Understanding Romantically Intimate Relational Escalation and De-escalation

Among High Functioning Individuals Possessing an Autism Spectrum Disorder

by

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ABSTRACT

Romantic relationships are an important aspect of anyone's life. For individuals with an autism spectrum disorder, this is true as well. However, these people may experience relational dynamics and trajectories that are in some aspects either similar to or markedly different from those who are not on the spectrum. There are very few studies analyzing and understanding how adults with an ASD navigate romantic relationships. This particular study examined how turning points pertaining to relational escalation or de-escalation were recognized and understood by eight individuals (four men and four women) possessing an ASD. The Retrospective Interview Technique (RIT) was implemented in order to accrue data from participants. Each participant completed a RIT graph mapping out a romantic relationship of their choice by understanding when a turning point was identified and placing a mark next to the corresponding level of relational closeness or attachment. Once all turning points were mapped out, they were connected with lines so that a visual representation of the entire relationship may be viewed. Participants were then queried about how they knew that particular event (or mark) to be a turning point, how it impacted the relationship, and how they were, personally, influenced by it (how they responded to the event). Interviews were transcribed and explored through a grounded theory approach. Specifically, Braun and Clarke's thematic analysis method was applied to articulate interview data. The research revealed four main themes (Relational Genesis, Relational Escalation, Relational De-escalation and Conflict Management) as well as seventeen sub themes. Limitations for this study, information relating to discourses surrounding autism spectrum disorders and romantically intimate relationships, as well as, areas for future study are also discussed.

DEDICATION

I would like to dedicate this to my parents, Michael T. and Brenda Montpetit who have been with

me on this academic journey every step of the way and have provided encouragement and

support when needed.

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CHAPTER 1

INTRODUCTION

Romantic intimacy is an important part of the human experience. At some point within our lives, people are expected to meet someone fall in love, marry and, possibly, start a family. For some people it might take longer to meet the person they wish to spend the rest of their lives with. Yet for others, they might not ever fall in love, marry or start a family. This may be a personal choice or it may be because they do not possess the skills needed to communicate effectively or understand how to engage and interact with someone to whom they are attracted to. Individuals who possess an autism spectrum disorder often struggle with recognizing, defining and understanding the verbal and non-verbal cues relevant to relationship genesis, maturation and escalation. Many individuals with an ASD choose to remain single or otherwise unattached. However, there are others who suffer from loneliness and isolation and who would like to have friends, a lover or someone with whom to share their lives. But, these people remain single because they do not know how to convey their desires or feelings (Henault, 2006).

Certain categories of autism spectrum disorders, for instance what was once considered Asperger's Syndrome, are often called the "hidden condition" because many people, especially adults, have learned how to disguise and cope with some of the symptoms, such as repetitious behaviors or stims, adherence to rigid routines, deprived motor skills and abilities and poor interpersonal communication skills (Stanford, 2015). Individuals with an ASD gain social skills with age, however many move into adulthood with inadequate social competence. While some of the traits of ASDs may ameliorate with age, social dysfunction, in regards to interpersonal skills, may persist (Orsmond, Krauss & Seltzer, 2004).

Because individuals with an ASD generally avoid social interaction, a myth is perpetuated that these people have no desire to form and develop romantic relationships. However, individuals with an ASD are not asexual as originally thought (Muller, Schuler and Yates, 2008). Studies have shown that adolescents with an ASD not only desire romantic relationships but will actively seek them out and will often demonstrate a desire to pursue subjects of attraction with as much enthusiasm as those not possessing any of these disorders (Stokes & Kaur, 2005).

Dating can be one of the most difficult experiences for individuals with an ASD as it is unpredictable, involves getting to know new people, places, and situations and involves much communication (Aston, 2012). Although they are the cornerstones of interpersonal relationships and sexuality the concepts of emotion such as identifying and interpreting the many dimensions of love, happiness, anger and depression, cause the most confusion, fear and misunderstanding for individuals with an ASD (Henualt, 2006).

Because of deficits in social communication, individuals with an ASD develops appearances of withdrawal and purposely distances themselves from others (Stanford, 2015). However, this might result from being over-stimulated, as people with an ASD have trouble coping with sensory issues requiring them to rejuvenate by seeking solitude or otherwise avoid social situations, rather than lacking a desire to converse with other people (Simone, 2009). These behaviors are commonly displayed by individuals with an ASD who are within a relationship as well. Early in the relationship much time and energy is devoted to getting to know their mate or partner, allowing the dyad to progress before potentially regressing rapidly and without provocation to more isolated and singular states. If and when this happens, individuals with an ASD appear to become apathetic showing little initiative to cultivate and pursue the relationship into deeper levels (Aston, 2012). However this apathy may result from superficial knowledge of how to escalate a relationship, with individuals possessing an ASD turning to pornography or soap operas to "script" appropriate courting or sexual activities (Attwood, 2008).

Much research has been conducted that focuses on children and young adults who have an autism spectrum disorder. Such research is based around learning basic socialization skills or efficient interactions between themselves and their parents (Tullis & Zangillo, 2013). Reasons why the focus is on children and young adults, (1) parents work hard to build support systems for them while they still have the cognitive pliability to be receptive to intervention methods and, (2) there is public funding available for these children and young adults within the United States and other nations (Stanford, 2015). Despite the research attention that this complex disorder has received, the important issues of interpersonal relationships and sexuality remain neglected (Henault, 2006).

Understanding the Relational Dynamics among ASD individuals

The purpose of my research is to understand how individuals with an ASD enter into a romantic relationship and upon doing so influence its trajectory by understanding moments of relational maturation versus regression. Historically, professionals have asserted that adolescents and adults with an ASD cannot achieve social functioning at a level allowing for marriage to be an achievable and successful goal (Tullis & Zangillo, 2013). This mode of thought is grounded in the beliefs that individuals possessing an ASD could not or do not marry due to social difficulties and marriage is a social contract requiring high levels of efficacy at understanding and practicing communication. However, plenty of people with an ASD are married and happy (Stanford, 2015). Individuals with an ASD are capable of love but it is very difficult to tell what type or mode of love is practiced for their partner and just how deeply. Some individuals with an ASD say they have never been in love, do not think they can identify it when shown and/or do not think they can experience such feelings themselves (Simone, 2009).

As a relationship germinates, it goes through a few stages. The first, or courtship stage of the relationship begins when the couple makes a conscious decision that they want to be more than just friends. They realize they share many congruent ideologies and worldviews and begin spending more time among themselves. The feelings they express for each other are deeper and more exclusive than mere casual friendship and that there is a mutual attraction. Beyond this is the second stage or passionate stage, where the last two concepts in the previous stage are expanded and reinforced and attraction is demonstrated emotionally and/or physically. This stage, also, normally coincides with the couple making the decision to start living together or marry. Finally, the couple will move on to a more pragmatic stage known as the commitment stage, where the couple identifies as a single cohesive unit and acts relationally interdependent (Aston, 2012).

For relationships to have a chance at growth and be perceived as healthy there has to be the right combination and balance of physical, intellectual, psychological, spiritual and sexual attraction between members of the couple. Not all these concepts will be present within the relationship but enough of these concepts have to be demonstrated to allow the relationship to

progress. This balance is often easier to achieve within a non-ASD couple because each partner's needs are likely to be similar. However, in the case of the ASD/non-ASD relationship or an ASD/ASD relationship, a dyad where both members possess an autism spectrum disorder, the concepts that are relevant to each partner are likely to vary greatly because each member of the couple will have different needs (Aston, 2012). An individual with an ASD is usually a late developer in terms of emotional and relational maturity and this could be their first serious relationship, leaving them at a disadvantage compared to those without an ASD (Attwood, 2008).

Individuals with an ASD have difficulty with the communication of emotions and this includes love demonstrated by daily words, phrases and gestures of affection and tangible expressions of commitment (Attwood, 2008). One such example is knowing how to convey interest in fostering the relationship from something more platonic to something more romantic. Through my research, I will also attempt to comprehend what verbal and non-verbal behaviors allow individuals with an ASD to recognize when the relationship has advanced or retreated or what strategies they and/or their partner have used to demonstrate a desire to cultivate or terminate the dyad.

Conflict is an inevitable emotional response within any relationship, whether casual or intimate. An individual with an ASD can have a limited ability to manage conflict successfully. They may have a limited range of options and may not be skilled within the art of negotiation, accepting alternative perspectives or agreeing to compromise. They may be unable to accept even partial responsibility or have problems with anger management (Attwood, 2008). In addition to the tactics used to escalate the relationship, I will attempt to explain how an ASD individual interprets and manages relational conflict or relational de-escalation.

CHAPTER 2

LITERATURE REVIEW

History of Autism

Examples of autism, a neurodevelopmental disorder, have been documented long before this condition was named in the early 1900s. One such example describes a young male child who was found living within a heavily wooded area in France in 1798. This young boy had a very clumsy gait and poor motor abilities, causing him to attempt to walk on his hands and knees as opposed to his feet. This was thought to be the child attempting to model the mannerisms of animals believed to have raised him (Nadesan, 2005). It was discovered this boy would respond to some sounds but not others, again hypothesized to be this child incorporating more animalistic traits to guide his senses as opposed to those used by humans. Finally, this boy showed a diminished capacity at language. With the assistance of a young French Physician named Jean Marc Gaspard Itard, this young boy was able to learn how to walk upright and recognize a few words, including his name; Victor. Poor coordination, sensory sensitivity and impoverished language are well known symptoms of autism (Wolff, 2004).

However, the actual term "autism" was not used until 1911 when a Swiss psychiatrist named Eugen Bleuler attempted to describe a group of symptoms relating to schizophrenia. Bleuler coined the term from the Greek word meaning "autos" or "self" and used it to describe morbid self-admiration or how subjects retreated into states of fantasy despite the repeated interactions of other individuals (Kuhn, 2004). In the 1940s, researchers began to use the term autism to describe social and emotional problems within children (Deisinger, 2011). In his 1943 paper, Autistic Disturbances and Affective Contact, Austrian-American Psychiatrist Leo Kanner began to define autism and its associated disorders.

Kanner did this by studying eleven children who had difficulties with social interactions, difficulty adapting to changes in routine, sensitivity to stimuli such as sound and light, and had underdeveloped linguistic skills (Attwood, 2008). Working independently and at about the same time, Austrian pediatrician Hans Asperger, in 1944, studied children who resembled Kanner's descriptions but, were able to communicate without any linguistic inhibitions. According to

Attwood (2008), Asperger began to create his own parameters and definitions for this disorder as he worked with children displaying these communicative deficits and "idiosyncratic language" (p.35). Autism and schizophrenia remained similar in pathology until the 1960s. It was only then that medical professionals began to have a separate understanding of autism within children and adolescents (Deisinger, 2011).

In 1981, Lorna Wing observed that some children who had the clear signs of severe autism in infancy and early childhood could achieve remarkable progress and move along the continuum as a result of early diagnoses and intensive and effective early intervention programs. She introduced the term "Asperger's Syndrome" to the medical community in her article *Asperger's Syndrome: A Clinical Account* (Henault, 2006., Wing, 1981). She named this disorder after Hans Asperger in honor of his contribution to psychiatry. However, this neurological condition was not used regularly, within scientific journals, until the mid-90s (Attwood, 2008).

Classifying Autism Spectrum Disorders

Today, autism and its associated disorders are classified under the umbrella term autism spectrum disorders. They are described as existing on a range or continuum, with similar symptoms being shared among them (Deisinger, 2011). There are four autism spectrum disorders (ASD); Asperger's Syndrome (AS), autism, childhood disintegrative disorder (CDD), and pervasive developmental disorder-not otherwise specified (PDD-NOS) (American Psychiatric Association, 2014). The following are the diagnostic criteria for autism spectrum disorders, diagnostic code 299.00, as listed in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition.

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following currently or by history.

1. Deficits in social-emotional reciprocity, ranging, for example from abnormal social approach and failure of normal back and forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.

2. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.

3. Deficits in developing, maintaining and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

B. Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least two of the following currently or by history (examples are illustrative not exhaustive).

1. Stereotyped or repetitive motor movements, use of objects or speech (i.e. simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).

2. Insistence on sameness, inflexible adherence to routines or ritualized patterns of verbal or nonverbal behavior (i.e. extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals and/or the need to take the same route or eat the same food daily).

3. Highly restricted, fixated interests that are abnormal in intensity and focus (i.e. strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).

4. Hyper or hypo reactivity to sensory input or unusual interest in sensory aspects of the environment (e.g. apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights and movements).

C. Symptoms must be present in the early developmental period (but may not become fully manifested until social demands exceed limited capacities or may be masked by learned strategies in later life).

D. Symptoms cause clinically significant impairment in social, occupational or other important areas of current functioning.

E. These disturbances are not better explained by intellectual disability (intellectual development disorder) or global developmental delay. Intellectual disability and autism spectrum disorders frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level (Stanford, 2015. American Psychiatric Association, 2014).

Asperger's Syndrome and autism are more commonly diagnosed and form the core of autism spectrum disorders (Lord et al., 2000). A pervasive developmental disorder-not otherwise specified (PDD-NOS) is diagnosed when criteria cannot be met for a more specific disorder yet, there is still a severe and persistent impairment in the development of social interaction associated with deficiency in either verbal or nonverbal communication skills or with the presence of stereotyped behavior, interests, and activities (American Psychiatric Association, 2014). Childhood disintegrative disorder (CDD) is diagnosed more infrequently and are sometimes not included on the autism spectrum because the symptoms of this disorder are not identified until later in the child's life (Lord et al., 2000). Many of these disorders are identified and diagnosed before the age of three. However some might not be detected until as late as the age ten or eleven (Attwood, 2008).

Current Perceptions of Autism Spectrum Disorders

In 2013, the criteria used to diagnose ASDs became stricter, making higher-functioning people with Autism less likely to receive a diagnosis for an ASD (Stanford, 2015). As a result, the latest version of the Diagnostic and Statistical Manuel of Mental Disorders 5th Edition, currently does not recognize Asperger's Syndrome. Reasons why Asperger's Syndrome has been left out of the DSM-V is because the criteria for determining where this disorder begins and another ends or vice versa are hard to implement in practice, to ensure individuals are described in terms of their specific pattern of needs rather than fitting them into narrow categories, and because the

statistics surrounding the incidence and prevalence rates of this disorder is either inflated or understated (Happ, 2011).

Autism spectrum disorders are syndromes consisting of clusters of symptoms that are not mutually exclusive (Attwood, 2008., Simone, 2009). They may mimic the symptoms of other disorders such as obsessive compulsive disorder, Tourette's Syndrome, attention deficit hyperactivity disorder or general anxiety disorder making treatment options less viable and harder to implement (Stanford, 2015). These disorders may affect some people differently because the severity of these disorders exists on a range. Factors such as stress, setting and personality may exaggerate the characteristics of these disorders potentially placing individuals possessing the symptoms for the same or similar disorders on different locations of the spectrum (Aston, 2012).

Autism spectrum disorders are believed to affect one in every 68 people (1 in 48 boys and 1 in 189 girls) (CDC, 2014). It is considered that for every one woman who suffers from an ASD there are up to four men who possess this disorder. Incidence rates of this disorder has increased nearly 120 percent since 2000 (Flood, Hare & Wallis, 2011). Currently 3.5 million people live with an Autism Spectrum Disorder and up to one percent of the world population are believed to be on the spectrum (Buescher et al.,2014). Though autism spectrum disorders mostly affects Caucasians, there is a rise in the prevalence of this disorder appearing in other races, especially African-Americans (Currenti, 2010). Some researchers, who study ASD, think these statistics may be overstated. Since it is too difficult to delineate the symptoms from each individual spectrum disorder and/or disorders not related to the spectrum some diagnosticians have a more liberal interpretation of the diagnoses and "cast a wider net" than others (Stanford, 2015). Yet other researchers believe current statistics may be understated because not all individuals who possess an ASD will seek a diagnosis and, thus, the total number of people who possess this condition will be underestimated (Henault, 2006).

The social functioning of an individual with an ASD cannot be classified as one type. There are many ways to "malfunction" within society. The only specification the diagnosis can give regarding interpersonal functioning is that the person with an ASD experiences unusually poor social interaction. Should these individuals be within a relationship, issues of emotional

reciprocity, problematic communication and for more intimate relationships, sensory trouble, will exasperate interpersonal difficulties (Stanford, 2015).

Two Explanations: Lack of Theory of Mind (TOM) and Alexithymia

Individuals with an ASD can be defined as having a low social aptitude or a diminished ability at establishing relationships, maintaining frequent contact, exchanging conversation in a reciprocal manner, sharing emotions and/or developing romantic intimacy with others. Characteristics related to social impairment include lack of maturity in relationships, restricted nonverbal expression, limited vocabulary to describe one's and someone else's personality and poor management of emotions (Attwood, 2008). Because of these difficulties at interpersonal communication, some couples with at least one member possessing an ASD find intimate contexts lead to disagreements since these experiences are displayed or demonstrated differently by each partner. The notion of context is quite vague and problematic for many individuals with an ASD who cannot decode the relevant elements that would inform them about the intimate setting; needs of their partner, time, place, etc. (Henault, 2006).

Autism spectrum disorders are neurological conditions with the autistic brain being "wired" to the logical side as opposed to the empathetic side. It is believed the right side of the brain is used more for the expression of emotion, especially empathy. The left side of the brain is more about logical functioning, systemizing or processing (Henault, 2006). Some researchers have described the brain of an individual with an ASD as possessing an extreme form of left-brain usage. That is, these people will be more apt at using instrumental interaction methods, or connecting with someone to gain or achieve a specific, predictable end result to express love and commitment rather than use more emotive interaction methods to accomplish the same task. In other words, they will struggle to make sense out of their partner's emotional needs because love and emotions are not something they can articulate rationally (Aston, 2012).

In addition to issues with emotional intimacy there can be problems associated with sexual or physical intimacy, as well. This is because individuals with an ASD are not fully able to understand the relational value of an amorous atmosphere or foreplay and close physical contact

(Henault, 2006). Sexual relations is a very important part of the relationship and it is what makes the difference between two people being close friends and being sexual lovers (Aston, 2012). However, to some individuals with an ASD intimacy or getting closer to someone, either emotionally or physically, could be deciphered as being invaded or overwhelmed (Attwood, 2008).

Theory of Mind (TOM). These communication issues stem from a weakened sense of or not fully utilizing the cognitive skill known as theory of mind. Theory of mind is the inability to recognize and understand thoughts, beliefs, desires and the intentions of other people in order to make sense of their own behavior and predict the communicative outcome. The interpersonal and inner world of emotions is very difficult for people with an ASD to articulate (Attwood, 2008). A three or four year old would be able to demonstrate the ability to apply theory of mind, whereas within children affected by an ASD this same cognitive capacity, generally, does not begin to develop until the age of eleven or twelve. And depending on the degree of social interaction, these skills may not fully mature until later in life if at all (Aston, 2012). Being able to determine another person's state of mind is crucial to social success within vocational, personal and more intimate domains (Stanford, 2015).

Lack of TOM abilities, or mind-blindness, may prevent a friendship from forming or escalating to something deeper but, can also be attributed to wrongfully interpreting the viewpoints of another person as sharing the same level of attraction for them as the individual with an ASD does (Aston, 2012). Their communication difficulties and lack of social skills have an impact on the likelihood that inappropriate sexual behaviors will emerge, such as public masturbation or sexual assault (Henault, 2006).

For instance, an individual with an ASD may be arrested for stalking because they are not able to detect when someone does not share in the same level of attraction for them. However, in addition to perpetuating inappropriate sexual behaviors, these same people can become the victims of sexual acts, as well. Someone with an ASD may not be able to detect when someone has nefarious intent and wishes to manipulate them. They may appear passive and suffer from low self-esteem or lack of confidence and, to secure friends, may unwillingly allow

themselves to become seduced by malicious people (Attwood, 2008). Due to lack of social experience, poor judgment and deficits in theory of mind, some unscrupulous individuals may take advantage of their naivety and vulnerability (Henault, 2006). Another facet of properly utilizing TOM is being able to decode non-verbal language and paralanguage and their intent.

Nonverbal language is the most important component of communication. It makes up between 70 and 90 percent of how we interact and includes facial expressions, emotions, gestures, body language and visual contact (Henault, 2006. Stanford, 2015). Individuals with an ASD may be confused by how this category of interpersonal communication is used or manipulated and may not understand more subtle nonverbal signals. Though they may be able to learn the appropriate gestures to communicate nonverbally, it is only speculation that an individual with an ASD can use these learned behaviors properly and consistently over time. Non-verbal gestures may be used awkwardly or may appear phony (Attwood, 2008).

They may also be confused by tone of voice, sarcasm and literal interpretations. Often it is just a look in the eyes that tells us that another person is being honest, dishonest, loving, supportive, defensive or critical (Aston, 2012). However, it is hypothesized individuals with an ASD tend to look less at the eyes and more at the mouth. By looking at someone's mouth they may be attempting to process linguistic information but will miss emotional signs that can be conveyed only by the eye region of the face. Because individuals with an ASD focus on specific details of the face rather than recognize it as a complete picture, they have difficulty understanding and interpreting emotional states (Attwood, 2008). It takes much time and effort to observe the whole face because facial expressions change rapidly. Those with an ASD do not have time to decode one emotion, before it is replaced by another (Henault, 2006). It has been suggested that impaired theory of mind also affects self-consciousness and introspection (Stanford, 2015).

Alexithymia. A repercussion to reduced theory of mind is alexithymia, or the impaired ability to identify, utilize and describe emotions (Attwood, 2008., Simone, 2009). Alexithymia, Greek for "no words for feelings," affects up to 85 percent of people possessing an ASD and is largely responsible for difficulties with identifying, recognizing and expressing emotion (Aston,

2012). Individuals with an ASD will often detect and feel their emotions physically (trembling, heart beats, sweating, etc.) but their emotional cues (love, disgust, attachment, loneliness, etc.) are harder to interpret and learning and decoding emotions is an important part of sexuality (Henault, 2006).

Deciphering emotional contexts can be problematic, for those possessing an ASD. However, it is important to understand these individuals are not void of love and empathy but have an immature and impaired ability at showing it. Individuals with an ASD do care about their family, friends, lovers and spouses but they may not be able to recognize the more subtle signals of emotional situations or read complex mental states and thus, may not properly exhibit these communicative practices consistently or effectively (Attwood, 2008).

Because individuals with an ASD have a difficult time understanding and practicing displays of emotion they will, generally, demonstrate love and affection for their partner by performing tasks and/or presenting them with gifts. However, unless their partner implements these same means for affection the individual with an ASD may not be able to detect if his or her feelings are being reciprocated (Aston, 2012). This could result from either being bullied as a youth laying the psychological foundation for paranoia resulting from (genuine or false) attempts at friendship or because of difficulty understanding TOM and/or alexithymia concepts discussed earlier (Attwood, 2008).

The genesis and trajectories of romantic relationships for these people may be different from neurotypicals or NTs, or those not on the spectrum. However, their goals are the same; to feel what it is like to love and be loved; to share their life with someone; to teach and be taught how to deal with daily circumstances; or to simply feel like they exist and matter.

Communication Practices and Autism Spectrum Disorders

Though not much research exists explaining, deciphering and interpreting romantic relationships among individuals with an ASD some recent studies have attempted to understand communication dynamics among this group of people. These studies have provided some insight into how parents perceive relational difficulties experienced by their children, how social

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exchange affects relational satisfaction among non-ASD/ASD couples, how online dating forums are employed and manipulated by these people, and finally, some understanding to how sexuality is expressed and explored by young adults with an autism spectrum disorder.

The Importance of Friendship During Youth. Stokes, Newton and Kaur (2007) used interviews from parents to determine the kind of relationship strategies that were most implemented by their children, who have an ASD. Their findings show individuals with an ASD who have less access to friends, where social/sexual socialization frequently occurs, engaged in a greater number of inappropriate courting behaviors (i.e. stalking), pursued interests of romance much longer than those without an ASD and are also more inclined to pursue people they only know marginally, suggesting there is no awareness of compatibility with a potential mate.

These people might aim too high with their expectations and desires and find themselves pursuing the most attractive or handsome and intelligent person they can find. And this person may not be a proper match for the individual with an ASD (Aston, 2012). The delay in social processing means the individual with an ASD can become out of synchronization with the intent of the other person and is liable to make a social error. Due to theory of mind issues, they may have difficulty distinguishing between kindness and attraction and assume a friendly act was an indication of romantic or sexual desirability. This may lead to rejection causing even more confusion and isolation. Another consequence of this is the formation or perpetuation of low self-esteem by this person (Attwood, 2008).

Exchanging Relational Resources. Byers and Nichols (2014) surveyed 205 adults with an ASD who had been involved within a romantic relationship for, at least, three months on dimensions related to interpersonal or social exchanges within the relationship. The researchers found individuals with an ASD who were within a relationship, where the balance of sexual and relative sexual rewards to costs was greater, reported greater relational and sexual satisfaction.

Their findings suggests for adults with a ASD who are within a relationship, as with individuals without an ASD, the context or degree of sharing of mutual interests is important to sexual well-being and relational satisfaction (Byers & Nichols, 2014). The researchers, also discovered the adverse impact of autism symptoms on relational exchanges was specific to

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deficits in social skills and not to other types of autism symptoms, suggesting being able to fully communicate is the most important quality to a thriving relationship.

The reality is the individual with an ASD may not be able to present the emotional support that is needed or required by their mate or partner. They may devote more time to their profession and hobbies and less time with their loved ones and think helping to secure their family financially is all that is required (Aston, 2012). They may not spontaneously share insights on the things they enjoy or express appreciation and friendship. However, these people may show commitment more through actions and less through words (Stanford, 2015). Both partners can benefit if one is more direct and expressive in their emotional needs. With the non-ASD member of the couple teaching their ASD partner how to response and reciprocate emotionally laden information transmitted through communication, both of their relational needs will be met (Byers & Nichols).

Online Dating. Roth and Gillis (2014) surveyed seventeen adults with an ASD on their use and manipulation of online dating services and how successful they were in finding a companion. The researchers found these people were not only successful in locating a partner but that they are, generally, more successful than the general population, at this task. Additionally, the subjects within this study had similar rates to the general population in regards to being within a long-term relationship with someone they had met online. A number of benefits online dating presents to the ASD populations is, having control over self-presentation, interpreting fewer non-verbal cues and having more time to process information. Individuals with an ASD also enjoyed having a larger pool of potential dates at their disposal.

This study also found 81 percent of the sample indicated there were concerns over safety. The most commonly reported safety concern were people misrepresenting themselves, such as using false images, lying about themselves and/or posting old pictures. The researchers contend this is a safety concern because adults with an ASD tend to be more trusting and naïve than those without this social deficient condition (Roth & Gillis, 2014).

Internet dating by individuals with an ASD can be viewed as a quest to find the best or perfect "applicant." They may have created a mental image of their prospective partner and shun

others who cannot compensate for their recognized difficulties in life. That is, an attractive partner will be someone at the opposite end of the empathy and social understanding continuum. Another criterion for an appealing partner may be someone who is more educated or affluent and can assist with organizational problems and/or provide the emotional support functions provided by the individual's mother when they were living at home. When the passionate stage of the relationship is over, it might be easier for this person to search for someone new rather than work on the present relationship. (Aston, 2012., Attwood, 2008).

However, the use of an online medium may actually contribute to relational compatibility because it allows those with an autism spectrum disorder to present themselves in ways they feel best represent their personality. In addition to this, participating within an online setting alleviates some anxiety associated with dating because, subjects avoid going into (perceived) aversive, face-to-face situations or presenting oneself as awkward or weak due to the inability to successfully navigate and contribute to the conversation (Roth & Gillis, 2014). Unfortunately, individuals with ASD are not skilled at identifying relationship predators in life. Thus they, especially women, have or may enter into a situation where they have or will suffer various forms of abuse (Attwood, 2008).

Sexuality. Detwinter et. al. (2015) surveyed 50 adolescent boys, purported to have an ASD, on sexual behaviors, interests and attitudes. The main goal of this study was to gain insight into the prevalence of sexual behaviors and experiences of adolescent boys clinically diagnosed with an ASD. The researchers found adolescent boys diagnosed with an ASD do participate in solo sexual behaviors more often than individuals without an ASD but, refute earlier assumptions regarding fewer partnered sexual experiences, later sexual debut and a higher frequency of same sex encounters. Also, the researchers did determine adolescent boys with an ASD were, generally, more tolerant of homosexuality than other adolescent boys.

Sexual desire and can manifest itself in many ways. It can be expressed behaviorally and/or emotionally. Exploration and novelty are important for maintaining or increasing sexual desire but individuals with an ASD prefer routines and repetitive sequences of behavior, allowing for the sexual script to be rigid, limited and predictable. The rigidity experienced by these people

is often due to their failure to understand their partner's needs and desires and have a tendency to be egocentric (Henault, 2006).

These modes of thought can be extrapolated to the actual behaviors used to create, nurture and progress a romantic relationship. However, due to behavioral rigidity and lack theory of mind, or not fully understanding the intentions of other people, individuals with an ASD may go about creating relationships in unacceptable or improper ways, or enter into a relationship not fully knowing how or being capable of matriculating the dyad. To understand the troubles these people experience within this interpersonal domain, it may be helpful to understand how intimacy is negotiated in non-ASD relationships.

Understanding Relationship Interaction within Non-ASD relationships. Wegner and Emmett (2009) surveyed 197 cross-sex friends who were not currently within a relationship (394 individuals total) in order to understand their desire for a romantic relationship with each other, relationship uncertainty, and self-reported friendship maintenance behaviors.

The researchers found increasing romantic desire coincides with reports of using maintenance behaviors, such as talking about the relationship, talking about the quality of the relationship, initiating phone calls and visiting each other at home (i.e., routine relationship activity). Although the association is relatively small, females also reported somewhat greater use of maintenance behaviors, such as being supportive, upbeat, cheerful, and available to help with instrumental tasks as their desire for romance increased (i.e., support and positivity). The researchers also discovered cross-sex friends reported engaging in more flirtatious behavior as their desire for romance increased. Flirtation may function, perhaps, as an attempt to communicate willingness to escalate the relationship or as a playful activity that makes interactions more enjoyable and rewarding. If this is true, flirtation perhaps functions as a "secret test" of a friend's romantic interest. Potential relational partners also talked less about past romantic experiences. That is, when a person desires a romantic relationship with a cross-sex friend, she or he may strategically avoid discussing current or potential romantic partners as a way to signal availability and willingness to accept a romantic invitation.

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In contrast, by discussing past or current romances, friends might be signaling that they are unavailable or uninterested in pursuing a romance with their friend in order to prevent potentially uncomfortable conversations requiring direct rejection of the friend's advances. Talking about intimate encounters might function, therefore, as way to prevent unwanted romantic attraction. In addition to this previous point, friends who want to remain platonic reported spending less time and energy overall in maintaining their cross-sex friendships than those who desire escalation. As friends become more uncertain about the boundaries for acceptable behavior, about their commitment to the relationship, and about the degree to which their friend has mutual feelings about the relationship, they become less willing to invest the time and energy required to maintain the relationship.

The researchers concluded, friends who desire making the transition from friendship to romantic couple seem to seek out greater opportunities for interaction and sharing activities with their opposite-sex friends. Offering support, talking directly about the relationship, acting positively in each other's presence, and spending more time together may all signal interest for greater intimacy, whether emotionally or physically, and may reflect the degree to which a person perceives his or her opposite-sex friend's potential as a rewarding romantic partner. When cross-sex friends feel more confident about their understanding of the relationship, they might feel more comfortable engaging in behaviors aimed at creating closeness and intimacy and will work harder to maintain and build the friendship into a relationship.

Baxter and Bullis (1985), completed a similar study focusing more upon the couple's level of commitment and perception of their relationship by understanding relational markers or turning points within the dyad. The researchers interviewed 80 people from 40 romantic relationships using the retrospective interview procedure (RIT) or a process where the entire relationship is mapped out or chronicled. Circumstances or situations perceived as changing the composition or trajectory of the relationship, or "turning points", were recorded and analyzed. The researchers identified twenty-six turning points which were further reduced to fourteen.

The researchers discovered half the turning points they identified related to the degree and frequency of metacommunication (nonverbal cues such as tone of voice or body language).

However, relational talk resulting from these turning points related to the level of commitment and the mode of turning point. The researchers also discovered relationship satisfaction varied depending on the proportion of positive turning points versus negative turning points.

These studies are useful in that they suspect a framework for understanding how relationships escalate and de-escalate. This research study adopted the turning point approach to understand how these processes are similar or different in relationships of people self-identifying or diagnosed or with an ASD.

Turning Point Analysis

The concept behind using a "Turning Point" analysis to data collection was first used, in 1961, within the text, *Mate Selection and the Development of the Relationship*, by Charles Bolton. The goal of his research was to better understand how actual interaction processes factor into relationship development and dispose of the singular idea that matching traits shared by both members of the relationship (religious affiliation, political views, education, race, etc.) were behind the basis of relational formulation. While gathering his data, Bolton studied turning points, or any social event or occurrence associated with a change within the relationship. His research revealed romantic relationships follow patterns that are nonlinear, cyclical and differ between couples (Bolton, 1961).

What makes the turning point analysis unique to relationship exploration is it not only acknowledges the conclusion to a response or action but, it identifies the antecedents, as well. That is, events preceding and even following a turning point can be probed, further, for the purpose of acquiring information that may be missed should a more linear approach be taken to data collection. It must be noted, such events are not inherently positive or negative and may carry different perceptions for each member of the dyad (Baxter & Pittman, 2001).

The turning point analysis to data collection, more formally known as the retrospective interview technique or RIT, is still implemented today. The retrospective interview technique is a research method that allows questions, based upon relationship development and maturation, to be posed within a linear and visual format. That is, relational escalation and/or de-escalation can

be chronicled from the beginning to end of the relationship, from a particular, significant event such as the birth of a child or an illness to even the present should the dyad still continue (Baxter & Pittman, 2001). In addition to the Baxter and Bullis (1985) article mentioned above, other scholarly examples of turning point analysis or the retrospective interview technique being used within studies today include understanding metacommunication between married couples (Huston et. al, 1981), the communicative dynamics between divorced couples (Graham, 1997), interaction patterns between parent-child (Golish, 2000) and grandparent-parent (Dun, 2010) and even casual friendship termination (Johnson et. al, 2004).

The turning point analysis or the retrospective interview technique has implications for quantitative research. However, I chose to use it exclusively for qualitative study, because RIT allows for the easier recall of relational information (Baxter & Pittman, 2001). That is, performing the exercise of mapping out relationships provides participants with a visual, tangible artifact from which to build their relational trajectory and return to it as they ponder individual turning points, instead of merely having to rely on unaided memory.

Individuals, with an ASD, generally think in pictures rather than with words or phrases and are more likely to understand details chronologically or within a linear format (Attwood, 2008). This concept is a left brain trait or characteristic found disproportionally among this group of people (Henault, 2006). Thus, it is often easier to get their views on a topic or event, by having them describe or explain a scenario, rather than directly asking them about their emotions and what it means to them (Simone, 2009., Aston, 2012). Therefore, my basis behind choosing this research method is to acquire a richer and more detailed dialogue of relational dynamics by making it easier and more efficient for them to recall and analyze any past or current romantic relationship.

Research Question

It was once believed relationships where at least one member possessed an ASD would not be viable (Stanford, 2015., Tullis & Zangillo, 2013). However, nascent research is showing and proving ASD/ASD and non-ASD/ASD relationships can be successful. For those

relationships that do not succeed, the reasons often relate to the complexities of the people composing the couple rather than the autism spectrum disorder itself (Aston, 2012). To better understand relational genesis, maturation, escalation/de-escalation and termination, it is important to be able to understand these processes and dynamics regardless of any hidden or detectable emotional issues and/or disorders.

By utilizing and implementing a relational turning point analysis or the retrospective interview technique, I hope to (1) better understand some of the difficulties individuals with an ASD have upon entering into a romantic relationship, as well as, (2) what communicative concepts influence relational escalation and/or de-escalation. In addition to this, I hope to understand some of the strategies they use to progress or even regress the dyad and why they choose to use these tactics.

My research question is: How do individuals with an ASD interpret and understand relational progression and/or regression and how do they influence the process of escalating and/or de-escalating this dyad?

CHAPTER 3

METHODOLOGY

My research process consisted of conducting semi-structured interviews, transcribing the answers and performing a content analysis of this data. Interviews consisted of asking questions designed to understand relational dynamics and strategies for initiating, constructing and/or restoring romantic relationships. By using a turning points analysis or the retrospective interview technique, participants presented rich descriptions of romantic relationships. Through transcription of interviews and analysis of this data, I identified emerging themes relating to relationship genesis, maturation and escalation and/or regression or de-escalation. I was, also, able to identify themes unique to a few participants. I was, also, able to identify themes unique to a few participants.

Research Assumptions

My research approach is qualitative in nature and is guided by a grounded theory paradigm. Grounded theory is a methodology which operates in reverse fashion from research conducted within the positivist tradition. Unlike positivist research, which relies on observation and experimentation, a study using grounded theory is likely to begin with a question, or even just with the collection of qualitative data. As researchers review the collected data, repeated ideas, concepts or elements become apparent, and are tagged with codes, which have been extracted from the data (Allan, 2003).

As more data are collected, and as data are re-reviewed, codes can be grouped into concepts, and then into categories. These categories may become the basis for new theory. Thus, grounded theory is different from the traditional model of research, where the researcher chooses an existing theoretical framework, and only then collects data to show how the theory does or does not apply to the phenomenon under study (Allan, 2003., Grbich, 2010).

Sampling

Participation within my study required a self-report or a diagnoses of an autism spectrum disorder; autism, Asperger's Syndrome or a PDD-NOS. Because locating potential participants possessing an ASD is difficult, I did not discriminate among these disorders nor did I make having an official diagnoses a requirement for participation. I did this to prevent rejecting anyone who wished to be within my study.

Other factors relating to participation were: must be older than eighteen, (there was no maximum age), been involved within at least one romantic relationship during their lives, be fluent in English, have sufficient verbal skills allowing for them to answer beyond "yes/no" questions and be able to function independently or without the need for caregivers. Either men or women, who identify as being heterosexual or homosexual, were permitted to participate within the study. Couples could be composed of either one or both members possessing an ASD and may or may not have been married.

Participants were selected using purposive and snowball sampling and were recruited with the help of autism support agencies within the Metropolitan Phoenix area as well as student-run clubs and organizations at Arizona State University. By searching through the websites of these support agencies, I was able to locate six groups that provide a meeting time and place for those possessing an ASD. Five of these groups convene at small convention halls or community recreation centers, with the exception of one that meets at a church. These group meetings draw on average ten people with various degrees of autism. They last about two hours. Many of the same people keep attending these group meetings and discussed personal matters they experienced since they last convened. Because the sites where these group meetings take place hosted other functions, I was not able to place flyers there.

Besides talking directly to those who attended these support groups, many attendees knew of other people who possess an ASD and were able to assist in the recruitment process by making these people cognizant of my study. This effort produced one participant.

The Disability Resource Center at Arizona State University was not able to present me with the names of students identifying as having an ASD, due to confidentiality rules. However,

they were able to refer me to student clubs and organizations run by students possessing neurodevelopmental disorders, including autism spectrum disorders. The members of these clubs and organizations were also instrumental in assisting me to recruit potential participants by informing people they knew who had an ASD of my study. I also accepted their suggestions, by placing flyers within buildings where engineering, mathematics, physics and computer programming classes are taught. A copy of this flyer may be found in Appendix A. This effort produced six participants.

Electronic means were used, as well. I posted information about my study on blogs and discussion forums on such websites as facebook.com, wrongplanet.net, aspiecentral.com, meetup.com and spectrumsingles.com. Many inquired about my study and I was able to locate a larger population of those possessing an ASD. However, many attempts at follow-ups to those who showed interest were not very successful. Therefore, this effort produced only one participant.

I was not able to include everyone who wished to participate within my study. There were a few criteria I used to filter out potential participants. One was lack of relational experience. Though they desired one, many potential recruits told me they had never been involved within a romantic relationship. Another criterion I used to screen out potential participants was having assistance from a caregiver. One young man was interested in speaking to me about his relational experience. However, upon talking to him further about his past relationships, it seemed his caregiver was directing the relationship, not himself. There were a few individuals with an ASD who might have been good candidates for my study. However, they were not willing to allow me to interview them as they found the idea of talking about romantic relationships to be too invasive. Overall, I was able to recruit eight people for my study.

The nature of my study consisted of interviews with adults having or possibly having an ASD, therefore institutional review board approval had to be sought before data collection. Though this group of people is considered a vulnerable population, they are not considered a protected population. Thus, an expedited review of my research proposal was sought and

granted by the IRB at Arizona State University. A copy of the acceptance letter can be found in Appendix B.

Research Sample

Of the eight participants, four are male and four are female. The youngest participant within my study is 21 years old and the oldest is 41 years old. The average age of my participants is 25.9 years old. Six participants identified as being white or Caucasian. The other two identified as being either Latino or mixed raced. Seven participants identified as being heterosexual and one identified as being bi-sexual. Two relationships are the fewest any participant identified as being within and six are the most. The average number of past relationships was 3.2. However, one participant chose not to answer the question asking about number of past relationships. The shortest relationship duration is six months and the longest is eleven years (132 months). Average length of relationship, without outlier (RT) is 23.1 months and with outlier it is 36.7 months. Finally, four participants stated they were single, two stated they were within a relationship and two stated they were married.

Participants are identified by their initials, to protect their identities. The shortest interview comprised of 12 minutes and the longest comprised of 52 minutes. The average length of the interviews without outlier (RT) is 22.2 minutes and with outlier is 26.0 minutes. Unless participants discussed turning points during completion of their RIT graph, interview times only consisted of discussion of relational escalation/de-escalation events. Amount of time required to complete the RIT graph was not factored into the total interview duration. RIT graph completion, generally, took less than ten minutes for participants choosing not to explain their relational history as they listed turning points.

The first person I interviewed was CC. He is a 21 year old white male majoring in computer programming and data writing. He was diagnosed with Asperger's Syndrome when he was 19 years old. He identifies as being heterosexual. He has been involved within two relationships with the longest lasting six months. He is currently single. The interview with CC lasted 23 minutes.

The second person I interviewed was CB. She is a 23 year old white female who is majoring in English. She self-identified as having Asperger's Syndrome when she was 21 years old. She identifies as being heterosexual. She chose not to answer the question of how many past relationships she has been within. Her longest relationship lasted one year. She is currently single. The interview with CB lasted 24 minutes.

The third person I interviewed was RP. He is a 22 year old Latino male who is majoring in accounting. He self-identified as having an autism spectrum disorder when he was 15 years old. He identifies as being heterosexual. He has been within two relationships with his longest lasting one year and 3 months. He is currently within a relationship. The interview with RP lasted 28 minutes.

The fourth person I interviewed was RT. He is a 31 year old white male who is a doctoral candidate within the physics department. He was diagnosed with Asperger's Syndrome when he was 19 years old. He identifies as being bi sexual. He has been within four relationships with the longest lasting 11 years. He is currently married. The interview with RT lasted 52 minutes.

The fifth person I interviewed was TM. She is an educated 41 year old mixed race female who works as an advocate for the rights of people who have an autism spectrum disorder. She was diagnosed with Asperger's Syndrome when she was 28 years old. She identifies as being heterosexual. She has been within six relationships with the longest lasting five years. She is currently single. The interview with TM lasted 12 minutes.

The sixth person I interviewed was DH. She is a 22 year old white female who is yet to declare a major. She did not reveal when she self-identified or was diagnosed with an autism spectrum disorder. She identifies as being heterosexual. She has been within five relationships with the longest lasting one year. She is currently single. The interview with DH lasted 22 minutes.

The seventh person I interviewed was WJ. He is a 22 year old white male who is majoring in secondary education with an emphasis on mathematics. He was diagnosed with an autism spectrum disorder when he was 13 years old. He identifies as being heterosexual. He has

been within two relationships with the longest lasting nine months. He is currently within a relationship. The interview with WJ lasted 26 minutes.

The eighth person I interviewed was JB. She is a 25 five year old white female majoring in biology. She was diagnosed with an Asperger's Syndrome when she was 12 years old. She identifies as being heterosexual. She has been within two relationships with the longest lasting four years. She is currently married. The interview with JB lasted 21 minutes.

Interview Procedure

I began each interview by introducing myself and explaining the purpose of my study. Then, I presented a confidentially/consent form to each participant outlining their rights as a participant. Because the IRB at Arizona State University only required verbal consent, I did not seek a signature. A copy of this form can be found in Appendix C. I answered any questions they may have had before data collection began.

Demographic questions (age, sex, race and age when autism spectrum disorder was first observed or diagnosed) were asked of the participants. Brief relationship related questions (sexual orientation, number of past relationships, longest relationship and current relationship status) was also asked of participants.

Participants had the option of filling out the demographic information either before or after they completed their RIT graph. A few participants started to answer these questions but, completed their RIT graph, before finishing them. To guide participants with completion of their RIT graph, I demonstrated how to complete one by using hypothetical examples of a romantic relationship.

Actual completion of the RIT graph was the longest part of the interview process. Only two participants explained their perceptions of each mark or turning point as they completed it. The rest of my sample chose to remain quiet as they needed time to concentrate on the process. (There were no difficulties experienced with completion of the RIT graph, other than subjects either erasing or scratching out a mark or turning point to create a new one). Participants did this to re-evaluate relational closeness as they thought critically about a past or current relationship.

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In fact, one participant did not seem to finish with their RIT graph. They kept adding new marks or turning points as I interviewed this person. All participants chronicled only one relationship of their choice, whether current or past. However, some participants reflected upon how past relationships influenced the dyad they chose to chronicle. Upon completion of their RIT graph, we discussed what each mark or turning point meant to the relationship and how they understood it.

Four participants seemed enthusiastic and willing to talk to me during completion of the actual graph and remained so as we discussed each turning point. Though they did not always make eye contact, they sat close to me and were very talkative when discussing each mark or turning point. They also seemed willing and able to ask a question when they had trouble understanding how to complete their RIT graph or what could count as turning point.

The other four demonstrated the same enthusiasm, at first. However, as we started to discuss each individual turning point they each seemed to become rather distant and aloof. I was able to identify this by their body language; they faced away from me, made very little eye contact and, at times, seemed laconic or short on words. To build rapport, I began to explain my own relational difficulties and mentioned how I, myself, identify as possessing an autism spectrum disorder. There were times when the focus of the interview would deviate to other topics, such as our personal interests (like certain movies or architecture) and vocational issues (getting along with co-workers or trying to move up within the company). But, I would return them to explaining how each turning point impacted their relationship. These "chats" seemed to facilitate a sense of empathy between us and they, too, started to demonstrate the same mannerisms (sitting closer to me and having their body face my direction) as their more outgoing peers.

Participants were not required to answer any questions they are not comfortable answering and were allowed to halt their participation in the study at any time. Interviews were audio taped for the purpose of being transcribed later. During interviews the researcher took notes for the purpose of authentication and, with consent, each participant agreed to let me go over the interview notes I took with them to verify for accuracy. This increased the total time of the interview but, allowed me to capture pertinent and relevant information for my study. Interviews

were conducted where ever the participant was the most comfortable; their home, coffee shop, library recreation center, college campus or municipal transit center.

Recording Turning Points

The interviews implemented the retrospective interview technique (RIT) or a "Turning Point" method to data analysis (Baxter & Pittman, 2001). This process was accomplished by having the participants "plot" or place a mark on a RIT graph. The X axis was labeled time and related to temporal aspects of the relationship. Depending on how long the relationship has existed, the X axis was labeled in weeks, months or years. The Y axis was the level or range of closeness or attachment experienced between the ASD individual and his/her partner. The area between these extremes represented various levels of relational escalation with the top of the graph representing attachment (high escalation) or identifying as being part of a relationship and the bottom of the graph representing separation (low escalation) or identifying with being single.

When a social event or turning point within the relationship was identified that impacted attachment, I had participants place an "X," a dot or some other mark at the level that corresponded to level of attachment and the time within the relationship this event took place. For instance, for the hypothetical situation of holding hands, a mark would be placed corresponding to "4" for attachment on the "Y" axis and one month on the "X" axis, for a relationship lasting eight months.

Next, I had them draw a line to connect the points allowing for a visual representation of their relationship to be created. Lines sloping up between points signified relational escalation and lines sloping down signified relational de-escalation. Using the example above, if the next mark or turning point (a kiss) corresponded to a "7" for attachment and occurred at two months, then a line would slope up. Or, if this mark or turning point (a fight) corresponded to a "1" for attachment and occurred at two months, then the line would slope down. After the RIT graph was completed, I queried each person about each mark or turning point. I asked them about relational events leading up to the mark or turning point and the state of the relationship immediately following each mark or turning point. I asked them to describe this turning point paying specific

attention to how they perceived, recognized and understood each mark or turning point. An example of the RIT graph I used can be found in Appendix D.

The purpose of using this approach was to acquire greater and deeper information on relational dynamics among this group of people. As the relationship is being chronicled, the participant is prompted to explain and identify how they first interacted with their mate or partner, to how this friendship evolved into a romantic relationship, to even how this couple has moved or is moving toward marriage or termination of the dyad. Such information might have been missed had I directly asked participants to describe a past or current relationship. However, to guide myself within data collection and assist participants who had difficulty explaining a mark or turning point, I implemented question prompts to help in seeking relevant information. The list of questions I used are included in Appendix E.

Data Analysis Procedure

A content analysis was conducted on interview data. Content analysis is a data collection method where media ranging from written and oral texts to movies, videos and even drawings and paintings can be interpreted and processed for the purpose of producing valid and trustworthy inferences (Braun & Clarke, 2006). A subsection of content analysis is called thematic analysis. A thematic analysis examines, identifies and/or locates patterns (or "themes") within data sets. These themes are patterns across data sets that are important to the description and definition of a phenomenon and are related to a specific research question (Grbich, 2010).

During the first level of data analysis I transcribed each interview by typing them out and saving them within a word document. I, too, recorded the notes taken during the interviews and placed them within a word document. I did this for data collection uniformity and to make it easier for me to read the overall raw data as note taking freehand inevitably leads to illegible marks. The initials of the person, length of the interview and the location were added to each transcript for identification purposes. Subsequent pages of each transcript had the individual's initials and page number for filing purposes.

Each turning point was written into their own blocks of text, labeled and separated from each other for each individual interview. This was done regardless of length of text, number of turning points per interview or when each appeared within the RIT graph (i.e. beginning, middle or end). A single turning point may range from a few paragraphs to a few sentences. Each interview produced between seven to nine turning points. Turning points were labeled TP1, TP2, TP3, etc.

After all data were collected and transcribed they were analyzed using Braun and Clark's (2006) method for thematic analysis. Used frequently for analyzing interview transcripts, this grounded theory approach to data collection enabled me to distinguish metaphors, phrases and/or expressions used to describe relational escalation/de-escalation (turning point) identification and allow for better understanding and recognition of emerging themes associated with these concepts.

During the second level of data analysis, I read through all interview transcripts twice. The first time I read through transcripts, I read through each one individually to obtain a general idea of what each person was saying. The second time I read through the transcripts, I began to highlight anything that stood out within each block of text for that particular person. I did this for each individual turning point or block of text for each individual interview. I was able to create a list of codes based upon words, phrases and concepts that seemed to emerge from each block of text. Along with these codes, I added interpretive notes briefly defining the code and its relevance to my research. I created 262 codes in all and transferred these codes into a word document corresponding to the person interviewed and the turning point it originated from. That is, I had two separate interview transcripts for all participants. The difference between the two was the latter had shorter blocks of text because they consisted of codes mined from the original data corpus.

For instance, a turning point for Person A describing why they entered into a romantic relationship within document one can be shortened to phrases like "… I felt she had unconditional respect for me," "… she allowed me space to express myself freely. I felt like I did not have to censor anything I said," "…regardless of the context, I was welcomed and acknowledged even when she was busy," etc., within document two. I did this to make the data analysis process easier and more understandable and prevent missing something during the final data analysis.

Finally, I created another "master" word document for all interviews. All turning points were labeled one through nine and all codes from all interviews were placed within the turning point they originated from.

During level three of data analysis, I modified codes, created news ones, combined several and deleted others for each turning point. I implemented the constant comparison method when evaluating words or phrases that were very similar or different before placing them within the proper code. I performed this task for the purpose of consistency (Glaser & Strauss, 1967). My choice for method of thematic analysis also assisted me by allowing me to understand how these codes can be refined into themes, how to differentiate between themes and sub themes and even how to recognize manifest versus latent themes and/or codes (Braun & Clarke, 2006). One way to do this is to create a thematic map where similar codes can be arranged into a hierarchy. Groupings of similar codes became themes and sub themes as I continued to analyze the data.

For instance, for the codes related to ameliorating relational struggle and dealing with issues of control I created a main theme entitled "Conflict Management." The creation of subthemes revolved around placing similar codes, relating to this main theme, into similar groups. The subtheme "Solitude" was created by codes expressing the need to retreat from relational strife or spending time alone and away from their significant other to emotionally recuperate. Through performing my content analysis, I created themes based around relational genesis, relational escalation, relational de-escalation and conflict management.

During the final level of data analysis, I began to write my results section. It was during this level of data analysis that I began to see what my participants were saying as a whole. I realized some of my sub themes could not stand alone and chose to combine them with another sub theme or eliminate them all together, depending on the concept behind them. I revisited my notes and saw the codes emerging from a single turning point could be included within two sub themes, under the main theme "Relational Escalation." For instance, "…we didn't always have time to do enjoyable stuff together because we were so busy. But, with the little time we had, we cleaned our apartment and made it more livable. It was at this time that we could talk and get

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caught up." From this code, I chose to include the first section under the sub theme "Cooperation and Assistance" and place the rest under the sub theme "Spending Time Together." The purpose behind this exercise was to double check my findings, make sure I was not missing or overlooking something and to ensure data could be articulated and understood readily and absolutely.

CHAPTER 4

RESEARCH RESULTS

The goal of my research is to understand how individuals with an autism spectrum disorder understand and influence relational escalation and de-escalation. One strategy for doing this is to rely on the process of identifying and recognizing turning points within the relationship. Themes discovered during my analysis ranged from collective themes in which words or phrases from all or nearly all participants showed congruency or individual themes in which words or phrases were unique to only one or very few participants. I identified four main themes with each of them being further broken down into a total of seventeen sub themes. See table below.

Relational Genesis (Creation of the Dyad)

Acceptance	The ASD individual being welcomed, received and acknowledged by their partner despite eccentricities.
Shared Interests	ASD individual and their partner being similar within what they pursue or concentrate upon as an extracurricular activity or hobby
Pressured into Relationship	Being coerced, compelled or other persuaded into joining the dyad.
Complementation of Personality Qualities	The ASD seeking out somebody with attributes they do not possess or complexly wield with enough coherence.

Relational Escalation

Words/Phrases of Relational Solidarity	Words, phrases or terms of endearment that signify recognition of the dyad.
Physical/Sexual Acts	Frequent and mutual touch/behaviors between partners.
Positive Disposition	ASD individual demonstrating and maintaining a positive attitude within presence of partner.
Cooperation and Assistance	ASD individual and partner successfully completing chores, jobs and tasks together.
Outside Influences	People not directly involved within the relationship affecting and molding perceptions of ASD individuals, their partners and the dyad, itself.

Relational De-escalation

Language Relating to Relational Participation/Direction	Words or phrases used to identify relational stress and/or talk about the future or welfare of the dyad.
More Individualism	ASD individuals and their partners spending more time alone or, otherwise, away from each other.
Infidelity	Partners being unfaithful to each other.
Aggression	ASD individual demonstrating extreme expressions of volatile or unstable emotions.
Less Toleration for ASD Symptoms (Twirling)	ASD symptoms or behaviors (stims), specifically twirling objects or items, affecting relational health.

Conflict Management

Solitude	ASD individual avoiding partner during times of relational stress.
Gifts/Helpful Acts	Tangible or intangible gifts presented by the ASD individual to the upset partner in hopes of ameliorating relational stress.
Spending Time Together (Understanding Partner)	ASD individual being within the presence of upset partner for the purpose of identifying reason(s) of relational stress and avoiding them in the future.

Throughout the remainder of this section, I will share direct quotes from individuals with an ASD on how they understood and influenced turning points within their romantic relationship. The responses from the participants are the findings of this study. I have included verbatim responses as much as possible with minor editing in the effort to make understanding of themes and sub themes more discernable.

Theme One: Relational Genesis (Creation of the Dyad)

When describing how the relationship began, participants mentioned either a slow process to identifying as a couple or a rapid meshing together. However, regardless of how quickly they came together, when the dyad began they knew very little about each other but, managed to find a common ground from which to build their relationship. Three participants stated how their partner's acknowledgement and toleration of their ASD traits provided the necessary means to enter into a relationship to begin with.

Sub Theme One: Acceptance. Some of the words and phrases used when describing why my participants entered into a relationship with their partner correlated with trust and respect. These concepts may stand well alone. But, further analysis of the transcripts revealed how these concepts were used in conjunction with acceptance. For instance, RT says:

> …Revealing I am on the spectrum is not easy for me because, there have been many times in the past when I opened up myself only to be hurt. So, when I told her I had Asperger's Syndrome and some of the communication troubles that came with it, she did not act like she was repulsed or put off by it. She seemed to open up herself and tell me some problems she experienced growing up because of her race. The fact that she did this fostered trust between us but, I felt a stronger bond forming between us because there was this mutual sense of acceptance.

RP says something similar to this:

> …When someone knows you have Asperger's or Autism and they do not ridicule you for it or act like they are afraid of you or avoid you because you seem weird, I liken that to them having some degree of respect for you. If you know they feel this way about you, you do not have to censor yourself or try to change the subject that you have this disorder. They will accept you for what you are and not shun you for what you have.

CC did not actually say acceptance when describing how his relationship began but, eluded to it when weighting the option of entering into a relationship with his partner.

There were a few women in the past that wanted to date me. I would go out on

dates with them only to have them end poorly. I would do or say something and

blow it. Sometimes they told me what it was, I chew too loud, I fidget too much or

I don't look her in the eye. Sometimes they would not tell me. But, I'm sure the

reasons are the same. But this one woman I actually dated took me for who I am.

In fact, on our first date, I overplayed some of my symptoms just to see how she

reacted. Even when I told her I was an Aspie, she stayed with me for a time. And

that felt good. Like I could find someone even though I had this disorder.

Sub Theme Two: Shared Interests. A few of my participants mention shared interests

as reasons why they entered into the relationship. JB says talk of American football helped to

bring her and her partner together.

Most women can't seem to talk about football like I can. My boyfriend and I met

in class. We were assigned to the same group and during our 'offtime' we talked

about sports. He was surprised at how much a woman can know about football.

Even after the group project ended, we kept in touch. I started to see how cute

he was the more we argued over the Cardinals or Steelers or Patriots. I think he

felt the same way about me because he asked me out and I said yes.

RP mentions being accepted is important but having shared interests was just as

important.

…Knowing you can be yourself around her is what drew me to her. There was a

desire to date her because it's hard to find a women like that in this world. But,

when you can talk for hours about something you only thought you cared about,

that is when you know she is really special in a very good way.

WJ elaborates on this point:

"…Finding someone who knows and cares about your interests and can actually

contribute to a conversation about it, is what makes the difference between a good friend and

someone who can be your wife down the road."

Sub Theme Three: Pressured Into Relationship. A few participants describe how they desired to enter into a relationship with their partner but mention how they felt coerced, at times, by them. CB says:

> …We both talked for a bit before we started to date. I didn't know we were a couple until his friends started to see us as exclusive and when talking about us he used words like 'we' or 'us.' I was delighted to find someone who wanted to be with me but, at the same time I thought this relationship began on his terms. I did not want to say no to him over fear that he would break up with me and I may not find another one like him again.

RT says choosing to enter into a relationship meant there was no turning back.

> I hate the idea of failure. I won't try something unless I think I can succeed at it. So, when I perceived myself as being part of this couple, I knew I needed to make it work regardless of what happened because, should I fail, the stigma of failure would most likely prevent me from entering into another one.

WJ says he entered into a relationship to please his friend.

> …We met through mutual friends. So, I had to like her and put up with her or else I would risk losing this friend or matchmaker. But, it wasn't so bad because after a while I started to really like her.

Sub Theme Four: Complementation of Personality Qualities. Finally, three of my participants stated how choosing to enter into a relationship depended upon whether or not a potential suitor possessed qualities they did not. CB says:

"…He is like an ambassador to me. He is great at starting and continuing conversations. Having him with me opens doors to social circles for me."

TM mentions something similar but, says the qualities her partner possessed were more practical and less social.

> I know some men wanted me for sexual conquests. I unwittily found myself in situations like that because I didn't know how to really talk to my boyfriend. I knew how to say no but, did not know how to convey in a way that is 'no' to just

that rather than 'no' to the whole relationship. So, I avoided the whole dating

thing. But, this one guy who liked me was really organized and I wasn't. So, I

decided to date him if he would help me with organizing my finance and personal

affairs. I wasn't using him but, I was afraid to get close to him. But, when I started

to do so, he left me because he did felt used.

CC says he has entered into relationships because a potential partner seems to

resemble his mother:

…My mother is the strongest woman in the world. She is the greatest asset I

have. When she is gone, …I don't even want to think about it. For a time, I

sought out women who were like mom; strong, smart, independent, willing to

provide a shoulder to cry on or listen to me. I'm not anything like her. I'm weak,

stupid, pathetic, and unable to cope with sour emotions. For a while, I entered

into relationships hoping these women would stay with me and complement me

or at the very least teach how to use these abilities. But, that never happened.

Theme Two: Relational Escalation

Participants could not always identify when their relationship began. However, upon

knowing they were part of the couple they understood the following turning points meant the dyad

was moving forward.

Sub Theme One: Words/Phrases of Relational Solidarity. The use of words or

phrases of affirmation are perhaps a verbal way relational turning points were determined. As CC

states:

…There would be times when she would, just off the top of her head, start talking

about having kids or where would I like to go if I were go on a honeymoon. I

didn't know how to answer these questions. I thought they were pointless but, I

did my best to give her an answer. She wouldn't like what I would say because

they were not really thought out…when we were not together I thought about why

she would ask such a stupid question and then it dawned on me. Oh, she was

being relationally hypothetical or something like that just to see if I thought about the same things.

RT says these phrases of relational solidarity were applied to financial matters signifying relational interdependence.

Even before we moved in together were started to talk about finances that affected us as a couple rather than each of us individually. We discussed how much money we would need to finance an apartment together or fund the grocery budget. If we were short, I would give up something like ice cream, which is my weakness, to meet financial limits. Likewise, she would try to pick up more hours at work and we discussed how much more money we could add to the budget. It wasn't so much the words themselves but, talking about money matters indicated we were growing as a couple and that we were both in it for the long haul.

CB mentions how her partner used words that signified they were an involved couple and not just close friends

He used lots of words like 'we' or 'us.' He also seemed to refer to his individual friends less by name and started calling them 'they' or 'them.' If was as if he was putting more emphasis on what we were in relation to them. He also seemed to talk less about what he wanted to do or where he would like to go. He substituted the word us or we for he but, still said what he liked not what I liked, you know, like her was not considering me.

RP says he and his partner actually created their own words or phrases of affirmation to show affection for one another.

…I hated when she would call be 'baby,' 'honey' or 'sweetheart.' These were words my parents and other older people used to say they were in love with each other. When I told her about it, she wanted to know what she should use. I said 'goob.' It was a word my mother or brother would use when I did or said something weird or stupid. But, it was said like a joke not as a put down. I

thought she would think it was a bit too childish but, she thought it was funny and started to use it. I started to call her a 'goobette.' It became our thing and when it was said it met affection and a sense of belonging between us.

Sub Theme Two: Physical/Sexual Acts. Many of my participants described how their partner would become more tactile with them. They may reciprocate these physical behaviors and should they be accepted, signified the relationship was escalating. WJ explains how he let his partner take the initiative with physical expression of affection.

…She would tap me on the hand or punch me on the arm. I did the same and nothing bad seemed to happen. I recalled there was a young woman who did the same to be but apparently she was just playing with me because when I tried to hold her hand or hug her she got scared and told people I was trying to molest her. So, I went slow. She touched me more and more and I allowed it. Then she just, without asking me started to hold my hand. I remember, soon after that incident, I, to be silly, wrapped my arms around her and bear hugged her. She smiled and thought that was funny. After that, I knew it was okay to touch her and I started to take the lead in holding her hand.

DH mentions how the personal space between them diminished.

When we would be watching TV together, he would sit on the floor or on the chair at the desk. But, the more time we spent together the closer he became. I know it is cliché but, he would try and wrap his arm around me. What I used to understand that we were growing as a couple was not so much how physically close to each other we were getting but whether he or I allowed it to happen.

Holding hands and kissing were other physical acts that acted as turning points. Several were indicative of escalation.

"These are things people would not do to another person unless they were in love with each other."

"Holding hands and kissing are ways to show people that you are exclusive and a couple."

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"If you are willing to share germs with another person, you must have enough trust in them that they would not go somewhere or do something that would contaminate you."

Sexual acts were perceived differently by participants. Many echoed what was stated in the previous responses or had more practical reasons for performing this behavior.

"Sex is like the ultimate form of touching and showing that you care. People don't have sex with just anyone."

"Having sex means you are comfortable enough with this person to bear your naked body and not be afraid or ashamed of what they see. Therefore, sex is like total and complete trust and acceptance with your partner"

"When two people have sex they do so for the purpose of having children and having children is the most important thing a couple can do together to prove they are indeed a couple."

However, two of my female participants elaborated on sexual behavior and how they knew the relationship was stable, exclusive and escalating. TM states:

"If he takes his time to really pleasure me…you know, has sex with me and not to me, then I know he cares about he and I'm not just a play thing to him…another notch in his belt"

CB says something very similar.

"If the sex means something to us, then he will talk to me during sex. He will ask me what I like or don't like and not just use me for his own pleasure."

From what these responses say, it was not so much the act of performing sex that represented a turning point but, how it was perceived by the ASD individuals engaging within this act.

Sub Theme Three: Positive Disposition. Participants described how attempting to display a favorable attitude toward completion of requests made by their partner increased relational escalation. RP mentions how he had to limit his trips to the comic book store.

> …I like to play this card game called Magic. I would set aside time on Friday
>
> evenings or Saturday afternoons to go to any comic book store in the Valley to
>
> play this game. My girlfriend wanted me to spent less time doing this and more
>
> time doing stuff with her on the weekends. We reached a compromise where I

would only go to these tournaments once every other week. The rest of the time

would be our time. And I was happy to do it if I knew it made her happy, too.

WJ mentioned how he had to show restraint with twirling in public in order to please his partner.

Though my girlfriend is okay with it, she does not like it when I try to twirl

something around people or in public. I guess when I met her parents, she said

they noticed I was twirling a loose string hanging from my shirt. During dinner I

was caught twirling my fork. She says the people close to her are not as

understanding as she is, so I have to try and quell the urge. I have forced myself

to wiggle my leg, snap my knuckles or even chew gum. I have even tried

medication designed to diminish these urges. It is hard to do and the medication

makes me sick but, I will do it for her and only her.

CB states she and her partner cooperated on meeting requests made for each another.

I'm a bit of a neat freak and my partner wasn't. He would leave dirty clothes lying

on the floor or dirty dishes sitting in the sink. He used to complain about how I

didn't care about my appearance. I was never a girly girl and dressed and acted

that way…I made a deal with him, if he would make an effort to be more tidy, I

would try to wear makeup for him. We did as requested of each other, at first. I

mean the fact that he tried showed that he cared enough about me to listen to my

concerns. But, when he started to revert back to his messy self, I did the same

for keeping the homely appearance he complained about.

Sub Theme Four: Cooperation and Assistance. Working as a team to accomplish

tasks together was a turning point all participants described as pertaining to relational escalation.

RT describes how vacationing together proved his relationship was strong and stable.

I have sensory issues that affect me when I fly in an airplane. The loud noises,

the smells of the other flyers, the feeling of being trapped. My partner would

comfort me during the flight. After we landed she kept the itinerary so we could

visit everything we wished to. I can have difficulties with organization. Likewise,

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when we went sightseeing I went with her to stores and restaurants. She is a bit

shy so having me there with her allowed her the opportunity to fully enjoy our

vacation. She is also a bit forgetful. She nearly left our souvenirs behind.

Fortunately, I have a great memory and remembered to remind her to fetch them

before we left. If you can work as a team in order to survive a European vacation,

then your relationship can survive anything.

TM states the fact that she and her partner's skills complemented each other contributed to them becoming closer.

He helped me with my personal affairs but I helped him with his writing. He was

going to a community college at the time and taking English classes. These

classes required him to perform a lot of writing, which I just so happen to be good

at. But, not he. So, we worked in tandem to get done what we needed to get

done and we did well…seeing how well we worked together got us to thinking

'wow, what else can we accomplish together?' Our abilities at completing seemly

mundane tasks started to build rapport between us. It made us think, 'we seem to

work well at completing the logistical aspects of the relationship. Now let's see if

we can work on the emotional part.

RP says being able to work as a team builds not just rapport but, 'relational currency.'

I don't think I can pick one specific event when working as a team meant we

were getting closer as a couple. I think it is several little events that add up…you

start out spending time with this person not expecting to be accomplishing or

finishing something but it just happens and the other person is in awe with how

good you are at it. Like, we can go grocery shopping and my partner might be

surprised at how well I can shop and save money. Or we can be doing my

laundry together and see just how much fun we can have together by doing

something that is boring and difficult…you start to learn the skills your partner

has to offer to you and the relationship. And when these skills are used more

often you start to realize just how well you interact together and how much more

you can do as a couple. As you learn your capabilities as a couple, you get

closer and closer to each other. You start to feel like you can take on the world.

Sub Theme Five: Outside Influences. Many of my participants describe situations

where outside influences or people not directly involved within the relationship affected how they

thought of their own relationship. CB mentions how her partner's friends solidified her

understanding of where she was within the relationship.

It seemed when I couldn't understand where we were going, when we had our

ups and downs, I had to look no further than his friends. They would ask me how

I was dealing this problem or that problem. And I thought 'what problem?' This

prompted me to want to speak to my partner to see what they were talking about.

There was another moment when we seemed to be drifting apart and one of my

partner's friends asked me if I liked this gift he got for me. Again, I thought 'what

gift?' I cannot even remember what it was he got me but, the fact that he cared

enough to get something for me even though we hadn't talk in a while showed

his commitment to me which I appreciated…His friends could not keep us

together but, I think they might have made our relationship last longer than it

would have without them.

JB describes how the people around her might have contributed to relational escalation.

I think the term is called social facilitation. But, the more people told us we made

a pretty couple or the more we were told we seem to get along so well together

the more I started to think we did and this point of view may have made our

relationship grow faster. It seemed like if people told us it could work we

expected it to and acknowledged only positive aspects of our relationship.

Theme Three: Relational De-escalation/Termination

All participants describe instances where they were able to identify turmoil within their

relationship. About half were able to recognize these disruptions before they affected the dyad

negatively. The other half describes instances where they appeared to be caught off guard by the

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level of conflict or surprised by the reaction of their partner. Reasons for relational de-escalation produced the same number of sub themes for this particular main theme as the previous one.

Sub Theme One: Language Relating to Relational Direction. Participants mention the language their partner used signified the relationship was beginning to de-escalate. Words of phrases hinting at whether the dyad could remain viable and conversation topics centering around the future of the relationship were discussed more thoroughly. CC mentions how his partner would recite statistics related to ASD and divorce.

> …Sometimes she would just throw out the latest statistics on the divorce rate for those on the spectrum. You know, saying people who have Asperger's cannot keep a relationship together. Or she would announce to me stuff she liked to do and was going to do by herself. They just came out of nowhere…I would say 'how do these statistics relate to us?' or 'why is what you like and going to do any of my business?'

RT elaborates on this point by saying he saw this as an opportunity to identify turmoil and prevent it from de-escalating further.

> …In hindsight, I did not always pick up on what she was saying or implying. And this might have led to more fights and disagreements. But, it was like it was her way of trying to subtly tell me that the relationship was starting to get dull or onerous. She would say something like 'how are going to raise an autistic child?' Now, and I may be over thinking it here, I found her asking me this question and more. She wanted to know the answer to this question but also what I could further contribute to the relationship to persuade her to stay with me…I thought of it as an invitation to talk about something amiss and avert further disaster. As we got to know each other, I began to understand how and why she would implement this skill

CB echoed this point saying her partner's choice of words meant there was some amount of relational problems.

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When he would say that he was going out to be with his friends it usually meant I

had done something wrong because we always did stuff together. This time apart

meant he needed to be away from me because I had done something that upset

him.

TM says it not just the words but how they are said.

If something is said in a normal tone, I focus on the words. If someone shouts or

screams it, I try to think about why it was said like that. Someone's tone of voice

acts like a relational barometer. When something is shouted or screamed, it is

like that person doesn't respect you enough to talk to you in a normal voice. And

this means the relationship is over or is going to end soon if something doesn't

happen and fast.

Sub Theme Two: More Individualism. Three participants mention how spending more

time apart signaled the relationship was beginning to fail. RT states his work as a graduate

student may have ended other past relationships and hurt his current relationship early in the

dyad.

…I used to treat relationships like something on a 'to do' list. I set a certain

amount of time to finish this, start this or understand this. And, yes, I set aside

relationship time, too, and relationships should not encroach upon work or study

time. Most of my tasks related to school, which meant I needed to be alone to

concentrate and if anyone was there it would distract me to the point where I

could not finish whatever it is I wanted to do. So, I think there might have been

miscommunication that I was not interested by some past lady friends or even

my wife early in our marriage. Through patience and understanding on her part,

our relationship survived.

WJ says his unwillingness not to let his partner share in some of his hobbies hurt the

relationship early.

…I like to look at sports statistics. It is not the sport itself I like it's how the

numbers are calculated and measured. She wanted to spent time with me and

share in my enthusiasm. I let her but felt like something of mine was being taken from me and I felt invaded or something…when she was around I enjoyed it less. She must have picked up that I did not want her to be there and this hurt her. It hurt me, too knowing this. I don't think she understood, at first, that this was more than just a hobby. It served a therapeutic purpose, as well, by calming me down and I can't always do that well when she is around…I think because she finds my hobby boring that we are still together. I just can't share some things with other people.

DH advances this point further:

…Sometimes I need 'alone' time. And alone time means alone as in by myself. When my boyfriend would try to be around me, it would upset him that I did not want him to be there with me. It wasn't him that upset me but something else. But, I would get upset with him if he did not back off and leave me alone.

Sub Theme Three: Infidelity. Three participants mentioned being accused of or being victims of cheating on or by their partner as major turning point. However, they say it wasn't the act itself that meant the relationship was de-escalating but the sudden lack of communication between them. CB says entering into a romantic relationship threatened other relationships.

I truly believe that no one man can possess all the qualities I think are sexy within a man. I may seek out the company of other men because they display these masculine qualities to a level I think is attractive. However, I will not kiss them or sleep with them if I am committed to another person, or at least, share a relationship with another man. My boyfriend had several of these qualities. But, there was another man named Patrick who was very empathetic and sweet. Not that my boyfriend wasn't but, Patrick seemed very genuine and it was not stilted or forced. When my boyfriend found out about me spending time around Patrick, he accused me of cheating. I wondered, am I not allowed to have other male friends? Besides, Patrick was gay. We had fights before and we made up within a day or to but, this time was different. We did not talk for several days. And

when we made up, our relationship was not the same. We were not as close as we were before. I think this event is what precipitated us separating.

DH mentions an incident where she 'cheated' but it was just to get the attention of her boyfriend, not to end the relationship.

My boyfriend would smother me, sometimes. I felt trapped but, did not want to tell him that or else he would feel threatened and angry…and he was just so overbearing. I wanted to talk to him I just didn't know how to bring it up to him. He was always the one to start relational talk. So, I 'cheated' on him. Not literally, it was an act to get his attention…it served that purpose. But, he did not want to see me after that. I didn't want the relationship to end. I just wanted to talk.

Only one male participant mentioned infidelity as a relational turning point. WJ says:

When my girlfriend cheated on me it meant, from my point of view, that I was not being a good enough boyfriend for her and I had to work harder to keep us together. Or fix something that was wrong with me.

Sub Theme Four: Aggression. Four participants cite aggression or volatile expressions of extreme emotion as de-escalating their relationship. TM says these episodes hurt the relationship but, did not end it.

…I have these bursts of rage that I can't help. Ill feelings from the day well up inside of me and I just need to vent…I can't say one specific burst of anger is what ended our relationship. We would separate for a while but, get back together later. Sometimes just I needed air, and it had nothing to do with him. Sometimes it had something to do with him because I did not always feel acknowledged or appreciated.

CB says many of her outbursts were precipitated by the way her boyfriend treated her.

…There were times when I felt I had no say, like I was a thing to him and not someone who was sharing her life with him. When I wanted to talk, I would just shrink away. But, sometimes the words would come out but with me screaming them not saying them.

DH says something similar to this.

> …It was like he wanted to be around me constantly. I could not go anywhere
> without him being there…Words enough don't always work for me. So, for me to
> be angry means being forceful. When you are forceful people will be more likely
> to take you seriously and back off.

CC, the only male participant to mention this theme as de-escalating his relationship
used this as a form of self-protection.

> …If I felt like I was being targeted for being on the spectrum or not, I would lash
> out. Sometimes I didn't mean to and it would just happen or I would mean for it to
> happen but not with that much intensity…I guess I just wanted her to back off
> and leave me alone.

Sub Theme Five: Less Toleration of ASD Symptoms (Twirling). Many of my
participants stated the traits or symptoms of autism spectrum disorders may have de-escalated
their relationships at some point. However, upon building rapport between them these 'eccentric
quirks' did not seem to negatively affect the relationship anymore. But, two participants state
these traits, specifically stims or repetitive behaviors, were to blame for continued relational de-
escalation.

WJ states going out to restaurants or to the movies was very difficult for him and his
partner because of his need to twirl.

> I need to twirl something because it has a calming effect on me. I try not to do it
> but, I can't help it. It just happens. And when it does I am called out for it because
> it is annoying. When we would go out to eat I would twirl my fork. Or when we
> would go to the movies, I would twirl a napkin. When she took it away from me, I
> would wring my hands. It seemed when we started to get close relationally, I
> would do this and make us drift apart again. It made finding a common ground
> more important but, my effort to do this was rewarded with us staying together as
> a couple and becoming even closer. When my Autism quirks kick in, it might

annoy her and it might separate us for a while but, not to the point to us breaking

up.

CC mentions how his display of ASD symptoms were perceived as a form of weakness

by his partner.

…When I get nervous, I start to fidget or move around quite a bit. And this is

something that is a result of me being on the spectrum. I can't say why I do it but,

I just do. And, the more nervous I get the more I do it. I remember my girlfriend

telling me nervousness is a sigh of weakness because it means you cannot

handle the situation. And my very conspicuous performance of it meant, to her at

least, that I could not handle anything. She once told me men are supposed to be

pillars of calm and cool strength. Being nervous meant I was not calm and cool

and, I guess, not manly enough for her.

Theme Four: Conflict Management

Dealing with conflict is inevitable within any romantic relationship. However, these

quarrels may be more frequent within a relationship containing at least one individual with an

ASD because of communication deficiencies (Aston, 2012). All participants describe methods to

dealing with conflict.

Sub Theme One: Solitude. The most frequently mentioned method of conflict

management was solitude. RT credits frequent time outs for saving his relationship

When we would have our arguments, and there were many in the beginning, we

learned the best way to deal with it was to leave the situation, spend time apart

from each other and reconvene sometime later. At first, we would just go into

another room. But this, we discovered, would not allay these bad emotions quick

enough. So, we would find ourselves leaving the apartment to go shopping, to

the gym, to the movies or anywhere we felt the most comfortable and enjoyable.

Doing something we enjoyed would calm ourselves enough so that when we got

back together we could discuss the situation that led up to the argument more

rationally and civilly.

TM says solitude or isolation was her way of dealing with conflict ever since she was a

young child.

When someone starts yelling at me I freeze, shut down and need to get away. I

just can't deal with the volatility of emotions. I started doing this as a kid and I still

do it today…It is not that I do not care what caused the fight. It is just 'no, not

now.' 'I'll deal with this later.' That's the kind of things with people with autistic

disorders do during fights. And If I don't get out of there, I know I will lash out too.

I know I will…There are better ways to tell someone you are unhappy with them

than screaming in their face.

CC says something similar to this

"…If I'm not around, then she can't be mad at me anymore and I can just empty my mind

of whatever upset her to begin with. Fighting just pisses me off"

DH says she tenses up and has to leave the situation or potentially say or do something

she will regret later. That is, staying away from people during these intense episodes allows her

to think more rationally about what made her upset and how to deal with the situation.

No matter how close I am to someone, when I am yelled at it stokes this sense of

rage I have welled up inside of me. I become like a Mr. Hyde to his Dr. Jekyll. I

almost get these feeling like I want to hurt this person. The fact that they are

yelling at me hurts me at all levels; physically and emotionally. And I just want to

do the same. I want to make them feel the pain they are causing me. Walking

away and staying away from other people protects myself and these other people

until I cool down.

Sub Theme Two: Gifts/Helpful Acts. Presenting gifts or performing helpful acts was

another method individuals with an ASD use to deal with conflict. JB says she would buy her

partner something sports themed when they got into a fight.

…When we have our scuffles, resulting from something I said that he did not

agree with, I would buy him football stuff, like keychains or pencils. He doesn't

need them and I am sure he has a million of them but, they are cheap and easy

to buy. If our fight is really bad, I will buy him a jersey or even tickets to a game.

It's like doing this elicit thoughts like 'oh I can't be mad at you anymore. Look at

what you got me.'

RP reiterates this idea but says it is not gifts but, completing chores that he uses to

placate his partner.

I can't always say why we would be fighting but, I knew what it meant. It meant I

had less free time. We would have our own chores we were supposed to

accomplish but, if she was mad at me that meant I had to do them all. It didn't

matter if it was cleaning or grocery shopping or getting gas, I had to do it when

she was cross with me…She would get upset with me if I was didn't do these

chores. So, if she was already angry with me then it would be worse if I forgot to

finish something that needed to get done and I didn't want that.

RT says giving his partner a massage when she is upset helps her to cope with the pain

she feels everyday regardless of quarrelsome feelings.

…She has fibromyalgia and this causes her much pain. There is no cure. So,

when she is angry I will give her a back rub. This works wonders for her. If she is

angry with me and I can tell her fibromyalgia is flaring up, and this is bold of me, I

will stay within the combat zone to make her feel better through massage. I may

not think about the short term consequences or what she will say to me and how

the fight will play out. But, I guess I do it because I want her to be happy and

relieve some of her pain…I love her and at the end of the day, her happiness, not

why we were fighting, is all that really matters. If we separate…who will give her

the back rubs she needs from time to time?

Sub Theme Three: Spending Time Together. This may seem like a contradiction of the

first method used by the participants to manage conflict but, two within my study stated this was

how they prevented further relational de-escalation and attempted to promote relational growth, again. WJ mentions how his partner's response to anger necessitated his need to be present during relational strife.

> You know how they say people talk in their sleep? Well my girlfriend would talk or mutter to herself when she was angry. I would try to hide in a corner somewhere and listen to her. She knew I was there but I didn't think she knew I was listening. Anyway, if she would mumble that I was being inconsiderate I would think about what I did to make her feel this way. I figured if I could learn what caused it and fixed the situation, she would not be angry at me anymore…if I was not present when she felt this way, I don't think I could have got this important information and stayed with her as long as we did.

CB states spending time around her partner when he was upset made her feel like a therapist.

> When we fought I did not leave because that seemed to make things worse. No, I stayed there with him and watched him. Most of the time he would say nothing so, I would throw out a few words and watched his response. I wanted to him to talk so I could know what had to be changed or avoided to keep this from happening again. Different emotional states seem to motivate different dimensions of someone's personality. If you can't see how different emotional states influence your boyfriend, then how can you truly know what his personality is composed of?

Attachment or Closeness Results

Use of the retrospective interview technique (RIT) allows researchers to generate quantitative statistics used for comparison or inferences of data (Baxter & Pittman, 2001). Because I used the RIT for qualitative purposes, I did not attempt to provide averages or other computations. I instead chose to merely describe how participants chose to decipher and complete their individual RIT graph.

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Level of attachment or closeness was, generally, very low when participants were describing how they entered into the relationship. All but one participant started their relationship trajectory at zero, the lowest level of attachment or closeness. This lone individual started their relationship trajectory at three.

Four participants followed a linear course to their relational trajectories only moving one "point" vertically at a time. Four participants followed a more exponential trajectory to relational escalation and de-escalation with points either rising by as many as seven points or descending by as many as five. Three participants marked no higher than a five when completing their RIT graph. Two participants actually placed a turning point (TP) at ten, the highest level of attachment or closeness.

Length of relationship was not uniform among participants with length of relationship ranging from six months to eleven years. Six participants ended their relationship trajectories at the extreme right end or absolute farthest point of the RIT graph. Two participants ended their relationship trajectories short of the end of the RIT graph.

For individuals with an ASD who reported upon a relationship that had ended, their relational trajectories always ended at zero. For those who were still actively involved within the relationship, completion of their relational trajectories ranged from five to ten.

CHAPTER 5

DISCUSSION

There is very little research discussing the relational trajectories of individuals with an ASD. Though more scholarly articles have included observations of some individuals with an ASD, many have received information on romantic relationships by interviewing parents, caregivers or even the spouses or boyfriends/girlfriends of these people. The voices of individuals with an ASD have not been sufficiently included within these articles in regard to their perceptions and experiences with romantic intimacy. And it is these relationships that require the most elaborate conversational skills of all, discussing everything from the most complex personal negotiations to the softest, most delicate, emotionally charged issues (Stanford, 2015). Through my research, I was able to acquire and capture the perceptions and understandings of a few individuals with an ASD surrounding their understanding of romantic relational escalation and/or de-escalation.

My research question asked: How do individuals with an ASD interpret and understand relational progression and/or regression and how do they influence the process of escalating and/or de-escalating this dyad? To acquire my data, I interviewed eight individuals who have either been diagnosed or self-identify as possessing an autism spectrum disorder.

The analysis of my data revealed concepts congruent with previous research performed upon couples within romantic relationships. However, my research also revealed findings that are unique to individuals with autism spectrum disorders. These findings both challenge and affirm to the dominate discourses surrounding autism spectrum disorders and romantic relationships.

Eight Key Research Findings

Previous research suggests these turning points are experienced by those off the spectrum and, therefore, are not relationally unique to the ASD population of people. Nevertheless, my research revealed eight concepts on how individuals with an ASD may be influenced by these escalating or de-escalating turning points and why. I will begin with escalating turning points.

Partner as a Social Conduit. Participants describe someone asking about past relationships or wanting to know more about them. This behavior suggested they were more to this person than a casual friend. These kinds of questions signal a desire to form or develop a relationship (Wegner & Emmett, 2009). Several participants saw these occurrences as their first turning point. Initial attachment was, generally, very low with some describing their answers to these early relationship questions as fun at times but annoying and invasive at others.

However, these verbal actions were tolerated as there was a desire on the part of the individual with an ASD to be included or brought into a relationship or social circle. One participant referred to her partner as a "social ambassador" acting as a conduit between her and other acquaintances or potential friends.

Four of my participants viewed being invited by someone to be among unfamiliar people, not talk or questions, as their first turning point. Relational attachment seemed to vary among participants and be related to how much they, either, wanted to be with that particular person or how much they desired to be within a romantic relationship.

Partner Selection Process. During the courting phase of the relationship, some of my participants were describing how they were still formulating their self-identities. They wanted or liked the desire for someone to want to be with them but, could not say if that person was right for them since they were not done exploring the dimensions of their own personality. One participant mentions his interests in computer programming monopolized his thinking to the point to when he started dating he could not talk about anything else but his interest. It was not until his parents coerced him into spending time away from this interest did he discover other facets of his personality such as dancing. It was during a dance class that he met his girlfriend.

The slower relational process may also be the individual with an ASD trying to decipher the self-worth of their partner. That is, they may be trying to find the most qualified person (Roth & Gillis, 2014). They want to see if this person is genuine and tolerating enough to "put up" with them. One participant deliberately overplayed some of his symptoms in order to test the efficacy of a potential relationship with his mate. And/or individuals with an ASD may be trying to find someone who can help them cope with difficulties they experience within their lives such as

adhering to schedules or dealing with circumstances requiring high efficacy at organization, like

taxes. Therefore, these people might be trying to find a mother figure (Attwood, 2008). Only one

participant agreed with this but, several of them did not. However, two did state having someone

to guide them and build self-esteem, like a mother does, was important because they lacked

confidence growing up and still lack this quality within some faculties. Escalation/attachment

ranged from low to high depending on how deep the information they were sharing was perceived

to be. For instance, one's major would not escalate the relationship as much as mentioning one's

fears and dreams.

Action vs. Emotion. Many of my participants identified words and phrases of relational

solidarity indicated they were a couple and the relationship was escalating and served as an

individual turning point. Physical acts from playful hitting and slapping to more intimate acts such

as kissing or even sex also factored into turning point identification and were not always mutually

exclusive from words and phrases of relational solidarity. However, level of closeness or

attachment was not very high early in the relationship because any one could say anything or

perform or these acts and not mean the relationship was monogamous or stable. Level of

closeness, for these particular acts and words, did not go up until after other relational acts, such

as teamwork or assisting behaviors, were demonstrated and observed. Individuals with an ASD

think more logically than emotively. Therefore, more logical actions will carry more relational

importance than emotive ones (Aston, 2012).

For individuals with an ASD sharing space and items also allowed for the identification of

other turning points. Like with words/phrases and/or tactile activities, the gravity of the situation

determined escalation/attachment. For instance, sharing an article of clothing or a calculator

would not escalate the relationship as much as sharing a bathroom or a vehicle.

Navigating Relational Challenges. Performing acts together successfully was another

way turning points were identified. It is important that I mention "successfully" as being able to

work together as a team means proper channels of communication are being found and

implemented. Degree, fluidity and use of communication determines relational efficacy and acts

as a predictor of whether this relationship will remain viable in the future (Byers & Nichols, 2014).

One of my participants stated he and his partner had successfully completed a European vacation together. He marked this as major turning point because if two people can negotiate difficult trials and survive as a couple proves that they can belong together. Many of my other participants echoed this point with similar incidences. The following are key findings pertaining to relational de-escalation.

Differentiating Tone from Content. An indicator that the relationship is beginning to de-escalate is less talk about shared activities (Wegner & Emmett, 2009). A few of my participants mentioned their partners would discuss performing fewer activities they enjoyed together and spent more time with friends or family or by themselves. Many confessed they did not fully understand the implications behind this kind of talk. Lack of Theory of Mind (TOM) or mindblindness, which is the inability to understand the points of view of other people was not blamed for this. Many of my participants mention they understood what their partner was saying or even insinuating. However, this was only after some time had passed contributing to the de-escalation.

For instance, one of my participants described how his partner would use phrases with a sarcastic tone such as "I guess you are going to go out tonight by yourself, again?" His reply was "yes." He would understand what was said but, not how it was said right away. About an hour later he realized why the sarcastic tone was used but, it was too late, his partner refused to converse with him for a few days. Other participants said similar things, echoing how they understand what their partner is saying but, not at the instance it is said. They needed to digest, both, the manifest and latent meanings. Another participant acknowledged how his partner felt like he was mocking her by repeating what she said. He asserted this was his way of understanding the situation. Saying something with repetition allowed him to fully grasp what is being said. These testimonies suggest there has to be some amount of reflection on the part of the individual with an ASD before a cogent response can be produced and conveyed (Aston, 2012).

The content of what was said was viewed as a turning point, as well. A participant mentions how his partner would recite statistics relating to the divorce rate among individuals with

an ASD or would state how autism may be hereditary and they did not want to risk having children who maybe on the spectrum. Such content was understood right away, when said without extreme emotion. Participants say it is easier for them to grasp concepts that are free of emotion (tone and volume of voice, sarcasm, etc.) because all their attention can be focused on the message and not how it is communicated. The interference of emotion many overload their cognitive capabilities leading to a flight or fight response. Reasons for this are believed to be because individuals with an ASD are using the logical rather than emotion side of the brain (Aston, 2012).

      Recuperation vs. Isolation. Discrepancies in relationship functioning stem from poor manipulation of or avoidance of communication (Byers & Nichols, 2014). Many of my participants explain their penchant for spending time alone marked instances of relational de-escalation. One participant explained how he was accused of not caring about the relationship and focused more energy on his hobby of studying sports statistic anomalies. This personal hobby was practiced more often around relational turbulence. Upon being confronted with quarrelsome situations, individuals with an ASD will go into an almost catatonic state (Aston, 2012). He explained to avoid having his mind "blankout" or freeze on him he would immerse himself within his favorite hobby because the cognitive exercise of simply thinking about something, especially something he knew well, would open up channels of thought affording him the opportunity to ponder a communication situation more clearly. In this particular case relational problems. Another participant stated her alone time gave her the opportunity to consider all her options and weight them against each other. One of the most common problems that lead to relational termination is the non-ASD partner felling isolated or lonely (Attwood, 2008). Ironically, this isolation arose out the ASD partner's need to understand and develop communication strategies designed to alleviate theses stresses resulting from seclusion.

      When is it "Cheating?" Infidelity was another reason noted for relational de-escalation. Should infidelity arise, the reasons may be because something other than physical intimacy is lacking such as personal interest or security (Aston, 2012). One participant described how she sought out other men because she explained not one man could possess all the qualities she

found attractive within men. She maintained she would get physically intimate only with her partner but, thought exchanging very personal issues like one's personal fears or her views on politics was fine as long as the other person had something interesting to say. Another participant stated she did get physically intimate with someone other than her partner. But this act resulted not for her need of affection but because her partner controlled the relationship. She said did not know how to explain to him how she felt smothered or how to foster communication of this concept to him. Thus, she thought "cheating" on her partner would persuade him to talk to her. Instead it ended the relationship, which was not her goal. One participant viewed infidelity as occurring because he was not competent enough as a partner. Such logic seems to correlate with concepts that the individual with an ASD is in some way socially deficient and will stay within an abusive or stagnant relationship for the purpose of maintaining a link between them and the "normal" or NT world (Aston, 2012).

   Making Sense of Conflict. During episodes of relational strife, many of my participants mentioned leaving the situation as a way of recovering emotionally and/or giving them the opportunity to think more critically about what caused this turbulence. However, two participants remained present during hostility. They utilized this approach for the purpose of studying their partner's responses to anger eliciting stimuli. One implemented this approach because he would not always understand what made his partner upset and had difficulty understanding her emotions. By spending time around her when she was angry, he could attempt to recognize what made her feel this way so he could remedy the problem and make her feel better. The other participant stated something similar but elaborated on this method by saying spending time together provided her with the opportunity to learn how to predict when another outburst was imminent and prevent it from happening again in the future. Utilizing this tactic of conflict management may also be related to alexithymia explained earlier as the inability to understand emotional states and the meanings behind them (Attwood, 2008., Simone, 2009). The fact that these individuals with an ASD are trying to understand their partners proves dedication to the relationship.

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Turning points related to relational de-escalation were, generally, ranked high (above five) for attachment and showed less graphical variance than when this statistic was used to describe escalation. This suggested, despite relational turmoil, individuals with an ASD perceived their relationship as still very close and viable. However, turning points, specifically, related to relational de-escalation that were based upon less toleration of ASD traits were ranked lower (below five) because relinquishing this disorder was not something they could do and this signified they thought they were being criticized for being on the spectrum.

Questioning Prevailing Views: Unexpected Findings

My research yielded several concepts that were rather unique to my study. These concepts correlated with discourses surrounding possessing an autism spectrum disorder and how these views influenced my participants. Though not directly related to romance, views emanating from these beliefs had some impact upon relational maturation. These discourses relate to autism spectrum disorders being a male and not female neurodevelopmental disorder, how one's perception about possessing this disorder influences interaction processes and how those with an ASD can break from customary modes of formulating and cultivating romantic relationships by creating their own way to practice and show devotion to one another.

The "Male" Brain. As stated earlier, the brains of individuals with an ASD are "wired" differently with more emphasis being placed upon the logical functioning and less upon empathetic functioning (Henault, 2006). Researcher Simon Baron-Cohen has taken this idea further stating those possessing an autism spectrum disorder have an "extreme male brain" or one that is a more advanced or augmented than the typical male brain. Such a brain is more preoccupied with technology, systems and mathematical computations than social or emotional concerns (Jack, 2014). Though there are more men being diagnosed with an ASD than women, the aforementioned discourse promulgates the idea women cannot possess such a disorder at all (Flood, Hare & Wallis, 2011).

Two of my female participants stated how their partners did not accept the autism label. One of them said how her partner tried to "save" her from this disorder. She went on to say her

partner subscribed to the idea that because very few women had this disorder, there must be some treatment out there that can better assist women in overcoming the symptoms than men and threw himself into finding a cure. Another female participant stated her partner used to accuse her of not being dainty. This was based around her choice of clothes, the fact that she wore no makeup and even her table manners. He surmised she was like this because since she had few female friends growing up, thus she did not know how to be a lady. In fact, the medical community used to state boys and girls possessing an ASD were slow developers and could not grasp the concepts of proper gendered traits because they did not socialize frequently enough. Such beliefs have since been dispelled (Henault, 2006).

The discourse of the "extreme male brain" discriminates against some men with an ASD. A male participant, who was very linguistically oriented, told me how a woman attempted to pursue a relationship with him because she assumed since he was on the spectrum and in college he would end up with a decent salary working within the computer industry. She subsequently left him when she found out he was an English major. This same person revealed to me he was discriminated against by those with an ASD while attending a support group. These individuals stated that he must possess some other disorder because to be on the spectrum automatically means you are good at math and computer programming, which he is not.

ASD as a Disorder. Use of the word "disorder" also needs to be mentioned. Having any kind of disorder can be viewed as being weak or deficient to some degree. In fact, the diagnostic criteria, by their very nature, is negative. Words such as "deficits in" or "Impairment of" are found within the definition and classification for ASDs. The potential benefits of having a differently wired brain are not pointed out or fully explained (Stanford, 2015).

Several individuals with an ASD turned down my invitation to interview them. Though they fit the research eligibility requirements, they were not comfortable explaining to me how possessing an ASD factored into their romantic lives. A few who were single told me they blamed possessing an ASD for the demise of their romantic relationships. However, the men who did talk to me said having a positive outlook was immensely important when entering into a relationship. One participant went on to say we all have "quirks" or eccentricities that annoy people. But, if

someone truly loves you they will put up with these behaviors to be with you. Another participant said something similar, saying possessing an ASD is just one dimension of the person. If someone is willing to look deeper and see the complete person, instead of that one facet, only then can a relationship flourish. Individuals who interpret possessing an ASD with a negative point of view doom themselves to the self-fulfilling prophecy that they will fail at everything and anything they do including relationships (Stanford, 2015).

Inventiveness within Relational Practices. Finally, there is the idea that romantic relationships, where at least one member of the dyad possess an ASD, cannot flourish because the symptoms of this disorder will prevent relational maturation (Tullis & Zangillo, 2013). All of my participants described moments of relational de-escalation. But, each persevered by finding ways to build their relationship around possessing an ASD.

For instance, one participant explained how he and his partner have something known as a "relationship schedule." That is, each member can pursue other interests individually, but at certain times they come together to complete couple-oriented activities. The idea of having a schedule allowed him to mentally and emotionally prepare for this time. He went on to say having something like this prevents ill feelings from arising from being neglected or isolated. Another participant says his partner will email or text him important to-do information because being able to visually see something allows him to digest the material better. He went on to say he writes her emails or texts describing his love for her because he can put more time into writing and reworking his message rather than just saying it to her. More effort put into these "love notes" means a greater display of love, from his point of view.

People who are autistic are, in many cases, their own best advocate and need to think about what they, individually, want or need and not what other people tell them they should want or need (Nadesan, 2005). This applies to being part of a romantic relationship and knowing one's role within it, as well as, knowing how to successfully perform that part. Having a realization of how an ASD affects the relationship can help the couple build for the future. Along with this mode of thought, couples where at least one member has an ASD, need to relinquish traditional roles

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and create their own kind of romantic relationship. If they do, their relationships can be successful (Aston, 2012., Stanford, 2015).

Limitations

My research study produced rich data on how people with an ASD understand turning points within romantic relationships. However, this study does have limitations and they must be acknowledged. First, several of the participants self-identified as possessing an autism spectrum disorder, but such a diagnosis was not confirmed for this study. As mentioned earlier, the purpose behind this decision was to prevent eliminating potential participants through enacting rigid eligibility requirements. However, future efforts should be made to ensure a participant does in fact possess an ASD. Symptoms of autism spectrum disorders mimic other communication based disorders (Attwood, 2008). Because of this, someone may identify as having an ASD but, they in fact might not possess this disorder but something else. Therefore, any relational difficulties could stem from issues not related to or arising from possessing an ASD, possibly tainting research validity.

Second, the stipulations for participating within this study were being able to give consent, having the ability to answer complex relational questions, taking care of oneself without the aid of a caregiver and having been within a relationship for a minimum of one month. However, the eligibility requirements for this study discriminated against those who have lower verbal ability as well as those who require the aid of a caregiver. Members from this ASD population may have been involved within a romantic relationship albeit under the auspices of a caregiver. Love and romance are experienced differently by people of all ages and cultures. People possessing some kind of disorder are no exception. Including information and perceptions on how these people understand relational escalation and de-escalation would complement this study.

Third, the sample size of this study was very small. Eight people were able to present rich and descriptive information on how they understood and influenced turning points. However, because of the limited research sample of my study, these results cannot be generalized to the

larger population of those possessing an ASD who have at some time in their life been involved within a romantic relationship. A larger sample of participants adhering to the requirements for this study would yield more generalizable data allowing for more common themes to be identified and articulated.

Finally, with the exception of one person the majority of the people within my study were not within a relationship for more than ten years. People with an ASD need more time to process information, especially emotional information, than someone who is not on the spectrum (Aston, 2012). Relational maturation is no different. More comprehensive and thorough data can be obtained if couples, where at least one member has an ASD, who have been together for ten, twenty or even thirty or more years could be included within a study similar to this. Including a sample of these people with this much relational experience will give greater merit and meaning to how turning points are understood and recognized by those with an ASD.

Areas of Future Study

Recent studies have determined people with an autism spectrum disorder do desire to be involved within a romantic relationship. Like with neurotypical or NT individuals or those who are not on the spectrum there appears to be much variance, a lack of consistency and many different methods to demonstrating, expressing and understanding how romantic relationships, among those with an ASD, are constructed, maintained and shared. Unlike NT individuals, romantic relationships involving one or both members possessing an ASD may be unique because sensory sensitivities and interpersonal communication difficulty may alter the interaction patterns and dynamics used to create and escalate the relationship creating even more diverse ways to experience being part of such a dyad.

Additional research needs to be directed at understanding how adolescent friendships affect relational trajectories as an adult. There are advantages to having friends as a youth. Research evidence suggests that autistic children without any friends may be at risk for later communicative difficulties and a delay in emotional development, low self-esteem and the fostering of anxiety and depression as an adult (Attwood, 2008). Through participating within a

friendship, whether same sex or opposite, individuals with an ASD learn how to implement relational skills, such as negotiating, at an earlier age (Muller, Schuler & Yates, 2008). This skill is paramount to successfully contribute to the process of social exchanges prevalent within relationships (Byers & Nichols, 2014). Through friendship, they will be able to integrate rules dictating proper ways to behave and function socially (Henault, 2006).

The rules of friendship provide a phenomenally solid foundation for marriages and long-term relationships. It is hypothesized that unless an individual with an ASD has learned and practiced the rules of friendship, they cannot be expected to know and practice them naturally, especially within a complex relationship. Without the natural ability to make and keep friends, an individual with an ASD may be left without the means of forming other positive relationships to counteract possible damage done from bullying as a youth (Attwood, 2008). Bullying affects an individual with an ASD by fostering distrust, suspicion and fear of people in general. They may perceive people as acting irrationally, cruelly and without respect influencing use of poor methods and strategies to communicate with other people and, possibly, stunt or prevent relationship genesis and escalation and promote termination of existing dyads (Stanford, 2015). An examination of peer relationships and friendships, as a youth, can dictate and explain quality, stability and maturity later in life (Aston, 2012).

One of my participants identified as being bisexual. Additional research could also focus on how sexual orientation is constructed and understood among individuals possessing an ASD. To date there is no empirical data available on the frequency of homosexuality among those possessing an ASD. This statistic is hypothesized to be high because more males are diagnosed with an ASD than females and because it may be less intimidating to establish a romantic relationship with someone who is "similar" to them in regards to interpersonal communication skills. Prior sexual experiences are important and individuals with an ASD, for whom repetition and routine are important elements of behavioral repertoire, are likely to repeat previously satisfying sexual experiences whether they are homo-, bi- or heterosexual (Henault, 2006).

Another hypothesis for homosexuality among individuals possessing an ASD is in response to a reaction to an adverse situation or event. Males may act feminine or dress in

clothes, generally, thought to be more appropriate for women as a way to make the differences between they and someone not possessing an ASD go away or disappear. This behavior is thought to aid in making this person more socially accepting. Females may act masculine or dress in more male appropriate clothes because they may possess a flexible attitude or image of sexuality that is idiosyncratic only to themselves. This may give the superficial impression of homosexuality because those with an ASD may not understand the social cues behind certain mannerisms or their choice of apparel allowing for these behaviors and choices to be very often misinterpreted (Aston, 2012., Henault, 2006). Future studies could provide information that could potentially confirm or dispel myths that there is a greater incidence of homosexuality among individuals with an ASD than compared to other members of the general population and, further, attempt to understand how homosexual ASD relationships function.

I was able to interview four women for my study and they were able to present insights

As stated within my methodology, as part of the recruitment process, I posted flyers within university buildings where engineering, chemistry, physics, mathematics and computer science classes are taught. Though more women are taking curriculum relating to these subjects, such classes are still very male dominated. There is a 4:1 ratio for men being diagnosed or identifying as having an ASD, than there is for women. (Flood, Hare & Wallis, 2011). It is possible men may be more likely to possess an ASD than women or it may be because hegemonic male discourses may lead to women being under diagnosed or misrepresented within the medical literature. Part of the reason for this is because women may be better able to hide or disguise the traits and symptoms of this disorder, these same traits or symptoms may take on different forms or be expressed differently within women than men and, finally, women may be more likely to receive a diagnoses of bipolar disorder, schizophrenia or anorexia since these disorders are believed to be more feminine disorders than masculine (Jack, 2014).

I was able to interview four women for my study and they were able to present insights congruent with their male counterparts and views that were divergent, as well. Therefore, how women with an ASD understands, deciphers and navigates communication and interaction processes needs to be better explored in order to develop a more comprehensive understanding of how this neurodevelopmental disorder affects those possessing it.

All but two of my participants identified as being non-Caucasian. The information they presented to me was similar to that of their Caucasian counterparts. However, the testimony of two people is not representative of their whole race or other races, for that matter. With the incidence rate of this disorder appearing within other races with greater frequency, more research needs to be explored in knowing how this disorder affects non-Caucasian people, as well (Currenti, 2010).

A few of my participates mentioned a relationship was more likely to be viable and fulfilling if both partners had an adequate amount of time to get to know each other, as the relationship progressed. As stated previously within this study's limitations, more research needs to be conducted on ASD/ASD or ASD/non-ASD relationships that have escalated to deeper relational levels and at the same time have endured over a long period of time. Studies focusing on couples that have been together for ten, twenty, thirty or more years can explain much about how intra relational dynamics effect dyad viability. That is, concepts relating to relational escalation and de-escalation, as well as, conflict management strategies can be explored to determine if they are similar to what was discovered in this study or different. And, if they are different, how much so? Also, potential researchers may reveal if these concepts and strategies remain static over time or evolve. And, should they evolve, to what degree?

The context the couple resides within may also be studied to understand how it shapes and influences the couple's perceptions of the dyad. Individuals with an ASD are more comfortable with people they already know well and may stay or return to an old lover more readily than enter into a relationship with someone new (Simone, 2009). It is hypothesized reasons for this is because individuals with an ASD are less likely to be coerced into showing emotion, criticized for deficits within interpersonal communication skills and understanding and reprimanded for not reciprocating disclosure of personal information (Aston, 2012).

Conclusion

The expression and identification of romantic affection is just as important for individuals with an autism spectrum disorder as it is for those who are not on the spectrum. There is much

diversity between how participants of this study identified turning points and implemented strategies for keeping the dyad viable. However, despite this variance all participants stated being a member of the relationship was very significant for them.

Autism spectrum disorders are recognized by deficits within interpersonal communication as well as understanding and identifying their own emotional states and those of others. This lack of social skills may prevent or terminate current or prospective relationships. Aside from medication, which may lessen the symptoms of autism spectrum disorders, there is no known cure. However, support and advocacy can assist individuals with an ASD survive and even thrive socially (Simone, 2009., Stanford, 2015). Guidance and/or self-assistance aimed at improving social competency will also improve relationships by allowing these individuals the opportunity to explore and manage their emotions, decode basic nonverbal messages and understand interpersonal interactions better (Henault, 2006).

Autism spectrum disorders are considered developmental disorders and will improve over time as the person learns and grows. Success at understanding emotions and demonstrating proper communicative reciprocity may occur at a slower rate than individuals not possessing an ASD, but it will occur (Aston, 2012). Upon entering into a relationship, those possessing an ASD will work hard to do the things their partner enjoys. In effect, they prove affection and commitment by stepping out of their comfort zone to achieve this. Likewise their partner will need to assess their own needs and aspirations for the relationship and try to create their own niche within the dyad in order to sustain and maintain it (Stanford, 2015). Men and women possessing an ASD have a lot to offer to a romantic relationship but, what they can offer can only be appreciated if the time is taken to understand and accept who and what they are.

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APPENDIX A

RECRUITMENT FLYER

Volunteers Needed to Participate Within a Study to Learn About How Relational Turning Points are Understood and Recognized by Adults With Asperger's Syndrome or an Autism Spectrum Disorder

*Are you over 18 years old and self-identify or have been diagnosed with Asperger's Syndrome or an Autism Spectrum Disorder?

*Are you currently or have you been within an intimate relationship for a minimum of one month?

*Would you be willing and able to talk about your relational highs and lows? Hello, my name is Michael B. Montpetit. I am a graduate student at Arizona State University and are currently performing a study designed to determine how relational turning points (knowing when a relationship has progressed from being just friends, to something deeper and intimate or regressed from identifying as a couple to viewing oneself as single) are identified and understood. If you answered yes to any of the above questions, you might be eligible to participate within my study. Data collection will be in the form of one interview lasting around 30 minutes. Compensation, in the form of a gift card, will be offered to willing participates. If interested, please email me at either of the below addresses for more information.

XXXXXX@asu.edu   or   XXXXXX@yahoo.com

APPENDIX B

IRB ACCEPTANCE LETTER

EXEMPTION GRANTED

Vincent Waldron
Social and Behavioral Sciences, School of 602/543-6634
VINCENT.WALDRON@asu.edu Dear Vincent Waldron:
On 9/29/2015 the ASU IRB reviewed the following protocol:

Type of Review: Initial Study
Title: Understanding Intimate Relational Escalation and De- escalation among High
Functioning Individuals Possessing an Autism Spectrum Disorder

Investigator: Vincent Waldron IRB ID: STUDY00003251
Funding: None Grant Title: None Grant ID: None
Documents Reviewed: • revised consent, Category: Consent Form;
• MMrecruitFlyer.pdf, Category: Recruitment Materials;
• Interview questions, Category: Measures (Survey questions/Interview questions /interview
guides/focus group questions);
• revised protocol, Category: IRB Protocol;

The IRB determined that the protocol is considered exempt pursuant to Federal Regulations 45CFR46
(2) Tests, surveys, interviews, or observation on 9/29/2015.

In conducting this protocol you are required to follow the requirements listed in the INVESTIGATOR
MANUAL (HRP-103).

Sincerely,

IRB Administrator

cc: Michael Montpetit
Michael Montpetit

APPENDIX C

CONSENT LETTER

Understanding Romantically Intimate Relational Escalation and De-escalation Among High Functioning Individuals Possessing an Autism Spectrum Disorder

My name is Michael B. Montpetit and I am a graduate student working under the direction of Dr. Vincent Waldron within the New College of Interdisciplinary Arts and Sciences at Arizona State University. I am conducting a research study to understand how individuals 18 years or older and possessing Asperger's Syndrome or an Autism Spectrum Disorder understand when and how casual friendships progress to something more romantically intimate and/or regress from being involved within a relationship to identifying as single. I plan on doing this by interpreting and/or understanding behaviors used to signal a desire to be closer, relationally, or remain at a less intimate level.

If you wish to participate within this study you will, first, be asked to answer a few questions based upon demographics (age, sex, race and age when ASD was diagnosed or discovered). Second, participants will be asked to answer a few relational questions (sexual orientation, number of past relationships, longest relationship and current relationship status). Third, participants will be asked to graph any romantically intimate relationship, current or pervious, by, first, labeling the length of the relationship (weeks, months, years) then placing a dot to mark or represent an event or turning point (relational milestone) perceived to signal a desire for greater closeness or solidarity. These dots will be connected by lines after all relational milestones have been identified. Finally, participants will be asked to explain how and why they understood these relational milestones or turning points to advance or regress their relationship. These interviews will be audio taped for the purpose of being transcribed later. The interview will not be recorded without your permission. Please let me know if you do not want the interview to be recorded; you may also change your mind after the interview starts, just let me know. These interviews will range between thirty and sixty minutes.

You have the right not to answer any question that makes you feel uncomfortable. Your participation within this research is strictly voluntary and you may withdraw from the study at any time.

Participants will be compensated for their participation, in the form of a $10.00 gift card. However beyond that, there may be no personal benefits from participating within this study, beyond the sharing of relational experiences with the interviewer. However, it is hoped and anticipated individuals possessing a ASD may benefit, in general, from this study because, of the potential information that may be gained from understanding how relational escalation/de-escalation (milestones) are determined. Such research may help to create support services devised specifically around individuals possessing an Autism Spectrum Disorder

and improving relational efficacy. There are no foreseeable risks or discomforts to your participation.

Audio tapes and notes will be placed within a folder and stored within a locked room. These same audio tapes and notes will be destroyed at the conclusion of the research study. This study is expected to conclude in March 2016. The results of this study may be used in reports, presentations or publications but your personal name will not be used. A pseudonym will be assigned to all research participates. When talking about current or former partners, please do not use their real name or refer to them only by their first name.

If you have any questions concerning the research study, please feel free to contact Michael B. Montpetit at (XXX) XXX-XXXX or XXXXXX@asu.edu or Dr. Vincent Waldron at (XXX) XXX-XXXX or XXXXXX@asu.edu. If you have any questions about your rights as a subject/participant within this research project, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects Institutional Review Board, through the ASU Office of Research Integrity and Assurance, at (XXX) XXX-XXXX or by email at XXXXXX@asu.edu. Please let me know if you wish to be part of the study. By signing below you are agreeing to be part of the study.

APPENDIX D

RESTROSPECTIVE INTERVIEW TECHNIQUE (RIT) GRAPH

High (Attached)

Level of
Relational
Escalation
(Closeness)

Low (Separated)

0

Timeline
(Months/Years)

Name: Sexual Orientation:

Age: Number of Past Relationships:

Sex: Longest Relationship:

Race: Current Relationship Status

Age when diagnosed
or discovered:

APPENDIX E

INTERVIEW QUESTIONS

Background Information

Demographic Information:
1. Age
2. Sex
3. Race
4. Age when ASD was diagnosed or discovered

Relational Questions:
1. Sexual orientation
2. Number of past relationships
3. Longest relationship
4. Current relationship status

Question Prompts

Learn about Turning Points
1. I would like to know about the history of this relationship, from the time you met until now. How would you describe it in your own words?
Note: Repeat the questions below for each change the interviewee can remember.
2. Now I would like to focus on turning points in your relationship. Turning points are times when you thought the relationship was getting closer or more distant.
a. What was the first time you noticed a change in closeness?
b. Was this an increase or decrease in closeness?
c. One a one to ten scale (one is very small and ten is very large), how big of a change was this?
d. Please tell me what you remember about this change. What happened?
e. What did you or the other person say? Do? Feel?
f. Why do you think this change happened?
g. Looking back now, what do you think were the effects of this change?
h. What else should I know to understand this change in your relationship?

Moving toward Attachment:
1. How do you communicate to someone that you want to go from being just friends to being romantically involved?
2. What has been an awarding experience for you since entering the relationship?
3. How do you see yourself within the relationship?
4. What do you do to maintain or demonstrate affection within the relationship?
5. What does your partner do to show or prove you are a couple?

Moving toward Separation:
1. How do you communicate to someone when you just want to be friends or end the relationship?

2. What would happen to make you want to end the relationship?

3. How do you maintain a friendship but prevent it from escalating to something more exclusive?

4. How do you recognize and manage relational conflict?

5. How does your partner prove or demonstrate the two of you are no longer a couple?