



'At the End of the Day, It's Love': An Exploration of Relationships in Neurodiverse Couples

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Abstract

Most autistic people report challenges in initiating and developing intimate, long-term relationships. We used a phenomenological approach to interview thirteen people who were in a neurodiverse intimate relationship (where one partner had a diagnosis of autism) in order to explore the challenges and facilitators both neurotypical and autistic partners experienced. Analysis revealed that ND relationships progressed along similar pathways as non-ND relationships. Facilitators included the strength-based roles that each partner took on and the genuine support and care for each other. Challenges were reported in communication, difficulties reading and interpreting emotions, and idiosyncratic characteristics of the autistic partner. Strategies that both partners used to cope with these challenges and their perspectives of relationship-support services are also presented.

Keywords Autism · Intimate relationships · Neurotypical · Partners · Relationships · Support services

Terminology: This research study was initiated by and partially co-designed with a neurodiverse couple. Following the preference of many autistic adults, 'identity-first' language using the terms 'autistic individuals/adults/people' will be utilised (Kenny et al. 2015). The interviewees in this study often used the term 'aspie' or 'aspies' to describe people living with Asperger's Syndrome, which was a previously used diagnosis that now falls under autism spectrum disorder as per the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (American Psychiatric Association (2013)). Neurodiverse (ND) is a term that

describes individuals with neurological, cognitive, or behavioural differences (Kapp et al. 2013; McGee 2012; Muskat 2016) that is used to indicate that variations are a natural part of human diversity (den Houting 2019). The interviewees in this study chose to refer to their relationship as 'neurodiverse', meaning that there was a diversity of neurological functioning within the relationship. In this paper, people who do not have autism will be referred to as neurotypical (NT), while an ND relationship includes one NT partner and one ND partner. All ND partners in our study had an autism diagnosis.

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Introduction

For many, finding a life partner and committing to a relationship is a major life goal (Luciano and Orth 2016). Romantic relationships are one of the most positive and influential experiences in one's life (Kawamichi et al. 2016). Relationships can provide security, a sense of belonging, greater meaning in life (Winterheld and Simpson 2011), and positively influence physical and mental health and wellbeing, including decreased mortality and lower risk of developing depression (Karney 2014). Individuals in a relationship experience fewer chronic illnesses, lower rates of mental illness, and are less likely to smoke or drink alcohol

(Cunningham et al. 2016). Romantic relationships can also positively impact self-esteem and confidence (Luciano and Orth 2016), offer social support, companionship, physical intimacy, and love (Rhoades et al. 2011). While relationships have many benefits, sustaining a robust long-term relationship can be challenging (Karney 2014).

Defining the features of a healthy relationship is difficult, but satisfaction and stability have been reported as reliable indicators of a quality relationship (Shafer et al. 2014). Satisfaction refers to how content the individual is, whereas stability refers to how secure the individual feels in the relationship (Shafer et al. 2014). Maintaining relationships can require hard work, as both partners need to be supportive and understanding of each other's changing needs (Shafer et al. 2014). Positive communication and conflict resolution skills are crucial to initiating, building and sustaining relationships (Cunningham et al. 2016). The ability to demonstrate empathy within a romantic relationship is positively associated with partner satisfaction (Cunningham et al. 2016). In contrast, difficulties with displaying empathy are often directly linked to difficulties in social communication (Lampert and Turner 2014).

Many autistic people experience an array of challenges, including communication (Terrett et al. 2013), understanding social cues, and developing and maintaining relationships (American Psychiatric Association 2013). As autism is a lifelong condition, difficulties tend to persist from childhood throughout adolescence and adulthood (Randall et al. 2016; Whitham 2013), which are the pivotal times when long-term relationships form. Most autistic people report challenges in initiating and developing intimate, long-term relationships (Terrett et al. 2013). For some autistic people, the challenges in communication and interpreting social cues can result in limited social interactions and thus diminished opportunities to develop romantic relationships (Cunningham et al. 2016). Autistic people have fewer social relationships in comparison to the general population, with only 14% reporting that they are married or in a long-term relationship (Strunz et al. 2017) compared to 43% to 45% of all Australians (Australian Bureau of Statistic 2019). Given that individuals in healthy romantic relationships report a higher quality of life satisfaction and live longer (Cunningham et al. 2016). A meta-analysis reported a large difference in quality of life between people with and without autism, in children, adolescents, adults, and amongst the elderly (van Heijst and Geurts 2015). It is disheartening that the majority of autistic adults have limited to no experience with romantic relationships (Winterheld and Simpson 2011).

There is an increasing understanding that autistic people do get married, do have children, and can sustain a long-term relationship, and that these relationships sometimes includes an ND and an NT partner (Bostock-Ling et al. 2012). Research indicates that most autistic people desire and want to pursue

romantic relationships (Strunz et al. 2017), yet there is a dearth of research investigating their relationship experiences (Whitham 2013). The majority of previous studies detailed the romantic experiences of autistic people from the perspectives of NT partners or caregivers as opposed to ND individuals (Whitham 2013). From the few studies that have been published, research has shown that an ND relationship can present different challenges that both partners need to adapt to (Strunz et al. 2017) with communication difficulties reported as a central tension in the relationships (Hode 2014). Autistic people have been reported to adopt a more direct, literal, and logical communication style, which can be misinterpreted by their NT partner (Hode 2014). Research has also reported that the NT partner expects the autistic partner to change the way they communicate as the relationship progresses, which the autistic partner feels that they are unable to do (Hode 2014). A study exploring the satisfaction of NT women in relationships with an Asperger's Syndrome partner showed that NT partners experienced a decline in their overall health and wellbeing (Bostock-Ling et al. 2012). During the relationship, the NT partner felt confused, frustrated, and lonely as their autistic partner was unable to effectively communicate, provide emotional support, and engage in shared activities (Bostock-Ling et al. 2012). Another study detailed the importance of both partners learning to adapt to each other's differences; however, NT partners often lacked the skills and knowledge of how to do this (Lewis 2017). The study reported that ND couples wanted and needed help navigating these challenges in their relationship (Lewis 2017). More than 35 randomised control studies have reported that couples' therapy assists in the reduction of relationship distress (Petch et al. 2014), however, no studies were found that investigated the support services that ND couples accessed.

To date, there is no previous research that explored the ND relationships from the perspective of the autistic partner as well as the NT partner nor the relationship-support services that ND couples accessed. Minimal research has explored the needs of each partner within an ND relationship (Strunz et al. 2017). Hence, the objectives of our study were to:

1. Describe the challenges and facilitators of ND relationships from the perspective of both neurotypical and autistic partners; and
2. Explore the experiences of ND couples regarding relationship-support services that they had accessed during the relationship.

Methods

Design

A phenomenological approach was chosen for this study in order to understand neurodiverse couples' behaviours and interpret the meaning that these individuals ascribe to their experiences (Creswell 2007). Phenomenology recognises that participants are experts on their own experience and are most knowledgeable about the phenomenon being researched (Allan and Eatough 2016).

Participants

A purposive sample of 13 individuals currently in an ND relationship were interviewed. Recruitment flyers were distributed by email to two support groups, one for NT partners in an ND relationship and the other providing support to those affected by Asperger's Syndrome.

The first, second and fourth authors also attended a monthly support group meeting to distribute flyers and recruit participants. Individuals who were interested in the study contacted the first author by phone or email to arrange a suitable time and location for an interview. Those eligible to be interviewed met the following inclusion criteria: (a) currently in or have previously been in an ND relationship lasting three months or longer as it was assumed that three months would be adequate time to establish a mutual understanding of their partner and to cultivate a commitment to the relationship (b) the relationship consisted of one NT partner and one autistic partner, where the autistic partner has a self-reported diagnosis of autism spectrum disorder,

including Asperger's Syndrome (i.e. they self-reported a formal ASD diagnosis), (c) currently live in Australia, (d) are proficient in English, and (e) are aged 18 years and over.

Of the 13 participants, one was an NT individual whose partner chose not to participate, and the rest were ND couples. All participants were currently in an ND relationship lasting three months or longer. Interviewee demographics are listed in Table 1.

Materials

The semi-structured interview guide included a mixture of 13 open-ended, and direct questions aimed to capture the participants' experiences in their own words (Serry and Liamputtong 2013). Interviewees were asked about how and when they met their partner, how and when they realised that they were in an ND relationship, facilitators and barriers within the relationship, and their experience of relationship-support services. The same questions were asked to both ND and NT partners. An ND couple were selected to pilot the semi-structured interview questions, which resulted in no questions being changed. Data from the pilot interviews were included in the analysis with the participants' consent.

Procedure

Each participant was interviewed individually. The first author conducted all interviews, either in the participants' home or via a video call. Before commencing the interview, the participants were given a participant information statement and signed a consent form. They then completed a paper-based survey that asked for demographic data, including age, marital status, gender, length of the relationship,

Table 1 Demographics of all interviewees

Couple	Participant pseudonym	Age bracket	Marital status	Gender	NT or autistic	Length of relationship
1	Amy	45–54	Married	Female	Autistic	30 years
	Ben	65+		Male	NT	30 years
2	Carly	65+	Married	Female	NT	40 years
	Daniel	55–64		Male	Autistic	40 years
3	Fran	55–64	Married	Female	NT	41 years
	Ethan	65+		Male	Autistic	41 years
4	Grace	65+	Married	Female	NT	40 years
	Henry	65+		Male	Autistic	40 years
5	Ivy	45–54	Married	Female	Autistic	27 years
	John	45–54		Male	NT	27 years
6	Ken	25–34	Married	Male	Autistic	3 months
	Leo	25–34		Male	NT	3 months
7	Mary	25–34	Defacto	Female	NT	7 years

NB: Pseudonyms and age brackets were used to maintain the confidentiality of the participants

state they currently live in, and diagnosis (or no diagnosis). The interview commenced once the consent form had been signed. Participants who elected to use video calls emailed the signed consent form before their interview. Interviews lasted between 30 and 150 min and were digitally audio-recorded.

Data Analysis

All interviews were transcribed verbatim and pseudonyms were created for participants to ensure confidentiality. Transcripts were exported to QSR International's NVivo 10 software (NVivo 2012) for data management and analysis. Colaizzi's descriptive phenomenology was used to analyse the transcripts, in order to achieve a deeper understanding of a lived experience and the meanings associated with it from the perspective of the participants (Morrow and King 2015). Following the steps in Colaizzi's method, each transcript was read several times to gain an understanding and familiarity with the data (Sanders 2003). Each transcript was then read again, and significant statements were identified that highlighted the participants' experience (Sanders 2003). Using these statements, emerging meanings and themes were documented in NVivo and grouped into clusters (Sanders 2003). Each subsequent transcript underwent the same analysis process. An audit trail was completed to address the trustworthiness, credibility, and confirmability of the study. The first author (RS) analysed all 13 transcripts. One co-author (NG) also analysed six randomly selected transcripts and interpretations were then compared. Discussions regarding any discrepancies were conducted until consensus was reached. Once all transcripts had been analysed, the research team (RS, MF, JN, and NG) met to review and finalise the themes and sub-themes collaboratively. Finally, a detailed description of themes and the reduction of these to the key and fundamental sub-themes were created (Sanders 2003). Member checks were also used to determine whether participants felt that their experiences had been accurately represented and to identify potential misinterpretation and research bias (Merriam 2009). All participants were offered the opportunity to member check. Four participants provided

input, and minor changes were made. Once preliminary results were available, an ND couple provided feedback on the collated themes to further the understanding of the results.

Ethics

This study was approved by the Curtin University's Human Research Ethics Committee (HRE Number: 2018-0075).

Results

Four main themes and five sub-themes were developed to describe the lived experience of ND couples (Table 2). The themes and sub-themes will be described with direct quotes from the participants using their pseudonym.

Theme 1: Progression of a Neurodiverse Relationship

All participants described a similar progression of their relationship. They all recalled meeting their partner for the first time, dating and falling in love, tackling and overcoming challenges together, and making the commitment to continue the relationship. Leo (NT) described what initially attracted him to his partner and how he began to fall in love,

...it's not just his goofy smile. Even the first time that I met him I could tell that he had a really big heart. As I got to know him and I started dating him, there's just so much more to everything that he does. Biggest, kind-hearted person out there.

All participants described how they worked together when facing challenges in the early stages of their relationship. Ben (NT) explained, "We use each other's strengths... she helps me overcome breakthroughs, challenges, problems that we have". While there were ups and downs in each relationship, all couples were committed to continuing the relationship. Amy (autistic) explains, "There's too many positives to end the relationship, we will never part...we

Table 2 Themes and sub-themes

Themes	Sub-themes
1. Progression of a neurodiverse relationship	
2. Challenges within a neurodiverse relationship	2a. Communication challenges between partners 2b. 'Aspie' characteristics 2c. Challenges relating to differences in interpreting and expressing emotions
3. Facilitators of a neurodiverse relationship	3a. Strategies to deal with the challenges 3b. Diagnosis relief
4. Perceptions about relationship-support services	

support each other, we do need each other to get through”. All couples described a similar trajectory from meeting each other, getting to know each other, and then to making the decision to commit.

Theme 2: Challenges Within a Neurodiverse Relationship

Participants described a number of challenges they experienced during their ND relationships. These challenges were related to communication challenges between partners, the ‘aspie’ characteristics of the autistic partner, and challenges relating to the differences in interpreting and expressing emotions.

2a. Communication Challenges Between Partners

Most participants reported that communication between the partners was the biggest challenge, especially early in the relationship. However, as the relationship progressed, they developed methods to better understand each other. Some of the methods that the couples implement to overcome these challenges are presented in Theme 2c and 3. Grace (NT) discussed a major challenge she faces with communication with her partner,

I realised that he can't be my best friend like I had it before because of his limitations...he can't give me my needs because he doesn't see them, he doesn't perceive them and doesn't ask about them...I often feel alone in our relationship because he's not quite with me.

Many NT partners described how their partner interpreted and translated communication differently. Carly (NT) stated, “He would translate things wrong all the time yeah. Because I would speak... metaphorically...he would translate it completely different.” Most NT partners explained the importance of clear and direct communication with their partners as the ND partner often interpreted statements literally. Mary (NT) explains, “You have to be super clear. This is how I am feeling. This is what has caused it. This is what you can do to make it better. This is what you can do to fix it”.

Similarly, the autistic partners also expressed difficulty communicating with their NT partner. Amy (autistic) described her NT partner's communication as “He's so neurotypical and so fluffy...he does a lot of assuming...it's all neurotypical...it's all superficial.” The autistic partners reported difficulty knowing what to say, how to respond, and how to express themselves to their partner. Henry (autistic) stated,

Most of the time I cannot express myself...what my feelings are...she can do it very well, so in other

words we end up like, summarising that I am doing the wrong things and she's doing the right things because I cannot, not convince her, but express rightly how I feel.

Ethan (autistic) further elaborated,

Fran will say something at length...I don't have the skill when to contribute to the conversation without interrupting... frequently she'll make a statement and I don't say anything, she'll say I'm supposed to say something but I don't know what to say.

The communication challenges lead some participants to report a strong sense of negative self-worth, feeling “... very lonely...” (Fran, NT), and being isolated within their relationship. Ethan (autistic) described how the communication challenges impacted his emotional state, “...not being able to work things out, not being able to respond to things done or what to do...you feel deficient...disappointed.” Despite the emotional impact, most couples reported an array of techniques to diminish and cope with the ever-present communication challenges.

2b. ‘Aspie’ Characteristics

Participants described the autistic partner often exhibited a range of idiosyncratic characteristics that created challenges in the relationship. For example, some participants reported that their autistic partners were highly sensitive to sound, light, or touch. The majority of the following quotes are from NT partners as they were the ones who overwhelmingly commented on this theme. John (NT) explained, “...There'd be noise. There'd be light. (She) couldn't handle the light. She'd have to shut the house down. Noise, you'd have to turn the noise off. If I looked a certain way, she'd flip out”. Changes to plans and routines were often reported as difficult for the autistic partner, which meant that the NT partner needed to be more flexible and accommodating. Fran (NT) gave this advice, “Be prepared to change. The NT partner is the one that's going to have to make the most changes”. Mary (NT) found the need for structure to be a significant challenge with her partner, “The classic thing that I suppose is we can't change plans ever. We have to have a plan for every single weekend and stuff. That has to be absolutely set in stone, and it's a nightmare if it changes”. Ethan (autistic) also acknowledged the challenge of being inflexible, “... Asperger's people are not as flexible, not as easy, don't deal with the unexpected as well as neurotypicals I think, and that has been a problem for us”. The idiosyncratic characteristics of the autistic partner tended to result in the

NT partner needing to be flexible and commit to the daily and weekly structures and routines.

2c. Challenges Relating to Differences in Interpreting and Expressing Emotions

Participants reported that the autistic partner found the interpretation and expression of emotions to be complicated. Daniel (autistic), acknowledged how his diminished empathy impacted their relationship, “It’s probably made it more selfish, not having the empathy”. Mary (NT) also discussed how initially her partner misinterpreted her feelings and perspective, “He had a lot of trouble with empathy...he could just not understand anyone else’s perspective ever”. Some NT partners reported that when they explicitly explained to their ND partner what they needed and how they preferred them to react, then the autistic partner was often able to provide the necessary support. Grace (NT) further explained, “Yeah communication and sympathy. When I know, when I remember to ask for what I need he’s fantastic. But if I don’t ask chances are it won’t come to me. I won’t get it”. The difficulties in interpreting and expressing appropriate emotions also tended to leave the NT partner feeling somewhat isolated in the relationship, as Grace (NT) detailed, “I often feel alone in our relationship because he’s not quite with me.”

Theme 3: Facilitators of a Neurodiverse Relationship

All participants described an array of positive features within their relationship that facilitated the formation and continuation of the relationship. The sub-themes that were identified are strategies to deal with the challenges and diagnosis relief.

3a. Strategies to Deal with the Challenges

Participants emphasised the importance of regularly reflecting on the positive aspects of their relationship. Throughout their relationship, partners acquired a deep understanding of each other. The NT partners used this innate understanding to support the social challenges that the ND partner faced. Ben (NT) described how in social situations he provided his autistic partner with extra support if he noticed she was becoming anxious. John (NT) described how he and his wife created non-verbal signals,

...like wiggling your toe, and when you do that, I know that I have to pull you out of this situation, or come get you out, whatever the situation. So, we actually worked out signals...I knew when she’d get uncomfortable... I’d come in and just take the situation over.

For some NT partners, it was imperative to create a social life external to the relationship. This gives the NT partner

the opportunity to have their needs are met, such as socialising with friends and family, but it also provides the autistic partner with their own time to de-stress and unwind. Ben (NT) explained,

I think that for an NT person...create a life for yourself, you know, a neurotypical life outside of it so that you can actually feel normal so you can feel neurotypical. Fill yourself as an NT...fill yourself up so you have more to give to relationship.

While Ivy (autistic) added:

It’s not that she doesn’t like you, it’s because she has Asperger’s, and she has a limited amount of face time before she just has to have a break. He’s been really great with that, because he’s taken that on board and enabled us to have friendships where they might not have been able to be as smoothed over if that wasn’t the case.

All participants described positive aspects of their relationship with the strengths being embedded in the couples’ support and care for each other. Participants described the distinctive roles they embedded in their relationship. The autistic partners were described as direct, logical, intellectual, and loyal. Mary (NT) referred to her partner as, “...extremely loyal...I’ve never met anyone as loyal as him”, whereas Ben (NT) emphasised his partner’s logic, “Her logic is like amazing...her memory...it’s good to know that I can rely on what she says because she remembers things...I think that’s a special skill that she has”.

Each partner tended to take on differing roles within the relationship that leveraged individual’s strengths. For example, the autistic partner took on the *rational* role when issues arose as they had the ability to focus on the core issue, whereas the NT partner was reported to be distracted by the emotion of the issue. The NT partner often became the ‘translator’ during social situations. The ‘translator’ role requires the NT partner to interpret and then communicate the social situation to the autistic partner using language they understand, “So we worked on different bits and pieces and he then paraphrases it back using my terminology... he’s slipped into the role of Google Translate pretty good”, explained Ken (autistic). The NT partner often took on the *educator* role. Some NT partners reported trying to teach the autistic partner when and how to use appropriate communication and social skills. Mary (NT) described how she had helped her partner, “I don’t want to toot my own horn kind of thing, but I think I’ve helped him in that, explaining things like his family’s perspectives”. Amy (autistic) also described how her partner has helped her with social situations and understanding NT social norms, “He also helps me with those social things...Ben’s also taught me not to say stuff yeah...I don’t have that filter that tells me I have to be quiet”.

3b. Diagnosis Relief

Most autistic participants (four of the six autistic participants) did not have the autism spectrum disorder diagnosis confirmed until later in life. For some ND couples, this meant living together for a substantial amount of time without a specific explanation for their partner's idiosyncratic characteristics in the relationship and during social situations. Ben (NT) describes how the awareness and confirmation of the diagnosis provided relief,

I think it was more like a relief really, for me too because I could see there was a relief for her all of a sudden she didn't think she was going mad, you know, it was like oh, this made sense.

After the diagnosis, the majority of the partners went on to research autism and Asperger's Syndrome, while some sought information about ND relationships. The diagnosis and research provided insights for both partners that explained an underlying reason for idiosyncratic characteristics that were ever-present in the relationship and in social situations. The diagnosis for Grace (NT) gave her relief, as well as, motivation to gain some understanding,

I had this huge amount of relief, there's a reason for it, it's not me, I'm not going mad...then I just became hungry for information... I went into my kindle and bought every book I could... for partners of Asperger's.

Theme 4: Perceptions of Relationship-Support Services

Participants were asked about their experiences with health professionals and relationship-support services that they had accessed concerning the challenges faced in their relationships. All couples reported that they had searched for relationship support (except Ken/Leo who were only three months into their relationship). Three couples reported not finding any relevant support services. One couple visited a clinical psychologist, together and separately. Four of the couples attended a specific support group for aspie partners. Most participants reported that the health professionals they had encountered had limited understanding of Asperger's and minimal to no experience working with ND couples. Amy (autistic) stated that in her experience the health professionals she encountered were inadequate, "...it's just neurotypical, it's too much dribble, it doesn't answer any questions" and Ethan (autistic) reported that "...half of the clinical psychs you talk to wouldn't know what Asperger's was". All participants

agreed that the approach used by the majority of relationship counsellors was of minimal assistance to ND couples.

Participants were asked for suggestions on how health professionals and relationship-support services could be improved for ND couples. Participants stated that health professionals need more awareness and education about ND relationships. Many participants reported the need for counsellors to communicate and cater for both partners, ensuring they both felt understood. Ben (NT) elaborated further, "The counsellor should be the translator for them, if they can't translate for both people, it's a waste of time really". Grace (NT) emphasised the deficiencies in the current services, "I think that every counsellor, psychologist, psychiatrist, GP, OT, social worker all of those should have more education in this so that it can be a possibility...information isn't enough, you need experience".

Many of the participants attempted to locate support groups that catered for ND couples, both locally and online, with minimal success. Mary (NT) described the lack of support groups available in her area but also the lack of resources targeted to people at different phases of their relationship, "I've never been able to find any resources about early relationships, especially 21st-century relationships". Participants also felt that a support group for ND couples would be beneficial, emphasising the importance of having the perspectives from both partners. Ben (NT) was supportive of the partners' group, "That's the whole thing about the partners group, people go somewhere where people actually know what it's like and have gone through it so they feel understood and people can give tips—this thing works, that thing works."

Discussion

The findings from this study suggest that one way to look at neurodiverse relationships is that they commence and develop in three phases: *honeymoon*, *defining*, and *establishing*, exactly the same as the theoretical model of relationship development proposed by Reese-Weber (2015). The *honeymoon* phase describes the beginning stages of the relationship (Reese-Weber 2015). During this phase, the relationship is more casual, with partners discovering more about each other (Reese-Weber 2015). Positive and constructive communication strategies are also established in this phase, as partners are focused on presenting themselves in a desirable manner (Reese-Weber 2015). Partners are also more likely to dismiss or tolerate their partner's faults in order to continue the relationship (Reese-Weber 2015). Participants in our study reported mostly positive and constructive communication during their *honeymoon* phases. However, participants reported increasing conflict and challenges related to communication as the relationship progressed. Most of

the autistic participants in our study were diagnosed later in life may indicate that they represented a group with higher cognitive and verbal competence, as this group tend to be diagnosed later in life (Strunz et al. 2017). The cognitive and verbal competencies may also have allowed the participants to use the coping strategy of camouflaging. Camouflaging strategies are techniques that autistic people use to appear socially competent in order that others do not see their social difficulties (Hull et al. 2017). Camouflaging has reportedly been used by autistic adults to overcome the initial difficulties in establishing and developing relations (Hull et al. 2017).

After the honeymoon phase, couples typically move into the *defining* phase, which typically involves increased levels of intimacy as well as conflict (Reese-Weber 2015). In this phase, partners determine the longevity, seriousness, and expectations of the relationship (Reese-Weber 2015). Partners are more assertive and less tolerant of their partner's faults, which leads to increased levels of conflict in the relationship. In the *defining* phase, partners must find ways to communicate with each other effectively in order to work through challenges together. For ND couples, the *defining* phase was described as challenging where partners needed to work hard to establish a mutual understanding and expectation of each other, mainly due to different communication styles and perspectives. If the autistic participants used camouflaging during the initial phase of the relationship, it could be hypothesised that it might be challenging to keep this up during a longer time (Hull et al. 2017), hence, differences in communication and social interaction might become more apparent as time passed. However, participants reported communication as an ongoing challenge through all phases of their relationship. Positively, they also reported developing strategies which helped them overcome the communication challenges. Participants reported that recognising and leveraging each partner's strengths was a frequently used strategy that supported the relationship during the defining phase. However, for this to work one partner tended to lead the other in the area of communication that was perceived as challenging. As the *defining* phase progressed, the ND couples developed an array of personalised strategies that allowed them to work together through the conflict created by atypical communication skills and patterns. Most NT partners reported the significant role they played in assisting the autistic partner in social interactions. However, participants stressed that both partners must be willing to work together, and continuously adapt so they can successfully work together through the inevitable challenges in the *defining* phase.

The final relationship phase, *establishment*, includes increased stability and commitment with a focus on the future (Reese-Weber 2015). In the *establishment* phase, positive communication strategies are established again as

conflict decreases and differences are resolved (Reese-Weber 2015). All couples in our study, except one (Couple 6), were in the *establishment* phase. As the results suggest, during the *establishment* phase, challenges remained related to communication, unique 'aspie' characteristics, and differences in interpreting emotions and social situations. In response, each partner had developed strategies to diminish and cope with these unique challenges that, in turn, ultimately strengthened their relationship.

Receiving a diagnosis of autism as an adult has been reported to have a noteworthy impact on the relationship and has been reported to support autistic people to feel part of their own unique culture (Jones et al. 2014; Parsloe 2015). Culture can be defined as individuals with shared patterns of behaviour and social interactions, shared mannerisms and thinking, and unique demonstrations of emotions (Hutto 2017). Regarding the autistic or 'aspie' community as their own culture can promote viewing differences in a positive way (Parsloe 2015) and, if framed positively, identifying as autistic can enhance self-esteem and physiological wellbeing (Cooper et al. 2017). In our study, having an autism diagnosis appeared to be a meaningful process in helping the partners to clarify their roles and expectations of each other in the relationship. The diagnosis of autism was sometimes made in the *honeymoon* phase, but for the participants in our study, the diagnosis was often identified in the *defining* and *establishment* phases. The diagnosis provided partners with a better understanding of how they both functioned and also a frame of reference to seek further information and strategies that could help their relationship. The diagnosis facilitated both partners in all the relationships, especially the partner with autism, to frame the challenges into an understandable context. The fact that receiving the autism diagnosis was perceived as positive for the relationship may be due to this leading to increased self-esteem and reduced the need to camouflaging behaviour in the autistic partner (Cage et al. 2018).

ND relationships could also be viewed in similar ways to intercultural relationships, for example, a relationship between two individuals from different countries or culturally diverse backgrounds (Tili and Barker 2015). Research indicates that intercultural couples, similar to ND couples, need to overcome unique communication challenges between partners (Tili and Barker 2015). Similar to intercultural couples, the ND couples needed to obtain cultural awareness, i.e., understand each other's culture, how they were different, learn to adapt to the differences and then develop effective communication and social strategies together (Tili and Barker 2015). It has been suggested that intercultural relationships tend to develop into one of four structures: integrated, coexisting, singularly assimilated, or unresolved (Seshadri and Knudson-Martin 2013). In the integrated structure, couples manage to merge their cultures;

the coexisting couples tend to retain many aspect of their own culture, but find their differences as an attractive asset; in the singularly assimilated structure one partner conforms to the other partner's culture; in the unresolved structure, differences continue to be a source of conflict. In our study, most couples appeared to fit in to the coexisting structure. Viewing ND relationships as intercultural may provide couples with a framework that enables them to understand their current relationship structure and implement strategies to maintain or change their relationship.

During periods of conflict or distress within a relationship, couples might seek relationship education, counselling, or couple's therapy, which can positively impact relationship stability (Markman and Rhoades 2012). The couples in our study stated that they had searched for relevant couples counselling, online information about their relationship, or support groups that were face-to-face or online. Interestingly, the NT partners in our study were more likely to be the one who sought the relationship support services. This could be a topic of further research to investigate why the NT partners perceived the need for support more than the autistic partner. Many of the participants in our study reported accessing relationship-support services but found the services, resources, and information unhelpful. Most participants also reported that the health care professionals that they accessed lacked the necessary knowledge, awareness, and experience to work with ND couples. Recent research highlighted the lack of formal training and education of health professionals working with autistic people (Warfield et al. 2015). With the increasing prevalence of autism (Parker and Molteni 2017), and the potential increase number of ND couples, there is a growing need for health professionals to undertake further education and gain more experience in order to attain a better understanding of autism (Parker and Molteni 2017). While there has been increasing awareness of autism amongst the general population (Crane et al. 2018), from the perspective of the ND couples in this study, there remains a noteworthy lack of training and education for health care professionals. The interviewees reported that health care professionals' needed further education in relationship development and strategies that might assist ND couples to overcome their unique differences. Further insight into autism and how ND relationships may be regarded as intercultural may assist health professionals to gain a better understanding of how to support both partners in an ND relationship.

Limitations

Participants were only recruited from Western Australia and Queensland, meaning that the transferability of the findings may be limited to Australia. However, it could be anticipated

that ND couples in comparable cultural contexts would have similar experiences to the participants in the study. Most of the autistic participants in our study were diagnosed later in life may indicate that they represented a group with higher cognitive and verbal competence, thus with if the cohort had been diagnosed earlier in life, then the findings may have been different. The majority of participants were in long-term relationships, which may not have accurately captured a wide variety of ND relationships. However, our study allowed an initial exploration of potential success factors of long-lasting ND relationships. Due to the phenomenological nature of this study, there was a risk of personal bias. This potential bias was minimised through multiple researcher involvement and member checking.

Conclusion

Results indicate that ND relationships develop in the same three phases as suggested by a theoretical model of relationship development. However, ND relationships appeared to include a set of unique communication and social challenges throughout all phases of the relationship. Understanding and adapting to differences in communication and using each other's strengths appeared to be successful strategies. Furthermore, it may be useful to view ND relationships as intercultural relationships. The results indicate a lack of support for ND couples and a need for health professionals to be educated about autism and the cultural implications for ND relationships in order to gain a better understanding of how to best support both partners in an ND relationship.

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Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

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