

# Neuro Diverse Christian Couples: Autism. Religion. Marriage an Exploratory Qualitative Study

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## Abstract

*With changing diagnostic criteria and autism terminology from 1994 to 2013, those who would have been diagnosed with what was previously termed Asperger's Syndrome (AS) or High Functioning Autism (HFA) have been entering into dating and long-term relationships and marriages. Meanwhile many on the autism spectrum slipped through the diagnostic cracks and were missed for decades as autism diagnosis rates continue to rise. Many adults on the autism spectrum who are not diagnosed or identified are showing up in marriage therapy with their spouse with complex marital dynamics and unresolved issues producing confusion in the person, their spouse and even many marriage therapists or pastoral counselors. This type of couple where at least one spouse is on the autism spectrum is now referred to as a Neurodiverse Couple (NDC). Further marginalized in research are people of faith who are in a neurodiverse relationship, referred to as Neurodiverse Christian Couples (NDCC), and pastors, chaplains, marriage coaches and Christian and Biblical counselors remain unaware, unequipped, and unprepared to help these couples with their complex relationships which is adding to the challenges of trauma the couple is experiencing.*

## 1. Introduction

Undiagnosed men and women on the autism spectrum are becoming more common in therapy and telehealth rooms internationally, and they, along with their partners, are seeking help with their complex, unresolved, marital challenges. Where are the counselors, clinicians and pastors trained to help them? The Center for Disease Control and Prevention cites the current autism diagnostic rate in children to be 1 in 36 children [1]. The World Health Organization cites worldwide diagnostic rates of autism in children at 1 in 100 children [2]. Much debate continues to exist around the changing criteria and incidence versus prevalence rates and true rate increases [3]. However, in 2019 a 2.1 million participant longitudinal, five country cohort study reported that Autism Spectrum Disorder (ASD) has an estimated heritability rate of 80% [4].

What was known as Asperger's Syndrome (AS) in the DSM-IV has now been reclassified in the DSM-5 as ASD, Level 1 and is sometimes referred to as "high functioning autism" (HFA) [5,6]. With hereditary factors and changing diagnostic criteria considered, Stoddart et al. reported adults in their 40s and older have been diagnostically missed, and Lai and Baron-Cohen refer to those adults who were diagnostically missed prior to the admission of Asperger's Syndrome in the DSM-IV as "the lost generation [7,8]." Have counseling educators updated their curriculum

to train and equip marriage therapists and diagnosing clinicians, or have seminaries trained their future pastors with the knowledge of autism in adulthood and how to help them and their future marriage partners?

Why are pastors included with counselors and clinicians counted among those who need to update their knowledge and skill set? Current research verifies that Christian couples will typically seek pastoral or ministerial support first for marriage help before contacting a licensed professional counselor [9]. Rev. H. B. London is quoted in *The Struggle is Real* [9].

*Bible schools and seminaries do a good job of teaching us hermeneutics, exegetics, and homiletics. Practical ministry to hurting people and relationships are rarely, if ever, addressed. There have always been people with mental and relational health problems in the church historically. We just haven't been properly trained and equipped to know how to minister effectively to their needs (p. xiii).*

There are few trained counselors and clinicians that exist to diagnose and work with neurodiverse couples, and many health professionals and providers do not have an adequate understanding

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of autism and have only limited experience with adults on the autism spectrum [10-12]. Can we assume seminaries and pastoral counselors are also untrained in autism based on H. B. London's statement? The American Association of Christian Counselors (AACC), the world's largest Christian counseling organization, put out a call-to-action exhorting Christians, churches, and clergy and those who care for hurting people and relationships to be better informed about mental health issues and complex relationship issues [9].

Few academic peer-reviewed studies exist that examine issues surrounding adult ASD in general, much fewer examining issues that may arise in ASD and romantic relationships (Arad et al., 2021; Holmes, 2023; Strunz et al., 2016); however, none have been found that examine ASD and marriage when the couple also holds to the Christian faith [13-15].

While neurodiversity is a broad term that can encompass ASD, ADHD, and various learning delays, differences, or disorders, for this study the term neurodiverse will refer to a couple where at least one spouse is on the autism spectrum (AS) or neurodivergent (ND) [16]. In many studies the abbreviation used for the non-autistic spouse is NT for neurotypical. Because some non-autistic spouses may have another form of neurodiversity which was not explored for this study, the non-autistic spouse will be referred to as NA. A couple of Christian faith will be referred to as a Neurodiverse Christian couple (NDCC), and a couple where faith is not specified as a Neuro diverse couple (NDC).

### 1.1. Adult Autism and Relationships

Attwood and Garnett (2013) wrote about children with ASD that they may only be interested in "brief or low intensity expressions of affection" (p.12), and thus the parents of these children may feel deprived of affection from their ASD children [17]. While ASD is considered a developmental disorder, individuals do not outgrow the diagnosis; the same issues of the diagnosis are brought to marriage usually unidentified and with those significant challenges to an autistic to neurotypical or neurodiverse [18,19]. In addition to deprivation of affection, Rench's research indicated that relationships involving a partner on the autism spectrum reveal emotional, sexual, psychological, economic, or physical abuse that have become a pervasive pattern that becomes a normal lifestyle to the couple with the NA partner often experiencing the most adverse psychosocial risks. Whether or not the NA spouse is male or female, both can feel this lack of affection or unintentional neglect from their AS spouse [20]. It is common that after dating or courtship a couple with diagnosed or undiagnosed ASD enters marriage and soon into the marriage, the relationship is not as satisfying or fulfilling as each anticipated, and it is common for one or both to grieve the expectations or relationship that will never be [20].

Noting that there is a plethora of blogs, anecdotal stories, clinician's narratives from counseling NDCs and other non-scholarly accounts of the NA or NT spouses in a marital relationship, Bos-

tock-Ling et al. found few scholarly peer reviewed articles about AS-NT (NDC) relationships despite the inclusion of AS/HFA criteria in the DSM-IV in the 1990s [5,21]. Two decades after the inclusion of AS/HFA in diagnostic lexicon and updated research on autism with professionals writing about the complexities and experiences working with AS-NT (NDC) couples, little research emerged including best practices on working with this rising subpopulation of marriages [21].

What warrants a closer look at this subpopulation of marriages? The AS profile includes the following, according to diagnostic criteria in DSM-IV and DSM-5, along with clinical research: differences in theory of mind, communication difficulties (with non-autistic individuals), emotional dysregulation, a need for routines, restrictive interests or passions, may prefer more alone time, can be hypersensitive to criticism or perceived criticism, have a pathological fear of failure or making mistakes, struggle with work-life balance, difficulty transferring new learning from situation to situation, lack emotional reciprocity and the giving of compassionate care, avoidance of perceived or actual conflict, and includes a sensory needs or preferences profile [5-7,13,20, 22-26].

It is important to note that while differences in theory of mind are noted as a diagnostic criterion; research indicates between an autistic and non-autistic partner there is a double empathy problem, and autistic to autistic communication is highly effective [27,28]. Some researchers challenge if the issue alone exists with the autistic person as double empathy refers to the challenges that exist when people with different experiences or neurotypes are interacting with each other; each person may struggle to empathize with the other [28]. Differences in language, use of language or comprehension can exacerbate the double empathy problem [28]. Crompton et al. studied communication between autistics, non-autistics and mixed neuro types [27]. Their findings indicated that autistic to autistic communication was as effective as non-autistic to non-autistic communication, but when mixed neurotypes are communicating less information is shared and communication is less effective.

Arad et al. reported that even with more knowledge surrounding autism worldwide, most people still do not realize how common the phenomenon of neurodiverse relationships has become worldwide [13]. Even though many disciplines are qualified to identify ASD in children, there remains a lack of competency in diagnosing ASD in adults through professional counseling, psychology, and psychiatry [8,10,13,14,24,26,29,30]. Lai and Baron-Cohen reported that complications for identifying ASD in adults can include lack of developmental history, co-occurring issues, acquired skills or masking strategies [8]. Kirchner and Dziobek suggest that for an ASD adult, missed restrictive or special interests can be related to work [31]. Brown and Dunn discussed there are four (not two) sensory profiles to examine in adults on the spectrum to include low sensory registration (under-regulated or missing sensory information), sensation-seeking, sensory sensitive and sensory avoidant [24].

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## 1.2. Autism and the Christian Faith

Why might research be missing concerning this subpopulation of NDCCs? It is a popular held opinion in anecdotal research and blog posts or peer-reviewed articles on autism and religion that people on the autism spectrum have a diminished belief in God or may not have the capacity to relate to a deity or personal God [32,33]. Pappas stated in her review of articles of blogs about autism and religion that the summary of findings indicate that the more traits one has of autism (or the more analytical or logical a person is), they are more likely to be atheist than the general population [32]. Researchers stated that deficits in theory of mind and lack of intuitive skills of those on the spectrum may make them less likely to believe in a supernatural agent or have beliefs about interacting with gods or agents of supernatural powers [33].

Liu et al. reported that little is known about the role of faith in the lives of those with developmental disabilities [34]. Bustion contends that while scholarly research may discuss the absence of self-theory in autism; religious studies concerning autism and faith ignore the lived experiences of autistic persons of faith [35]. Bustion recommends speaking with autistic Christians to better understand their construct and understanding of God through the lens of neurodiversity [35]. Stuger recommends the study of Franz Kafka's philosophical-religious writings to differentiate between autistic and non-autistic persons who experience religious beliefs and spiritual issues [36]. Because of research and popular held beliefs that those with ASD are more likely not to be people of faith, there is in part is why there is no existing research on the further marginalized couples referred to as neurodiverse Christian couples (NDCCs).

## 1.3. Neurodiverse Christian Couples (NDCC)

In reviewing of the relevant literature on neurodiverse relationships, there are similarities in the experience of the non-autistic partner of the relationship is examined. However, there are different nuances or complexities in Christian couples who are neurodiverse. What if theology, marriage doctrine, roles of men and women or other specific doctrines of Christianity are an unidentified special or restrictive interest or if marriage doctrine or roles of spouse are viewed in black and white or rigid thinking? What if Christian self-help books written for marriage audiences where both spouses are NT are wrongly or misapplied to NDCCs? Arad et al. reported that non-autistic women in ND relationships reports physical and psychological abuse at higher rates than women who are in NT-to-NT relationships [13]. While there are laws for domestic violence or physical abuse, psychological abuse is more common in NDCs and not treated as seriously by professionals, yet psychological abuse can yield more profound consequences and destructive properties to the relationship than physical abuse [13,37-39].

Lewis studied 29 NT (NA) partners and found NT(NA) partners exhibit higher distress and trauma in everyday life due to unmet needs and unintentional yet harmful abuse through explosive an-

ger outbursts, harsh discipline or abuse of children, withholding sex or dismissing needs, as well as feeling blamed and belittled for having emotional needs [40]. Problematic themes and challenges in such marriages included the lack of a proper diagnosis, feeling something was not right yet dismissed, lack of sex, refusal to seek diagnosis, refusal to work on the marriage despite diagnosis, lack of trained professionals, the burden of marriages placed on the NT (NA) spouse to learn everything about ASD and to make accommodations in the relationship without reciprocity. Mitran's research concludes there is a shortage of trained professionals to support ND adults and ND relationships [10]. Her research stated a lack of understanding of ND adults and lack of understanding that ND represents cultural differences that clinicians should approach working with NDCs with proper training and cultural sensitivity. While there are few studies of marital satisfaction from the autistic perspective, a new study indicated that the autistic partner tends to have higher satisfaction in a marital relationship and defines satisfaction in considerably different ways than the non-autistic spouse [14]. Noted areas of satisfaction and connection from the autistic spouse included but was not limited to doing things in my interest, when there is no ask or demand on me, when I am accepted for my differences, when we are doing activities, and when my spouse encourages my individual activities [14]. This creates competing needs in connection, communication and intimacy.

## 1.4. Nuances in Faith, Religious Teaching for NDCCs

The AACC published a book for Christian leaders and pastors comprised of Christian professionals with expertise in various fields to first understand the issues Christians face in in getting competent and Christian care [9]. Lyles stated in general people of faith tend to feel more ashamed or guilt about mental or relational health issues and may not risk sharing their struggles or seeking help; many Christians have reported that their pastors or congregants do not believe in labels of diagnosis or preach against psychiatric issues [9,41]. Burns and Baskerville stated in the Christian faith the Scripture Malachi 2:16 has been misused and preached out of context as the passage decrees, "God hates divorce [42,43]." Thus, many Christians may stay in abusive situations out of fear of rejection or perception of their faith community. Many Christian wives have been taught that submission is submission to their husband at any cost [39,43,44]. This researcher participated in that manual on the topic of autism and stated clients and personal experience heard Christians and pastors over spiritualize or dismiss concerns about autism or ADHD and led to isolation experiences in their faith communities [14]. While the studies mentioned above listed psychological abuse, in NDCCs there is also the possibility of spiritual abuse.

A 2021 study of 20,000 Christian women examined harmful and abusive themes that are common in Christian self-help marriage books [45]. Message themes in the top selling Christian marriage books included, but were not limited to: sex is for men, if a husband struggles with pornography the wife is at fault for not providing satisfaction sexually or because of her appearance, women

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are required to perform sexual favors for their husbands in some teachings at least 3 times per week, married women cannot say no, marital rape does not exist [45]. In a 2023 review of tweets, sermons, blogs and advice for Christian marriage, Gregoire found these common themes: if spouses are in disagreement husbands can usurp the wife and disregard her opinions, the chain of authority must stay intact and a woman may have to endure abuse/suffering in her marriage, if a husband is not physically harming a wife she can endure verbal abuse, talking to a pastor or therapist about the marriage without the husband's consent is gossip or being insubordinate, women may have to endure physical abuse for the sake of their covenant marriage, only seek help from a pastor or fellow Christian [46]. Recent research of 7,000 Christian women on messages received in Christian teaching revealed topics as women are to remain silent, women's work is in the home, girls and how they dress are responsible for the lust and lack of control men can commit against them, and women are not allowed to have roles of leadership in the church setting [46].

Christian self-help books which are usually written from personal narrative or personal doctrinal beliefs are often received as gospel and used in youth groups, small groups or marital work settings which reinforce negative or harmful messages [46]. Therapeutic experience with Christian women in either in NA (NT) or ND relationships seek to be a godly wife and have a good Christian marriage. The burden of the marriage is often placed on the wife in Christian circles as a reflection of her faith and spirituality. When Christian books and sermons and leading Christian thinkers teach submission at all cost, lack of concern for abuse or neglect this is more problematic for women in NDCCs compounding the complexities of the ND relationship seeking help and receiving proper help can be even more problematic for NA (NT) Christian wives of NDCCs.

Christians in Neurodiverse relationships have additional complexities to their marriage beginning with the stigma of admitting there is an issue, to where to get educated and professional help in addition to the challenges found in other NDCs. This exploratory research began with the simple question, "What would you want professionals or clergy or religious leaders helping neurodiverse relationships to know?"

## 2. Methodology: Exploratory Qualitative

While research on NDCs is emerging, there is no research thus far on the subpopulation of NDCs, NDCCs. When something has not been thoroughly researched or understood, an exploratory study investigates research questions to probe further study [47,48]. Exploratory research was chosen to lay the groundwork for future studies and examine feasibility of future research. For this study a 34-question survey was used to gain insight on the experiences of those in a NDC or NDCC. Two questions were open-ended concerning what NDCs or NDCCs would like professionals to know

about neurodiverse relationships and their experience in pastoral or professional counseling to inform professionals on best practices and training to work with those in a mixed-neurotype relationship.

## 3. Research Questions

The original purpose of the study was to gain data from all types of neurodiverse couples to compare NDCs and NDCCs relationship outcomes. Out of 318 responses, only 14 reported "no faith" or "atheist" or "agnostic" and 18 stated they were spiritual but "without a faith tradition." Of the 318 responses, 284 reported a Christian faith. Therefore, not enough difference in sample size was available for comparison. Two open-ended questions were asked concerning future research. Question 33, "What would you want professionals or clergy or religious leaders helping neurodiverse relationships to know?" and Question 34, "Anything you feel should be explored or asked in an interview?" This exploratory research will investigate the themes from Question 33 and concludes with a need for further research to explore answers in Question 34 of the study's survey.

## 4. Research Design

The design of the study addressed a specific population addressing unique experiences and observations similar to a phenomenological study [47]. The population sought for the exploratory survey were subjects who are or were in a neurodiverse relationship. The survey questions were selected and crafted by a small team comprised of both NT and ND individuals. A former Speech Language Pathologist reviewed the survey for clarity of questions. A small sample of participants took the survey to review ease of use and made recommendations for ordering of questions and clarity of question.

### 4.1. Sample

A minimum sample of 100 participants was sought. The survey was created on Survey Monkey and sent on social media sites that cater to neurodiverse relationships both faith and not faith based. A Google search for providers who work in the field of NDCs and NDCCs was conducted, and an email sent to those who providers who professed faith and those who did not asking them to circulate the survey to their clients who are in or were in a neurodiverse relationship. When seeking a specific type of participant purposive sampling is required [47]. To reach a higher number of participants, snowball sampling allowed participants to share the link with individuals in support groups or social media sites [47]. This research used her podcast as well as social media to promote the link to reach diversity of participation. A total of 318 unique respondents filled out the entire survey. While the survey was open internationally, it was only available in English. Therefore responses for the survey were received from the United States, Canada, England, Ireland, Australia and New Zealand. At least 90% of respondents were from the United States.

## 4.2. Participants

Engaged	Married	Divorced	Widowed	Married but Separated	Cohabiting not married	Other
6	260	19	1	28	7	1

**Table 1: Relationship Status**

Male	Female
95	226

Neurodivergent/Autism/HFA/ASD	Neurotypical
108	214

**Table 3: Neurotype**

Christian Protestant	Christian Catholic	Christian Other	Judaism	Spiritual but without a faith tradition/New age	Atheist/Agnostic
258	18	8	2	18	14

\*All participants reported being in heterosexual relationships and all but 1 reported being cis-gendered, with 1 "prefer not answer."

\*\*31 self-identified or through an online assessment as on the autism spectrum. The rest were evaluated by a professional.

**Table 4: Religious Status**

## 5. Data Analysis/Explication of Data

The exact words of the participants were laid out and coded and further broken down into sentences within paragraphs. Coding is recommended to classify data [47]. Patton suggested using more than one type of coding [48]. Thematic descriptive coding, in-vivo coding and pattern coding were utilized. Descriptive coding techniques code for content looking for themes of answers among participants while in-vivo coding uses the participant's exact language to describe their own experiences [47]. Once themes were coded, they were broken down further into patterns within a theme.

### 5.1. Reliability and Validity

Three coders were used to increase inter-rater reliability. The coding team was comprised of this researcher, her AS husband who is a coding specialist and neurodivergent men's coach, and a NT marriage and family therapy graduate student who is also working with neurodivergent couples. It was important to include coders of both neurodivergent and neurotypical neurotypes to reduce bias and increase perspective of the coding. Hycner argued that participants are describing their own experiences which creates validity and reliability for their personal account in phenomenological studies [49].

### 5.2. Reflexivity

While seeking truth and open discussion, this researcher identifies as a NT partner in a NDCC, who is an ordained minister and, a former licensed professional counselor. These experiences have provided an "insider" understanding of Christian and NDCC populations as well as the population of counselors and pastors. This exploratory research is based on the realization that my own clinical and seminary training did not include any training for marital

work with autism, NDCs or NDCCs nor how to best serve this population. In receiving training for NDC work, the faith aspect was not recognized in that training, and this is important for couples of faith to have both the ND acknowledged and their faith. Yin argues this is permissible for the researcher to disclose their position and analyze what is familiar and unfamiliar in the process of gathering data [50]. As member of the three communities (NDCC, trained counselor and ordained minister) this research was to reach beyond clinical and personal experience and look at data from as many NDCCs as possible on their experience with pastoral and professional counseling.

### 5.3. Ethical Considerations

Before collecting data with participants who are on the spectrum and those who are not, a clinical social worker who identified as on the spectrum reviewed the survey for bias and possible harm. When the survey was finalized and reviewed with the statement of without bias or potential to cause harm, the researcher followed AASPIRE guidelines for inclusion of autistic adults in research as co-researchers or study participants. Participants gave informed consent and answered 34 survey questions with one question asking if further research is done and would they like to be included in a semi-structured interview and provide contact information [51]. Those participants on the autism spectrum were married adults who are not considered "decisionally impaired."

### 5.4. Limitations and Assumptions

The survey relied on self-report data concerning the process of diagnosis or identification of those on the spectrum and did not require proof of diagnosis. Data was collected through self-report and assumptions were made that reports were made accurately and

honestly. While the survey was open to all types of couples and diversity of race and culture, 88% of respondents indicated they were white and 100% were heterosexual couples. The age range of participants ranged from 20-29 to 80-89 with over 75% in the 40–70-year-old range. The length of the survey may have prohibited more respondents from completing the survey. Because questions did ask questions about religion or faith, this may have led to those without faith not participating and completing the survey.

## 6. Results

Each of the three raters received a printed compilation of all answers to Question 33, “What would you want professionals or clergy or religious leaders helping neurodiverse relationships to know?” Of the 318 respondents, 286 gave an open-ended response to the question. Rater 1 is this researcher, while rater 2 is her neurodivergent partner and rater 3 is a NT graduate student. Individually without discussion or collaboration, rater 1 found 32 themes from the responses, rater 2 found 22 themes and rater 3 identified 20 major themes and 15 lesser recurring themes. All the themes were

laid out in a grid and the three raters then individually devised codes that would be used for further coding. By combining some themes in categories, 8 categories were determined to encompass the varying themes from the first coding pass. After coding for themes and patterns, the three raters coded the responses for exact phrases and responses from the participants that explained the phenomenon of the data found. It is noteworthy to mention that Rater 1 and 3’s (both neurotypicals and both with counseling backgrounds) coding marks were usually closer in number and marks than rater 2. Percentages will be given in range of the combined raters’ observations.

### 6.1. Codes for Coding Matrix: Thematic Descriptive to Pattern Coding to In-Vivo

Before the coding is explained, the following table outlines the prevalence of the 8 themes. The range of responses that each rater observed is indicated by this table and the range of observations from the three raters.

Rater 1 Code Ranking	Rater 2 Code Ranking	Rater 3 Code Ranking	Range of Responses Found
1	1	1	185-281
4	4	4	156-171
2	2	2	105-151
3	8	3	Code 3: 53-91
8	3	8	Code 8: 65-101
5	5	5	31-54
6	6	7	Code 6: 10-21
7	7	6	Code 7: 18-32

**Table 5: Comparing Prevalence of Rater’s Ranking of Theme (code) in Rank Order**

### 6.2. Code 1: Uneducated or Untrained Therapist who are not Neurodiverse Couple or Autism Aware

Code 1 combined themes such as: *Failure of provider to recognize or diagnose autism in adults; to understanding differences and complexities in neurodiverse relationships from neurotypical relationships; lack of specific training in autism or neurodiverse couples; lack of acknowledgement of recognition that neurodiverse couples need different interventions; and a call to action for the marriage helper (pastor or counselor) to become autism aware and informed.*

The three raters agreed that at least 185 of the 286 respondents responded this was the number one issue or theme that emerged from the data. Raters and 1 and 3 found that over 250 responded that uneducated and untrained marriage helpers was the biggest challenge of seeking help as a ND couple. These findings support previous research and anecdotally, are what rater 3 and I have heard concerning the deficit of ND-trained marriage helpers compared to the growing number of NDCs seeking help [10,13,26]. Another question on the survey asked how many marriage helpers (coaches,

counselors, or pastors) have you seen during your marriage? The average response was 5 to 7 counselors, and at least five respondents listed ten or more counselors. Not only does this indicate years of frustration and pain with the wrong provider or help, but tens of thousands of dollars without a return on their investment and perhaps without proper support, was detrimental to the relationship. Responses that indicate this struggle are illustrated by the frustrations of these respondents.

*That without specialized training they are unlikely to be helpful to a couple, and much more likely to do harm or at best, delay the beginning of helpful treatment.*

*It feels incredible to me that clinicians are not considering autism and ADHD as a first line of questioning when a couple comes in with issues.*

*That so many more individuals are silently suffering and going undetected. Please become neurodiverse aware as a baseline requirement to work with ND couples.*

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### **6.3. Code 2: The Marriage Helper Caused More Harm or was not Helpful**

Code 2 combined themes such as: *The therapist did not validate trauma; the therapist did not know about or understand Cassandra Syndrome; the approach was applying common or traditional marriage strategies which were not helpful or harmful; failure to address autism or neurodiversity; failure to address abuse neglect and indifference and its impact on the relationship.*

The three raters agreed that at least 105 or 36.7% respondents responded this was a complaint in the service they received. Raters 1 and 2 found that at least 150 believed this to be true, which would indicate over 50% found this to be an issue. There is not much in the literature thus far about possible harm that can be caused by an untrained or unaware marriage helper's involvement in a NDC, but Bostock- Ling et al. reported in her literature review of available material that counselors have been writing books and blogs and indicating that with the rise of NDCs, there was need for more working with marriage to be aware of this marital dynamic [21]. Responses that indicate this struggle are illustrated by the frustrations of these respondents:

*Both spouses are at risk to remain unheard, uncoached and unhealthy- hopeless!*

*The typical counseling model can be harmful in some ways because it does not take into consideration the challenges of neurodiversity [in marriage].*

*Understand how differences in neurology can impact EVERY aspect of an intimate partner relationship and that there can be so much unintentional pain, hurt and trauma because no professional or clergy has ever recognized the autistic traits in one or both partners.*

While the double-empathy problem is not stated explicitly, the quotes from the survey indicated that both neurotypes did not feel understood by the professional or pastoral counselor [28].

### **6.4. Code 3: Hyper-spiritual Approach or Approach Focused on Christian Doctrine that the Provider Believes**

Code 3 combined themes such as: *The provider gave Sunday school advice (pray more, submit more, have more sex); focused on stereotypical gender roles as the issue in marriage; the woman was blamed or pressured to stay in an abusive situation; the Bible or Scripture was misused or weaponized on the woman (either AS or NT); judgmental or uninformed Christian providers or pastors; the issue of marriage was seen as spiritual in nature; the provider said they do not believe in labels or labels/diagnosis is harmful or respectful to a man (head of household).*

As previously stated, people of Christian faith may reach out first to clergy for marital help and pastors and pastoral counselors and according to H.B. London, clergy are not trained in the basics of psychology or how to help those in crises or complex situations

[9]. The best-selling Christian marriage books and predominant teachings in the evangelical church been found to be harmful to even NT to NT Christian couples [39,43-46]. This is magnified when simple advice is given to an NDCC, as it may embolden abusive or neglectful behavior within the relationship. When guidance is given (based on perceived gender roles or theological doctrine of the clergy or Christian counselor) without understanding the rigid thinking and misapplication that can be applied from a ND male partner, relational harm can be the result. Such guidance looks like wife-blaming and requiring more of her, while dismissing her concerns. For this code, the tallied responses indicating hyper spiritualization were an issue ranged from 53-91, with raters 2 and 3 observing higher responses to this code. Noting that 34 respondents reported not being of the Christian faith, this resulted in 21% of respondents being further dismissed by their marriage helper who was a person of faith. Responses that indicate this struggle are illustrated by the frustrations of these respondents:

*I do believe the Christian community is saturated with 'just forgive and let the past go' mentality.*

*Both parties are stressed and hurting. Applying traditional love and respect speak or just love her more with her love language will not help and make it worse.*

*Telling the woman to submit more just perpetuates the destructive cycle without making both members equally responsible for bridging the gap and rebuilding the relationship.*

*Listen to me. Reach out and check in on us when I saw we are in crisis. Stop staying if I trust God more everything will get better.*

As previously mentioned, not all participants were people of the Christian faith, but 284 participants indicated Christian faith which is why this theme is mentioned although not all respondents were of the Christian faith.

### **6.5. Code 4: How Challenging, Complex or Traumatizing the Relationship Is**

Code 4 combined themes such as: *Dismissing of chronic communication problems; daily struggles compound without resolution; sexless marriage or duty sex demand aspect in marriage; high conflict; lack of conflict resolution; undiagnosed for years (longevity); dual or co-occurring diagnoses; dysregulations (meltdowns or shutdowns); complex family of origin dynamics; executive function issues; impulsivity; ND partner masks or camouflages in session; ND partner agrees to a solution in therapy and does not follow through and is not held accountable; NT spouse carrying mental load.*

This theme was the second most reported theme and observed among the three raters. The three raters agreed that at least 54% of the respondents indicated that this marriage dynamic is not only challenging and complex but can be traumatizing for one or both parties. Lewis' research indicated the theme of unintentional abuse

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and neglect on the NT (NA) wives studied, and Rench found perpetual abuse indicated by the report of the NT (NA) spouse [40]. This researcher looked for articles that studied the impact on the ND spouse being married to a NT (NA) spouse and none were found, which indicates another level of research to be pursued for future research [18].

Lewis and Rench indicated that not only did wives report various types of abuse or neglect, but they were concerned about harsh discipline and complexities in trying to co-parent with an ND spouse [18,40]. Responses indicated that in an adult, ND developmental delays resulted in diminished ability to understand the developmental stages. Data suggested that ND Christian parents may have too high of expectations or demand first time obedience of a child that may not be developmentally capable, or worse, such high demands may be traumatizing for an ND child. From this researcher's anecdotal observations over 10 years of work with NDCCs such harshness can be emboldened by misapplied scriptures. ND parents may use scripture rigidly to demand things of children who are not developmentally capable, and then may punish using shame of discipline that is too harsh. When the NA wife tries to step in or intervene during harsh discipline or punishment, she may be told by her religious leader she is undermining her husband's authority, or even that her lack of submission is the reason the children are misbehaving. Responses that indicate this struggle are illustrated by the frustrations of these respondents:

*My husband thought he was [autistic] from reading something, we both knew something was off and this made sense. His therapist said, 'No way!' And we went through years struggling whereas an earlier diagnosis would have made a difference.*

*Neurodiverse relationships are really hard! We need concrete helpful tools, not just go on more dates and spend time together doing something fun, growing intimacy.*

*The challenges FAR exceed the typical challenges inherent in marriages and amount to differences in brain wiring akin to different languages and cultures leading to incredible isolation and miscommunication.*

#### **6.6. Code 5: Lack of Emotional Intimacy/Connection**

Code 5 combined themes of: *intimacy, lack of connection, unmet needs, longevity of unmet needs, emotional neglect, mocking or dismissing emotions, stoicism or not having emotions seen as superior, logic over emotions.*

The low results of the 31-54 of the responses indicating lack of emotional connection were surprising to the three raters. In therapy when I ask my clients to indicate the top 2 challenges of marriage, the NA spouse will say communication and connection, and the ND spouse will say communication and he/she says we are not connected or intimate enough. While this is a major concern in NDCs and NDCCs, the themes of pain, trauma, and lack of care outnumbered responses about intimacy and connection. Despite

this, a lack of intimacy and connection has been discussed by nearly every couple this research team has dealt with thus far. Responses that indicate this struggle are illustrated by the frustrations of these respondents:

*Is there a tool(s) to make that better connection from this temporal location? I feel so alone, despite probably not very emotional connected enough for others. That makes me feel guilty. I really want to connect with others more.*

*Being in an ND relationship is very hard. A wife needs and expects certain things (like touch, affection, comfort and sex) that other people don't need or expect from the ND person. Just because he is a nice guy doesn't make him automatically a good spouse.*

#### **6.7. Code 6: Stigma of Autism (Neurodiversity) Label**

Code 6 combined themes such as: *Don't fix me; Autism does not need a cure; Autism is not a sin; Autism is not a disease; Autism is not caused by demons; Autism label rejected by Christian provider because they saw it as negative; Autism label rejected by the person on the spectrum due to perceiving blame or deficit; and overall feeling autism is seen negatively in society at large.*

This theme is often discussed among this research teams' clients. ND adults who do not want to believe the diagnosis or refuse to be evaluated denote there is shame in being diagnosed on the spectrum. More than half of this researcher's clients indicate a negative response to the diagnosis due to negative stigma, and about 1/3 indicate it was very helpful and explained a lot of things about their childhood relationships as well as marriage. The three raters agreed that 3.49% of the respondents indicated negative stigma in their responses but we do not believe this is representative of the population. Respondents' ratio of NA to ND respondent was 2:1; and of the 318 total respondents the ND individual was more likely to skip question 33. Those who did respond were vocal about the negative stigma. Negative stigma, according to Turnock et al. can be defined as stigma that is in part due to lack of understanding of autism and that autistic traits are viewed negatively [52].

*I would like them to know that people on the spectrum don't need to be fixed but to respect how they see the world differently and meet them where they are in terms of readiness to address challenges that need support.*

*Diverse is not a disease. It's a lot of work for both people. Calm communication and timeouts are allowed and helpful. Both people have to be accepting of the differences.*

*The ND spouse may have viewpoints and attitudes that are quite atypical. However, this doesn't mean they are incorrect.*

#### **6.8. Code 7: Need for Acceptance of Neurodiversity by Both Partners**

Code 7 combined themes such as: *Both partners need to adjust*



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*expectations; both partners must not compare their relationship to a NT-NT relationship; provider/helper should not place standard of NT-NT relationship; both partners need to learn to see the others' perspective; and sometimes alternative living situations are required to stay together or reduce trauma in the family system.*

While this theme came up at least 18-32 times, it was not a major theme of what couples felt was most important for a provider to understand. All three raters who work in this field as a coach or therapist agree that this should be a high priority in marriage work for each to accept each other and accept that they cannot compare their marriage to one that is NT- to-NT and neither should other marriage helpers. Again this theme reflects the double empathy problem that exists in mixed neurotype marriages [28]. Responses that reflect this theme:

*It's like a roller coaster especially when the Autistic partner finds out at the same time as the neurotypical partner.*

*People on the spectrum can learn to treat their spouses better but they have to be willing. It's not okay to tell the NT spouse to suck it up. Things can change. [Further noted that willingness to change combined with the right trained therapist].*

#### **6.9. Code 8: Prevalence of Autism Being Ignored**

Code 8 combined themes such as: *If you meet one person with autism you have met one person; broaden your perspective of adult autism; accept neurodiversity as an acceptable way to be or live; expressions of autism; understanding masking and camouflaging; understanding different sensory profiles; and move beyond stereotypes. Included a call for action on research on adults on the spectrum and research on relationships and autism and faith.*

At least 22% of the respondents indicated that the prevalence of autism in adults and relationships is ignored, dismissed or simply not understood by clinicians and marriage work providers. This is reflected in research that indicates there is a shortage of understanding adult autism or providers to work with NDCs and NDCCs [8,10,13,24,26,29,30]. Responses that reflect this concern:

*Masking can make one appear fine when that is not the case and often the spouse appears needy or controlling when the opposite is true; they are not validated which perpetuate a negative cycle for seeking help from professionals or clergy.*

*That ND relationships are much more common than is commonly accepted/acknowledged and should be considered as a high possibility when marriage counseling is sought.*

#### **7. Concluding Thoughts and Implications for Future Research**

NDCs and NDCCs are seeking support and help from trained professionals and pastors who are equipped to assist their marriage according to their unique relational needs. Later in life diagnosis, before it is understood that a spouse is on the spectrum, further ex-

acerbates the double empathy problem when a couple is not even aware they are a neurodiverse couple which can look like neglect, abuse, or trauma for one or both spouses. Better diagnostic training for identifying adults on the spectrum is needed as diagnosis rates of children increase worldwide and hereditary rates indicate the possibility that adults have been missed and are thus the “lost generation” of autistics have not yet been identified. Many who may be on the spectrum may resist evaluation or diagnosis due to negative stigma about being on the spectrum. There can be further stigma in faith communities if being atypical or having a diagnostic label is perceived as not having enough faith or sinful.

NDCCs are more likely to reach out to their pastor or church staff first for help, and the Christian helping field is further behind the non-faith helping fields in addressing the needs of autism and faith in marriage. For further research in the NDCC field, how religious views on marriage may contribute to potential abuse or neglect in the NDCC specifically if the husband is on the spectrum and adheres to strict marriage roles and rules. Not only is being uninformed not helpful, but it is also often harmful to one or both partners and relationships. More research is required on many aspects of the NDCs and NDCCs.

A call for research from the perspective of the ND/AS partner is missing in the literature as well as research on non-traditional couples. While this survey indicated a low divorce rate among NDCCs, only 56% of those surveyed are able to live in the same bedroom of the same home to remain married, and 10% of those surveyed reported being happy and satisfied, 5% reported being satisfied and content, and over 60% stated they were dissatisfied, very dissatisfied, separated, filing or have divorced [14]. Late in life identification and missed diagnosis were reported as factors for the marital strain. The “lost generation” of adult autism is coming forward, are we prepared for proper diagnosis and best practices to work with NDCs and NDCCs? The research indicates there is much to be learned and additional training is needed and should be required to work with neurodiverse relationships from non-faith and faith based providers and clergy to various types of marriage coaches and clinicians [53-56].

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