

Marriage with Asperger's Syndrome: 14 Practical Strategies

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Many people are aware that a large percentage of American marriages end in divorce. Marriages (or other intimate relationships) come in all shapes and sizes: They are often disappointing or imperfect, and challenge the patience, understanding, coping and communication skills of both partners. Neuro-diverse couples-in which one or both partners have a neurological condition such as an Autism Spectrum Disorder; present a unique set of additional challenges, and may require that a couple use some different tools to address their marital issues.

Asperger Marriages: More Common than You Might Think

Since 2002, there has been a 57% increase in the diagnosed cases of children with Asperger Syndrome and other Autism Spectrum Disorders (ASD) according to the Center for Disease Control (CDC). Recent CDC data shows that nearly 1 in 88 children are affected by an ASD. Scientific evidence indicates that ASDs are largely genetically linked. Although there is currently no data for the prevalence of ASD in adults one could assume, due to its genetic nature, that the same 1 in 88 figure might apply to adults as well. For the sake of clarity, all ASDs (except for classical or Kanner's Autism) will be included in this article under the term Asperger Syndrome (AS).

Well-known AS expert Dr. Tony Attwood estimates that up to 50% of adults with AS may currently be undiagnosed or misdiagnosed. Why might there be such a high rate? Some features of AS are subtle, especially in adults, and the majority of clinicians are not trained to understand or recognize the complex and varied manifestations of AS. Many adults only start to realize that they may have AS when they have a child who receives the diagnosis. When the child is diagnosed with AS, one or both parents might realize that they share many of the son's or daughter's AS traits. Other adults arrive at a self-diagnosis through researching online forums, websites, or diagnostic questionnaires for people with AS-or their partners may "diagnose" them through those means. Movies such as Adam, Temple, Mozart and the Whale, Mary and Max, and TV shows with AS characters such as Parenthood, Big Bang Theory, and Boston Legal can provide awareness of AS traits in one's partner or oneself.

The majority of children and adults diagnosed with AS are males, with a male to female ratio of 4:1 (although at AANE, we have a ratio of 3.7:1). Many experts believe that the seemingly low prevalence of AS in women is due to the fact that girls and women are better able than male counterparts to compensate for social-communication limitations, and hide their challenges, and therefore go largely undiagnosed or misdiagnosed. In addition, not as many women on the spectrum fit the stereotypical geek/computer-nerd representation of AS that is common (but not universal) among men with AS.

Based on prevalence rates alone, one could assume that in a significant number of marriages either one or both partners have AS. Many adults with AS end up in multiple marriages over their lifespan, due to difficulties in communication, stress management, and sensory integration. Many individuals with AS end up married to neurotypicals (NTs, i.e. people without AS); while some marry another individual with AS or with a significant number of AS traits.

The Asperger's Association of New England (AANE) has been offering Partner/Spouse Support Groups and the Couples' Support Groups for about ten years. Since most of the couples we see consist of a neurotypical woman married to or partnered with a man with

AS, in this article I will often speak of “the wife” (understood to be NT) and “the husband” (understood to have AS). The principles below still apply whether or not the couple is married, whether the wife or the husband is the partner with AS, and in same sex couples. (Similar dynamics may present in couples where both partners have AS).

In the Couple's and Partner's and Spouse Support Groups and couple's counseling sessions, I have observed recurring issues or challenges, and recurring strategies for addressing them, which I am calling here the fourteen practical strategies for facilitating an AS marriage, namely:

1. Pursuing a diagnosis;
2. Accepting the diagnosis;
3. Staying motivated;
4. Understanding how AS impacts the individual;
5. Managing depression, anxiety, obsessive compulsive disorder and attention deficit hyperactivity disorder;
6. Self-exploration and self-awareness;
7. Creating a Relationship Schedule;
8. Meeting each other's sexual needs;
9. Bridging parallel play;
10. Coping with sensory overload and meltdowns;
11. Expanding Theory of Mind;
12. Improving communication;
13. Co-parenting strategies;
14. Managing expectations and suspending judgment.

Pursuing a diagnosis

Because women tend to be the relationship managers and barometers of relational harmony and discord in most marriages, they are usually the first to notice any atypical behaviors in their spouses and possibly to suspect that their spouses might have AS. Then the couple may seek a formal or informal evaluation. Pursuing an AS diagnosis, however, isn't always an easy path.

Clinicians struggle to diagnose adults with AS, due to the fact that AS is highly complex and heterogeneous (i.e. individuals with AS may differ greatly from one another). The traits that make up the syndrome are nuanced. As they mature, people with AS often learn communication skills and expected social skills so that they appear to blend into the NT world, even though, inside, they are still processing information differently than NTs. Unless a clinician has training and experience working with adults with AS and their partners, the AS may go unrecognized. Many adults with AS, and in particular those who are married, are successful in their careers, and may even be leaders in their chosen fields. If the individual with AS makes eye contact, is married (i.e. is able to have a long-term relationship), and has a successful career, many clinicians assume the individual is unlikely to have AS.

Individuals with AS often suffer from anxiety, depression, obsessive compulsive disorder (OCD), sleep disorders, gastrointestinal (GI) issues, or attention deficit disorder/attention deficit hyperactive disorder (ADD/ADHD). Often, therefore, an adult with AS might be diagnosed with one or more of the co-morbid conditions, but not the AS itself.

Diagnosis is an important step in starting to work through issues in an AS marriage. Even if the diagnosis isn't formal, but the couple is able to acknowledge the characteristics and traits of AS that might be causing marital discord, it is very helpful to lessen or remove the blame, frustration, shame, depression, pain and isolation felt by one or both partners. In some cases, even if the husband refuses to get an evaluation, the wife may be able to use her understanding of his probable AS as a tool to reframe her understanding of her husband and change how she relates to him.

Sometimes, the husband is blamed for all the issues in the marriage. The NT partner's isolation and helplessness result from knowing that there is something very different and unusual about her/his marriage, and yet not being able to share her/his experiences and feelings with peers, as they simply don't understand. Seeking support from family, friends and therapists who do not specialize in AS can lead to the NT partner being scapegoated as someone who is emotionally needy, too dependent, or not understanding enough.

If you suspect that you might be in an AS marriage a good place to begin is to seek help from a couple's counselor specializing in AS. Reading books, articles and papers about AS marriage can also be validating and encouraging in reducing the sense of isolation and frustration both the AS and NT partners feel.

A diagnosis of AS can be obtained from a clinician (a clinical social worker/LICSW, licensed mental health counselor/LMHC, a psychiatrist/MD or a psychologist/neuropsychologist/PhD or PsyD) experienced in identifying AS in adults. It is especially helpful if the clinician's procedure includes interviewing the spouse or partner and/or other family members. Diagnosis can also help with finding an appropriate couple's counselor who can work within the AS framework. Many couples report that working with a couple's counselor who is not experienced in working with adults with AS can often harm rather than help the AS marriage.

Accepting the AS diagnosis

Getting the diagnosis can open up the possibility for the couple to think about AS as a different way of thinking and seeing the world, rather than as a disability. It can also open up a dialog in which the couple explores the unique emotional and physical needs of each partner, and how those needs can be met within the relationship (or, in some cases, through other means, such as friendships or independent activities). However, getting to this place of acceptance can sometimes be difficult.

Accepting the diagnosis can often be difficult for both partners. The partner with AS may have difficulty accepting the diagnosis due to his/her penchant for over rationalizing their point of view, rigid thinking and a limited sense of self-awareness. The NT partner may perceive the AS partner as turning the question of whether he has AS or not into a battle of wills, played out in seemingly endless, exhausting discussions about the minutiae of AS traits, with the aim to prove that the NT partner is wrong about the diagnosis.

For the NT partner, it might be tempting at first to view the AS diagnosis as just an excuse for her partner not to participate in the marriage she desires to create. She might also use the AS diagnosis to shame or blame her partner. In order to accept the diagnosis, she might have to grieve the loss of her prior expectations of having a more typical partner and marriage.

During this period of re-evaluating the relationship in light of the new diagnosis and striving to achieve acceptance, it is helpful for both partners to continue to seek information about AS, see a clinician experienced with adult AS, and/or join support groups focused on AS marriages or relationships. A detailed understanding of AS-both the challenging and also the positive traits-is important. Individuals with AS can have some highly desirable traits such as loyalty, honesty, intelligence, strong values, flexibility with gender roles, the ability to work hard, generosity, innocence, humor and good looks. Enumerating all the positive and challenging traits of both partners can give the couple a more balanced picture of their marriage.

Staying motivated

It is helpful if both partners are motivated to address the issues in their marriage and commit to its long-term success. Otherwise, any attempts to improve the marriage may be short-lived. A couple's counselor who understands AS can explain and interpret the differences in neurology, thinking patterns and culture between the two partners in the marriage. If each partner learns about the other's needs and perspective, they can work together to resolve some of the issues.

A highly motivated partner with AS can also make remarkable shifts within a marriage. In his book, *The Journal of Best Practices*, David Finch chronicles his endeavors to improve his AS marriage and become a better husband to his NT wife.

Willingly or grudgingly, the NT partner has probably already made many accommodations in order to keep the marriage functioning. In light of the new understanding provided by the AS diagnosis, she may be able to adapt to her partner's needs in a new spirit, or be more clear and forthright in asking him to meet her needs.

Often, partners in an AS marriage are motivated to work on the marriage in part due to the loyal nature of both partners, and because the marriage still provides something each one values. In some cases, however, the NT partner may be so depressed, angry, lonely and/or disconnected from her AS partner that salvaging the marriage is not an option. In such a situation, the couple can work with a couple's counselor or mediator towards an amicable divorce (and resolution of co-parenting issues if they have children).

Understanding how AS impacts the individual

Psycho-education is an important part of sorting out the challenges in an AS marriage. There are many books on AS marriage written from the point of view of the NT partner. Reading such personal relationship narratives can help the NT partner by validating her experience and feelings. Some narratives paint a painfully negative picture; while it may still be helpful to read these accounts, it is good to keep in mind that every marriage and relationship is unique.

The cluster of traits that make up AS vary greatly from individual to individual and most people with AS do not have all the AS traits. Psycho-education for the NT spouse is important to understand her partner's particular traits and the reasons behind his atypical behaviors. Psycho-education in counseling can also help sort out which traits are personality traits and which are AS traits. For example: contrary to the notion that all individuals with AS are introverted, many are extraverted, and thrive when surrounded by accepting and compatible individuals. It is also important to sort out what behaviors are based on family of origin, culture, conditioning by former partners, or the result of gender differences. For the NT, accepting her partner's AS and exploring his unique profile of strengths and challenges is a helpful step toward getting the relationship back on track.

As much as the psycho-education of the NT partner is important, so too is the education of the AS partner. He may be aware of his unusual traits, or have experienced feeling different from his peers or family all of his life, but the acceptance of AS marks an important time to start a new journey toward self-awareness, and toward learning about his partner's NT outlook and traits.

Psycho-education can be a lifelong process, because AS is rather complex. Traits and behaviors evolve and change through the lifespan of each individual. It's helpful to stay motivated to keep learning about one's partner through the lifespan; there is always more to discover about one another. Similarly, neurotypical traits and behaviors are mysterious and surprising to the partner with AS, and merit continued study and attention. It helps to stay motivated to keep learning about one's partner throughout the lifespan; there is always more to discover about one another.

Managing depression, anxiety, OCD, and ADHD

People with AS are at increased risk for depression, anxiety, obsessive compulsive disorder (OCD), or ADD/ADHD. Undiagnosed and untreated anxiety is a major problem for individuals with AS and can lead to a deeper manifestation of the negative AS traits like impulsivity, melt-downs, rage, and withdrawal, which negatively impact the marriage. It is vital to diagnose and treat depression, anxiety, OCD, or ADD/ADHD either with medications or/and with therapy. According to Valerie Gaus, a psychologist and researcher working with individuals with AS, cognitive behavioral therapy (CBT), has proven to be an effective form of therapy for many individuals with AS struggling with depression or anxiety.

If medication is needed, it is important to see a psychiatrist or psychopharmacologist who has experience with adults with AS, since these patients may have a different reaction to drugs than the non-AS population.

Another helpful form of intervention can be provided by a life coach who specializes in AS, such as AANE's LifeMAP coaches. Coaches can help adults with AS resolve practical problems that are emotionally draining or cause friction with their spouses, such as employment issues, difficulty with time management, staying organized, or social skills.

NT spouses can often experience their own mental health issues such as anxiety, depression, affective deprivation disorder, and post-traumatic stress disorder, as a result of being in a relationship with an undiagnosed and untreated partner with AS for an extended period of time. In these cases, the NT partner should also receive treatment.

Self-exploration and self-awareness

It is tempting to want a romantic partner to shoulder the entire blame for relationship problems instead of examining one's own role in the relationship. However, it is more helpful to examine the traits of each spouse, and how those traits affect the interactions with the other partner. Helping the NT spouse understand that she, too, has had a significant effect on the quality of the marriage is crucial, because it will not be productive for the NT spouse to place the burden of the failures or troubles in the relationship on the AS spouse. Helping the NT spouse explore and identify her own unique traits can help to bring about more self-awareness, a necessary precursor to cultivating more mindful behaviors in interacting with her AS spouse.

While many AS marriages tend to have the NT/AS combination, many spouses also have undiagnosed or identified AS traits. Women with AS often get misdiagnosed with Borderline Personality Disorder, Bipolar Disorder, Schizoaffective Disorder, Attention Deficit Disorder, Obsessive Compulsive Disorder, anxiety, or depression. The partner who identifies as NT in the marriage may be unaware of her own AS traits, while seeing her partner's AS traits as the source of the couple's problems.

In many AS marriages the NT partner may be a super nurturer, manager, and organizer who entered the relationship motivated by a desire to help and nurture the partner with AS. Understanding why she chose her partner with AS is also an important step toward becoming self-aware and making changes in her own behavior. Many of the women in AANE's spouse groups report having at least one parent with AS; their experiences in their family of origin may have led them to seek out a spouse with AS because he felt familiar. Some of the NT partners also say that when they were going through a vulnerable time in their lives, the strong, quiet, gentle, highly intelligent and loyal presence of the AS partner provided a sense of emotional security. Some NT partners also say that their AS partner behaved in a more doting and nurturing manner during the courtship period (perhaps following dating rules that they learnt from a movie, book or friend), but that once they were married, their AS partner stopped making these romantic gestures (Of course this can also be an issue in many NT marriages!). Some NTs appear to have married their spouses thinking that they could change or fix their partners and help them grow.

Another aspect of self-exploration and self-awareness for the NT spouse is to rebuild her self-esteem and reintroduce activities and interests into her life that she may have given up in order to shoulder majority of the responsibility for maintaining the household. The NT spouse may also need to look for emotional support outside the marriage, so that she is not solely reliant on her husband for emotional fulfillment-as that may not always be a realistic expectation.

Creating a Relationship Schedule

An online and/or paper calendar for important weekly, monthly and yearly events such as holidays, birthdays, anniversaries, family visits, and doctors' appointments is a useful tool for any marriage or relationship. In an AS marriage, adding to this calendar quiet time, times for conversation, sex, shared leisure activities, exercise, and meditation/prayer can be very beneficial to keeping the partners connected on a day to day basis. Based on this calendaring system, couples might want to work on a Relationship Schedule for their marriage.

Individuals with AS rely on routines and schedules to structure their lives and bring order to a world that can otherwise seem chaotic to them. A Relationship Schedule can lessen their anxiety and fear of the unknown. It can give the individual with AS a sense of security, and a feeling that he is doing the right thing. For the NT spouse, the Relationship Schedule helps ensure that her needs for conversation, sex, and connection will be met within the marriage.

For example, having daily scheduled conversations between the spouses can serve to keep the couple connected and in-sync with each other on a daily basis, despite the challenges and many activities of everyday life. In addition to scheduling conversation time, it can be

beneficial to also schedule sex in order to meet the needs of both partners. Adults with AS tend to either want a lot of sexual activity or very little; so having a discussion on which days and times to have sex eliminates the guess work for both partners.

The Relationship Schedule can also be used to plan out recreational and social time together. Recreational time could include date nights, romantic getaways, vacations, weekend activities, special events, concerts, plays, art shows, car shows, and special interest conventions that are enjoyable for both partners. Also, research has shown that trying out novel and exciting activities that might take both partners out of their comfort zone, allows a new bond to form between the couple. For example, the couple might try learning a new language, visiting a new town, making a spiritual pilgrimage, or attending a dance class, art class, or martial arts class together.

Meeting each other's sexual needs

Putting sex on the Relationship Schedule isn't enough. It is important to note that many partners are not compatible in what they need from their sexual activity. Neurological differences apart, people have major differences in how much sex they need, how often, and how they want to be intimate with their partners. Some individuals with AS can be very robotic or technically perfect in bed without paying attention to their partner's need for an emotional connection and foreplay. Some individuals with AS also don't enjoy sex due to their sensory issues and/or low sex drive.

Talking about sex and one's sexual needs with a partner may not always feel comfortable to everyone. Nevertheless, in order to have a healthy and satisfactory relationship, it is important for both partners to clearly communicate their needs to each other. Many people with AS have trouble with foreplay due to their sensory issues with taste, touch, and smell. It can be helpful to talk about certain compensatory behaviors for sensory issues that might get in the way of physical intimacy. For example, if the partner with AS is sensitive to smell, they might ask their partner to shower prior to sex.

It is important for the partner with AS to understand that their partner's sexual needs are different than their own, and that both partners need to work at the keeping emotional connection going on a daily basis, both inside and outside the bedroom. Understanding each other's "love language" as described by Gary Chapman in his book *The Five Love Languages*, might be a useful tool for partners to act in ways that meet each partner's emotional needs.

Bridging parallel play

Many couples tell us that common interests and activities first brought them together: long walks, boat rides, hikes, picnics, dance events exercise classes, and travel. After getting married, however, many of these joint activities tend to fall off the couple's schedule due to life obligations. Many couples in an AS marriage tend to engage in what is known as "parallel play," where one partner engages in a preferred activity or hobby alone, rather than seeking out his or her partner to enjoy these activities together. Individuals with AS struggle with social/communication initiation and reciprocity. A husband with AS can literally go days, weeks, or even months without spending quality time with his NT partner, leaving the NT partner feeling abandoned, isolated and terribly lonely.

Research has shown that couples that play together stay together. Playing together-participating in joint leisure activities-can help bridge the physical/emotional distance that is oftentimes characteristic of an AS marriage. Integrating each other back into the activities that both partners enjoy is beneficial. Once the couple works on creating new memories through shared activities and interests, they can then begin to experience more closeness and togetherness.

Focusing on common values leading to joint activities can significantly enhance an AS marriage. Both partners consider their life values and interests, and seek commonalities in these areas. For some couples, shared values might create the opportunities to engage in social action on behalf of animals' rights, civil rights, or political advocacy. For other couples, planning a major vacation or a home improvement project together might help them bond. Sharing a philosophical belief, or a spiritual faith or practice, might also be valuable for some couples.

Keep in mind, however, that many people with AS need a lot of space, solitude, and privacy. If the NT partner is more extraverted, she will need to look elsewhere for some of her social contact and emotional nurturance, e.g. toward work colleagues, clubs, friends, volunteer activities, children, or extended family.

Coping with sensory overload and meltdowns

Individuals with AS oftentimes have sensory issues. That is, one or more of the person's five senses may be either hypersensitive (overly sensitive) or hyposensitive (with low or diminished sensitivity). For some people with AS, a light caress of the skin can feel like burning fire. Fluorescent lighting can induce an immediate migraine. The noise at a train station, or too many people talking at once at a party, can feel like the loud hammering of metal on metal. Smells at the grocery store can feel nauseating and overwhelming. On the other hand, a hard prick by a needle can have no effect, or, one could have a diminished sense of smell or taste.

Over time, most people with AS learn either to avoid or to cope with sensory overstimulation, but for some adults some forms or intensities of sensory stimulation can still cause explosive, emotional outbursts known as meltdowns. For NT spouses, a meltdown can feel highly threatening and violent, perhaps even causing symptoms of post-traumatic stress disorder leading to a loss of desire to stay in the relationship.

A self-aware and motivated adult with AS can succeed in avoiding meltdowns by learning to avoid the triggers and recognize the early warning signs of stress and sensory overload. Developing strategies to act in response to the early manifestations of an oncoming meltdown can help the spouse with AS. For example, the stress and mounting sensory discomfort that a spouse with AS might feel in a social situation might trigger a meltdown. However, if he is self-aware he might recognize his need to exit the social situation before it gets overwhelming, and seek for time alone to calm down, thus avoiding a full meltdown.

The NT spouse can assist her spouse with AS on his journey to self-awareness. For example, the NT partner may be able to bring attention to the AS spouse's rising stress level, and suggest that each of them take some time alone to alleviate some of the stress and overstimulation.

For the spouse with AS, understanding the causes of his meltdowns, and learning new positive coping behaviors seems to lessen the frequency or intensity of impulsive outbursts or meltdowns. For some adults with AS, mindfulness meditation techniques, which serve to heighten awareness of one's own physical, emotional and mental states can also be useful in preventing meltdowns. Mindfulness techniques can slow down reaction time, which can be useful not only for the AS spouse, but also for the NT spouse.

Expanding Theory of Mind

Individuals with AS tend to have weak Theory of Mind, meaning a relatively limited ability to "read" another person's thoughts, feelings, or intentions. While relating to another person, NTs are able to hypothesize more or less what that person is thinking or feeling based on a mental map of their own emotions, and an intuitive knowing of the feelings of other people. Those with AS find it harder to formulate theories or hypotheses about another person's mental or emotional state. Weak Theory of Mind leads to individuals with AS unintentionally and unknowingly saying and doing things in a relationship that can come across as insensitive and be unintentionally hurtful. Over time, the hurt feelings, pain, and suffering of the NT spouse can cause some serious tears or lacerations in the marriage.

For the spouse with AS, weak Theory of Mind can lead to feelings of mild paranoia and anxiety because the person with AS may be continually surprised by communications and relationships that suddenly go awry, blow up, or end. At the same time, the NT spouse may mistakenly assume that her husband's thoughts and feelings are like her own. She needs to learn more about his unique perspective and psyche.

It is important that both the NT and AS spouse become curious and learn about each other's thinking processes, inner worlds, and life experiences, rather than making assumptions or judgments about how the other partner thinks and feels. For meaningful conversation

and dialogue to occur, open minds are needed. Verbalizing details about their inner and outer worlds, in a non-judgmental atmosphere, gives partners an opportunity to understand each other better and to bond.

In some cases, the spouse with AS may not be able to improve his Theory of Mind beyond a certain degree. The NT wife may need to continue communicating very clearly to her spouse, not expecting him to read her thoughts, feelings, or intentions, or to know automatically what she wants him to do. Perhaps the couple can think of other ways the husband can support or please his wife, to compensate for his relative weakness in this area.

Improving communication

Working towards better communication is an ongoing task in any relationship. Within an AS marriage, the importance of communication cannot be stressed enough, since AS is in part characterized as a social-communication deficit. Studies show that 90% of human interaction is based on non-verbal communication. Individuals with AS have difficulties in being able to pick up and interpret facial cues, vocal intonations, and body language, and hence miss out on a significant amount of communication.

Hyper-verbosity, combined with the higher than average reasoning powers of many individuals with AS, can also lead to frequent mega-arguments between the spouses. Some men with AS enjoy arguing and debating, and are surprised that their NT wives do not feel the same. It is important that the NT spouse work with her AS spouse to abort an argument rather than escalating the situation with impulsive speech or an angry outburst. It is important to set some ground rules for constructive, non-violent dialogue to replace a battle of logical statements!

In some cases, the disconnect in an AS marriage is due to the fact that the partner with AS has great difficulty initiating conversations and keeping them flowing. The NT spouse feels abandoned and isolated by her AS partner's lack of initiation of connection. The NT spouse needs to communicate in clear words everything she would like her AS spouse to know or do on a daily basis. Otherwise, chances are that the AS spouse will not be able to read his partner's mind, due to his somewhat limited Theory of Mind and ability to read non-verbal cues. For both the NT partner and the AS partner, verbalizing one's emotional, mental, physical, sexual, spiritual, and social needs in the relationship is the only way to ensure that those needs will be met.

The partner with AS is often willing to meet the needs of his partner once he understands exactly what he needs to do. Merely knowing what the NT partner's needs are is not sufficient for him to know how to meet them. He can, however, learn what to do if he is given concrete, step-by-step actions through which he can offer loving support to his NT partner. For example, some spouses may say, "I'm unhappy because we don't talk anymore". It would be more helpful to say something like: "I would like for us to have a conversation for about an hour tonight after we put the kids to bed. I'll put the tea kettle on, and then I'd like to tell you about how rough my week at work has been. I don't want you to solve my work problems, I just want you to listen, agree and validate me by saying things like, 'I'm sorry that those things happened. You're brilliant at your job and your company is lucky to have you.'" The more detailed and step-by-step instructions the individual with AS gets, the better he can meet his partner's needs, and the more satisfied she will feel.

In the beginning, having scheduled and rehearsed conversations might seem awkward and robotic, but with time and practice conversation may begin to flow more. Some couples do report that the scheduled conversation times help them feel connected. Having scheduled and rehearsed conversations also helps to keep the communication more safe and conscious. The more conscious communication occurs in a marriage, the less room is left for unconscious communication, auto-pilot exchanges, or slice-and-dice verbal battles.

Many people with AS communicate and learn better through visual symbols: picture, video, or the written word. Some couples find it helpful to communicate via short emails, text messages, a white board, or post-it notes. These media allow time for processing, time to consider the best response-and time to edit one's communications. They can also help both partners remember important information, such as appointments or commitments.

It's important to specify that hot topics (those prone to triggering conflict and stress) are best discussed with a couple's therapist.

Co-Parenting Strategies

Even in marriages where both spouses are neurotypical, raising children, however joyful, exciting, and rewarding, is also very hard work. Having children radically changes the lives of the parents, and the relationship between them. Having a child tests the marriage bond: it shakes up or overturns the routines of the life the spouses have created, and alters partners' expectations of one another. Adjusting to their altered lives, with a child in the equation, partners can feel jealous, abandoned, stressed, or tense.

Due to the genetic nature of AS, many couples in an AS marriage may also have a child or children with special needs. The NT partner may need to learn to ask her partner for concrete, specific kinds of support, and to accept that many aspects of parenting do not come naturally to their partner with AS. Having a clear division of parental responsibilities can be useful for many couples. Scheduling, organizing and calendaring can be useful again to manage the daily activities that the children might be involved in. The NT partner might also have to inform her partner with AS about the emotional needs of the children and how specifically to meet them. The couple can also explore outside sources of support and respite. A couple's counselor can also help the spouses work together to identify specific ways that the man with AS can engage as a parent and support his wife's efforts.

Individuals with AS can be very good parents when it comes to concrete tasks such as helping the children with their homework, teaching them new skills, playing, and taking them on outdoor adventures. When it comes to meeting their children's emotional needs, they might need some coaching and cues from their NT partner. The NT partner might even have to help her partner with AS to say complimentary things to their children and to schedule one on one quality time with each of the children as well as the entire family on the calendar on a daily and weekly basis. Also, the NT parent can help facilitate opportunities for the child to bond with their parent with AS. For example, a man who has AS and was the father of two young daughters bonded with them by having a weekly ritual of taking them on trips to the local sheep farm to visit with the newborn baby sheep. This weekly activity provided the NT mother with a needed respite from the children and an opportunity to attend an exercise class, while allowing for an enjoyable experience for both the father and daughters.

Given the complexity and extra challenges of an AS marriage, neuro-diverse couples who do not yet have children may want to think carefully before deciding to become parents. They should assess the strength of their own economic, physical, and emotional resources, and of their additional support networks (extended family, people or services in the wider community). In many neuro-diverse couples, it is probable that the majority of the work of caring for and raising children will fall on the NT spouse, as the husband with AS may have executive function difficulties, or may have enough on his plate just managing his other responsibilities, such as holding down a job and keeping himself on an even keel.

For couples with special needs children parenting challenges are increased and there is additional work. Joining support groups and psycho-educational courses on parenting children on the spectrum can help provide tools and strategies that work.

Managing expectations and suspending judgment

Adjusting one's expectations to accommodate one's partner is important for both the NT and the AS partner. It is important to understand the fundamental neurological differences between NTs and individuals with AS in order to manage expectations in the relationship.

A therapist can assist the couple in managing their expectations of one another. For motivated couples, working hard to improve the marriage with the various tools listed here can bring about real change and make the marriage more comfortable and rewarding for both partners. It is important to note that change and growth is a slow and painful process for any couple or individual wanting to work on their marriage. For any marriage to succeed and thrive long-term, both partners have to make the daily effort to do things differently. It is also important to understand that growth and change happens in spurts, and that maintaining a high quality and happy marriage is a lifelong commitment.

The NT spouse may have a particularly difficult challenge in accepting that her husband may be unable to behave in ways that her neurology and cultural conditioning have led her to expect or assume. Often, the NT partner will ascribe meaning to her AS partner's actions without asking him what he intended; such misunderstandings can lead to escalating friction between the partners and drive them apart. Partners often jump to conclusions, assuming the worst, or pre-judge each other at times, but it is helpful to try to slow down, seek more information, and assume that the other person has good intentions.

If both partners work hard to accept, respect, and understand each other, acknowledging their neurological differences, and work together to address emotional and practical issues in their marriage, they can create a happier, more mutually satisfying, and enduring relationship.

Couple's counseling for AS marriage

It can be very helpful to meet as a couple with a counselor who is well-trained in AS and has had extensive experience working with neuro-diverse couples (NT/AS couples and AS/AS couples). Very often, counseling is the first step for a couple after they've figured out that something is amiss in the marriage. Meeting with the therapist allows both partners to learn about each other's thoughts, emotions, and intentions in a safe and neutral setting.

All of the steps and strategies described in this article can be addressed in couple's counseling. With a skilled counselor, both spouses in the AS marriage will be able to gain awareness of their own individual patterns of behavior, and learn how they can make both attitudinal and behavioral adjustments to get the more out of their relationship. A counselor can also facilitate conversations, and help both partners learn better communication skills. The counselor can help the couple brainstorm, strategize, connect emotionally, and problem-solve around sensory integration issues, meltdowns, and co-morbid conditions such as anxiety and depression.

Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), and mindfulness techniques are some approaches the counselor can utilize.

Couples groups or spouse support groups have also proven useful to many couples as they focus on educating partners about AS; being with other spouses or couples can also normalize some of the challenges couples face, and reveal the range and variety in their relationships.

In some cases, couples can make enough progress that conflict is significantly reduced, and each spouse finds enough rewards in the relationship that they stay together. In other cases, spouses may conclude that their needs are not compatible, and decide to part. The NT wife may feel that the husband either will not or just cannot meet her emotional needs. The husband with AS may realize that he cannot or does not wish to continue trying to meet his wife's needs or expectations. Even if a couple does ultimately divorce, however, they may benefit from the counseling process. The work they have done to improve their understanding of one another may still lead to a cleaner, more civil parting, or perhaps even a lasting friendship. If there are children, the exes may be able to cooperate better as co-parents.

If you've met one person with Asperger's, you've met one person with Asperger's

This sentence of Stephen Shore, Ed.D., an author and professor with AS, says it all. While many of the issues and challenges that some couples in an AS marriage face can seem similar, it is important to remember that every individual with AS is different, and each marriage unique. While many AS traits that affect a relationship are addressed here, there are many that are not.

Many of the strategies and tools outlined above are recommendations, suggestions, and prescriptions based on the couples seen for AS marriage counseling and the Partner's/Spouse and Couples' Support Groups at AANE. Not all of these strategies will be equally effective for everyone. Each couple has to brainstorm and trouble-shoot their marriage based on what works for their unique situation and needs. As in any marriage, the key practices for anyone seeking a happy and loving relationship are awareness, understanding, compassion, con-

nection, respect, passion, and trust. The manner in which one practices and applies these principles to one's own relationship depends on both partners in the marriage.

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