.com
Venue: St. Matthew’s Church Hall
Corner of Oxley & Sherwood Rds. Sherwood
Coordinators: Jane & Lyndell ph. 0448 909 863

Parent Support Groups

ABIQ - Autism Behavioural Intervention Qld (Inc)
Autism Behavioural Intervention Queensland (ABIQ) Inc. was formed to enhance the treatment of children with Autism in Queensland, Australia and to promote the use of Applied Behavioural Analysis (ABA).
Ph: 07 3881 1868
Web: www.abiq.org

Armidale Autism Spectrum Support Group
A group of parents and family members of kids and adults with an autism spectrum diagnosis holding forums and information evenings to provide support and assistance to families.
Contact Kate:
Phone: ah (02) 6772. 9346
Mob 0428.235 739
Email: katet51@gmail.com
ASD Limestone Coast
Support group for adults who have family members or is Guardian of a person with ASD (including carers with ASD themselves.
Website: http://directions.org.au/Pages/ASDLimestone.aspx
Facebook page: ASD Limestone Coast
Contact details:
Communications: Belle Baker Belle.Baker@bigpond.com 0429 130 673
Meetings: Aimee Hutchesson ahutchesson80@hotmail.com 0417 060 146

Aspergers & Autistic Spectrum Network Inc. (Maitland NSW)
Online contacts register for people with Asperger's Syndrome. Operating from the Maitland, NSW region. Advocacy, mentoring, translational counselling, workshops, etc.
Email: aut_s_pport@yahoo.com.au Ph: 02 4966 1717

Aspergers Victoria (Victoria)
A volunteer group of parents, carers, partners, professionals and individuals with Asperger syndrome. Runs many support groups, including a partners' group.
Web: www.aspergersvic.org.au

Asperger Services Australia (Queensland)
ASPERGER CENTRE
Unit 1, 16 Yarraman Place
Virginia  Qld 4014
Office Hours
Monday to Friday
9:30am to 3.00pm
Office and support groups are closed during school holidays
Phone: +61 7 3865 2911
Fax:+61 7 3865 2838
Web: www.asperger.asn.au

Autism Asperger ACT (Canberra ACT)
A support group for individuals, their families and carers of those with Asperger Syndrome, who live in and around Canberra, A.C.T. Australia.
Web: www.autismaspergeract.com.au

Autism and Aspergers Support Group Inc. (Richmond NSW)
Email: info@autismsupport.org.au
Web: www.autismsupport.org.au
Ph: 0425 380 575

Blue Mountains Asperger's Syndrome Support Group
This group supports parents/carers of people with Aspergers Syndrome as well as adults with Aspergers Syndrome. Also a peer-led sub-group for adults with Aspergers Syndrome meets on a regular basis. Main group monthly meetings are held from 7.30pm – 9.30pm on the third Monday of each month at the Winmalee Neighbourhood Centre, 62 White Cross Road, Winmalee 2777.
Phone: (02) 4754 4050. Email: wincentre@tpg.com.au
**CASPAR**
A Facebook support group for family members and carers of people on the autism spectrum in the Canberra region, called CASPAR (Canberra Autism Spectrum Parents And Relatives): [http://www.facebook.com/groups/casparcanberra/](http://www.facebook.com/groups/casparcanberra/)
Send a message to Fiona Brammall via Facebook.

**Central Coast Autism and Asperger's Family Support Group**
Support group for families and carers of individuals with an Autism Spectrum disorder meeting on the third Wednesday of each month from 10:30 to 1:30pm.
Contact - Julie 02 43572993.

**Coffs Coast Autism (Coffs Harbour NSW)**
Meets 10am 2nd Tuesday each month
Coffs Coast Autism Office
2/34 Park Avenue, COFFS HARBOUR
Website: [www.coffscoastautism.org.au](http://www.coffscoastautism.org.au)
Email: admin@coffscoastautism.org.au
Phone: (02) 6658 8330

**Community Links Wollondilly (Tahmoor NSW)**
Support Group for Parents, Carers and Friends of those diagnosed with Aspergers
Contact: Susan Mayer
Ph: (02) 4683 3661
Email: susan@communitylinks.org.au

**Gold Coast ASD Support Group**
Autism Gold Coast Inc, formerly known as Gold Coast ASD Support Group, is a group of parents, families and carers of a person with an Autism Spectrum Disorder.
Meets the first and third Wednesday of the month from 10am-12noon.
Helen, Ph: (07) 5539 9903, Debra, Ph: (07) 5508 2364, Tony, Ph: 0411 744 929.
Email: admin@autismgoldcoast.com.au

**Guiding Hands - Dubbo**
For parents of children with ASD. Meets on the last Wednesday of each month in the Community Health Building, Palmer Street Dubbo at 7pm.
Contact:
Pauline Bourke: 0407 937 773
Jeannine Farrell: 045 7856 767
Email: guidinghandsdubbo@msn.com
Facebook Group
Contribute to discussions online and keep up to date with Autism specific happenings in Dubbo and surrounding areas at: [http://www.facebook.com/group.php?gid=75099001585&ref=nf](http://www.facebook.com/group.php?gid=75099001585&ref=nf)

**Hunter Asperger's Family Support Group**
A support group in the Hunter region of New South Wales.
Email: lclarke@wnc.ngo.org.au
**Lower Hume Parent Support Group**
A support group for families with children with special needs, ADHD, Aspergers, Autism, behaviour issues, etc., plus chronic disease, heart, lungs, skin conditions etc. and other disabilities, CP, ID etc. Meeting third Thursday of the month in Wallan.
Contact Debbie Britton
Parent Support Officer/My Time Facilitator
lhparentsupport@bigpond.com
Ph: 03 5792 1122
Office Hours - Tuesday and Thursday 10:00am - 2:00pm

**Mareeba Autism Support Group**
4A Doyle Street
Mareeba Qld 4880
Rebecca Paterson 0417 925865 - highlandearthmoving@bigpond.com
Symone D'Avis 0418 184140 - sym001@bigpond.com

**Mackay Autism Support Group**
Meets 3rd Tuesday monthly except School holidays. Group has own parent register, e-mail member feedback service, e-buddies program, autism awareness activities, guest speakers arranged and other family social groups currently forming.
Co-ordinator Debbie Brooker
Email: autismmackay@gmail.com

**MDS Macarthur Autism Spectrum Family Support Group (Campbelltown NSW)**
Contact: Patrick Vasquez
Ph: (02) 4621 8400

**North Queensland Autism Support Group**
Support may be provided to those families and parents who require it, particularly in the North Queensland area.
Web: http://www.nqasg.org.au

**NQ Autism Support Group Inc**
Based in Kelso.
Phone: (07) 4774 0637
Address: 26 Peter St., Kelso (Townsville) 4815

**Picking Up The Pieces**
Parents supporting and helping other parents located at 262 Marion Rd Netley S.A.
Contact details: Louise potter ph: 0422 952 399, loulou1902@live.com

**Quirky Kids**
A support group for Parents/Carers in the Inner Southern region of Adelaide providing advocacy, support, empowerment and resources on ASD's to any parent/carer and giving siblings a voice amongst the complexity of their family life.
Facilitated by Carole Taylor and Lauren Marriott.
http://www.facebook.com/group.php?gid=101008333298675
Supporting Parents of Children with Autism & Asperger's Syndrome
S.P.O.C.A.A.S.
P.O. Box 979
Echuca Vic 3564
Ph: 0428 382668
Fax: 03 54806860
Web: www.clrs.org.au

The Gladstone Area Autism Support Group
Meet every third Tuesday of the month at the 'Gladstone Community Hub' from 10.30am-12.00pm.
Enquiries: contact Michelle on 49792697 / 0408794918 Or Mareika 49792995 / 0409149981

Wagga Autism Support Group Inc
www.waggautismgroup.org.au
Contact: Deb Bewick 02 6922 9744
P O Box 5221
Wagga Wagga NSW 2650
info@waggautismgroup.org.au

Western Sydney Autism Support Group (Fairfield NSW)
Email: ituazon@idx.com.au
Ph: (AH) (02) 9757 1990, (Wk.) (02) 9205 6138

Wimmera Autism Support Group
Group Co-ordinator: Kylie Cleever
Contact Number: 03 53821192

Teen Support Groups
Asteen---Teen social/support group
Includes yahoo group
Contact: Adrienne De Morais
Mobile: 0413 890 311
Email: ademorais@optusnet.com.au
Keren Day
Mobile: 0416 182 531
Email: kerend@live.com.au

INTERNATIONAL SUPPORT GROUPS

Canada

Autism Awareness Centre Inc
www.autismawarenesscentre.com

Kelowna, British Columbia
Meets once/month
Address: 1612 Blondeaux Cres,
Kelowna, British Columbia,  
Canada V1Y 4J7  
Email: brought4@telus.net  
Phone: 250-717-8247  
Website:  

**Denmark**

*as-ark*  
Christine Bajard Support group for adults with as-personality  
http://dk.groups.yahoo.com/group/as-ark

*Center for Autisme*  
www.centerforautisme.dk

*Kirsten Callesen's Asperger Resource Center*  
www.aspergers.dk

*Landsforening autisme*  
www.autismeforening.dk

*Videnscenter for Autisme*  
www.autisme.dk

**England**

*a.s.we are*  
Support Group based in Salisbury, for people referred through local NHS mental health services. Regular meetings. Library resources available. The group is open to all people with a diagnosis of Asperger syndrome that live in the south Wiltshire area.  
Email: shirley.sheldon@awp.nhs.uk  
*Action for ASD*  
www.actionasd.org.uk

**ASPIE**  
ASPIE is a midlands based charity for people with Asperger's syndrome. Its main goal is to support people with AS and help them to achieve their individual life goals. They are open every Wednesday from 1-9pm and their address is: 26 Sansome Walk, Worcester, WR1 1LX  
Tel: +44190527825

**Autism West Midlands**  
Autism West Midlands is a leading provider of specialist autism care and support in the West Midlands. They work with people of all ages across the autism spectrum, their families and carers to empower them to create a better future. They also work alongside professionals at local, regional and national levels to raise awareness and help to develop high quality services based on real life experiences of people on the autism spectrum.
Their website can be found at www.autismwestmidlands.org.uk
The head office telephone number is (0121) 450 7582.

**ChAPS**
**ChAPS - Cheshire Autism Practical Support Ltd**
C/o Jo Garner, Rose Cottage, Alvanley Road, Helsby, Cheshire WA6 9PU, 0844 850 8607
Based in Cheshire, England to support parents and carers of dependants with Aspergers Syndrome or High Functioning Autism whether diagnosed or not. The aim is to increase awareness nationally of the disorder, to improve services and increase training amongst health care professionals.

**Parent Support Meetings, Annual Conference and Counselling Services.**
ChAPS instigated The Criminal Justice Forum which initiated an Attention Card in November 11, backed by training in autism with Cheshire Police, Cheshire Fire and NW Ambulance. Full details can be found on our website www.asparents.org.uk/criminaljusticeforum

**DANDA - Developmental Adult Neuro-Diversity Association**
Support Group founded to better the lives of neuro-diverse people with AS, dyspraxia and ADHD and related conditions and help them reach their full potential and play a full role in society. Raise awareness and understanding and establish networks.
www.danda.org.uk

**Dimensions For Living (including SOMAAG)**
Supporting opportunities for all in the Autism Community in the South West of the UK. They run support groups, distribute the Devon Autism Alert, Alert Card, and are available for 121 help at any (reasonable!) time. They also invite autistic individuals to participate in our groups: video-making, web site building, social media with more coming along
Our cofounder Barbara Wilson has been an Ambassador for Autism for over 30 years.
Contact: info@dimensionsforliving.org
Website: www.dimensionsforliving.org

**Girls Connect - Richmond**
Email: girlsconnect@metooandco.org.uk
Leader: Eya Walsh (Based in Richmond)

**National Autistic Society**
393 City Road London ECIV 1NG UK
Tel: 44 (0)20 7833 2299
Fax: 44 (0)20 7833 9666
www.autism.org.uk

**Parents Talking Asperger's**
www.parents-talking-aspergers.co.uk
The group is based in Oxfordshire England. With 50 families currently linked in, and more families joining on a regular basis. They arrange Monthly support groups for parents and monthly fun nights for children and parents, hoping to move to weekly events. They also hold local conferences with various professional speakers.

**Spectrum Girls - Hertfordshire**  
Email: spectrumgirls@sky.com  
Leader: Lesley Zorlakki (Based in Hertfordshire)

**Stroud Autistic Support Group**  
Email: sarahsparkssasg@yahoo.co.uk

**Wessex Autistic Society Community Support Team**  
Community Team,  
The Wessex Autistic Society.  
Bargates Court,  
22 Bargates,  
Christchurch,  
Dorset BH23 1QL  
www.twas.org.uk

**France**

**Asperger Aide France**  
132 bis rue Etienne Dolet,  
Alfortville 94140, France  
Contact: Elaine Hardiman Taveau  
Tel: 06 83 50 35 74  
Em: aspergeraidefrance@yahoo.fr  
Web: www.aspergeraide.com

**Israel**

**The Israeli Organization for People with Aspergers**  
Website is in Hebrew. Discussion group.  
www.asperger.org.il

**Italy**

**Spazio Asperger**  
Spazio Asperger is an association for people with HFA, AS, neurodiverse people, their relatives and professionals. Web: www.spazioasperger.it

**New Zealand**

**Aspiehelp / The Aspire Trust (Inc)**  
This is a "peer-support organisation", in other words, the support staff all have Asperger Syndrome themselves making them uniquely fitted to understand their
clients, and be able to communicate with them as "interpreters" of the Neuro-typical world. http://www.aspiehelp.com/

Autism New Zealand Inc
www.autismnz.org.nz

The Central and Southern Autism Support Group
Catherine Forsyth - Ph: (03) 445 1441 or Sheryl Francis - Ph: (03) 445 0947

The Cloud 9 Foundation
The Cloud 9 Foundation was set up by Raymond Thompson who is the CEO of the Screen Entertainment Group Ltd. This is a production company that operates out of Wellington, New Zealand and exports its television programmes worldwide. Raymond has a 12 year old son who was diagnosed by Professor Tony Attwood in Brisbane. Consequently, Tony became a trustee on the Board of the Foundation and is its patron. The Foundation was established in October 2000 as a non-profit, stand-alone charity and it aims to raise the awareness of Asperger's Syndrome. Other aims are to raise funds, hold seminars/workshops, holiday programmes, support groups, etc.
www.withyoueverystepoftheway.com

The West Auckland ADHD & ASD Support Group
The West Auckland ADHD & ASD Support Group has been operating approximately 13 years in Auckland City, New Zealand.
Contact person: Sue Taylor
West Links Family Services, 8 Ratanui Street, Henderson
Office Ph: 09 836 1941 - can be reached between 9am - 5pm each day Mon-Friday
Email: taysue@xtra.co.nz.
During 2009 this support group has expanded their services to provide practical help & support/advocacy to families outside of the support group arena. This is achieved via WEST LINKS FAMILY SERVICES and has been registered as both a legal entity and also as a non-profit organisation with the Charities Commission. The group has been kept busy as there are many challenges facing newly diagnosed families.

Wellington Support Group
A support group for adults with ADHD and or ASD in the Wellington region.
In conjunction with Autism NZ, the ADHD Association NZ and the ADD Assessment Centre, can be contacted through www.autismnz.org The group meets once a week on Tuesday evening.

Scotland

Borders Autism Support Group
Monthly meetings on the last Monday of the month at the Kings Hotel, Melrose @7:30pm.

ELAS - Edinburgh and Lothian Asperger Society
Group meets monthly at Cluny Church Centre, Morningside, Edinburgh.
http://elas-scot.org.uk/aspergers.php
Singapore

*The International Asperger Parents Support Group*
Based in Singapore, specialises in third culture kids (children of families from other countries and cultures).
[www.iapsg.com](http://www.iapsg.com)

South Africa

*ASCON - Asperger's Connections*
ASCON - Asperger's Connections, operates in Cape Town.
Email: ameaker@telkomza.net
Telephone: area code 021 715 5255

Spain

*Asociacion Asperger España*

Switzerland

*Zurich English speaking Asperger parent support group*
Three years ago Erika Lang (a Swiss) and Andrea Witzig (an American) founded the first English speaking Asperger parent support group in Zurich, Switzerland. Because there is very little information in English and practical help available for the expat community. They organise regular parent support meetings, if asked advice regarding what special needs support is on offer in Swiss or various International schools, organise training workshops for parents and teachers often together with Foundations for Learning. They work closely together with Mrs. Sylvia Leck (Founder of Foundations for Learning in Zurich) previously head of special needs at the Inter Community School in Zumikon.
Contact details are:
Erika Lang: [eslang@ggaweb.ch](mailto:eslang@ggaweb.ch)
Andrea Witzig: [andrea.witzig@gmail.com](mailto:andrea.witzig@gmail.com)
Sylvia Leck: foundationsforlearning.ch or www.foundationsforlearning.ch / +41(0)789126155

United States

*Anne Arundel County Asperger Association of Maryland Parent Support Group*
Group is for parents of children of all ages with AS, HFA, NVLD and PDD. Monthly meetings at St. Martin in the Field Church, Severna Park, Maryland.
Email: [lildaraz27@aol.com](mailto:lildaraz27@aol.com)

*Arizona Autism United*
5025 E Washington St
Suite 212
Phoenix, AZ 85034
Email: info@azaunited.org

AS Friends - Las Vegas / Southern Nevada area Support Group
Support/social group geared primarily towards adults living with AS (or other related issues). Regular social outings and get-togethers. Activities vary. They provide an opportunity for adults to interact to improve social skills. Aim is to enhance abilities to develop and maintain more healthy relationships with family, friends and/or co-workers.
Email: asfriendslv@yahoo.com

ASPEN® Asperger Syndrome Education Network Inc.
ASPEN® is a regionally based non-profit organization based in New Jersey with 12 local chapters providing support and information to families /individuals with AS, PDD-NOS, HFA and related disorders. ASPEN® is registered with NJ Dept. of Education as a Professional Development Provider (Reg. 1619).
www.aspennj.org/

Asperger Association of New England
51 Water Street, Suite 206,
Watertown, MA 02472
T: 617-393-3824
F: 617-393-3827
www.aane.org

Asperger's Podcast - weekly online radio program
Weekly online radio program on A/S suitable for download to MP3 players.
welkowitz.typepad.com

Asperger's Syndrome/High Functioning Autism Support Group, Las Vegas
This support group was created to provide support and information to families and educators dealing with Asperger's Syndrome in school-aged children. Our monthly meetings feature occasional guest speakers.
This group meets on the first Wednesday of each month at 7:00 pm at Nevada Power Company, Wengert Conference Room, 6226 W. Sahara Avenue, Las Vegas, NV
Email: AspergerHfaGrp@aol.com

Aspergers Delaware
Delaware Aspergers support and advocacy group will be holding meeting on the 3rd Saturday of each month at A.I duPont children’s hospital at 10 AM.
Aspergers Delaware is a support and advocacy group for and by both parents of (or others with responsibility or interest in) children who are Aspergers and individuals who are Aspergers. In addition to those who have children who are formally diagnosed as Aspergers, also included are individuals and parents impacted by related or concurrent items, such as PDD-nos, HFA, and any similar groupings of Autism characteristics, such as social skills deficits, auditory proceeding issues, sensory differentials, executive function differentials (attention and processing for examples), or any of the other close to 100 characteristics which can be are part of Autism genetics, for which the related experience and advocacy of Aispersers may be helpful. Additionally clinicians, educators or others who wish to support or learn
ASPIE of Houston, Texas

Asperger’s Syndrome Parent-Professional Information Exchange

ASPIE is a non-profit parent and professional support group serving the Greater Houston area that was created to provide information sharing and support to the many families and professionals who live and work with individuals with Asperger's Syndrome. Our goal is to foster awareness and understanding of this unique condition and to support, assist and help educate the many people who are connected in some way to AS. We hope to serve as a first-line resource for anyone needing up-to-date and accurate information on Asperger's Syndrome and the many issues that surround it. Speakers are scheduled for each monthly meeting as well as parent-professional networking.

Meetings held the second Thursday of every month at 7:00 pm Location: Williams Trace Baptist Church in Sugar Land, TX.

www.aspieinfo.com

ASPIES

ASPIES is a support group whose mission is to enhance the lives of children and adults with Asperger Syndrome, High Functioning Autism, PDD/NOS and other spectrum disorders. Our all-volunteer board serve those in Summit, Stark, Portage, Wayne, Medina and parts of Cuyahoga County, Ohio. We accomplish this mission through monthly support groups (Akron & Canton), phone support, online support, social opportunities, and collaboration with other agencies.

We began supporting parents in 2005. We added an adult support group in 2008. In 2010 we added a second parent support group and have begun to work towards getting our tax exempt status with IRS so that we can expand even further!

Joy Spencer, Founder & Executive Director ASPIES Greater Akron, Inc.

330-745-5115

www.aspiesgreaterakron.org

Autism/Asperger’s Support Group, Topeka, Ks

We meet the 1st Wed. of each month from 5:30pm-7:00pm at the Capper Foundation at 3500 SW 10th Ave.

Topeka, Ks. USA 66604-1995. Anyone dealing w/ Autism Spectrum Disorders is welcome to attend.

Contact: Jim Leiker
Phone: (785) 272-4060
Web: www.capper.easterseals.com

Autism Research Institute

4182 Adams Avenue
San Diego, CA 92116
Toll free hotline: 866-366-3361

www.autism.com

Autism Society

4340 East-West Hwy,
Suite 350 Bethesda, MD 20814 USA
Tel: 301-657-0881
Educational Support Group in New York State
Monica Moshenko has an e-group for parents, teachers etc. who are interested in Asperger's Syndrome within New York State. While there are many good support groups for Asperger's, there are issues, such as educational support in which each state has their own regulations. Monica's hope is to learn from one another and be a support as we make strides/support for the children.
To subscribe: NewYorkStateAspergers-subscribe@egroups.com

GRASP - Global and Regional Asperger Syndrome Partnership

Lincoln, Nebraska - Asperger Syndrome Family Support Group
This support group serves families with children with Asperger Syndrome. They have been meeting monthly for about a year and a half.
Email: mays0000@inetnebr.com

LinkedInToAspergers
This is a group for Linkedin members with a personal or professional connection to Asperger's Syndrome. It is a place to share information, resources, and support.
www.linkedin.com/groups?gid=1646967&trk=hb_side_g

Los Angeles Asperger's Parents’ Support Group
This is a group of parents interested in Asperger's Syndrome and similar problems, such as high-functioning autism (HFA), Pervasive Development Disorder-NOS, Non Verbal Learning Disorder, Semantic-Pragmatic Disorder and Hyperlexia) because of the way, in which it effects our children and our own lives. We discuss a variety of issues amongst group members or with invited experts.
Teachers and mental health professionals are also welcome.
The group meets on the second Wednesday of each month 7-9pm at the Julia Sanger Center at Vista Del Mar, 3200 Motor Ave. Los Angeles, CA 90034. Telephone: 310-202-6546.

RDI Connect
4130 Bellaire Blvd.
Suite 210 Houston, TX 77025 USA
Toll free: 866-378-6409
Phone: 713-838-1362
Fax: 713-838-1447
www.rdiconnect.com
S.S.D.D.P.A.S. - Society for the Success of Developmentally Disabled People with Aspergers Syndrome
Organisation, owned by an Aspergers Syndrome individual, based in Alaska geared to helping AS people become a success by providing advice and resources. (Focus on Ability First).
Email: kchace@acsalaska.net

Sacramento Asperger Syndrome Information & Support (Sacramento AS IS) Groups
Second Tuesday, 7-9pm - M.I.N.D. Institute
2825 50th Street, Sacramento, CA 95817
Web: www.sacramentoasis.com
Three groups meet at the same time and location in separate rooms:
* Parents & Caregivers - MIND auditorium - facilitated by Lynne Weissmann
* ASD Adults - 18 years and older - upstairs in the board room # 2301
* Coaching group - 16 years and older - upstairs in the meeting room # 2348 next to the board room
For information contact Lynne Weissmann
Email: LWeissmann@aol.com

Spouses and Life Partners Support Group - Seattle
Support group for the neurotypical spouses and life partners of people with Asperger's Syndrome. This is a community group, not directed by any health professional.
Contact Faye Ku at (425) 646-5041 or webmaster@aspartners.org.
Watch for new information at http://aspartners.org

Springfield, Illinois - Asperger Syndrome Support and Awareness of Central Illinois
Email: diananoble@aspergerssyndromesupport.com or d.noble@comcast.net

Support Group in Bakersfield, California
Further information on the Bakersfield Parents Support Group can be obtained from Cynthia in Bakersfield, California on 661 3990856.

Support Groups for Ohio
A parent support group in Ohio.
www.webspawner.com/users/aspergers

TAP - The Autism Perspective Magazine
New magazine provides information about autism, its diagnosis, what are the symptoms, the potential future and success stories.
www.TheAutismPerspective.org

The Help Group
Conduct 6 specialised day schools providing programs to 1100 students with special needs related to autism, A/S, learning disabilities, mental retardation, abuse and emotional problems.
www.thehelpgroup.org
Appendix H

Interview Consent Form

Project Title: Investigating communicative dissonance within relationships of adults with Asperger’s Syndrome (ASD 1)

CONSENT FORM

☐ I have read this document and understand the aims, procedures, and risks of this project, as described within it.

☐ I have taken up the invitation to ask questions, if I had any, and I am satisfied with the answers I received.

☐ I am willing to become involved in the research project, as described.

☐ I understand that my participation in the project is entirely voluntarily.

☐ I understand that I am free to withdraw my participation at any time without affecting the relationship with the research team, Edith Cowan University or any support services that I am accessing and/or are likely to access.

☐ I understand that should I choose to withdraw from this project after an interview with me has been taped the recording will be erased and any transcriptions destroyed.

☐ I understand that research findings will be reported as a thesis and at academic conferences and in journal articles, provided that the participants are not named.

☐ I understand that I will be provided with a copy of the findings from this research upon its completion.

Name of Participant (printed): ________________________________

Signature: ________________________________Date: / /

Thank you.
# Appendix I

## Interview Schedule

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## Appendix J

### Interview Questions Guide

#### Section 1

Relationships are usually based on giving and receiving affection so the first thing we are going to focus on is the ways in which you and your (partner/family member) express affection toward each other.

| A | What sorts of things do you say or do to express warmth and affection with your (partner/family member)? |
| B | Does your approach accomplish what you expect? |
| C | What do you say or do when your approach doesn’t accomplish what you expect? |
| D | Have you experienced times when you need to prompt or encourage more warmth or affection to happen between you? |
| E | Do you think your (partner/family member) usually notices your efforts to connect with him/her? |
| F | How does your (partner/family member) respond to your efforts to encourage more warmth or affection? |
| G | Have you experienced times when your (partner/family member) has attempted to prompt or encourage more warmth or affection to happen between you? |
| H | Do you think you usually notice his/her efforts when he is trying to connect with you? |
| I | Have you experienced times when you are reluctant to acknowledge his/her efforts? |
| J | How does he/she express warmth and affection toward you? |
| K | Does his/her approach work for you? |
| L | How do you respond to his/her efforts to encourage more warmth or affection? |
| M | Do you talk to him/her about that? |
| N | How does he/she respond to you at those times? |
| O | Do you think your (partner/family member) understands what you want or need in your relationship? |

#### Section 2

Relationships are usually based on the everyday exchanges that take place between people so the next thing we are going to focus on is challenges and difficulties that can take place within conversations.

| A | What are some of the other challenges and difficulties that you experience in your conversations with your (partner/family member)? |
| B | Do you think your (partner/family member) understands you, or what you are trying to convey to him/her in those times? |
| C | What do you think your (partner/family member) could say or do to better understand you? |
| D | Do you think you understand what your (partner/family member) is trying to convey to you in those times? |
| E | What do you think you could say or do to better understand him/her? |
| F | If an attempt by you to be understood does not work, what do you say or do to increase his/her understanding? |
| G | Have you experienced times when you need to prompt conversations into taking place and/or to continue on? Can you tell me about that? |
| H | Have you experienced times when your partner has prompted conversations into taking place and/or to continue on? Can you tell me about that? |
How do you deal with difficult conversations between you?

If a conversation becomes heated, what do you say or do?

Does that solve the problem?

What do you say or do when that happens?

How do you put an end to a conversation that has become unproductive?

All relationships have their ups and downs, so the next thing we are going to focus on the particular AS-NT relating differences. So due to the particular communication differences, it is commonly reported that AS-NT relationships have additional difficulties to overcome.

With that in mind, people in AS-NT relationships frequently report that even though they try to overcome these additional difficulties, the person in the relationship on the autism spectrum can often spend substantial amounts of time on their particular interests. Have you experienced this in your relationship? If so, what was that like?

Regardless of the differences between you, what do you think are your responsibilities towards improving things between you?

When you have difficulties do you reach out talk to others (family, friends, etc.) about your relationship?

Participants in the survey have indicated that they felt they were not believed when describing their particular relationship difficulties to others, such as family and friends. In your survey you answered … to this. Can you tell me about that?

Have you sought help for your relationship?

Participants in the survey have also indicated that frequently they were not believed when seeking professional help regarding their relationship. In your survey you answered … to this. Can you tell me about that?

And finally, what do you want to see happen to make AS-NT relationships better?

Is there anything else that you like to say?
Appendix K

Diagrammatic Model