

Asperger's Syndrome: Do I have it? And how do I live with it?

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I suspect I may have, or have been diagnosed with, Asperger's Syndrome, but I'm not really sure what it is:

* Please note that Asperger's Syndrome (sometimes called Asperger's Disorder) is a neurobiological collection of behavioral differences (thus the word syndrome). It is classified in the ICD-10 and the DSM-IV as a Pervasive Developmental Disorder, alongside Autistic Disorder. This is why some consider Asperger's Syndrome as part of an Autistic Spectrum Disorder. There is no known cause, although both genetic and environmental factors are suspected to be involved. It is a condition that continues throughout the lifespan. It is not a mental illness.

Diagnostic criteria for Asperger's Disorder from DSM-IV (1994)

- A. Qualitative impairment in social interaction, as manifested by at least two of the following:
 - (1) marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
 - (2) failure to develop peer relationships appropriate to developmental level
 - (3) a lack of spontaneous seeking to share enjoyment, interests or achievements with other people (e.g. by a lack of showing, bringing, or pointing out objects of interest to other people)
 - (4) lack of social or emotional reciprocity
- B. Restricted repetitive and stereotyped patterns of behaviour, interests and activities, as manifested by at least one of the following:
 - (1) encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
 - (2) apparently inflexible adherence to specific, nonfunctional routines or rituals
 - (3) stereotyped and repetitive motor mannerisms (e.g. hand or finger flapping or twisting, or complex whole-body movements)
 - (4) persistent preoccupation with parts or objects
- C. The disturbance causes clinically significant impairment in social, occupation, or other important areas of functioning
- D. There is no clinically significant general delay in language (e.g. single words used by age 2 years, communicative phrases used by age 3 years)
- E. There is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behavior (other than in social interaction), and curiosity about the environment in childhood
- F. Criteria are not met for another specific Pervasive Developmental Disorder or Schizophrenia

These clinical definitions were developed for the purpose of determining the degree to which a child is "disabled" and therefore eligible to receive services. They may not mean much or be of much help to adults who suspect that they have Asperger's Syndrome. The important thing to understand is that Asperger's Syndrome represents a mild to significant difference in how we process sensory input, communicate, and generally perceive social experiences from those with neurologically typical nervous systems. Like "neurotypicals," we have our own strengths and limitations. Unfortunately, our "different-ness" often makes us appear more limited and our strengths harder to perceive.

Learning Style differences: Most of us have one very strong learning style, and may pick up very little information from other senses or teaching styles. We may be very strong visual thinkers, very strong auditory thinkers, very strong mathematical thinkers, or very strong in our language skills. One recent study found that some 70% of people diagnosed with Asperger's Syndrome also met the criteria for nonverbal learning disorder. The vast majority of us have what neurotypicals consider weak social skills, primarily because we don't pick up the unspoken social cues the way that neurotypicals do. This difference can contribute to failures in relationships and employment, and may also lead to a high co-morbidity of depressive disorder. Most people with Asperger's Syndrome (colloquially known as "aspies") have some degree of sensory processing dysfunction, meaning that various of the senses (sight, hearing, smell, touch, taste, proprioception, and vestibular) may be over-or-under sensitive to stimuli in comparison to those of neurotypicals (people not on the autistic spectrum). Synesthesia (mixing of sensory information, such as smelling sounds) may also be present.

Tony Attwood, a clinical psychologist, and Carol Gray, an educator, both of whom work extensively with individuals on the autism spectrum, took a reverse look at the DSM-IV criteria for receiving a diagnosis of Asperger's Syndrome and pointed out how what others view as "limitations" could also be viewed as strengths.

From: Discovery of "Aspie" Criteria
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As found at <http://www.tonyattwood.com.au/index.htm>,
"Tony's Publications"

A. A qualitative advantage in social interaction, as manifested by a majority of the following:

- (1) peer relationships characterized by absolute loyalty and impeccable dependability
- (2) free of sexist, "age-ist", or culturalist biases, ability to regard others at "face value"
- (3) speaking one's mind irrespective of social context or adherence to personal beliefs
- (4) ability to pursue personal theory or perspective despite conflicting evidence
- (5) seeking an audience or friends capable of enthusiasm for unique interests and topics, consideration of details, spending time discussing a topic that may not be of primary interest
- (6) listening without continual judgement or assumption
- (7) interested primarily in significant contributions to conversation, preferring to avoid "ritualistic small talk" or socially trivial statements and superficial conversation
- (8) seeking sincere, positive, genuine friends with an unassuming sense of humour

B. Fluent in "Aspergese", a social language characterized by at least three of the following:

- (1) a determination to seek the truth
- (2) conversation free of hidden meaning or agenda
- (3) advanced vocabulary and interest in words
- (4) fascination with word-based humour, such as puns
- (5) advanced use of pictorial metaphor

C. Cognitive skills characterized by at least four of the following:

- (1) strong preference for detail over gestalt
- (2) original, often unique perspective in problem solving
- (3) exceptional memory and/or recall of details often forgotten or disregarded by others, for example: names, dates schedules, routines
- (4) avid perseverance in gathering and cataloging information on a topic of interest
- (5) persistence of thought
- (6) encyclopaedic or "CD-ROM" knowledge of one or more topics
- (7) knowledge of routines and a focused desire to maintain order and accuracy
- (8) clarity of values/decision making unaltered by political or financial factors

D. Additional possible features:

- (1) acute sensitivity to specific sensory experiences and stimuli, for example, hearing touch, vision and/or smell
- (2) strength in individual sports or games, particularly those involving endurance or visual accuracy, including rowing, swimming, bowling, chess
- (3) "social unsung hero" with trusting optimism: frequent victim of social weaknesses of others, while steadfast in the belief of the possibility of genuine friendship
- (4) increased probability over general population of attending university after high school
- (5) often take care of others outside the range of typical development

Note: Many Famous People Are Suspected To Have Characteristics of Asperger's Syndrome:

Temple Grandin, Ursula LeGuin, Albert Einstein, Gene Roddenberry, Charles Darwin, Thomas Edison, Mark Twain, M.C. Escher, Johann S. Bach, Max Planck, Helen Keller, J.R.R. Tolkien, Jean Ayres, Dylan Thomas, Pablo Picasso, Linus Torvald, Galileo, Arthur C. Clarke, Franz Kafka, Glenn Gould, Benjamin Franklin, Margaret Mead, Aristotle

From "Sparks of Genius" - The 13 Thinking Tools of the World's Most Creative People
Robert and Michele Root-Bernstein, (2001) Marriner Books

[For clarification: Temple Grandin has been diagnosed as autistic since she was a child. She has on many occasions stated that if she were to be diagnosed today, as an adult, she believes that she would fit the criteria for Asperger's Syndrome. The others on this list have not been diagnosed as having Asperger's Syndrome, but many suspect that, based on observation of their social and learning characteristics, they fit the diagnostic definition of someone with Asperger's Syndrome.]

Why have I received diagnoses from doctors that suggest that I have something other than or more than Asperger's Syndrome?

Asperger's Syndrome is often diagnosed when all other disorders can be ruled out. People who have, or suspect they have, Asperger's Syndrome may have been previously diagnosed with:

- Autistic Disorder, High Functioning (HFA)
- Pervasive Developmental Disorder, Not Otherwise Specified (PDD-NOS)
- Attention Deficit Disorder (ADD)
- Schizoid Personality Disorder
- Nonverbal Learning Disorder
- Right Hemisphere Learning Disorder
- Semantic Pragmatic Language Disorder
- Clumsy Child Disorder

Additionally, if you have a medical history which includes a past head injury, you may be diagnosed with Traumatic Brain Injury (TBI). A warning for those previously diagnosed with Autistic Disorder or PDD-NOS: being re-diagnosed as having Asperger's Syndrome can lead to being considered ineligible for various benefits (such as supported employment) that you may have previously benefited from.

There are several disorders that are frequently co-morbid with Asperger's Syndrome. These include:

- Attention Deficit (Hyperactive) Disorder (ADHD or ADD)
- Tourette's Syndrome
- Obsessive Compulsive Disorder (OCD)
- Depressive Disorder
- Dysthymia Disorder (minor depressive disorder)
- Sensory Integration Dysfunction
- Seizure Disorder/Epilepsy

Several of us have also been considered to have "autistic characteristics" as children, but may never have received any special education or other services. In addition, some people may have asperger tendencies, but not have Asperger's Syndrome. Engineers and computer programmers are often thought to exhibit asperger-like characteristics. A diagnosis of Asperger's Syndrome simply reflects the severity of the differences between those with the diagnosis and those without. Current research suggests that there are 10-15 genes related to autism. The severity of your differences may relate to how many genes are affected and/or your other inherited traits, environmental exposures, and life experiences.

The inability to clearly define the difference between autism and Asperger's Syndrome is why many consider both to be part of an autism spectrum, with Asperger's Syndrome representing the high end of the spectrum. Based on DSM-IV criteria used to make a diagnosis, those with Asperger's Syndrome have normal to above normal intelligence and fewer limitations in their use of speech and ability to communicate than those diagnosed with autism. Significant delays in the development of speech and communication, beyond the age of 2 years, are considered characteristic of autism. Some people on the autism spectrum display a splinter skill (also known as a savant skill) related to mathematics, calendars, or music, although this is not necessary for a diagnosis of autism.

Those who do develop speech but continue to have difficulties in communication and/or performing daily living activities are often classified as having "high functioning" autism. This is a delineation that many adults on the spectrum are not comfortable with as it implies that those with more severe difficulties in communicating and performing daily living activities are "low functioning." The assumption is, and they are often treated as though, they are mentally retarded, and thus not given the mental and academic stimulation they deserve and need to achieve their true potential. Yet many "low functioning" individuals with autism have been discovered to be quite intelligent once the environmental or biochemical stresses interfering with their ability to communicate or perform daily living activities are lessened. With Asperger's Syndrome, because of our high verbal skills, the expectations are often just the opposite. The assumption is that we are intelligent enough to do more than we demonstrate and are just not trying hard enough, when the truth is that we are "passing" for close to normal only because we are trying so hard and, in most cases, can't do more than we are doing. For this reason, learning self-advocacy skills to clearly communicate to others just what you can and can not do is very important.

Why would I want an official diagnosis of Asperger's Syndrome?:

If you are currently not experiencing any major problems in your relationships or employment, you may not want to get diagnosed as having Asperger's Syndrome. However, getting an official diagnosis from a psychiatric or medical professional will be necessary if you are considering applying for social benefits, such as Social Security Disability or Vocational Rehabilitation. Please note that the diagnosis of Asperger's Syndrome alone will not qualify you for any form of services. It is generally some co-morbid (accompanying)

symptom (as mentioned above) that affects your ability to function in your work or home environment that is considered disabling. Despite the fact that functioning in a neurotypical world can be very difficult, a diagnosis of Asperger's Syndrome does not mean a person is unable to learn to function, especially if they are fortunate enough to have people in their lives that provide the support they need.

Getting a diagnosis can be useful if you need accommodations in order to perform the tasks or deal with the environment in an employment situation. Such accommodations may include alternative ways of communicating, a more isolated space, breaks, etc.

If you are having considerable difficulty with relationships, especially with regards to understanding the other person's perspective, then perhaps it is worthwhile investigating whether you have Asperger's Syndrome and/or how it might be affecting communication between you and the person with whom you are trying to relate. You may also need to explore what it is you expect and need from a relationship and learn how to advocate for what you want in a non-demanding manner. Of equal importance is learning how to give what the other person wants in order to get what you want. If you decide to seek help in this regard, be sure that the psychiatrist, psychologist or counselor has experience with and is accepting of Asperger's Syndrome differences.

Who you contact for a diagnosis will depend on what you are seeking from this person. Psychologists or neuropsychologists will arrive at a diagnosis through testing. This can be helpful if you are looking for more information on your areas of learning strength and differences. A neuropsychologist looks at the neurological as well as psychological issues. This type of testing can give you helpful information about yourself, but only IF the psychologist or neuropsychologist is familiar with neurological differences associated with Asperger's Syndrome. Otherwise, their report is not likely to give you an accurate picture of yourself that you can relate to and use. A psychiatrist will often diagnose you after getting a history and talking with you, or others who know you. A psychiatrist is a medical doctor who can prescribe medication that may be helpful to you in calming your anxieties or bringing you out of depression (or treating co-morbid disorders).

The choice should always be left up to you as to whether you want to try medication. Medication can have side effects you need to be aware of and long-term use can sometimes result in a form of tics. Psychotropic medications (the ones that influence your brain chemistry) must never be stopped suddenly as your brain adapts to them and must be very slowly decreased to avoid withdrawal symptoms. You always have the choice of trying natural supplements that have a similar influence on your brain chemistry (check out <http://www.phxautism.org/vitamin/frame.htm> for more information on this). Unfortunately the manufacturers of supplements are unregulated so your doctor is unable to support their use and your insurance is not going to cover their cost.

Where can I go to get a diagnosis?:

If you are considering getting an official diagnosis, you should bring the following items with you: medical history/records and parents or teacher's notes on your childhood behavior (including any kind of "baby development log" your parents may have kept, noting important milestones such as crawling, walking, first words, etc.). School records from Kindergarten through High School that show your abilities, both weak and strong, can be helpful. If you keep a diary, or have written personal essays on your experiences in dealing with other people, these may also be useful. There may be others who work with adults with Asperger's Syndrome, but the following references are the ones we are aware of at this time (this does not constitute an endorsement of these doctors, only an awareness that they are said to work with adults with Asperger's Syndrome):

Mark Wellek, M.D., psychiatrist, 4202 N. 32 St., Phoenix, AZ 85018, Phone: 602-955-1070, Fax: 602-957-9614. He accepts Out-of-Plan Referrals but payment is required at the time of services.

Bruce Rigler Holzman, M.D., 525 N. 18th Street, Suite 303, Phoenix, AZ 85006-3734
Phone: 602-254-9986, Fax: 602-254-4439. He is a provider in PPO, HMO or Network Plans and Accepts Out-of-Plan Referrals

William Graff, Ed.D., Well Being Systems, 2701 East Camelback Road, Phoenix, AZ 85016, Phone: (602) 957-2368. [Be aware that Dr. Graff is not a medical doctor if this is what you are looking for to work with you long-term, but he has his own approach, like most professionals, that he believes can help.]

Do NOT feel obliged to continue to see any professional that makes you feel uncomfortable or who pushes on you their agenda for what they think is best for you. You have both control over and responsibility for how you chose to live your life. Continue to seek what you find helpful, and look elsewhere when it is not or stops being helpful.

Should I tell people that I have Asperger's Syndrome?:

This is a sensitive subject. In regards to employment, you do not need to disclose your diagnosis until after you have actually been hired. If you know that you will require certain accommodations in order to do your best at work (e.g., incandescent, rather than fluorescent, lighting, a flat-screen computer, etc.). If you need to disclose your diagnosis in order to request accommodations, the best

person to start with may be your immediate supervisor. Sometimes simply stating that you “do best” when [a particular accommodation is provided] is enough. Some businesses require you to disclose your disability to personnel in order to receive accommodations that are not typically made for others. Be aware that some aspies have found that disclosing their diagnosis with the expectation that others will better understand and provide for their needs was not helpful, and often backfired. It is always best if YOU decide what you need and politely, with reasonable explanations that do not need to include your diagnosis, ask for it,. Don’t expect them to know what you need, based on a diagnosis that they may not understand. You are the only one that can know your needs.

In relationships, disclosure of a diagnosis Asperger’s Syndrome has been known to save relationships that are in trouble, but it has also been known to lead to a faster break-up or divorce if the non-Asperger’s Syndrome partner is unwilling to deal with the changes or issues inherent with this new knowledge about you. Experiences have been mixed.

A book on this issue that you might want to check out is: *Ask and Tell: Self-Advocacy and Disclosure for People on the Autism Spectrum*, Stephen M. Shore, editor, by Autism Asperger Publishing Company (www.asperger.net).

Where can I meet others who have Asperger’s Syndrome?

Asperger’s Syndrome/HFA/PDD Support Groups:

- In Phoenix, contact: Trish Gelvin, 602-421-2215, trish_crew@yahoo.com
- In Tucson, contact: Jerry Newport, 520-795-0396, wholphin48@hotmail.com

Internet Sites:

- Patty's Home Page, adult autism issues, advocacy for adult autistics, autism information, <http://www.autistics.cc/>
- Frank Klein's Autistic Advocacy, <http://home.att.net/~ascaris1/>
- Autism Network International, <http://ani.autistics.org/>
- M. Jane Meyerding's Home Page, <http://staff.washington.edu/mjane/>
- Dave Spicer - autistic writer and speaker - <http://bellsouthpwp.net/d/s/dspicer/>
- The MAZE - Ooops... Wrong Planet! Syndrome Master Link Page, <http://www.isn.net/~jypsy/autilink.htm>
- autistics.org Links Autistic_Culture-People, http://www.autistics.org/links2/Autistic_Culture/People/

I want friends but making friends seems hard. Why?:

Personal friendships are generally built on one or more things of shared interest between two people. Personal friends share their thoughts and feelings as well as experiences. Not everyone who calls themselves friends are personal friends. Aspies tend to be very open and honest and willing to share themselves with others, which are traits that close personal friends will value. Social and work friends, however, may not value this trait. They may not be ready to be open and honest and share personal information about themselves with you, so it makes them feel uncomfortable when you offer these things to them. Some Neurotypicals like to take the development of friendships slowly (see the stages of relationships below). When someone asks you questions about yourself, like where you were born or went to school or what things you like, they are indicating that they have a possible interest in becoming your friend. That doesn't mean they will become your friend, only that they are interested in finding out if you both share enough interests to possibly become friends.

Some Neurotypicals, on the other hand, can be very open to making friends quickly. If someone wants to be your friend quickly, and then asks you to do something for them, like give them money or do something crazy or hurt someone, be aware that true friends don't do that! True friends help you to feel good about yourself and protect you from doing things that are not in your best interest, or in the best interest of others. As mentioned in “Aspie Strengths”, we tend to be very loyal to our friends. However, our loyalty can (and has) been abused by those with various social weaknesses, such as greed or jealousy or low self-esteem. It is always a good idea to pay attention to your instincts. If you feel even the slightest bit uncomfortable about something, even if you can't identify what it is, it is best to seek advice from someone you do trust who understands how some people can take advantage of others.

Many aspies have particularly strong interests in certain areas. Unfortunately very few people around them may share that interest. This makes it harder for aspies to find friends. An excellent place to look for friends are clubs where people with your special interest are likely to gather. Some aspies recognize that having a lot of friends is not that important to them. Other aspies blame themselves or think badly about themselves if they don't have friends or make friends easily. Making friends has less to do with whether people like you than it does with whether you have interests or experiences that are similar to theirs AND whether you are also willing to share in the interests they have that are different from your own. It is easy to lose potential friends if you share more than what the other person wants to receive, or don't give the other person equal time to share their interests with you. Friends who are close personal friends will stick up for each other in front of others, answer questions honestly (in a kind way), help each other when there is a need, and will enjoy just spending time together. Most people, neurotypical or aspie, only have a few friends that meet this definition of a close personal friend. These are the best friends to have and to seek.

Another reason that aspies may have a more difficult time making friends is because our sensory processing and body movements are different from neurotypicals. Friendly pats on the back and reaching out to touch your arm are common ways for neurotypicals to “connect” with each other through the sense of touch. If touch is perceived as uncomfortable, or even threatening, your reaction to their well-intentioned effort to relate to you is not going to be easily understood. This is where aspies need to self-advocate, to let others know what makes us uncomfortable. Most neurotypicals ARE willing to respect these differences, IF they know about them. For those who struggle with verbal communication, a card that explains what you need can be carried in your wallet or purse and shared with others as you choose. The “down side” is, because it is hard for neurotypicals to relate to these differences in perception, it may limit how many potential friends will be willing to work that hard to become a close personal friend. Aspies often find it easier to socialize and become friends with other aspies, simply because we understand each other’s way of thinking and perceiving.

“Missed” communication can also make it harder for aspies to make and keep friends. Our more limited body movements can be misread by neurotypicals who look for “body language” cues when communicating with others. Aspies also tend to find it difficult to attend to all the body language cues neurotypicals give. Thus, we may misread their “intended” messages to us if all we are paying attention to are the words they use. A good source for learning about body language is *Teaching Your Child the Language of Social Success* by M. P. Duke, S. Nowicki, Jr., and E. A. Martin (1996) Peachtree Publishers, Atlanta, Georgia.

Understanding the social rules that neurotypicals follow can also help in making and keeping friends (as well as working with others on the job). A good source for this is “The Rules of the (Social) Road” (Chapter 9) in *Asperger Syndrome and Adolescence*, by Teresa Bolick, (2001) Fair Winds Press, Gloucester, MA. Some typical social rules that aspies can break that neurotypicals find “off-putting” (but won’t tell you about to avoid hurting your feelings) are: 1) poor grooming habits, including not brushing teeth, not bathing or washing one’s hair, not wearing clean clothes, and not wearing deodorant; 2) telling people things about yourself that are considered “private”, such as that you do not have friends, have never had sexual intercourse, or use self-gratification to meet your needs; 3) appearing desperate or too eager to establish a close relationship with someone you don’t know really well (which may be a dangerous thing for you as this is the type of behavior that people who will abuse you look for); 4) asking others about their current relationships (unless they bring it up first); and 5) dressing too fancy or too casually for the situation, such as wearing too much make-up or seductive clothes to work or a picnic, or wearing jeans to a job interview.

Even though your sensory processing differences may be the reason for your grooming habits or clothes choices, unless you take the time to explain these differences to others (and even then they may not understand or accept what you say), people will judge you based on your appearance. That doesn’t mean you can’t find ways to compromise, such as adding a jacket to dress up blue jeans. Clothes that are clean and unwrinkled (which can be accomplished by hanging clothes on a hanger while they are still warm and wet after 10 minutes in the dryer) are more important than being “in fashion.” You can accomplish the “snug-fit” your body seems to prefer by wearing biking shorts or a wet suit under your clothes rather than overly tight fitting clothes that might be viewed as “suggestive.”

It might also be helpful to note that toxin build-up due to gut digestion difficulties may contribute to a “body odor” problem even when you are careful about your grooming. If this is the case, consider reading *Children with Starving Brains*, by Jacquelyn McCandless, M.D., for more information on the medical conditions that can affect the functioning of individuals on the autism spectrum. You may also want to check out the book *Biological Basis of Autism* by William Shaw, Ph.D., available from Great Plains Laboratory (913) 341-8949, www.greatplainslaboratory.com, for more information on yeast/bacterial infections and diets.

I’m interested in dating and an eventual commitment to another person. Will Asperger’s Syndrome make that more difficult for me?:

Many aspies, both male and female, are married or in long-term relationships. Many are not. Often it is only when aspies have children that they recognize their own aspie traits and are themselves diagnosed. It is also worth noting that aspies have a tendency to belong to “other minority groups”, and may be homosexual or have alternative lifestyles, in statistically greater numbers than the general population. Some aspies do not feel particularly attached to their sexuality. They do not identify with a particular sex or seek relationships with a particular sex. Other aspies simply choose to not pursue relationships other than friendships. Temple Grandin has spoken often of her own preference to not seek a sexual relationship. You should not feel pressured to act outside of what you are comfortable with when it comes to developing relationships with other people.

Whatever your relationship preferences are, relationship difficulties are not something unique to those on the autism spectrum. Neurotypicals have their own share of relationship difficulties. It is important to remember that all relationships have stages. It can be confusing to you if you are not sure which stage in a relationship you are with someone. It can be confusing and even overwhelming to others if you appear to be in a more advanced stage in the relationship than they are ready for. According to the book, *Speaking*

*Skills for Prospective Teachers*¹, the stages in a relationship are: 1) coming together, 2) staying together, and 3) moving apart. Coming together is a 5-step process: 1) initiating contact; 2) discovery of common interests; 3) intensifying our interest and involvement;

4) integrating this person into our life's activities; 5) bonding or committing to the relationship (usually leading to marriage if the interest in the relationship is sexual). Staying together is described as a long-term situation that requires effort from both partners to keep the relationship going. There are nine characteristics that long-term relationships often have, none of which are always present to the same degree: 1) amusement (making the relationship fun and enjoyable); 2) affection (pleasure in being together); 3) commitment equity (equal dedication to the relationship); 4) fidelity equity (faithfulness to each other); 5) contracting (fulfilling any agreements made to each other); 6) twosome (relying on each other as partners); 7) recognition (publicly making others aware of your commitment to each other); 8) frankness (revealing your inner self to each other); and 9) averaging (good and bad times should average out). It is possible for a relationship to come apart at almost any stage. Under normal conditions, relationships come apart in five steps: 1) differentiating (disagreements and differences become the focus of attention); 2) circumscribing (talk diminishes, with less revealing of self and fewer commitments to each other); 3) stagnation (relationship loses its life and partners move apart physically); 4) avoiding (partners stop seeing each other); and 5) termination (the relationship is over).

Communication is always thought of as a key to successful relationships. So is attitude, according to this same book. This is where the differences in how asperger people and neurotypical people perceive similar experiences can cause problems in relationships. Neurotypicals value the following attitudes in a relationship: being genuine (being honest and open about ones feelings); being committed (having a desire for the relationship to continue and to share the responsibilities and make compromises when problems occur); talking together (to achieve understanding and appreciation of each other and discuss conflicts, expectations, and anxieties that bother each other); and 4) being empathetic (seeing the world through the other person's perspective, listening non-judgmentally and trying to understand the other person in the way they perceive themselves). It is a common, but very false perception, on the part of many neurotypicals that people with Asperger's Syndrome lack these abilities! It is extremely difficult for ANYONE to understand and perceive what one has never experienced. Because of differences in the way that our brains process and respond to experiences, neurotypicals have just as much difficulty understanding and appreciating the asperger person's perspective as the asperger person has understanding and appreciating the neurotypical's perspective.

That doesn't mean that both sides can't learn to respect those differences and even understand them somewhat on an intellectual level. Communication becomes the most important factor in helping each other to understand and appreciate these differences. Again, this is a major contributor to relationship difficulties between asperger people and neurotypical people. Neurotypical people learn about and experience social interactions on a non-thinking level. To articulate how and what they know or feel on a thinking level is not something they often need to, or know how to, do with other neurotypicals. They simply "understand" because they tend to perceive these experiences in a similar fashion. Aspies tend to process a lot of input on an intellectual level because it is harder for them to pick up multiple information and process it quickly on a non-thinking level as neurotypicals do. Ironically, even though the mental effort of verbal communication can be very fatiguing for aspies, they are the ones who are expected to "explain" their differences to neurotypicals since neurotypicals see themselves as "normal" and therefore consider themselves easy to understand. Unfortunately, neither party has strengths in the areas that the other person needs for effective communication to take place.

Neurotypical and Asperger's Syndrome people can develop meaningful and fulfilling relationships. It requires that both parties have to have a strong desire to make the relationship work and to work hard at communicating their different perspectives. Attitudes are not where the problems lie, even though they may often be expressed differently. It's both parties willingness to communicate, in a non-judgmental way, that is essential to the understanding of, and increased appreciation for, the differences that contribute to the problems in neurotypical-asperger relationships. If you are interested, the movie *The Mirror Has Two Faces* may be worth watching as an example of an aspie and a neurotypical in a relationship, even though the main character is not identified as having Asperger's Syndrome (but the characteristics are there). Liane Holliday Willey, in *Pretending to be Normal*, was already a wife and mother when she discovered, along with her daughter, that she had Asperger's Syndrome. Jerry and Mary Newport, in *Autism-Asperger's & Sexuality*, have shown that two people with Asperger's Syndrome can fall in love and have a meaningful committed relationship. All relationships, to be successful in the long-term, require a commitment to compromise and sharing, but having Asperger's Syndrome does not lessen your chances of having such a relationship if this is truly what you want. It is important to recognize whether a relationship is what YOU want and are willing to work toward and not what you think society expects of you. It is equally important that you know your own limitations to know just how much you have and are willing to give to a relationship. Relationships, even in the neurotypical world, that are built on unrealistic expectations and only getting, not giving, rarely work.

What about having children? What are my chances that they will also have Asperger's Syndrome?:

Many of us have been diagnosed after having children, particularly if we had a child who was diagnosed as having an Autism Spectrum Disorder. While there are no statistics on the likelihood of aspies having ASD children in general, the statistics for parents of autistic children (at least some of whom are probably undiagnosed aspies) run between 3-5% for Autistic Disorder, and up to 10%

¹ by D.W. Klop and R.E. Cambra, (1991) Morton Publishing Co., Englewood, Colorado

for ASD and “language delays”. There is also no data on how our “neurotypical” children turn out, but personal stories told by those on the spectrum of their children seem to indicate that these children pick up the body language and other social information they need from the outside world and do not suffer any “adverse effects” from their parent(s) autistic characteristics.

Where can I go to get the support that I need to live in a neurotypical world?:

[Disclaimer: Because something is listed does not imply that it is endorsed or even known to live up to whatever claims are made as regards providing needed support. They are listed because they are known through word-of-mouth to exist. It is your responsibility to check out these services/agencies for yourself to determine if they could be of any help to you. If there are resources for adults that you are aware of that should be included here, or excluded, please contact sgolubock4@msn.com or gpcasa@hotmail.com]

Greater Phoenix Chapter (GPC) of the Autism Society of America: This group is for all people interested in autism, including parents of children/adults, and people with autism/Asperger's. Monthly meetings, newsletter, annual conference. Call (602) 940-1093 <http://www.phxautism.org>

Tucson Chapter of the Autism Society of America, (520) 770-1541. This group serves people with autism of all ages, and holds monthly meetings. <http://aztec.asu.edu/asa-pcc>

Asperger Parent Network, resource for families and professionals in the Greater Phoenix Area. Monthly meetings, e-group and web site. www.apn.150m.com

Autism Assistance Program - This program provides financial assistance to low-income children and adults with autism/Asperger's who live in Arizona. The program is funded by a tax-credit in Arizona. Tax-payers may donate up to \$200 per year, and receive a dollar-for-dollar reduction in their taxes; i.e., donate \$200, and pay \$200 less in Arizona taxes.
<http://www.eas.asu.edu/~autism/AAFA/AAFA.html>

Emily Anderson Family Learning Center: a lending library for information on disabilities. Located on the main corridor of Phoenix Children's Hospital, 1919 E. Thomas Rd, Phoenix (SW corner of 20th St and Thomas Road). Call them at 602-546-1400 for hours. <http://www.phxchildrens.com/about/services/emilycenter/>

Phoenix Public Library: Special Needs Center: 1221 N. Central Ave., Phoenix, AZ 85004, Tel: 602-261-8690, Fax: 602-534-4520, E-mail: mmccain@phxlib.org

Arizona Center for Disability Law: Advocates for the legal rights of persons with disabilities to 1) be free from abuse, neglect and discrimination and 2) have access to education, health care, housing and jobs, and other services in order to maximize independence and achieve equality, <http://www.acdl.com/>, Phoenix: 602) 274-6287 Tucson: (520) 327-9547

Council for Jews with Special Needs: Provides a range of services, 480-629-5343. www.cjsn.org/. Email: info@cjsn.org. 12701 North Scottsdale Rd., Suite 205, Scottsdale, AZ 85254.

Arizona Division of Developmental Disabilities (DDD): Provides many services to people with developmental disabilities, including speech therapy, physical therapy, and occupational therapy. 602-870-1721

Social Security Disability Program: Contact 1-800-772-1213. <http://www.ssa.gov/applyfordisability/adult.htm>

Mental Health Association of Arizona

6411 E. Thomas Rd., Scottsdale, AZ 85251, Tel: 480-994-4407. Fax: 480-994-4744. E-mail: jsinclair@mhaarizona.org; web site: www.mhaarizona.org

Life Development Institute: Offers basic life training and training for employment. Contact Rob Crawford, M.Ed., Chief Executive Officer, 18001 N. 79th Ave., E-71, Glendale, AZ 85308, rcrawford@life-development-inst.org, www.life-development-inst.org, Phone (623) 773-2774, Fax (623) 773-2788.

Occupational Therapy (Sensory Integration) -

The Children's Center for Neurodevelopment Studies – Offers occupational therapy, music therapy, speech therapy and horticultural therapy services which focus on the sensory processing strengths and limitations of those on the spectrum and development of a Sensory Diet to improve one's ability to stay functional. <http://www.thecchildrenscenteraz.org>, 560 W. Brown Rd., Suite 4007, Mesa, AZ 85201, 480-315-0730; or 5430 W. Glenn Dr., Glendale, AZ 85301, 623-915-0345.

Baio Enterprises, Inc., Marti A. Baio, M.A., CCC-SLP, Director
Pediatric Speech & Occupational Therapy, Adult Therapy
1745 S. Alma School Rd., Suite 145, Mesa, AZ 85210, Tel (480) 963-3634, Fax (480) 855-8384 www.baioenterprises.com

Auditory Integration Training –

Harper Hearing Services, Sandra Ann Harper, 1007 East Warner Road, Ste. 105, Tempe, AZ 85284-3242, ph: 480-838-1212, fax: 480-838-4334, email: saharper@dancris.com

Rebecca D. Welker, M.S., CCC/SLP, 1791 East Hampton, Tucson, AZ 85719
ph: 520-325-4402, fax: 520-323-6915, email: speechbyRDW@aol.com

Premier Care Rehab, Kristin Davis-Cole, 1024 Willow Creek Road, Suite D, Prescott, AZ 86301, ph: 520-778-9666, fax: 520-771-9620

Naturopaths, Homeopaths & Sources for Nutritional Supplements -

Mixtures Pharmacy & Compounding Center – specializes in medication not available in the traditional retail setting; focuses on sensitivities/allergies as well as supplements, secretin, and chelation therapy. 16515 S. 40th St., #123, Phoenix, AZ 85048. Tel: 480-706-0620, Fax: 480-706-0489, E-mail: pharmacist@mixturesrx.com; Web site: www.mixturesrx.com.

Mesa Health and Wellness Center, Dr. Sung, Dr. Armanti, and Dr. Rodriguez, (naturopathic doctors) 560 W. Brown Rd., Suite 3006, Mesa, AZ 85201, 480-461-1255.

Stanley R. Olszty, M.D.(H.), P.C., Preventative Medicine, 4350 E. Camelback, Rd., Suite B-220, Phoenix, 85018, Phone (602) 840-8424, Fax (602) 840-8545

Stephen Davidson, D.D., Homeopathy, 1303 W. Bethany Home Rd., (602) 246-8977

Todd Rowe, M.D.(H.), CCH, DHE, Homeopathy, 5501 N. 19th Ave., #425, (602) 864-1776

Arizona Resources from the National Dissemination Center for Children with Disabilities (NICHCY) website:

State Vocational Rehabilitation Agency, Skip Bingham, Administrator
Rehabilitation Services Administration, Department of Economic Security
1789 W. Jefferson, 2nd Floor, NW (930A), Phoenix, AZ 85007,
(602) 542-3332; (800) 563-1221, E-mail: sbingham@azdes.gov
Web: www.de.state.az.us/rsa

State Developmental Disabilities Program, Ric Zaharia, Assistant Director
Department of Economic Security, Division of Developmental Disabilities
P.O. Box 6123, Site Code (791A), Phoenix, AZ 85005
(602) 542-6853, Web: www.de.state.az.us/ddd

Regional ADA & IT Technical Assistance Center, Erica C. Jones, Director
Pacific Disability and Business Technical Assistance Center, Public Health Institute, 555 12th Street, Suite 1030, Oakland, CA 94607-4046, (510) 285-5600 (V/TTY); (800) 949-4232 (V/TTY), E-mail: adatech@pdbtac.com,
Web: www.pacdbtac.org

Technology-Related Assistance, Jill S. Oberstein, Director, Randy Collins, Outreach/Training Coordinator, Ed Myers, Policy and Funding Specialist
Arizona Technology Access Program (AZTAP), 4105 N. 20th Street, Suite 260
Phoenix, AZ 85016, (602) 728-9534; (602) 728-9536 (TTY)
(800) 477-9921 (toll-free), E-mail: jill.oberstein@nau.edu, Web: www.nau.edu/ihd/aztap/

To find out the contact information for the Statewide Independent Living Council (SILC) in your state, contact:
Independent Living Research Utilization Project, The Institute for Rehabilitation and Research, 2323 South Sheppard, Suite 1000, Houston, TX 77019, (713) 520-0232 (V); (713) 520-5136 (TTY), E-mail: ilru@ilru.org, Web: www.ilru.org

To find out the contact information for centers for independent living (CILs) in your state, contact:

National Council on Independent Living, 1916 Wilson Boulevard, Suite 209

Arlington, VA 22201, (703) 525-3406; (703) 525-4153 (TTY), E-mail: ncil@ncil.org, Web: www.ncil.org

Where can I read more about these topics?:

ABOUT ASPERGER'S SYNDROME:

- Tony Attwood, *Asperger's Syndrome: A Guide for Parents and Professionals*, (1998) Jessica Kingsley Publishers, www.jkp.com
- K. Stewart, *Helping a Child with Nonverbal Learning Disorder or Asperger's Syndrome: A Parent's Guide*, (2002) New Harbinger Publications, www.newharbinger.com

LIVING WITH ASPERGER'S SYNDROME:

- L. Holliday Willey, *Pretending to be Normal*, (1999) Jessica Kingsley Publishers, www.jkp.com
- Jerry Newport, *Your Life is Not a Label: A Guide to Living Fully with Autism and Asperger's Syndrome for Parents, Professionals, and You!*, Future Horizons, Inc., www.FutureHorizons-autism.com.
- Stephen Shore, *Beyond the Wall: Personal Experiences with Autism and Asperger Syndrome*, (1991) Autism Asperger Publishing Co., www.asperger.net
- Temple Grandin, *Thinking In Pictures: and Other Reports from My Life with Autism*, (1996) Vintage Books.
- Jean Kearns Miller, editor, *Women from Another Planet: Our Lives in the Universe of Autism*, (2003) 1stBooks Library.

WORK AND ASPERGER'S SYNDROME:

- Temple Grandin & Kate Duffy, *Developing Talents: Careers for Individuals with Asperger Syndrome and High-Functioning Autism*, (2004) Autism Asperger Publishing Co., www.asperger.net
- *How to Find Work That Works for People with Asperger Syndrome: The Ultimate Guide for Getting People With Asperger Syndrome into the Workplace (and Keeping Them There!)* by Gail Hawkins. www.amazon.com
- Stephen M. Shore (editor), *Ask and Tell: Self-Advocacy and Disclosure for People on the Autism Spectrum*, (2004) Autism Asperger Publishing Co., www.asperger.net

RELATIONSHIPS AND ASPERGER'S SYNDROME:

- J. Newport and M. Newport, *Autism-Asperger's & Sexuality*, (2002) Future Horizons, www.futurehorizons-autism.com.
- Jeanette McAfee, *Navigating the Social World: A Curriculum for Individuals with Asperger's Syndrome, High Functioning Autism and Related Disorders*, (2002) Future Horizons, Inc., www.futurehorizons-autism.com

LIVING IN A NEUROTYPICAL WORLD WITH ASPERGER'S SYNDROME:

- Teresa Bolick, *Asperger Syndrome and Adolescence: Helping Preteens and Teens Get Ready for the Real World*, (2001) Fair Winds Press, Gloucester, MA
- J. Dimitrius and M. Mazzarella, *Reading People: How to Understand People and Predict Their Behavior—Anytime, Anyplace*, (1999) Ballantine Publishing Group, www.randomhouse.com/BB/
- Brenda Smith Myles, Melissa L. Trautman, Ronda L. Schelvan, *The Hidden Curriculum: Practical Solutions for Understanding Unstated Rules in Social Situations*, Autism Asperger Publishing Company (2004).
- Rebekah Heinrichs, *Perfect Targets: Asperger Syndrome and Bullying*, (2003) Autism Asperger Publishing Co.

THE BIOCHEMISTRY OF AUTISM

- *Children with Starving Brains*, by Jacquelyn McCandless, M.D.
- *Biological Basis of Autism* by William Shaw, Ph.D., available from Great Plains Laboratory (913) 341-8949, www.greatplainslaboratory.com

SENSORY ISSUES IN AUTISM/ASPERGER'S SYNDROME:

- B. Smith Myles, K. Tapscott Cook, N. E. Miller, L. Rinner, L. A. Robbins, *Asperger Syndrome and Sensory Issues: Practical Solutions for Making Sense of the World*, (2000) Autism Asperger Publishing Co., www.asperger.net
- J. L. Savner, and B. Smith Myles, *Making Visual Supports Work in the Home and Community: Strategies for Individuals with Autism and Asperger Syndrome*, (2000) Autism Asperger Publishing Co., www.asperger.net
- H. Irlen, *Reading by the Colors: Overcoming Dyslexia and Other Reading Disabilities Through the Irlen Method*, (1991) Avery Publishing Group, Inc., Garden City Park, NY.
- G. Berard, *Hearing Equals Behavior*, (1993) Keats Publishing Inc., New Canaan, Connecticut

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