

# **Close and Intimate Relationships: Understanding Their Importance and Establishment Through Research and Therapeutic Practice**

Nicole Burnham

Portfolio submitted in fulfilment of the  
Professional Doctorate in Counselling Psychology (DPsych)  
Department of Psychology, City University  
September 2014



**THE FOLLOWING PARTS OF THIS THESIS HAVE BEEN  
REDACTED FOR DATA PROTECTION/CONFIDENTIALITY  
REASONS:**

- pp 183-190: **Manuscript submission guidelines.** Autism: The International Journal of Research and Practice.  
<https://uk.sagepub.com/en-gb/eur/journal/autism#submission-guidelines>
- pp 192-208: **Publishable paper:** "Well there is no guide book on how to date": the challenges of establishing a romantic relationship for young men with a high functioning autistic spectrum disorder.

**THE FOLLOWING PARTS OF THIS THESIS HAVE BEEN  
REDACTED FOR DATA PROTECTION/CONFIDENTIALITY  
REASONS:**

- pp 143-147: **Appendix A.** Excerpts from reflective diary.
- pp 154-155: **Appendix C.** Participant background and demographic information.
- pp 210-226: **Professional practice.** Client Study: The use of cognitive analytic therapy as a way of working through challenges in establishing trust, emotional intimacy and isolation.

## TABLE OF CONTENTS

Acknowledgements .....	7
City University Declaration .....	8
Preface .....	9
References .....	11
 <b>Part 1 - Doctoral Research</b> .....	 12
<i>Romantic relationships – The experience of young adult men with a high-functioning autistic spectrum disorder</i>	
ABSTRACT .....	12
<b>1.1 Introduction</b> .....	13
<b>1.2 Literature review</b> .....	15
1.2.1 Identity and difference .....	15
1.2.1.1 Theories of identity .....	16
1.2.1.2 Conceptualising ASD – disability, difference or both? .....	17
1.2.2 Understanding ASD .....	20
1.2.2.1 Making the shift from autism and Asperger’s to autistic spectrum disorder – The DSM .....	20
1.2.2.2 Characteristic features of ASD .....	22
1.2.3 The importance of understanding close adult relationships .....	24
1.2.4 Close relationships and ASD .....	25
1.2.4.1 The nature and quality of peer relationships for individuals with ASD .....	25
1.2.4.2 The romantic and sexual lives of individuals with ASD .....	27
1.2.4.3 Romantic and sexual relationships in Individuals with high-functioning ASD: Self-reports .....	27
1.2.4.4 Romantic and sexual relationships: Caregiver and parental perspectives .....	31
1.2.4.5 Summary and conclusions of the research exploring romantic and sexual relationships for individuals with ASD .....	33
1.2.5 An alternative perspective from clinical experts, self-help books and personal accounts .....	35
1.2.6 Overall summary and rationale for current research .....	37
 <b>2. Methodology</b> .....	 40
<b>2.1 Research design</b> .....	40
<b>2.2 Chosen methodology and philosophical considerations</b> .....	40
2.2.1 Rationale for adopting a qualitative methodology .....	40
2.2.2 Rationale for adopting interpretative phenomenological analysis (IPA) .....	40
2.2.3 Overview of IPA .....	42
2.2.4 Epistemological standpoint .....	44
2.2.5 Reflexivity .....	46
2.2.5.1 Epistemological reflexivity .....	46

2.2.5.2 Personal reflexivity .....	47
<b>2.3 Procedures and method .....</b>	<b>49</b>
2.3.1 Sampling and participants .....	49
2.3.2 Recruitment strategy .....	52
2.3.3 Data collection .....	52
2.3.3.1 Interviews .....	52
2.3.3.2 Background questionnaire .....	55
2.3.4 Ethical considerations .....	56
2.3.5 Analytic strategy .....	58
2.3.6 Validity .....	60
 <b>3. Analysis .....</b>	 <b>62</b>
<b>3.1 Overview .....</b>	<b>62</b>
<b>3.2 Theme 1: Hopes and expectations of romantic relationships .....</b>	<b>63</b>
3.2.1 What I think a romantic relationship is .....	64
3.2.2 Is a romantic relationship desirable? .....	67
3.2.3 Marriage and children .....	69
<b>3.3 Theme 2: Challenges in establishing and maintaining a romantic relationship .....</b>	<b>72</b>
3.3.1 Feeling unsure how to pursue and establish a romantic and sexual relationship .....	72
3.3.1.1 Searching for a template .....	76
3.3.2 Challenges with communication and interaction .....	78
3.3.2.1 Finding conversation difficult .....	78
3.3.2.2 Challenges understanding other's intentions .....	80
3.3.2.3 Challenges with emotional expression .....	82
3.3.2.4 Things that helped communication .....	83
3.3.3 Other's perceptions of Asperger's .....	84
3.3.4 Being turned down or rejected .....	87
<b>3.4 Theme 3: Establishing a romantic relationship .....</b>	<b>89</b>
3.4.1 Positive feelings of entering and being in a romantic relationship .....	90
3.4.2 Where physical contact and sex fits .....	91
<b>3.5 Theme 4: The self .....</b>	<b>94</b>
3.5.1 Difference and exclusion .....	94
3.5.2 Feeling afraid .....	96
3.5.3 Not feeling capable .....	98
<b>3.6 Summary .....</b>	<b>100</b>
 <b>4. Discussion .....</b>	 <b>101</b>

<b>4.1 Overview .....</b>	<b>101</b>
<b>4.2 Transferability.....</b>	<b>106</b>
4.2.1 Methodological challenges .....	106
4.2.2 Procedural challenges .....	107
4.2.3 Epistemological reflexivity .....	110
4.2.4 Personal reflexivity .....	112
<b>4.3 Embedding the findings with the current literature and theory.....</b>	<b>113</b>
4.3.1 Romantic and sexual relationships: A gap between desire and experience .....	114
4.3.2 Knowledge about romantic and sexual relationships .....	114
4.3.3 The role of social communication and interaction .....	116
4.3.4 Identity.....	118
4.3.4.1 Difference and identity .....	119
4.3.4.2 ASD identity and romantic relationships .....	121
4.3.4.3 Gender roles and identity .....	123
<b>4.4 Implications for practice and research.....</b>	<b>124</b>
4.4.1 Increasing knowledge and challenging stereotypes .....	124
4.4.2 Service development .....	125
4.4.3 Therapeutic interventions .....	126
<b>4.5 Directions for further research.....</b>	<b>128</b>
<b>4.6 Final conclusions.....</b>	<b>129</b>
References .....	130
 <b>Appendices.....</b>	 <b>143</b>
Appendix A: Excerpts from reflective research diary .....	143
Appendix B: Background questionnaire .....	148
Appendix C: Table of participant background and demographic information .....	154
Appendix D: Recruitment flyer .....	156
Appendix E: Participant information sheet .....	157
Appendix F: Interview schedule.....	159
Appendix G: Participant consent form .....	163
Appendix H: Participant debriefing form and resource list .....	165
Appendix I: Extract from annotated transcript.....	167
Appendix J: An example of a summary table for one participant (Edward) with quote examples .....	172
Appendix K: A summary table for one superordinate theme (Challenges establishing a romantic relationship) with examples of quotes from all participants .....	175
Appendix L: A summary table of all themes with quote locations from all participants.....	179
Appendix M: Summary table of superordinate themes, master themes, and subthemes .....	181

<b>Part 2 - Publishable Paper</b> .....	182
<i>'Well there is no guide book on how to date': The challenges of establishing a romantic relationship for young men with a high-functioning autistic spectrum disorder.</i>	
<b>1. Publication potential and journal considerations</b> .....	183
1.1 Scope and guidelines for manuscript submission for the journal Autism.....	183
<b>2. Publishable paper</b> .....	191
2.1 Abstract .....	191
2.2 Introduction .....	191
2.3 Method.....	193
2.4 Findings .....	196
2.5 Discussion.....	203
References .....	206
 <b>Part 3 - Professional Practice: Client Study</b> .....	209
<i>The use of cognitive analytic therapy as a way of working through challenges in establishing trust, emotional intimacy and isolation</i>	
<b>1. Introduction and the beginning of therapy</b> .....	210
1.1 Introudction.....	210
1.2 Summary of theoretical approach.....	210
1.3 Context and referral .....	211
1.4 The first session – Initial impressions and behaviour .....	211
1.5 Presenting difficulties .....	212
1.6 Background information.....	212
1.7 Understanding of the problem .....	213
1.8 Contract and therapeutic aims .....	214
 <b>2. Development of therapy</b> .....	215
2.1 Pattern of therapy .....	215
2.2 Therapeutic plan and main techniques used .....	215
2.3. The reformulation sessions: Key content issues and the therapeutic process .....	216
2.4 Difficulties in the work.....	217
2.5 Sharing the reformulation .....	219
 <b>3. Review of the therapy</b> .....	221
3.1 Evaluating the work.....	221
3.2. Psychotherapeutic practice and theory .....	222

3.3	Myself as a therapist .....	222
<b>4.</b>	<b><i>Addendum: Concluding reflections after the end of therapy</i></b> .....	223
	References .....	225
Tables and illustrations		
	Diagram 1: Graphic depiction of thematic relationships .....	101
	Table 1: Participant Background Information .....	195

## **Acknowledgements**

My family have been the foundation for me throughout the past four years and I feel deeply grateful for their unwavering support, patience and encouragement. They have been a huge part of this journey, witnessing my highest of highs and lowest of lows, and their constant belief in my abilities made the end goal seem achievable.

I also owe a huge thank you to my research supervisor, Dr Deborah Rafalin for her guidance, support, kindness and constructive feedback throughout the research process.

My fellow course mates have been a continuous source of support, information, and most importantly, fun throughout the last four years. Thank you, some special memories have been made.

Finally, I wish to thank all of the participants that took part, who by bravely sharing their experiences made this research project possible.



**City University Declaration**

The author grants powers of discretion to the City University librarian to allow this thesis to be copied in whole or in part without further reference to her. This permission, however, covers only single copies made for study purposes, subject to normal conditions of acknowledgement.

## Preface

This doctoral portfolio consists of three component parts, which all give an insight into the experience and meaning of close relationships and in many ways, the challenges that can be faced in establishing and maintaining them meaningfully and successfully. Whilst the components differ in their ways of understanding close relationships, they all essentially highlight the importance that relationships can have on one's self-esteem and resulting psychosocial wellbeing.

The first part of the portfolio presents an original piece of research, which looked at the experience of 'romantic relationships' from the perspectives of young men with high-functioning autistic spectrum disorder (ASD) (Asperger's syndrome). ASD is a developmental disorder, which is characterised by difficulties with social communication and interaction and restricted and stereotyped behaviours (American Psychiatric Association, 2013). Because of such difficulties, individuals with ASD often have difficulties in establishing close relationships with others, including romantic relationships (Muller et al., 2008; Stokes et al., 2007). However, the romantic lives of individuals with ASD have been given limited attention in the academic literature and so it was hoped that this research would give a greater understanding of their experiences so that they can be better supported and understood.

The study used an interpretative phenomenological approach (IPA) as a way of gaining insight into the lived worlds of these participants (Smith, Flowers, & Larkin, 2009). All participants engaged in a process of meaning-making and self-reflection, expressing what romantic relationships meant for them – what their hopes, expectations and (for some) fears of romantic relationships were. One of the fundamental findings from this study was that romantic relationships are important and matter to these individuals. Nearly all saw romantic relationships as desirable and for the one participant who didn't, this seemed to be linked to the fear and uncertainty that the idea of a relationship brings, rather than a desire to be alone per se. However, whilst some participants managed ways to successfully establish such relationships, real or anticipated barriers prevented others from doing so. The participants talked about their positive and negative emotions around their experiences, which in many instances gave powerful insights into the ways in which they had impacted upon their sense of self and wellbeing. The rich insights also illuminated diverse and sometimes contradictory findings, highlighting the complex and varied experiences that this population face. The findings are discussed within the existing theory and literature and implications for counselling psychology practice, as well as directions for further research are discussed.

The second part of the portfolio presents a publishable paper, which disseminates some of the findings from the original piece of research described above. This paper is entitled '*Well there is no guide book on how to date': The challenges of establishing a romantic relationship for young men with high-functioning autistic spectrum disorder*'. As the title suggests, this paper discusses just one of the emergent themes from the research – the challenges faced in regards to establishing and maintaining a romantic relationship. This relates to four main areas of their experience: feeling unsure how to pursue a romantic and sexual relationship; challenges with communication and interaction; what other people think about Asperger's and being turned down and rejected.

This theme was presented in this publishable piece because the challenges that participants faced seemed to dominate experiences shared and also, it had clear implications for therapeutic interventions and service development. It was also hoped that the findings would give voice to ASD individuals, voices that at present are evidently lacking in the ASD literature more generally. Furthermore, the in-depth and novel insights were hoped to increase practitioners' understanding of this aspect of these participants' lives, continuing to challenge stereotypes that individuals with ASD are asexual and are deliberately self-isolating (Sarrett, 2010). Implications for therapeutic practice, service development and future research are discussed, including the need for explicit teaching and social-skills training in the context of romantic and sexual activities. Furthermore, therapeutic interventions are suggested that might positively enhance the ASD identity, as a way of building self-esteem and facilitating social inclusion.

In the third piece of this portfolio, a clinical case study is presented, which explores the early therapy journey of a young woman who experienced long-standing difficulties in establishing and forming close, intimate relationships with others, leaving her feeling isolated, alone and unhappy. This client's struggles were understood and worked with from a cognitive-analytic therapy framework. This approach supports clients to find ways out of dysfunctional patterns of behaving, thinking, feeling and relating (Kerr, 2005). It is thought that such patterns are generated and maintained by internalised relationships with the self and others, which are thought to have been learned through relationships with early caregivers. This clinical piece explores the first stage of therapy in which the client's early relational experiences were explored, considering the meaning she took from it and the impact that it had on her current relationships. The process of entering into therapy represented some of the core things that this client struggled with – trusting another person, sharing and expressing difficult emotions, and being vulnerable. As a result of this, the client's ways of relating were enacted quite powerfully within the therapy relationship itself,

characterised by quite extreme shifts in affect and threats to the therapeutic alliance. The explicit exploration of this dynamic acted as a valuable way of gaining insight and working through her interpersonal difficulties. The work also demonstrates the importance of gaining a shared and accurate formulation of the client's difficulties, highlighting how this can lead to a focus for future therapeutic work and hope for change.

Viewed together, these three pieces reflect the ways in which development and interpersonal experiences can impact on current relationship expectations and patterns of relating. They all highlight the fundamental importance of close relationships and how they have a significant impact on how an individual relates to themselves, to others and their resulting influence on psychological wellbeing. Furthermore, all pieces consider the ways in which therapeutic interventions might be able to support individuals in establishing meaningful relationships with others, with the ultimate goal of increasing wellbeing and improved quality of life.

## References

- American Psychiatric Association (APA) (2013) *Diagnostic and statistical manual of mental disorders (DSM-5)* (5th ed.). Arlington, VA: APA.
- Muller, E., Schuler, A., & Yates, G. B. (2008). Social challenges and supports from the perspective of individuals with Asperger syndrome and other autism spectrum disabilities. *Autism, 12*, 173–190.
- Kerr, I. B. (2005). Cognitive analytic therapy. *Psychiatry, 4*, 28–33.
- Sarrett, J. C. (2011). Trapped children: Popular images of children with autism in the 1960s and 2000s. *Journal of Medical Humanities, 32*, 141–153.
- Smith, J. A. Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London: Sage Publications.
- Stokes, M. A., Newton, N., & Kaur, A. (2007). Stalking, and social and romantic functioning among adolescents and adults with autism spectrum disorder. *Journal of Autism and Developmental Disorders, 37*, 1969–1986.

## **Part 1 - Doctoral Research**

### ***Romantic relationships – The experience of young adult men with a high-functioning autistic spectrum disorder***

#### **ABSTRACT**

Little is known about the romantic lives of individuals with autistic spectrum disorder (ASD). They are known to have difficulties in establishing such relationships, but there has been limited investigation, especially from a qualitative perspective. In the present study, eight young adult men (aged 21 to 29) with a diagnosis of Asperger's syndrome (AS) were interviewed about their experience of romantic relationships. The data was analysed using interpretative phenomenological analysis (IPA). Four themes emerged from the analysis which were 1) hopes and expectations of being in a romantic relationships; 2) challenges in establishing a romantic relationship; 3) establishing a romantic relationship; and 4) the self, which relates to the impact that the participants' experiences had on how they felt about themselves and their resulting psychological wellbeing. The findings suggest that romantic relationships mattered to these individuals, although for many, a number of real or anticipated barriers prevented them from establishing one. The results are discussed in relation to the existing literature and recommendations for counselling psychology practice, service development and future research are made.

## 1.1 Introduction

Until very recently, autism, Asperger's syndrome (AS), childhood disintegrative disorder and pervasive developmental disorder not otherwise specified (PDD-NOS) were all separate diagnoses that fell under the category of pervasive developmental disorders (PDD) in the Diagnostic and Statistical Manual, fourth edition (DSM –IV) (American Psychiatric Association, 1994). However, in the fifth edition of the DSM (DSM-V, American Psychiatric Association, 2013), all of the above diagnoses have now been replaced by a single category: autistic spectrum disorder (ASD). This conveys the belief that the difficulties experienced by individuals with these disorders are not different by *type* of difficulty, but rather by a matter of *degree* of difficulty (Frazier et al., 2012). This means that when a diagnosis is now given, an individual is placed along a continuum of 'severity' rather than being given a separate diagnosis. Whilst the label 'ASD' has only recently been formally introduced into the DSM-V, the term has been widely used both clinically and within research, often as an umbrella term for autism, AS, and PDD-NOS.

More individuals than ever before are being diagnosed with an ASD (Centres for Disease Control and Prevention, 2012). In the UK, prevalence rates are thought to be around 1.1 % for children, with similar rates found in adults (Brugha et al., 2011). As a result, researchers have become increasingly concerned with understanding the aetiologies of the disorder, as well as psycho-social outcomes. According to medical definitions such as the DSM-V, ASDs are developmental disorders characterised by impairments in social communication and interaction, as well as by restricted and repetitive patterns of behaviour (APA, 2013).

One of the areas of life affected for individuals with ASD is the ability to establish and maintain close relationships with others (Attwood, 2006). Individuals with ASD often encounter challenges in managing and negotiating social relationships (Howlin, 2004), which often means they have difficulties establishing friendships, participate in fewer social activities and can oftentimes experience loneliness and isolation (Bauminger & Kasari, 2000; Bauminger, Shulman, & Agam, 2003; Muller, Schuler & Yates, 2008). As adolescents with ASD make the transition to adulthood, the social difficulties they experience often impact on their ability to form romantic and sexual relationships as well (Howlin, 2004; Stokes, Newton & Kaur, 2007).

Romantic relationships in typically developing individuals have been given a huge amount of exploration, due to findings that implicate their developmental significance (Erikson, 1968; Dunphy, 1963; Furman & Wehner, 1994; Connolly & Goldberg, 1999; Brown, 1999), as well as their association with psychological wellbeing (LaGreca & Mackey, 2007). However, despite the attention

that such relationships have been given in the typically developing population, there is a noticeable paucity of research in this area for individuals with ASD.

Many researchers aim to define and operationalize the phenomenon that is a 'romantic relationship' so that both the participant and reader can gain a shared understanding of what is being explored. However, whilst various theorists and researchers have attempted to ascribe a number of attributes that are common to all romantic relationships, such as passion, intimacy and commitment (Sternberg, 1986) all acknowledge that the characteristics and qualities of such relationships vary; between people, between relationships, as well as within the same relationship over time (Underwood, & Rosen, 2011). Furthermore, nearly all theories and definitions seek to provide a normative explanation of what romantic relationships are like (Furman & Wehner, 1994; Brown, 1999; Connolly & Goldberg, 1999), and therefore fail to provide an explanation of those which fall outside of these norms. The epistemological stance taken within this research is 'light social constructionist' and therefore rejects the idea that there is one 'real' construction of a romantic relationship. Because of this, an operationalized definition will not be given, instead valuing the subjective understanding of a romantic relationship within a given context.

The research exploring the romantic lives of individuals with ASD is limited, with studies being heavily quantitative in nature and often focused narrowly on sexual behaviour (Hellemans, Colson, Verbraeken, Vermeiren & Deboutte, 2007; Stokes et al., 2007; Henault & Attwood, 2005). What is apparent in nearly all of this literature is that romantic and sexual relationships matter to ASD individuals, often showing an interest and desire equal to the typically developing population (Henault & Attwood, 2005). However for some, there seems to be a gap between desire and experience (Henault & Attwood, 2005), and some studies also report on 'problematic' sexual and romantic behaviours (Hellemans et al., 2007; Stokes et al., 2007). Social and communicative difficulties and lack of appropriate socio-sexual education offer some explanation for these challenges (Mehzabin & Stokes, 2011; Hellemans et al., 2007; Stokes et al., 2007), but the ways in which they impact are unclear. Furthermore, a lack of romantic and sexual experience has been found to be associated with frustration (Hellemans et al., 2007) and increased concerns for the future (Mehzabin & Stokes, 2011), as well as reduced sexual wellbeing (Byers, Nichols, Voyer & Rielly, 2012; Byers, Nichols & Voyer, 2013). This clearly highlights the need to better understand these experiences.

The existing academic literature portrays a somewhat problematic view of romantic relationships for ASD individuals (Stokes et al., 2007; Hellemans et al., 2007; Henault & Attwood, 2005), giving little attention to those who are able to form such romantic relationships (Hendrickx, 2008; Levy & Perry,

2011). In contrast to this, personal accounts and self-help books often written by individuals with ASD, offer some positive, detailed and diverse insights into the romantic lives of these individuals (Holliday, 2001; Hendrickx, 2008; Lawson, 2005). The lack of research in this area and conflicting academic and popular press discourses suggest that there is a need for research to explore these experiences in an open and in-depth way. Furthermore, it has been acknowledged that the existing ASD literature lacks the voices of ASD individuals, with an increasing recognition that intervention-oriented research could benefit from the perspectives of individuals with ASD (Muller et al., 2008). The current research study aims to qualitatively explore how a small group of men with high-functioning ASD experience romantic relationships.

The following section outlines the prominent theories and research that relate to the issues touched upon by the current study. The first section discusses issues relating to identity generally, and then focuses on negotiating the ASD identity in particular. What follows is a discussion of the re-classification of ASD according to the DSM-V (APA, 2013) and the characteristic features of ASD in more detail. The latter part of the literature review explores the importance of close relationships. It includes literature that examines the nature and quality of friendships in this population and also the studies which looked at the romantic and sexual lives of these individuals. Gaps in the existing literature will be highlighted, discussing the areas in which the current project could contribute.

## **1.2 Literature review**

### *1.2.1 Identity and difference*

It is important to consider the concept of identity for a number of reasons. Firstly, the current study reflects on the experiences of emerging adults (18- to 30-year-olds). This is a time when individuals explore new avenues in life and is thought to be accompanied by the proliferation of new identities (Arnett, 2004). Secondly, romantic relationships are thought to play a role in identity development, where individuals learn who they are romantically (Connolly & Goldberg, 1999), as well as contributing towards gender identity (Furman & Shaffer, 2003) and sexual identity (Connolly & Konarski, 1994, O'Sullivan, Cheng, Harris, & Brooks-Gunn, 2007). Finally, the current study explores the experiences of those with a stigmatised identity – ASD.

There are various facets of identity that are relevant to the background of the current study. Given that one's identity is thought to influence behaviour as well as self-esteem (Breakwell, 1992), it seems important to give a broader overview of how it is defined and what processes are involved in its management and maintenance. The following section considers this, along with the ASD identity in particular; considering the concepts of difference and disability.



#### 1.2.1.1 Theories of identity

Conceptualising 'identity' is an extremely difficult task, reflected by the vast array of theories and definitions that exist. However, it is not possible to do justice to the full and varied explanations of identity here, so a brief outline of those that are in line with the epistemological stance taken within this research – 'light social constructionist' will be discussed. This refers to those that consider the social context and subjective experience in the construction and maintenance of identity.

Identity theory, from a structural symbolic interactionist perspective (Burke & Stets, 2009) posits that identity is the way in which a person categorises themselves as an occupant of a number of roles. These role identities, which are described as packages of actions and thoughts, manifest themselves differently depending upon the social situation one faces (Breakwell, 1992). Theorists within the structural symbolic interaction approach place varying emphasis on the influence that social structures have on identity. For example, Stryker (1980) discusses how there are shared societal and cultural understandings of named roles, and that such roles have accompanied expectations and meanings that guide behaviour. Stryker (1991) suggests that self-worth is derived from 'appropriate' role behaviour. McCall and Simmons (1978) also consider social expectations in role identity, but highlight how there is usually some form of negotiation that happens with others in a reciprocal fashion. Goffman (1959) takes the social view further, arguing that we are exclusively a social self and we are constantly negotiating and moving between differing roles.

In contrast to role-based identity theories, social identity theory argues that the self-concept is derived from group and category memberships (Tajfel & Turner, 1992). A social identity is a person's knowledge that they belong to a certain category or group, based on ways in which they are similar. Social identity theory argues that individuals strive to achieve a positive social identity which is achieved through favourable comparisons between the 'in-group' and 'out-group' (Festinger, 1954). This model argues that an individual's self-concept can be influenced both positively and negatively by the perceived status of those groups (Festinger, 1954).

Brewer and Gardner (1996) argued that individuals are driven to define themselves in terms of their relationships with others and with wider social groups, which is motivated by a core human drive: the 'need to belong' (Baumeister & Leary, 1995). Brewer describes that individuals strive towards a balance between assimilating with others to meet needs of inclusion, yet at the same time striving towards being distinct (Brewer, 1991). He describes this in his theory of 'optimal distinctiveness' (Brewer, 1991, 1993).

It has been argued that the role-based identity theories and the group-based identity theories do not individually provide a full account of the self (Stets & Burke, 2000). It has also been argued that these social perspectives do not consider the meaning of individual factors such as personal memory and one's unique biography. A model that accounts for some of these factors is identity process theory (IPT, Breakwell, 1983, 1986, 1992). This model provides an integrated model of identity, which considers both personal and social aspects. Identity is seen as a complex interaction between personal and social processes that requires constant negotiation between the individual and their social situation (Lyons, 1996). IPT describes processes that regulate identity, highlighting the importance of both the content of identity but also the evaluation of that content. IPT proposes that identity is mediated by two main processes: assimilation-accommodation and evaluation. According to IPT four identity principles regulate identity; these are distinctiveness (a sense of uniqueness from others); continuity (similarity across contexts and situations); self-esteem (feelings of personal worth or social values) (Breakwell, 1983); and self-efficacy (a sense of control, agency and confidence) (Breakwell, 1986). Breakwell suggests that threats to identity occur when the process of identity assimilation-accommodation and evaluation are unable to fit in with these principles. Types of threat may be targeted at the content of that group, or one's membership to it. Such threats can exist both externally (the objective understanding that others have of the threat) and internally (the subjective understanding that the individual has of that threat). Breakwell (1986) also suggests that individuals experiencing identity threat will engage in strategies to remove or modify the threat. These include reconstructing the threat and evading the threat. In some instances, an individual may do nothing as they feel immobilised to make changes (Breakwell, 1983).

The principles of IPT can be related to diagnostic labels, in that the identity can become 'threatened' through stigmatised discourses and enacted negative responses from others (Goffman, 1963). The following section presents some of the existing discourses that surround ASD and considers the impact that this can have on identity and self-esteem.

#### 1.2.1.2 Conceptualising ASD – disability, difference or both?

According to the medical model of disability, 'differences' are viewed as 'deficits' that belong to the individual and the individual is 'disabled' because their biological differences cause functional impairments in major life activities (Baker, 2011). In contrast to this perspective, the social model of disability proposes that disability is socially created and is caused by the way society is organised, rather than by a person's impairment (Oliver, 1990, 1996). Oliver (1996) argued that society creates

barriers to inclusion such as individual prejudice, institutional discrimination, inaccessible buildings, segregated education and excluding work arrangements amongst other things. Essentially, the social model proposes that rather than disabled individuals needing to become more 'normal', society needs to adapt to be more 'inclusive'. The social model has been hugely important in transforming the conventional view of disability that portrays it as a personal tragedy, and has sought to empower disabled individuals and facilitate social inclusion (Thomas, 2004). However despite this, it has come under heavy criticism. Jenny Morris (1991, 1996), argued that the social model is overly socialised and the idea that restrictions are entirely socially created is inadequate. She argued that the social model does not give acknowledgement to the role played by impairment and illness in determining restrictions for disabled people. Shakespeare (2002) also criticised the social model, discussing how it aims to describe disability in a universal way and argued that it is too complex to be explained by one unitary model. Shakespeare and Watson (2001) suggested that impairment and disability are not dichotomous and should instead be described at different places on a continuum, or different aspects of a single experience. They argued that it is a complex interaction of biological, psychological and socio-political factors which impact differently on each individual.

Thomas (2004) argued that the social relational model of disability offers a more balanced view than the social model as it considers disability to be a complex interplay between actual impairments, individual psycho-emotional factors, as well as larger micro and macro societal powers that can lead to oppression and reduced function. Thomas (2004) suggested that oppression happens from the 'inside' as well as the 'outside' as an individuals' sense of self and identity can lead them to feel worthless, unattractive or of lesser value. This latter model would fit with the light social constructionist stance taken within this research project as it considers that the experience of disability is influenced by individual, subjective factors as well as by the social, cultural context within which one is embedded.

When considering this in relation to ASD, medical definitions and diagnostic criteria construct ASD as a 'disorder' or 'syndrome', thus implying that these individuals have something 'wrong' or need fixing in some way. However in response to this, some self-advocates in the neurodiversity or autistic rights movement have argued that medical definitions of ASD are pathologising and that they omit advantageous behaviours (Molly & Vasil, 2002; Kapp, Gillespie-Lynch, Sherman & Hutman, 2013). They have argued against a deficit/disability view of ASD, proposing that ASD individuals should be reframed as having a natural variation in ability and should receive equal value and opportunities (Baker, 2011; Sarrett, 2011; Ortega, 2009). Such views could be said to be in line with

the social model of disability. However, recent literature suggests that some leaders of the neurodiversity movement do acknowledge some deficits of ASD and support interventions to ameliorate them (Ne'eman, 2010; Savarese & Saverese, 2010). These latter perspectives are possibly more in line with a social relational theory of disability.

Whether an individual views ASD as a difference, a disability or both, is likely to have an impact on how they evaluate their ASD identity. Sarrett (2011) argued that medical discourses stigmatise the ASD identity. A stigmatised identity has been described as one which is considered a mark of failure or shame, damaging the self in the eyes of others (Goffman, 1963). It is possible to see how this stigma may threaten the content of the ASD identity, lead one to evaluate it negatively, and thus impact on one's self-esteem; Breakwell (1986) argued that 'when the group is attacked, the individual's self-esteem is also attacked' (p. 15). Furthermore, individuals with ASD can frequently be met with actual negative social responses, with many experiencing high levels of peer victimisation and bullying (Wainscot et al., 2008; Little, 2002). Whilst this may not always be solely because of their ASD label, it is often because their 'differences' are perceived negatively by others. This further contributes to a view that ASD is problematic or shameful, and in turn can have implications for psychological wellbeing (Molloy & Vasil, 2004).

This stigma can be particularly powerful because it means that ASD individuals may choose to conceal their diagnosis or try and mask their differences (Davidson & Henderson, 2010; Huws & Jones, 2008). ASD individuals without verbal or learning impairments are often described as having a 'hidden identity' (Davidson & Henderson, 2010). This is because they often sound similar to neurotypical individuals with average to above average IQ and often speak with reasonably 'normal' syntax (Davidson & Henderson, 2010). Attwood (2007) highlighted how many individuals with AS feel that they have to 'act' along with social norms in order to gain acceptance. Various studies have shown that individuals can sometimes develop skills in imitating typically developing individuals. Davidson and Henderson (2010) analysed autobiographical narratives of individuals with AS and found that some had intensely studied neurotypical behaviour, such as learning when to use eye contact or when to smile. They reported that this enabled them to fit in and 'pass' as neurotypical individuals. This could be likened to Breakwell's (1986) idea of 'evading the threat'. However, whilst this 'passing' as a typically developing individual may protect one from potential negative responses, it does not remove the internal threat to identity (Breakwell, 1986). Furthermore, it may prevent the possibility of receiving positive and accepting responses from others (Davidson & Henderson, 2010), thus maintaining the negative evaluation of that threat, potentially reducing self-esteem (Breakwell, 1986). Support for this comes from a study by Griffith, Tosika, Nash, & Hastings (2011)

who reported that individuals with ASD that identify more strongly with a stigmatised identity, often experience greater feelings of exclusion, not belonging and loneliness. This has been found to be associated with feelings of shame and low self-esteem (Bagtell, 2007; Pushon, Skirrow & Murphy, 2009; Portway & Johnson, 2005).

Those within the neurodiversity movement redefine 'disability' as a 'celebrated difference' (Ortega et al., 2009). In relating this to Breakwell's (1986) model, this response could be considered as a reconstruction or a reinterpretation of the information contained in the threat. This perspective therefore constructs a more positive identity, providing a culture in which ASD individuals can feel pride in a minority group identity (Kapp, Gillespie-Lynch, Sherman, & Hutman, 2013).

The perspective of ASD as a 'difference' is in some ways contentious, given that from a pragmatic perspective, it is the diagnostic and medical categories that enable the provision of support services for such individuals. Furthermore, both in this study and previous research, it is the diagnostic labels that have acted as inclusion/exclusion criteria for participation. It is therefore important to present some background to the diagnostic categories.

### *1.2.2 Understanding ASD*

#### *1.2.2.1 Making the shift from autism and Asperger's to autistic spectrum disorder – The DSM*

As previously mentioned, the recent publication of the DSM-V (APA, 2013) has replaced the labels of AS, autism and PPD-NOS with a single category of ASD. Participants within the current study all have a diagnosis of AS and were diagnosed under the previous DSM-IV criteria. Furthermore, the vast majority of the existing literature conducted prior to the publication of the DSM-V involved participants with the previous diagnostic labels. This clearly holds some tension for how the findings from the current study as well as the previous literature, which refers to these labels, might be transferable to those individuals diagnosed under the new criteria. For these reasons, it is important to give some background to the categorisation of the separate disorders and to how the DSM-V combined the previous diagnoses into one category.

The DSM-IV referred to a 'triad of impairments' underlying both autism and AS, which includes difficulties with social interaction, social communication and restricted patterns of behaviour (APA, 1994). In the DSM-V, the social interaction and communication domains are collapsed into one – it was argued that separating the behaviours associated with each is extremely difficult (APA, 2013). Additionally, in the new classification the second symptomatic category of restricted and repetitive behaviours has been extended to include sensory symptoms (hyper or hypo sensory input such as

sound, smell and touch). Such symptoms, whilst frequently identified in individuals with autism and AS, were not included diagnostically. Individuals are then given a 'severity level' ranging from 1 to 3, depending on the level of impairment and support required (APA, 2013).

Previously in the DSM-IV, autism was primarily differentiated from AS, in that individuals with a diagnosis of autism would have a delay in language and cognitive development before the age of three, as well as having an intellectual impairment (an IQ of less than 70). In the DSM-V, there is no essential requirement for intellectual or language impairment but there is an option to highlight if the ASD diagnosis is accompanied by these impairments. Furthermore, the DSM-V now specifies that symptoms should be present in early childhood, rather than 'before the age of 3', thus relaxing this criterion.

The term 'high-functioning autism' (HFA), whilst never being a formal DSM-IV diagnosis, was given to individuals who showed classic signs of autism in early childhood (language and cognitive delay) but acquired average to above average IQ and fluent language through development (Attwood, 2009). Individuals with HFA have also been described as having greater social skills and present more adaptive behaviour than autistic individuals (Attwood, 2007). However various research studies have found little or inconsistent differences between individuals with HFA and AS in cognitive, social and motor tasks (Howlin, 2003; Mayes, Calhoun & Crites, 2001; Ozonoff, South & Miller, 2002), which is why HFA and AS are often used interchangeably in clinical practice (Atwood, 2009). These studies in part have contributed to the revision of the new diagnostic criteria, which asserts that autism and AS are not different in *type* of difficulty, but rather in *degree* of difficulty (Giles, 2013).

The DSM changes clearly have implications for those previously diagnosed under labels that have essentially been removed. There appears to be mixed feedback from the AS community, with some more accepting of the changes, and others reporting feeling as though their identity has been taken away and feeling unsure about where they 'fit' (Giles, 2013). Giles (2013) argued that it would not be possible for all individuals diagnosed under the old criteria to be re-classified under the new criteria. So in some sense, the labels of autism, HFA and AS will continue to exist. Furthermore, Giles (2013) argued that whilst AS as a medical definition has been short lived, the cultural and social impact is likely to be less transient as a result of the mass increase of online AS communities.

It is difficult to say how research findings based upon those with a current diagnosis of AS or HFA (including the current study) would be transferrable to those diagnosed under the new criteria. It could be argued that individuals with AS or HFA would be likely to meet criteria for ASD, possibly

with a lower level of 'symptom severity' and have no accompanied intellectual or spoken language impairment.

Throughout the rest of this literature review, the term ASD will be used to incorporate those who have been previously diagnosed with autism, AS, HFA and PDD-NOS. However, a potential difficulty with using the term ASD is that it encompasses a huge range of presentations. Therefore, where existing authors refer to the previous diagnostic labels, they will be used as a way of differentiating between those who have an intellectual and verbal impairment (autism) and those who do not (AS/HFA).

#### 1.2.2.2 Characteristic features of ASD

So what are the specific 'difficulties' that these individuals experience to make them 'stand out' as different? The previous section aimed to set out the core features of ASD and how the diagnostic criteria differentiate those with varying diagnoses. The following section aims to describe the characteristic features of ASD in more detail. Given that the spectrum of ASD is so large, it will provide a description of those characteristics most typical of those who are higher functioning and without language or intellectual impairment.

As described, a central feature of ASD is challenges with social communication and interaction (Attwood, 1998; Brown & Whiten, 2000; Shaked & Yirmiya, 2003; Howlin, Goode, Hutton & Rutter M, 2004). With regards to language, individuals without verbal or language impairment often speak with fluent speech, but this may be overly formal and pedantic (Attwood, 2006). Atwood (2007) described how they might also find ambiguous language confusing, such as when the other person uses metaphors, jokes, idioms and sarcasm. Because of this, individuals with ASD often use very literal language. Additionally, individuals often have difficulties in using language in a social context; they may find it difficult to know how to stop and start a conversation, what topic to discuss, what tempo to maintain the conversation at, how to repair communication breakdown, and when to end a conversation (Howlin, 2004). Furthermore, individuals with AS and HFA have difficulties in reading nonverbal forms of communication, such as body language and facial expression, and have difficulty understanding subtle 'social rules' (Mitchel et al., 2006).

Baron-Cohen (2001) highlighted how there is a difficulty in being able to fully understand the perspectives of the other, which she described can lead ASD individuals to be 'egocentric'. For example, individuals may have a tendency to talk in detail about a subject of interest, which can make it hard to relate to others who do not have the same passions. This difficulty in understanding others' perceptions has been described as having difficulties with 'theory of mind', which is

described as the ability to understand other people's beliefs, knowledge, emotions, desires, feelings, and intentions (Hobson, 2002, Baron-Cohen, 2001). These difficulties can make other people seem unpredictable and confusing to the individual with ASD. The lack of social reciprocity may also mean that individuals with ASD display a lack of spontaneous desires to share things of interest or emotions with others, and social or emotional exchanges (Atwood, 2007).

An added issue for those with higher functioning ASD is that they are often aware of the difficulties they experience (Volden, 2004; Muller, Schuler & Yates, 2008). Volden (2004) found that individuals with ASD often anticipate social difficulties and fear humiliation, which can then lead to an avoidance of social situations. Volden argued that this may result in a vicious circle in which it is difficult for individuals with ASD to improve their skills. This gives some explanation as to why high levels of social anxiety are found in individuals with ASD (Barnhill, 2007).

A further characteristic feature of ASD is that individuals can experience a 'preoccupation with a special interest', as well as displaying 'repetitive and rigid behaviours that are unusual in terms of their intensity or focus' (APA, 2013, p. 220). Howlin (2000) highlighted how individuals with ASD can have difficulties managing unstructured routines and dealing with the changing patterns that can occur in everyday life. This can include social situations that have not been prepared for or rehearsed. Such uncertainty can lead to anxiety and confusion (Attwood, 2009). In response to this difficulty, individuals with ASD can impose routines and structure which can ensure a greater predictability and certainty in life (Baron-Cohen, 2003). In adolescents and adults with ASD, these special interests can provide access to peer groups who share similar views (Howlin, 2004). However, if this interest is overly excessive in focus or intensity, it can lead to the exclusion of others (Orsmond, Krauss, & Seltzer, 2004).

As a spectrum disorder, these difficulties manifest themselves differently from individual to individual and to varying extents (Mitchel et al., 2006). However, the challenges with social functioning that individuals with ASD typically experience can significantly affect social interactions with others and the ability to establish lasting and meaningful relationships (Muller et al., 2008). Indeed, research has shown that such individuals have difficulties establishing friendships (Bauminger & Kasari, 2000; Bauminger et al., 2003) as well as romantic relationships (Henault & Atwood, 2005; Hellemans et al., 2007; Stokes et al, 2007). Researchers have been interested in exploring the nature of close adult relationships for individuals with ASD due to findings that implicate their importance for both social and emotional development (Sullivan, 1953; Erikson, 1968; Dunphy, 1963; Hazan & Shaver, 1987) as well as psychological wellbeing in typically developing individuals (LaGreca & Mackey, 2007).



### *1.2.3 The importance of understanding close adult relationships*

Many theorists have described how a central motivating factor for human beings is the need to have close relationships and to be connected to others socially. Bauminster and Leary (1995) argued that there is a ‘need to belong’, both in social groups and in interpersonal relationships with family, friends, and intimate partners. Maslow (1968) also asserted that ‘love and belongingness needs’ are a central feature of a person’s hierarchy of needs. Other developmental theories such as attachment theory also highlight the need to form and maintain intimate relationships (Bowlby, 1969, 1973).

Of all adult close relationships, romantic relationships have arguably been given the most attention in the academic literature due to findings that implicate their developmental significance (Sullivan, 1953; Erikson, 1968; Dunphy, 1963; Shaver & Hazan, 1988), as well as the findings that implicate their association with psychological wellbeing (LaGreca & Mackey, 2007). Furthermore, in popular books, TV, films and media, we are constantly hearing stories of love, heartbreak, passion and sex, conveying the extent to how salient they can be in people’s day-to-day lives. Romantic relationships are often emotionally salient events associated with strong positive emotions, such as when people ‘fall in love’ (Sternberg, 1986) or strong negative emotions, such as when love is unrequited, or the dissolution of such relationships (LaGreca & Mackey, 2007). Because of this emotional salience, researchers have found that certain individual and relationship characteristics are associated with both positive and negative psychological wellbeing (LaGreca & Mackey, 2007).

Various theorists and researchers have described the possible functions and motivations for establishing romantic relationships. These include companionship, friendship, physical and sexual intimacy, the possibility of having children, feelings of love, emotional intimacy, and feelings of security (Furman & Wehner, 1994). Additionally, they are thought to enable a greater sense of autonomy (Brown, 1999), the development of a romantic identity (Connolly & Goldberg, 1999) and contribute towards gender identity formation (Furman & Shafer, 2003). However, such researchers discuss how the salience of such factors is thought to vary between people and between relationships over time.

These theories aim to describe a normative picture of romantic relationships – experiences that are most typical within a group at any given time. Whether or not individuals with ASD search for similar qualities and experience romantic relationships in the same way is difficult to ascertain, as the research exploring romantic relationships in this population is extremely limited – the literature exploring close relationships in individuals with ASD has tended to focus on the quality and nature of

friendships. It is therefore important to give a brief overview of this literature first, given that some theorists have argued that friendships play an important role in the development of romantic relationships (Connolly & Goldberg, 1999; Brown, 1999). For example, they provide opportunities to develop interpersonal skills, opportunities to meet a partner, learn norms about dating and romantic relationships and provide a supportive context (Tarrant, MacKenzie, & Hewitt, 2006). Therefore understanding the nature of these relationships for such individuals seems integral to understanding romantic relationships.

#### *1.2.4 Close relationships and ASD*

##### *1.2.4.1 The nature and quality of peer relationships for individuals with ASD*

The literature exploring peer relationships has focused largely on children and adolescents and generally shows that such individuals participate in fewer social activities and have fewer friendships than typically developing individuals (Bauminger & Kasari, 2000; Bauminger et al., 2003). Results that have looked at adult outcomes show similar findings (Levy and Perry, 2011; Howlin, 2000). Bauminger and Kasari (2000) found that in comparison with typically developing controls, children with HFA perceived their friendships to be of poorer quality and experienced greater feelings of loneliness. A follow-up study by Bauminger et al., (2003) explored friendships and loneliness in more detail, investigating how children understood it as a construct and how it was related to emotions and friendship ties. Similarly, they found that HFA children experienced higher levels of loneliness but interestingly showed an equally good understanding of what loneliness was and how friendships would protect them from it. These results suggest that these children may have a desire to take part in more social interactions, as friendships protect them from feeling lonely, but they may not have the knowledge or skills to establish such friendships.

Many studies have found similar results, indicating that HFA/AS individuals experience fewer friendships that are often of poorer quality and consequently experience greater isolation and exclusion than typically developing individuals (Chamberlain, Kasari, & Rotheram-Fuller, 2007; Jobe & White, 2007; Orsmond et al., 2004; Locke, Ishijima, Kasari, & London, 2010). Similarly to typically developing individuals, some studies have also found that increased loneliness in adolescents with ASD has been linked with increased depressive symptomatology (Whitehouse, Durkin, Jaquet, & Ziatas, 2009; Hedley & Young, 2006). Findings such as these clearly have implications for the importance of understanding friendships, providing education around friendship skills and providing emotional support for the impact that such difficulties can have in establishing friendships.

The above findings are based on the friendship experiences of children and adolescents with ASD. There have been far fewer exploring such experiences in adults. However in a recent study, Muller et al. (2008) interviewed 18 adults aged 18 to 58 with AS/HFA about their social worlds and support experiences. Some of the major themes that emerged included 'intense isolation', 'difficulty initiating social interactions', 'challenges relating to communication', and 'longing for intimacy and social connectedness'. Participants described feeling increasingly isolated as they grew older, with many feeling more conscious of 'being different', 'alone', or 'out of place'. Some participants also described feeling depressed and anxious at not being able to attain such relationships. Moreover, many participants also described experiencing anxiety, dread and confusion when anticipating such interactions. Arguably, these experiences could act as a barrier to engaging in social interactions. The findings from this study offer more detailed insights into the emotional impact of having difficulties in building relationships. It could be argued that the awareness of being different or alone may also contribute to feelings of depression, as was found in the aforementioned study by Whitehouse et al. (2009) which also indicates that these individuals are acutely aware of their social difficulties, and that this causes them anxiety and emotional distress when approaching social situations.

In summary, the literature above highlights how ASD individuals seem to desire friendships with others, but that their differences in functioning socially can prevent them from establishing these relationships in the same way that typically developing others do. This appears to contribute to greater social isolation, a sense of feeling excluded and loneliness and is associated with increased symptoms of depression and anxiety. It is important to highlight that some outcome studies have found that a small minority of ASD adults develop lasting friendships and relationships (Eaves & Ho, 2008; Howlin, 2004; Renty & Royers, 2006). Levy and Perry (2011) highlight how intervention programmes have improved dramatically over the last decade and have been successful in increasing independence, social skills and quality of life for those with ASD. However they maintained that despite this, social outcomes are still poor in comparison to typically developing individuals, and they often have poorer support networks and less social integration.

Many authors have discussed how the social difficulties inherent in individuals with ASD also impact on their ability to form romantic relationships (Atwood & Henault, 2005; Lawrence, Allekson & Bjorklund, 2010; Barnhill, 2007; Jennes-Coussens, Magil-Evans, & Koning, 2006). Furthermore, given that theories of romantic relationship development argue that peer groups play a role in the development of these relationships (Connolly & Goldberg, 1999; Brown, 1999), it is possible to see how this could affect the development of such relationships for ASD individuals.

#### 1.2.4.2 The romantic and sexual lives of individuals with ASD

Koller (2000) discussed how the romantic and sexual needs of individuals with ASD have historically been neglected due to inaccurate stereotypes that they are asexual, childlike or prefer 'aloneness'. Furthermore, Gougeon (2010) highlighted how the "the sexuality needs of individuals with autism is often seen as either a problem to be managed or a child-like vulnerability in need of protection" (p. 332). Koller (2000) considered how the impact of such attitudes can lead to a lack of appropriate socio-sexual education, fewer opportunities to meet partners, a lack of guidance, and a lack of acknowledgement of sexuality by caregivers. Whilst there has been increasing recognition of the romantic and sexual needs of individuals with ASD, there continues to be insufficient attention given to this area (Gougeon, 2010).

The literature critically reviewed in the following section includes those studies which have involved participants with high-functioning ASD (typically HFA or AS). This is because studies which have focused on individuals with autism make it difficult to separate the impact of intellectual and spoken language impairment from the other ASD characteristics. It is also worth highlighting that those presented appear quite narrowly focused on the sexual behaviours of individuals with ASD, reflecting that extremely little research has explored the non-sexual aspects of romantic relationships for this population. The studies are presented in two sections. Studies which rely on self-reports from individuals with AS/HFA will be discussed followed by studies which have relied on parental and/or caregiver perceptions of individuals with AS/HFA.

#### 1.2.4.3 Romantic and sexual relationships in Individuals with high-functioning ASD: Self-reports

This section first looks at those studies which have compared the romantic and sexual behaviours between individuals with AS/HFA and typically developing individuals, and then there is a discussion of the studies which compare the romantic and sexual lives *within* groups of ASD individuals.

##### *Romantic and sexual experience: comparison between AS/HFA individuals and typically developing individuals*

A number of research studies have aimed to compare the sexual functioning of ASD individuals with typically developing individuals by using survey based methodologies. These studies all compared a number of areas of sexuality such as sexual experience and sexual knowledge, finding many differences between individuals with HFA/AS and typically developing individuals.

Henault and Attwood (2005) surveyed 18 men and nine women with HFA/AS, using the Derogatis Sexual Functioning Inventory (DSFI) (Derogatis, 1997). In comparison to pre-established, general population norms, they found that individuals with AS/HFA had an equal desire for sexual relationships but had significantly less sexual experience and had sexual experiences at a later age on average. AS/HFA individuals also scored significantly higher on 'psychological symptoms' such as anxiety, fear and loneliness and significantly lower on body image satisfaction. AS/HFA individuals also had reduced sexual knowledge. Gender differences were also found, with women reporting more experience and having greater knowledge than men, although men were found to have a greater desire than women. Similarly, Mehzabin and Stokes (2011) compared various aspects of sexuality between adults who self-designated as having HFA (12 male, 9 female) and typically developing individuals (15 males and 24 females) using an adapted version of the Sexual Behaviour Scale (SBS) (Stokes & Kaur, 2005). They also found that AS/HFA individuals had significantly less sexual experience and less sexual knowledge. Results also showed that HFA participants reported less social behaviour (participation in social activities) and had greater concerns for the future (measured by concerns for finding a life partner and the possibility of others misinterpreting their behaviour).

These findings suggest that there is a gap between desire and experience, which in some ways echo the literature investigating friendships of ASD individuals; that they describe having fewer friendships than desired (Bauminger & Kasari, 2000; Bauminger et al., 2003; Muller et al., 2011). Henault and Attwood (2005) reasoned that this gap between desire and experience could be related to their reduced sexual knowledge, poorer body image and increased 'symptoms'. Mehzabin and Stokes (2011) also proposed that a lack of knowledge offered some explanation for less sexual experience. In addition they suggest that reduced social contact and increased concerns for the future also play a role as this often leads to heightened anxiety, which may potentially mean that these individuals avoid pursuing a romantic relationship altogether. However, whilst it is possible that these factors play a role, the results do not offer any explanation of the dynamic relationship between these factors. Additionally, the study used very small samples meaning the results may need to be replicated to give the results greater statistical power. It is also impossible to know if and how other factors played a role, given that outcomes were limited to what was permitted on the questionnaire. For example, neither of the studies compared the impact of being in or not being in a romantic relationship, which arguably could have had a bearing on their romantic and sexual experiences. A further limitation of the research is that it gives little understanding into the emotional impact of having less social contact, sexual experience or less knowledge. Whilst the 'concerns for the future' gave some potential insight, this was restricted to two questions with a

‘yes/no’ response, offering a limited and simplistic picture of their experience. Furthermore, by only exploring ‘concerns for the future’, there was no opportunity to elicit positive attitudes or expectations, potentially overemphasising the problematic nature of their experience.

The results do highlight the need for a greater understanding of these factors as well as increasing educational and supportive strategies for individuals with ASD.

*Romantic and sexual experience: Comparing the difference within groups of ASD individuals*

Other studies have attempted to explore and compare aspects of sexuality within the AS/HFA population, rather than comparing aspects of sexuality to typically developing individuals. Two such studies were conducted in parallel: Byers, Nichols, Voyer and Rielly (2012) and Byers, Nichols and Voyer (2013), both focusing on comparing ‘sexual wellbeing’.

Byers et al. (2012) conducted an online survey exploring the sexual wellbeing of 141 participants, aged 21 to 73, who self-reported as having a formal diagnosis of HFA or AS and had all been in at least one romantic relationship (for three months or longer). They investigated how factors such as age, gender and ASD symptomatology impacted upon sexual wellbeing. They found that dyadic sexual wellbeing was found to be moderate and participants showed good sexual knowledge overall, although women had higher scores than men, echoing the findings from Henault and Attwood’s (2005) study. The analyses suggested that being in a relationship and being male predicted better sexual wellbeing overall. Additionally, high ASD symptomatology in the domains of social interaction and communication were associated with lower dyadic sexual wellbeing in the areas of sexual satisfaction, sexual self-esteem and higher sexual anxiety.

The overall findings from this study paint a reasonably positive picture of the sexual wellbeing of AS/HFA individuals, although this of course only reflects those *with* relationship experience. It also suggests that being in a relationship increases sexual wellbeing. The findings that participants had good sexual knowledge contradicts the findings reported by Mehzabin and Stokes (2011) and Henault & Atwood (2005). However, it is not really possible to compare the results of these studies as they used different measures of sexual knowledge and Mehzabin and Stokes included ASD individuals with and without relationship experience. A further point of issue is that, whilst the results suggest that greater autistic traits impact on sexual wellbeing, the findings do not offer any explanation of *how* these factors are related.

The parallel study by Byers, Nichols and Voyer (2013) compared the sexual functioning of 129 individuals with AS/HFA who both did and *did not* have relationship experience. All participants were recruited through the same recruitment pool as the Byers et al., (2012) study. Additionally, all

participants were single at the time of participation. They found that participants with no experience of romantic relationships were significantly more likely to be male, younger and heterosexual. The authors offered some suggestions of why men might be less likely to have romantic relationship experience. They argued that as men are stereotypically expected to initiate contact within romantic relationships, this may require greater interpersonal skills and confidence than being the person who is approached. They suggested that due to the social difficulties experienced with ASD, this may make it harder for men to establish a relationship than women. However, this interpretation of the results would need further exploration. The authors also suggested that the findings were in keeping with reports that ASD individuals experience delays in social development. It was discussed that the findings that homosexuals would be more likely to have relationship experience would need further investigation. No differences were found between groups in regards to ASD symptomatology. The authors therefore suggested that relationship experience is not predicted by the social and communicative skills that they have.

The other findings that were reported between groups were in relation to sexual wellbeing. Those with no relationship experience had lower overall sexual wellbeing; showing higher sexual anxiety, lower sexual desire, and less positive sexual expectations. No differences were found between groups in regards to sexual knowledge or solitary sexual wellbeing. The authors reasoned that some have less romantic and sexual experience because they have less desire for dyadic sexual activity as a result of their increased anxiety and fewer positive expectations. However, a correlation does not indicate the cause and effect relationship between these variables; the results could equally suggest that a lack of relationship experience leads to increased anxiety, reduced desire and expectations. Furthermore, the results do not offer an explanation for why they have heightened scores on these scales. The fact that no differences were found between groups in terms of sexual knowledge, suggests that it is not necessarily a lack of sexual knowledge that results in less relationship experience, as suggested by Henault and Attwood (2005) and Mehzabin and Stokes (2011). However, it is difficult to compare these results given that different measures of 'sexual knowledge' were used.

The conclusions from this study and those from Byers et al. (2012) convey how romantic relationship experience is better associated with increased sexual wellbeing than no relationship experience, further highlighting the need to understand why some individuals are able to establish romantic relationships, and others are not. A limitation of the study is that whilst relationship experience is associated with sexual wellbeing, it is unclear how these variables impact upon each other. This is a limitation of a correlational design, which perhaps could better be explained by a qualitative

methodology. A further limitation of this study is that whilst all participants fell above the cut-off on the AQ, almost 40 per cent of participants had not received a formal diagnosis of ASD. It is therefore difficult to ascertain the extent to which these findings are transferable to those individuals with a formal diagnosis.

#### 1.2.4.4 Romantic and sexual relationships: Caregiver and parental perspectives

A number of other studies have explored the romantic and sexual functioning of individuals with ASD through seeking the perspectives of parents or caregivers.

One such study was conducted by Hellemans, et al. (2007) who explored the sexual behaviour of 24 high-functioning males within a residential institution in Belgium. They aimed to produce descriptive information on various areas of sexual functioning by interviewing residential care workers.

Caregivers were interviewed using the Interview about Sexuality in Autism Tool (ISA, H. Hellemans & K. Colson, unpublished), which assessed broad areas of sexuality.

Caregivers reported that 42 per cent of the ASD individuals had expressed a desire for an 'affective and/or sexual relationship' with another person. Various reasons were given such as 'to be like normal young people', 'for the sexual contact', 'for the affective aspect' and the 'desire to do things together'. Furthermore, they reported that 21 per cent of individuals who desired an intimate relationship felt frustration at not being able to have one. Caregivers also reported that 'sexual problems' were present for 29 per cent of ASD individuals. This included masturbation in the presence of others, unwanted touching and attempts at intercourse, paedophilia and ejaculation anxiety. The authors argued that this could be a result of those with a learning difficulty included within the group.

The study gives some descriptive information about the sexual behaviours of this group of participants suggesting that many have a desire for sexual and/or romantic relationships but as in the Henault & Atwood (2005) and Mehzabin & Stokes (2011) studies, for some there seems to be a gap between desire and experience. A methodological limitation of this study is the use of caregivers to obtain information on sexual behaviour. Firstly this methodological choice perhaps reflects an assumption by the researchers that these individuals would be unable to reflect on their own experiences, or perhaps they would not be valid or valuable. However, the authors suggest that interviewing caregivers can give more valid descriptions of behaviour since individuals with ASD can lack insight into the appropriateness of their behaviour. Whilst this is a possible argument for gaining additional views from caregivers, interviewing them *only*, arguably undermines the ability of individuals with ASD to reflect on their experiences and marginalises their voice. Additionally,



gaining information from secondary sources means that it is unlikely that the private thoughts and behaviours are represented within the data. It is also unclear how the caregivers knew the information given, especially in regards to sexual behaviours. Whilst some caregiver reports may have been based on observations or conversations with the individuals, it is possible that a number of assumptions were made on behalf of the individuals with ASD, meaning that the data may not truly reflect those experiences of the individuals with ASD.

A further limitation of the study is in regards to the sample used. Whilst the authors reported that the individuals with ASD were from an institution of 'high functioning ASD individuals', some participants were reported to have an intellectual disability which may have compounded the effects of ASD on their experiences. Furthermore, as all ASD individuals were living in an institution, this would imply that they require a high level of support and have difficulties living independently. This might suggest that the findings are not transferable to those living in the community.

Another study by Stokes et al. (2007) compared parental views regarding social, romantic and sexual behaviours of 63 individuals between the ages of 18 and 36, with and without HFA/AS (IQ of > 70). Parents were recruited through community groups in Australia. Data was collected using the 'Courting Behaviour Scale' which was designed specifically for the study which assessed knowledge and behaviours related to social and intimate relationships.

The findings showed individuals with AS/HFA had lower levels of social functioning (e.g. number of friendships, social activities) and romantic functioning (e.g. relationship and sexual experience). They also found that whilst typically developing individuals were reported to increase their knowledge of socio-sexual knowledge with age, individuals with AS/HFA did not, which the authors argued is a result of AS/HFA individuals having less access to their peers as a source of learning. Although individuals with ASD were reported to have lower romantic functioning, many individuals with AS/HFA were reported to desire and actively seek out romantic relationships, echoing a gap between desire and experience as found by earlier studies (Henault & Attwood, 2005; Mehzabin & Stokes, 2007).

Individuals with AS/HFA were reported to engage in a greater number of unusual or problematic courting behaviours such as touching the romantic interest inappropriately, pursuing inappropriate targets, making inappropriate comments, and pursuing them in a threatening manner. Parents of individuals with ASD suggested that these difficulties may have resulted from 'difficulties with making small talk', 'not fully understanding the concept of a girlfriend or boyfriend', 'lack of empathy', 'lack of understanding in social contexts' or 'difficulty reading social cues'. The authors

concluded that the social and communicative difficulties inherent for individuals with ASD meant that they had not acquired the skills or experience necessary for more complex intimate and romantic relationships, impacting on their ability to establish one appropriately. This highlighted the importance of social skills training that facilitates peer interaction. The authors also proposed that education programmes about sex and intimate relationships include a social skills component.

This study is the only study which explored the types of behavioural strategies employed by individuals with ASD to pursue a romantic interest, thus giving some more specific insights into the ways in which social and communicative difficulties may impact upon their ability to establish a romantic relationship. A limitation of this study is the use of parental reports, for similar reasons as described earlier in relation to Hellemans et al.'s (2007) study. However, Stokes et al. (2007) argued that the problematic behaviours might not have been reported if only the participants were interviewed as some lacked insight into their own behaviour. An additional limitation is the instrument used. It was grounded primarily on what the authors had anticipated to find based on previous findings. Given that the previous research was so limited, it is not possible that this instrument was not sensitive enough to elicit full influences on social and romantic behaviour. This is likely to have biased the problematic nature of romantic behaviours, excluding the opportunities for more positive behaviours to be illuminated.

#### 1.2.4.5 Summary and conclusions of the research exploring romantic and sexual relationships for individuals with ASD

These findings suggest that whilst individuals with ASD generally showed a desire for romantic and sexual relationships, they often had fewer experiences than typically developing individuals (Henault & Attwood, 2005; Mehzabin & Stokes, 2007; Stokes et al., 2007), echoing their experience of friendships. Furthermore, this gap between desire and experience was associated with negative outcomes such as increased concerns for the future (Mehzabin & Stokes, 2011), frustration (Hellemans et al., 2007) and reduced sexual wellbeing (Byers et al., 2013). The other significant outcome was that some studies also reported on 'problematic' sexual and romantic behaviours (Hellemans et al., 2007; Stokes, Newton and Kaur, 2007). Social and communicative difficulties and lack of appropriate socio-sexual knowledge offered some explanation for these challenges (Mehzabin & Stokes; Stokes et al., 2007) but the ways in which they impacted were unclear. However, the findings reporting on sexual knowledge were mixed, which may be due to differing conceptualisations of what 'sexual knowledge' was. It may have been that their lack of knowledge was a result of having less access to peers as an information source (Stokes et al., 2007). These findings appear to fit with some of the romantic relationship theories which posit that the peer

group acts as a source to learn norms about romantic behaviour as well as observing and practising interpersonal skills (Connolly & Goldberg, 1999; Brown, 1999). Lastly, the research also highlighted some significant gender differences; women had more romantic and sexual experience than men, engaged in such relationships earlier (Henault & Attwood, 2005; Byers et al., 2012), had greater sexual knowledge (Henault & Attwood, 2005) and reported lower sexual satisfaction than men (Byers et al., 2012). However, the findings offered little insight into why these differences occurred.

A key limitation of literature exploring romantic and sexual relationships in ASD is that it has focused almost exclusively on the sexual behaviours and functioning of ASD individuals, with little attention being given to the non-sexual components of romantic relationships such as emotional intimacy, attachment or companionship. Given that in the typically developing population these factors are thought to have such a link with psychological wellbeing and development (LaGreca & Mackey, 2007), it is perhaps surprising that very little systematic research has explored this. Furthermore, whilst the desire for romantic and sexual relationships was present, the only study that reported on the motivations for wanting such a relationship was that by Hellemans et al., (2007), though was based on caregiver responses, meaning that the full subjective experiences were missed. Having a greater understanding of the specific experiences and needs that this population are looking for in romantic relationships would perhaps give a greater understanding of why their absence has been associated with negative outcomes.

A methodological limitation with the ASD and romantic and sexual relationship literature is that it has almost entirely been based on quantitative methods. A potential limitation with quantitative methodology is that it reduces the data collected to a number of predefined variables, meaning that responses are limited to what the questionnaires allow for. This means that there is little opportunity for the discovery of new perspectives or ideas. Furthermore, given that ASD discourses appear to be quite problem focused, the variables that certain researchers were looking for may arguably have been negatively biased. For example, the study by Mehzabin and Stokes (2011) had a questionnaire item measuring 'concerns for future', but had no inclusion of variables which may offer an alternative insight such as positive expectations for the future.

A further issue with the use of quantitative methods in the research discussed is that they aimed to produce generalised patterns of behaviour. Whilst this can be important and helpful in predicting future behaviours, it does not necessarily offer an explanation to those who fall outside of these averaged norms. Given that the spectrum of ASD is so huge with difficulties manifesting themselves in a variety of ways, it raises the question of how helpful or valuable broad generalised claims about this population are. The results gave little insight into individual or idiosyncratic perspectives, failing

to offer a true representation of the complexity of their experience. The only studies which gave slightly more qualitative insights were from those which relied on caregiver/parental responses and as described above, limitations existed.

Given that there is such a paucity of research into this field, it is important to consider what the wider discourses say within this area, in particular those which are expressed by clinical experts in the field, as well as self-help books and personal perspectives. These give a slightly less problematic and qualitative view of romantic relationships for these individuals, which are discussed in the following section.

#### 1.2.5 An alternative perspective from clinical experts, self-help books and personal accounts

Over the past 10 years there has been a growth in the number of information guides and self-help books which specifically discuss issues relating to love, romantic relationships and sex for individuals with ASD. These range from those written by clinical experts in the field of ASD (Attwood, 2006; Henault, 2006) to those written by individuals with ASD or living with partners with ASD (Hendrickx, 2008; Lawson, 2005; Stanford, 2003). Those written by clinical experts often bring together clinical expertise and experience along with empirical research findings to make conclusions and offer advice. The books written by individuals with ASD and their partners all provide information based on personal perspectives, surveys, and interviews. Whilst it is acknowledged that this information has not been gathered through robust research methodology, it nonetheless gives valuable insight and a qualitative perspective into this area; especially considering that the academic literature is so limited. Compared to the academic literature they also portray a less problematic and 'deficit' perspective on the romantic lives of those with ASD, highlighting positive experiences as well as the challenges. The following section provides a brief overview of some of the issues discussed in these popular press books in order to give voice to the wider perspectives and discourses that are available within this area.

Some books giving subjective, personal accounts from the ASD perspective appear to give a positive insight into those who have established long-term relationships and marriage. For example, Lianne Holliday who is a mother, wife and has AS, provided a detailed account of her marriage and family life. She described how adaptations were made so that the whole family could live happily (Holliday, 2001). Other authors have discussed some of the positive characteristics that an AS partner may possess. For example, Attwood (2006, p. 305) highlighted how individuals with AS can be 'admired for speaking their mind, having a strong sense of social justice and strong moral convictions'. Howlin

(2004) described how in her clinical experience, many partners of AS men expressed that they were attracted to their calm, predictable and faithful nature. Hendrickx (2008) explained how some partners of AS men portrayed them as honest and intelligent individuals who valued monogamy.

Some books also appear to give greater insight into the ways in which social communication difficulties can impact upon the development and establishment of romantic relationships. For example, Atwood (2009) highlighted how individuals with ASD may have difficulties understanding the 'art of dating and flirting' (p. 88). He discussed how the difficulties reading the intentions of others might make it difficult for an individual with AS to accurately perceive whether the other person is mutually attracted. Luke Jackson, an individual with AS, refers to the 'dating game' in his book *Freaks, Geeks and Asperger's Syndrome* (Jackson, 2002, p. 176). He described how the impreciseness and un-predictable nature of dating is extremely anxiety provoking and in response provides an 'instruction manual' which gives tips for dating. Hendrickx (2008) in her book *Love, Sex and Long-term Relationships; What Individuals with Asperger's Really Want* also provided qualitative insights into the experience of dating for individuals with AS. The account gave insights into the emotional aspects of dating, highlighting how low self-esteem, feeling inferior and fear of rejection can act as a barrier to making an approach to a romantic interest. Henault (2006) in her book *Asperger's Syndrome and Sexuality* also commented on how low self-esteem and anxiety can prevent individuals from pursuing romantic relationships. She highlighted how low self-esteem can develop from previous negative experiences of bullying, unsuccessful social interactions and rejection. She provided a number of strategies that individuals could use to build self-confidence and increase a sense of control. These accounts perhaps offer some greater explanation of the reasons why individuals with ASD may have difficulties establishing romantic relationships, clearly indicating a need for practical, educational and emotional support.

Many authors have also explored how challenges with emotional expression can impact on romantic relationships. For example Atwood (2009) highlighted how individuals with ASD can also experience difficulties in emotional expression and understanding, describing how children or adults with ASD may not seek the same depth of affection or perhaps be aware that the other person would expect expressions of affection or closeness. Hendrickx (2008) considered how many of the participants she interviewed described a desire for 'closeness and intimacy' (p. 31) but experience difficulties in comprehending the emotional needs of a partner. Hendrickx (2008) also presented the perspectives of the partners of ASD individuals. Some understood and accepted the difficulties that their partner with AS faced and appreciated the effort that their partners gave, whilst others reported being significantly challenged by their partners' AS symptoms, describing an overall dissatisfaction with

their relationships. The comments included in each chapter wonderfully reveal the varied opinions, attitudes, and experiences of individuals with AS and their partners.

These reflections shed more light on the romantic lives of individuals with AS. Whilst these books describe a number of challenges that individuals with ASD face, they also suggest that many individuals are capable of forming satisfying and positive romantic relationships, including marriage. These accounts offer an alternative perspective to the existing academic literature which seemed to report heavily on the 'deficits' and problematic behaviours that individuals with ASD present with. Furthermore, an interesting feature of most of the popular press books is that they include a huge breadth and depth of individual perspectives, reflecting the diversity of experiences that this population can have in regards to romantic relationships. It certainly highlights how the broad, generalised claims that are made by quantitative research studies lose this sense of diversity and individuality, possibly suggesting that such studies lose meaning and applicability to real life individuals. However, as described, such accounts have not been subjected to rigorous research methods, meaning that the methodology behind how interviews were conducted is not clear and that the role of the author and impact upon the interview process is not always apparent.

Interestingly, such books have been found to be extremely popular amongst individuals with ASD, parents, partners of ASD individuals and professionals (Bishop-Fitzpatrick, Minshew, & Eack, 2013) suggesting that there is a demand and desire for these individuals to learn and seek knowledge within this area. Furthermore, the fact that so many have been written by individuals with ASD or those who have a partner with ASD, really indicates the value and importance of hearing experiences from an insider perspective. This reveals the need for a qualitative, subjective exploration into the romantic lives of these individuals.

#### 1.2.6 Overall summary and rationale for current research

The literature review began by discussing the concept of identity and the processes involved in its management and maintenance. It was highlighted how various facets of identity are prominent for young adults with ASD. One difficulty that individuals with ASD can encounter is both felt and enacted stigma in relation to their diagnostic label as well as the 'differences' that exist between them and typically developing individuals in regards to communication and interaction difficulties and behavioural characteristics. It was found that such stigma can consequently impact on self-esteem (Molly & Vasil, 2002). One of the main areas of life that such difficulties can impact upon is the ability to form close relationships with others (Howlin, 2004), which can lead to increased

loneliness and isolation (Bauminger & Kasari, 2000; Muller et al., 2008) and depression (Whitehouse et al., 2009). As young adults begin the transition to adulthood this can particularly impact on their ability to form romantic and sexual relationships with others (Henault & Attwood, 2005 Stokes et al., 2007).

Despite the amount of attention romantic relationships in the typically developing population have been given the literature exploring the romantic lives of individuals with ASD is sparse. The research that has been conducted indicates that ASD individuals have challenges establishing romantic and sexual relationships, which can have negative implications for psychological and sexual wellbeing (Byers et al., 2013), as well as reporting 'problematic' sexual behaviours (Hellemans et al., 2007; Stokes et al., 2007). This strongly suggests that there is a need to better understand their experiences.

A better understanding could have important implications for service development within ASD organisations. Given that the literature highlights barriers to successfully establishing such relationships, in-depth insights could inform educational and social-supportive interventions. An increased understanding could also improve therapeutic interventions for psychologists and other clinical practitioners working with people with ASD and/or their families and partners. For counselling psychologists in particular, a better understanding of the needs and experiences of this population is key to improving and facilitating multi-cultural competence; Foley-Nicpon and Lee (2012) discuss how counselling psychologists are expected to make themselves knowledgeable and be sensitive to issues such as disability and diversity, so they can integrate them within their practice. Moreover, counselling psychologists are often found working in diverse and varied settings including mental health teams, private practice, schools and universities, and organisational contexts. ASD individuals present in all of these settings, with a variety of needs and presenting difficulties, meaning that it is likely that counselling psychologists will be working with these individuals at varying times, and should thus be knowledgeable about the needs and experiences of this population.

The review of the academic literature in the field of ASD and romantic relationships highlighted a number of gaps and methodological issues with very little exploration from a qualitative perspective. The perspectives of clinical experts and personal accounts offered a more detailed and less problematic perspective on these individuals' experience, as well as highlighting the demand and value of insider perspectives. There is clearly a need to understand these experiences in a way that allows new outcomes and subjective experiences to be heard. The value of gaining in-depth, idiosyncratic and subjective insights has been placed at the core of counselling psychology theory

and practice (Strawbridge & Woolfe, 2003), which strengthens the rationale for exploring the experience of romantic relationships from a qualitative perspective. This kind of understanding could enable practitioners to empathically engage with the world of their clients – a core skill required for psychologists (British Psychological Society, 2009).

A qualitative approach would also give voice to this population – a voice that at present is evidently lacking in the ASD literature. Such insights might also contribute to the breakdown of negative stereotypes that exist around ASD, enabling a better understanding of their perspectives and ultimately facilitate greater inclusion for this population.

The current study will aim to investigate how the phenomena of ‘romantic relationships’ are experienced by individuals with high-functioning ASD (AS or HFA) through a qualitative methodology. An ‘experience of a romantic relationship’ may mean what it is like to be in a relationship, out of a relationship or perhaps what is like to try and be in one. The current study will focus on the experience of young men because a significantly higher proportion of men are diagnosed with ASD, and also because qualitative methodologies often work best with small homogenous groups (Smith, Flowers & Larkin, 2009). The reasons for this are discussed in more detail in the methodology section which follows.

The following question will guide the research study:

- Research question: ‘How do young adult men with high-functioning ASD (Asperger’s or high-functioning autism) experience romantic relationships?’



## **2. Methodology**

### **2.1 Research design**

This study adopted a qualitative methodology. Data was collected from a total of eight participants through the use of semi-structured interviews. Interpretative phenomenological analysis (IPA) was the chosen method of data analysis.

### **2.2 Chosen methodology and philosophical considerations**

#### *2.2.1 Rationale for adopting a qualitative methodology*

As the aim of the current study was to gain insight into the lived experience of romantic relationships from the perspectives of young adult men with high-functioning ASD, a qualitative methodology was deemed most appropriate. The quantitative paradigm is more concerned with producing generalisable rules about phenomena by objectively measuring and testing variables using the hypothetico-deductive method against existing theories (Yardley, 2000). However my aim was not to make generalisable claims about how all men with ASD experience romantic relationships, but instead to gain an in-depth understanding of their 'being in the world'. The existing research into the romantic lives of individuals with ASD has been heavily quantitative in nature (Henault & Attwood, 2005; Mehzabin & Stokes, 2011; Byers et al., 2013), neglecting the complexity and uniqueness of individual accounts. Qualitative methods adopt a more idiographic approach allowing individual voices to be expressed and new outcomes to be discovered (Willig, 2012). This felt particularly important for this project seeing as romantic relationships are a largely unexplored area for the ASD population. Furthermore, individuals with ASD are also a marginalised group (Howlin, 2004), meaning that their voices are often faint within the existing academic literature (Muller et al., 2008). This further strengthened the rationale for using a qualitative approach as it is more able to give voice to this population.

#### *2.2.2 Rationale for adopting interpretative phenomenological analysis (IPA)*

When considering which methodological approach was most appropriate to answer the research question, a number of qualitative methodologies were considered along with IPA; one of which was grounded theory (GT) as it is suited to exploring individual or interpersonal experiences (Charmaz, 2006). Willig (2008) highlights how GT aims to understand how social processes might account for phenomena that perhaps could have been useful in understanding possible processes such as how participants get into or sustain a romantic relationship. However, the aim of this study was to gain

insights into the essence of *what it is like* to experience romantic relationships. This might mean the experience of being in such a relationship, out of such a relationship, or perhaps what it is like to *try* to be in one. IPA was therefore felt more suitable to address the research question – as a way of understanding the texture and nature of experience (Smith & Osborn, 2008).

Discourse analytic approaches were also considered as a possible methodology. Discursive psychology (DP) aims to understand the performative and functional aspects of language within a particular interaction (Potter & Wetherall, 1987). DP does not see language as a route to cognition; rather it views it as a behaviour in its own right which has an interactive function that shapes a social reality (Willig, 2008). For example, DP could have been used to identify how the participants used language to construct their own experience of ‘romantic relationships’ and how they managed and negotiated their interests within the interview. However, given that the aim of the current study was to gain insight into experience, it was felt that DP’s primary focus on language could be potentially restrictive. IPA was thus better suited to revealing internal processes such as internal thoughts, feelings and beliefs (Chapman & Smith, 2008).

Foucauldian discourse analysis (FDA) is another type of discourse analytic approach, which is less concerned with the interactive function of language, focusing more on how language gives insight into the different aspects of social and psychological life (Smith et al., 2009). FDA could have been used to understand how the participants’ accounts gave an insight into the different types of constructions of ‘romantic relationships’ and how these discourses enabled participants to make sense of their own way of being. However, while FDA considers the implications of context in individual experience, its analytic focus is on the context itself (Willig, 2008). IPA on the other hand enables a detailed focus on the experiential involvement *within* the context (Smith et al., 2009). IPA was therefore felt more appropriate to fulfil the focus of lived experience.

IPA was chosen due to its distinct focus on gaining insights into the quality and texture of an individual’s lived experience as well examining and highlighting what meaning such experiences hold for them (Smith, Jarman, & Osborn, M, 1999; Eatough & Smith, 2008). Furthermore, IPA is also a pluralistic approach due to its varied philosophical foundations and methodological procedures (Larkin, Watts & Clifton, 2006). This allows for differing levels of interpretation, offering a greater level of flexibility and freedom throughout the research process. Smith et al., (2009) argue that this can be useful when exploring more complex experiences.

IPA also fully acknowledges the position of the researcher, highlighting how insights are more than just identified or discovered, but that meaning is also *added* by the researcher (Smith & Shinebourne, 2012). As the researcher has a significant amount of pre-knowledge about ASD, as well as having experienced romantic relationships both directly and indirectly, it felt especially important to use an approach that fully recognises the researcher's perspective and influences in the meaning-making process. Researcher reflexivity will be discussed in more detail later in this chapter.

The researcher was also drawn to IPA because of the number of parallels that can be made between IPA and counselling psychology philosophy. The aims of IPA are to hear and give voice to an individual's lived experience, yet also to give meaning to the account in the context of psychological theory (Smith et al., 2009). It could be argued that this is very compatible with what counselling psychologists are encouraged to do – to engage with clients' accounts in an accepting and empathic way that is value free, yet also to offer some kind of understanding that is linked with pre-existing psychological knowledge (British Psychological Society, 2006). Furthermore, the bottom-up approach to knowledge generation that IPA assumes seems to be compatible with a practice-based research stance that is being increasingly advocated within the field of psychology (Barkham, Hardy, & Mellor-Clark, 2010).

### *2.2.3 Overview of IPA*

IPA was developed by Jonathan Smith in the mid-1990s. He argued for psychological research to take a greater focus on the subjective and personal accounts of human experience, rather than reducing such experience to predefined categories and theoretical concepts (Smith et al., 2008). This was traditionally advocated by William James in the early 20<sup>th</sup> century. Smith also argued for a qualitative approach to research that was grounded in psychology, rather than being imported from other disciplines (Willig, 2008). Indeed IPA has been used within a number of areas of applied psychology including health, counselling, clinical, and organisational psychology (Smith et al., 2009; Smith, 2011).

Whilst IPA has a relatively short history, the theoretical ideas that influence the approach such as phenomenology, hermeneutics and idiography have much longer histories.

Phenomenological philosophy is concerned with the study of experience and explores how individuals make sense of their personal and social worlds (Smith et al., 2009). Husserl (1927) was one of the original founders within the field of phenomenology; he claimed that experience is

essentially how we consciously engage with phenomena that are presented to us in our lived world. IPA is also influenced by later philosophers in the field, such as Heidegger's view that an individual is a 'person-in-context' and thus experience always exists within the context of relationships, objects, society and language (Smith et al, 2009). IPA therefore posits that experience is individual to us all, yet also inextricably linked to the world around us (Eatough & Smith, 2008). Whilst there are various contributions to the view of phenomenology, all have a shared focus on trying to understand what lived experience is *like* (Willig, 2008). IPA views 'pure experience' as inaccessible but attempts to systematically examine the subjective, perceptual and cognitive processes that are involved when individuals reflect upon and try to make sense of that experience (Smith et al., 2009). Heidegger (1962) argued that once a phenomenon appears consciously to an individual, the process of reflecting on that phenomenon is automatically interpretative. This suggests that IPA does not subscribe to a purely descriptive version of phenomenology such as that advocated by Giorgi (1992). IPA comes from a position that understanding a person's experience is an interpretative process, leading to the second philosophical underpinning of hermeneutics – the theory of interpretation.

Like phenomenology, there are various perspectives that contribute to hermeneutic theory. Gadamer's (1990) contribution to hermeneutics strongly influences IPA. He discussed the complex relationship between the interpreter and what is being interpreted. Gadamer argued that the researcher inevitably has pre-conceived ideas about what the experience of this phenomenon may be like (Smith et al., 2009). IPA highlights the importance of the listener or reader attempting to be aware of and bracket, as far as possible, any fore-understanding of the phenomena itself (Smith et al., 2009). It is hoped that this allows the researcher to get as close as possible to the 'true' inside perspective. In IPA the researcher is involved in a cyclical process through which they facilitate the participant in reflecting upon and interpreting their experience, as well as trying to understand and make sense of what is being said by the individual (Willig, 2012). A 'double hermeneutic' is therefore involved in the research process (Smith & Osborne, 2003).

IPA draws from both empathic and questioning hermeneutics (Smith & Osborne, 2008). The researcher attempts to adopt an 'insider perspective' through describing the experience, but at the same time questions the account in an attempt to gain a more critical understanding of the experience using psychological knowledge and theory (Larkin et al., 2006). The extent to which the researcher draws from each will depend on his or her own epistemological stance, which is discussed later in this section under 'epistemological reflexivity'.

IPA is also committed to idiography, which is concerned with gaining detailed and particular examples of lived experience (Smith et al., 2009). This is different to a nomothetic approach, which aims to make broad and generalised claims about human behaviour (Eatough & Smith, 2008). It has been argued that such generalisations reduce the complexities of human experience to pre-defined variables and so cannot offer a true representation (Willig, 2008). In IPA there is a commitment to making an in-depth and detailed analysis of fewer individuals. It is thought that this gives a more accurate reflection of the complexity of human experience (Smith et al., 2009). Smith et al. (2009) argue that gaining a detailed understanding of particular and unique experiences can tentatively give insight into the more general. In IPA studies using more than one participant, each case is thought to give more insight into the phenomena of interest and whilst IPA is not aimed at making direct comparisons, a cross case analysis can be performed which allows for both the convergences and divergences to be highlighted (Smith et al., 2009).

Challenges in the use of IPA, with a particular focus on those that were pertinent for this study, will be considered later in the discussion chapter.

#### *2.2.4 Epistemological standpoint*

In an attempt to offer as much transparency as possible and to acknowledge my influence within the research process, the following section is written in first person.

IPA does not claim a single epistemological position, termed by Larkin et al. (2006) as having 'epistemological openness' (p. 114). Willig (2008) highlights that in order to evaluate research in a meaningful way, it is important for the researcher to position themselves in terms of the relationship they have with the knowledge creation process. What will therefore be discussed in the following section is the epistemological standpoint I adopted within this study, elaborating on this within the context of existing research conducted by various theorists.

The aim of this study was to gain an understanding of how participants perceive and experience romantic relationships. There was a focus on the internal, subjective nature of that experience, rather than the objective nature of it. In this sense, there was a goal of gaining phenomenological knowledge (Willig, 2012). IPA comes from a position that each person may perceive the same phenomena in varied ways, meaning that no claims were made about how participants' reports hold

'truth' in the 'external world' (Willig, 2012). This study therefore subscribes to a relative ontological position.

I drew heavily from Virginia Eatough's perspective, which assumes that reality is inexplicably linked to the socio-cultural and historical world in which we are embedded (Eatough & Smith, 2006). This implies that the meanings individuals give to events around them are not entirely unique and free floating but that an individual's construction of them is influenced by communication and interactions that occur between people in the outside world. This standpoint therefore gives importance to the role of language, in that it too is involved in how individuals experience the world through the stories that are recounted and their inter-subjective experience (Eatough & Smith, 2008). This form of social constructionism could be aligned to symbolic interactionism rather than the post-structuralist thought that underpins discursive approaches (Eatough & Smith, 2006). Whilst this approach appreciates the discursive perspective that talk is action-oriented and that language within a culture can limit and influence reality, Eatough and Smith (2006) suggest that reality is not completely constructed through linguistic and discursive interactions. Instead, as reflective beings, individuals consider their thoughts and feelings and create unique and personal meanings.

This particular approach to IPA has been described as 'lightly social constructionist' (Eatough & Smith, 2008). Therefore, whilst the world outside is 'real', individual creations of that 'reality' exist. This could also be described as a critical realistic position (Willig, 2008). Willig (2008) describes how 'critical realism' can be more greatly aligned to social constructionism than experimental and scientific 'realism', as it acknowledges subjective reality. I therefore believe that multiple interpretations of the same phenomena exist, but that these multiple perspectives can enrich our understanding of it. This position also acknowledges that phenomena may take on different meanings depending on the context in which they are reflected upon (Larkin et al., 2006). I, like many IPA researchers, assumed this position, as the process of meaning-making for both participant and researcher throughout the research process can occur in varying times, places and social and personal contexts (Eatough & Smith, 2006). Therefore, my focus within this study was to gain insight into the participants' lived experience, whilst still acknowledging that the way in which an individual chooses to express their experience through language may have been impacted by the time and context they were in. From this perspective I therefore considered the person-in-context and aimed to illuminate the participant's meaning-making within the context of the socio-cultural environment in which they were embedded.

IPA accepts that language is the primary tool with which we can gain access to an individual's inner experience and life world (Lyons & Coyle, 2007). However, the approach acknowledges that accessing this experience completely is impossible – interpretation by both the participant and researcher is required. I therefore acknowledge that a participant's account will reveal just part of their experience and relationship with the phenomenon of interest. Larkin et al. (2006) discuss the various interpretative stances that can be taken within IPA, advocating that it should go beyond description. I also adopt this position as I believe that in addition to describing what a certain experience is like, it is also important to consider what this experience means to them. This has been described as the 'hermeneutics of meaning recollection' (Larkin et al., 2006, p. 115), given that both the participant and researcher make sense and take meaning of the experience. Langdridge (2007) argues that this interpretative stance is more in line with the original objective of IPA. I aligned myself to this more interpretative stance while at the same time staying close to the participants' accounts. This is discussed in more detail in my epistemological reflexivity in both this section and in the discussion section. This position therefore also implicates the role of the researcher in that their interpretation will inevitably bring in their own meanings and assumptions (Willig, 2008). I therefore acknowledge that the findings that emerge will be co-constructed by both myself and the participants.

#### 2.2.5 *Reflexivity*

All qualitative methodologies recognise that the researcher cannot remain separate and uninvolved in the research process (Willig, 2012). As mentioned previously, IPA acknowledges that in order to gain insight into the participant's world, this necessarily requires interpretation on behalf of the researcher (Smith et al., 2009). IPA therefore requires the researcher to take a reflexive attitude, paying attention to and being self-aware of their influence on the construction of meanings, both in the process of enquiry and analysis. Addressing Willig's (2008) two types of reflexivity, I aim to discuss both epistemological reflexivity and personal reflexivity in the following section. It is hoped that this establishes integrity and trustworthiness throughout the research process (Findlay, 2002).

##### 2.2.5.1 *Epistemological reflexivity*

As previously discussed, IPA researchers adopt varying positions in the extent to which they view knowledge generation as an interpretative endeavour (Smith, 2004). At the descriptive end of the continuum, the focus is to describe experiences 'as they present themselves', which has been described as an 'empathic' interpretation (Eatough & Smith, 2008). This type of descriptive

phenomenology claims that meanings are not imported from the outside world and it attempts to *understand*, but not *explain* accounts (Eatough & Smith, 2006). As the continuum moves towards the interpretative end, there is a focus on trying to explain *why* and make sense of the phenomenon of interest. This has been described as a more questioning or critical interpretation in which the researcher 'probes the accounts in ways which participants might be unwilling or unable to do themselves' (Eatough & Smith, 2008, p. 167). Throughout the research process I became aware of the difficulties in adopting a one-or-the-other stance, which is a challenge acknowledged by various researchers (Larkin et al., 2006).

As I began the research process, my aim was to take a more experience-focused stance and to give voice to this group of individuals – voices which were evidently lacking in the ASD literature. Various studies had used parental and caregiver responses over ASD individuals themselves (Hellemans et al., 2007; Stokes et al., 2007) which I felt marginalised their perspectives. However, whilst aiming to present their voices 'as they were', I was also aware that this stance held some tension with my position as a counselling psychologist where there is a commitment to anchoring clients' experiences within psychology theory and research. This pulled me towards a more interpretative stance at points throughout the research as I wanted to explain and make sense of their experience, rather than describe. As the research progressed, I realised that it was not possible for me to take a definite position on the descriptive-interpretive continuum, rather, it was characterised by a constant tension between these positions. These issues are discussed more fully in the discussion section.

#### 2.2.5.2 Personal reflexivity

As a trainee counselling psychologist, it is important to reflect on how my professional experience and knowledge may have impacted on the research process. My professional experience in working with ASD individuals felt of particular relevance. Prior to beginning my doctoral training, I worked as an assistant psychologist in an NHS child and adolescent social communication disorders team. I was involved in diagnostic processes, group interventions and individual therapy as well as working closely with parents and third parties. As a researcher, these experiences would have clearly left me with a considerable amount of pre-knowledge and assumptions about ASD. Furthermore, I worked with such individuals within a tier three mental health service and as such, I was working with vulnerable people specifically for their difficulties. For example, I was working with individuals who experienced high levels of anxiety as a result of changing routines and clients who were diagnosed with OCD, bullying from peers, and low mood. It is possible that that this may have given me a



skewed, possibly negative perception of the issues that individuals with ASD might face. At various stages of the research process, it was important for me to try to bracket any assumptions and expectations that this group of men were vulnerable or struggling. One way in which I did this was through keeping a reflective diary. This enabled me to be aware of whether I was hearing or looking out for aspects of the participants' experience that were familiar or that I was perhaps expecting to hear. These may have included experiences that reflected the participants' emotional struggle or challenging social experiences as described above. Secondly, I was able to discuss such issues with my research supervisor which gave me the opportunity to consider things from an alternative perspective. Further reflections on this can be found in the excerpts from my reflective research diary in Appendix A.

It was also important to consider how my therapeutic skills developed as a trainee counselling psychologist may have influenced the research process. For example, in the research interview there may have been a desire to reflect and make links between aspects of the participants' stories, in a bid to help them better understand their experience. Whilst reflecting and summarising in the research interview can be a helpful way for the researcher and client to clarify what is being said (Smith et al., 2009), offering suggestions could have introduced too many of my own meanings. There would be an opportunity to make links and draw from psychological theory later on in the analysis (as discussed above in epistemological reflexivity) so it was important for me to try to bracket this understanding within the interview process so that I could be open to hearing how the participants themselves made sense of their experiences. I attempted to bring my awareness to this by listening back to my early interviews to check whether my summaries and reflections back to participants were above and beyond what was actually being said, perhaps offering too much interpretation. My research supervisor and I discussed small sections of my first interview transcript and she highlighted aspects of my input and responses that were perhaps overly interpretative or too value laden. This enabled me in later interviews to be more aware of responses that might have been overly interpretative. This is discussed in more detail in the discussion section.

As someone who has experienced romantic relationships both personally and through observation, it was important for me to reflect on what such a romantic relationship meant to me. At the time of deciding upon a research question and creating my research proposal, my own experience of romantic relationships became especially significant, having recently come out of a long-term relationship. I feel this influenced my desire to explore this phenomenon. In particular, I think I had a desire to understand how people are able to manage break-ups, how people deal with rejection

and how people experience being alone. These were all things that perhaps I was struggling to understand myself and was driving my motivation to understand these issues better. It was important for me to be aware of these motivations so that I was not overly drawn to hearing these aspects of the participants' experience at the expense of other parts. It was also important to acknowledge and reflect that my personal experiences of romantic relationships have been heterosexual. This would have clearly left me with some assumptions and expectations of male and female roles within such relationships. In particular, my expectations of 'a man' within a romantic relationship would be someone who would be independent, caring, confident and affectionate. Perhaps these expectations portray quite hetero-normative male roles. Given that all the participants in the current study were men talking about their ideas of romantic relationships, it was important for me to be aware of my assumptions and to be open to my participants having both differing and similar perspectives. In order to manage this I regularly reflected on these experiences and discussed them in research supervision. I hoped that this would also enable me to again bracket my experiences, but also recognise when this was not possible. These issues are discussed in more detail in the personal reflexivity section in the discussion chapter as well as in the excerpts from my reflective research diary in Appendix A.

## **2.3 Procedures and method**

### ***2.3.1 Sampling and participants***

Participants within this study were eight men between 21 and 29 years of age, all of whom had a formal diagnosis of AS. Smith et al. (2009) suggest that IPA works best if a small homogenous group is used. They argue that this enables some of the variation that exists to be contained within the analysis of the phenomena. Participants were also purposively sampled on the basis that they could provide an insight into the phenomena under study (Smith et al, 2009; Willig, 2012). A number of inclusion and exclusion criteria were created.

The first criterion was that all participants would have a formal diagnosis of AS or HFA. Some consideration was needed as to whether or not to exclude those who had self-identified as having AS/HFA without confirmation from a professional. It felt epistemologically inconsistent to exclude those without a formal diagnosis as the nature of objective testing assumes a positivist epistemology – that ASD is only 'real' if it is objectively measurable. This leaves some underlying tension with the light social constructionist epistemology adopted within this project which values subjective experience (Eatough & Smith, 2008). Whilst it is not possible to resolve this tension, from a

pragmatic perspective it is these labels that are used to enable the provision of services. In order for the findings to be transferable to individuals within services who might share salient characteristics to the participants in the current study and therefore those with recognised 'symptomatology', it felt important that participants had a formal diagnosis. Two main pieces of information were used as confirmation of participants' diagnosis. Firstly, all participants were recruited through specific ASD services, heavily implying that participants had a formal diagnosis as this is usually a requirement for access to services. Secondly, participants were asked to complete a short version of the Autism Quotient Questionnaire (AQ-10; Allison, Auyeoung and Baron-Cohen, 2012). (See Appendix B within the background questionnaire). The AQ-10 is a 10-item rating scale that is typically used as a brief ASD screening tool for individuals without an intellectual disability. Items are designed to assess areas of social interaction, communication, attention to detail, attention switching and imagination. The AQ-10 is scored out of ten, with a cut-off point of 6 yielding a 0.85 predictive value of meeting full diagnosis (Allison et al., 2012).

A number of other questionnaires that assess ASD characteristics in adults without intellectual impairment were also considered. These included the 50-item autism Quotient Questionnaire (AQ-50; Baron-Cohen et al., 2001), the Reading the Mind in the Eyes Test (Baron-Cohen et al., 2001), the Friendship Questionnaire (FQ, Baron-Cohen & Wheelwright, 2003) and the Empathy Quotient (EQ, Baron-Cohen & Wheelwright, 2004). The AQ-50 (Baron-Cohen et al., 2001) was initially considered most appropriate as it has undergone extensive psychometric development and evaluation, with literature supporting its reliability and validity (Wheelwright et al., 2010). Furthermore, the AQ-50 had been frequently referenced in the previous literature relating to the topic under investigation, meaning that a more significant comparison could be made when considering the current findings in relation to the existing literature. However given that participants were already being asked to complete a one- to two-hour interview, it felt that the AQ-50 might demand too much time of participants. The AQ-10 was therefore considered as it is much shorter. Furthermore, Booth et al. (2013) found that for both the AQ-50 and the AQ-10, the discriminative power, based on sensitivity, specificity and area under the curve (AUC – which provides global measure of the predictive validity of the measure) were similar. Both measures also showed good scores across all domains (AUC > 0.90, sensitivity and specificity > 0.80). This supports the use of the AQ-10 as a useful way of indicating that an individual would meet criteria for a formal diagnosis. See the table of participant background information in Appendix C for each participants score on this measure.

It was decided to exclude those with a diagnosis of autism as individuals with autism would be likely to have accompanied learning difficulties, as well as a greater degree of language impairment (APA, 2000). Given that IPA relies primarily on the medium of language to gain insight into an individual's experience (Smith et al., 2009) such difficulties could potentially make it harder for individuals with autism to give an in-depth account. Additionally, excluding those with an autism diagnosis would contribute towards a greater degree of homogeneity in the participant group. Those with a diagnosis of AS and HFA were both included as research has found little or inconsistent differences between individuals with HFA and AS in cognitive, social and motor tasks (Howlin, 2003; Mayes et al., 2001; Ozonoff et al., 2002). Participants were recruited before the recently published DSM-V (APA, 2013) was published, which replaces AS and HFA by a single category 'autistic spectrum disorder', in the newly published DSM-V (APA, 2013). This leaves some tension for how the findings from the current study will be transferable to those diagnosed under the new DSM criteria. These changes reflect the belief that difficulties are different in their *degree*, rather than their type (Frazier et al., 2012). Please refer to the introduction for a full outline of the DSM changes; for the purpose of this study, it was felt that the findings would be most transferable to those without accompanied learning or verbal impairment and with a lower 'symptom severity'.

The second inclusion criterion was that all participants would be male. A number of research studies have observed gender differences in the perception and experience of romantic relationships in the AS/HFA population (Henault & Attwood, 2006; Byers et al., 2013). It was therefore decided that women would not be included to maintain homogeneity within the sample. Furthermore, as a significantly larger proportion of men are diagnosed with an ASD (Brugha et al., 2011), the findings may have transferability to a larger proportion of the ASD population.

The third inclusion criterion was that participants would be aged between 18 and 30.

The experience of 'romantic relationships' in the current study might refer to what it is like to be in a romantic relationship, to not be in a romantic relationship or perhaps to try and be in a romantic relationship. During emerging adulthood individuals have been found to explore and enter new romantic relationships more frequently than those at other stages of life (Furman & Wehner, 1994; Arnett, 2004). Arnett (2004) also argues that this is a key time for identity exploration, including the development of a romantic identity. Given that age has also been found to have an impact on the experience of romantic relationships in typically developing individuals (Furman & Wehner, 1994; Brown, 1999; Connolly & Goldberg, 1999), it was decided to only include participants within a narrow age range to enable greater homogeneity.

The final inclusion criterion was that all participants would currently be using a service that provides specialist support for people on the ASD spectrum. This criterion is mostly related to the ethical requirement of protecting participants from harm. As the interview may have brought up issues that were sensitive or difficult for the participants to talk about, it felt important that there was an existing support structure that participants could contact should they feel they needed support following the interview. All participants were recruited from specialist ASD organisations that provided support, so this ensured participants had specialist support if needed.

### *2.3.2 Recruitment strategy*

Three autism charities were contacted to recruit participants. Participants were recruited from [REDACTED]. All provide a number of services for individuals with ASD. Service managers from the latter two invited me to attend various support groups at which I could give details of my study and meet with potential participants face to face. Group members also had the chance to ask questions. My recruitment leaflet (Appendix D) and participant information sheet (Appendix E) were given out to each participant so they could contact me should they wish to participate. Following a phone conversation with the clinical founder of Action for Asperger's she forwarded my recruitment poster to participants who matched my recruitment criteria. Participants who were interested in taking part contacted me via email. Before meeting with participants, a phone interview was arranged so that information about the study could be discussed verbally, giving them the opportunity to ask questions about anything they did not understand.

The interviews took place in varying venues depending on where the participant lived geographically. Private rooms in public places such as libraries or churches were used, which were arranged prior to interview. Quiet and comfortable venues that provided privacy were chosen to enable the participants to feel relaxed and to ensure that confidentiality was maintained.

### *2.3.3 Data collection*

#### *2.3.3.1 Interviews*

Individual, semi-structured interviews were used as the main method of data collection within this study (See Appendix F for a copy of the interview schedule). Interviews were chosen over other

forms of data collection such as diaries or personal accounts, as the real-time interaction could enable the researcher to have more flexibility to explore the participant's lived experiences (Eatough & Smith, 2008). A semi-structured interview was thought more suitable than an unstructured interview as it allowed the researcher to ask about a set of topics that are felt relevant to the research area (Smith, 2004). An interview schedule was thus based upon some existing theoretical knowledge, which inevitably brings in some expectations and assumptions from the researcher about what areas might be significant. However, the schedule was not designed to test out theory and the questions were developed as a guide; if the participant opened up a novel area of enquiry, this was pursued. Participants were therefore seen as the experiential experts of the topic of enquiry (Eatough & Smith, 2008). Questions were also designed to be open and neutral rather than closed and value laden, allowing participants to give responses that revealed their own meaning-making (Smith and Osborn, 2003). The interviews also had to be sufficiently long enough to ensure an in-depth analysis. The duration of the interviews varied between participants, ranging from approximately 60 to 130 minutes.

The interview started by asking participants: 'The term 'romantic relationship' means different things to different people. Because of this there is not a right or wrong way to describe it. Can you tell me what a romantic relationship means to you?' A decision was made not to give an operationalized definition of a romantic relationship so that the participants' idiosyncratic understandings could be explored without being influenced by pre-existing, heteronormative ideas. It was hoped that its breadth and openness would allow participants to talk about those aspects of the phenomenon which were most significant to them (Smith & Osborn, 2008). Caveating the question with an acknowledgment of the various views of romantic relationships was made to encourage subjective expressions and reduce any pressure or anxiety that the participant may have felt in trying to give a 'right answer' based on what was typical or 'normal'.

Participants were then asked to share more descriptive aspects of their experience of romantic relationships. If participants had been in a romantic relationship they were asked questions such as 'can you tell me about a romantic relationship that you have been in?' or if they had not, they were asked 'has there been a time when you have wanted or not wanted to be a relationship?' Further descriptive questions were asked which related to how they were attempted, started, progressed or ended. It was hoped that such descriptive details would illuminate the more concrete and contextual aspects of their relationship history. A number of other prompts were also prepared

which were designed to enable participants to think about differences or similarities within their experiences of relationships.

Throughout the interview participants were also asked questions and prompts relating to how if at all, their ASD impacted upon their experiences. It was hoped that this would shed light on some of the experiential aspects that were unique to this population. Participants were also asked prompts about how their experiences, if at all, impacted on them emotionally and as men and individuals with ASD. Such questions were asked as a way of trying to elicit whether and how their identity as men or individuals with AS/HFA may have impacted on their experience. This was included as both gender and ASD identity can influence one's behaviour as well as play a role in one's self-esteem (Steensma et al., 2013; Davidson & Henderson, 2010).

Some specific issues related to individuals with ASD had to be considered with regards to the interview process. As the participants in this study all had a diagnosis of ASD, by definition they were likely to experience some difficulties in social interaction and communication (APA, 2013). Given that semi-structured interviews are both an interactive and communicative task, these issues may have impacted upon the data collection process. As individuals with ASD can at times find non-literal language confusing (Attwood, 2009), there was an attempt to use unambiguous language that was free from superfluous words. It was hoped that both of these strategies enabled the participants to understand as fully as possible what was being asked. Furthermore, from an ethical perspective, this may have reduced the possibility of participants feeling confused if they potentially misunderstood what was being asked.

Additionally, individuals with ASD can also experience difficulties in emotional expression and understanding (Baron-Cohen, 2003). Baron-Cohen describes how for some there can be a tendency to give a concrete and factual account of certain events, sometimes with an omission of the emotional aspects of their experiences. Given that the aim of IPA is to access (as far as possible) all parts of the participant's 'inner experience' including their affective experiences (Smith et al., 2008), some more explicit prompts were used in order to elicit the participant's emotional aspects of their experience. It is recognised that such questions could potentially have been considered to be quite leading, but they were asked in a way that was as neutral as possible.

### 2.3.3.2 Background questionnaire

Before the interviews were conducted, participants were given a short background questionnaire which had three sections related to demographic information, information related to ASD and its diagnosis and information about their experience of romantic relationships (See Appendix B).

Demographic information included age, ethnicity, their highest level of education and employment status. These demographics were developed as it was felt that they would give contextual information to better understand some of the similarities and differences between participants' experience. Furthermore, I hoped this information would inform the reader of the participants' salient characteristics so they would know to whom the findings had possible transferable implications (Morrow, 2005). The specific demographics were chosen based upon those used within similar studies in previous ASD research (Mezhabin & Stokes, 2011; Byers et al., 2012). However on reflection I feel that perhaps additional demographic information would have been useful such as religion and living arrangements. These issues are discussed in more detail in the discussion section.

The second section related to the participants' diagnosis. Participants were asked what their formal diagnosis was to ensure they met the inclusion criteria for having a diagnosis of AS/HFA. This section also included the AQ-10 (Allison et al., 2012) as a useful way of indicating that an individual would meet criteria for a formal diagnosis, as described above in 'sampling and participants'. Participants were also asked when they were diagnosed as this could have a number of possible implications such as how long someone had been able to access support and how long they had had to identify with their diagnosis. Such implications could potentially impact on how participants experienced romantic relationships and therefore gave contextual information that later informed the analysis.

The final section asked participants some information about their history of romantic and sexual relationships including current relationship status, number of romantic relationships, number of sexual partners, age of first romantic relationship and sexual orientation. Such factors have been found to have various psychosocial implications for both typically developing individuals and ASD individuals (Furman & Wehner, 1994; Brown, 1999; Byers et al., 2012; Byers et al., 2013). These questions gave some contextual information that could inform the analysis. They were also asked to gain some background knowledge that could guide the research interview or be used as reference points to refer to as prompts. It was also hoped that these questions would stimulate the participants' thoughts and feelings about the topic in preparation for the interview. (See Appendix C for full details of participants' background information.)



#### 2.3.4 *Ethical considerations*

Given that individuals with ASD are considered 'vulnerable adults' (Howlin, 2007), ethics required particular attention.

Ethics was initially approached by being aware of professional guidelines regarding informed consent, protection of participants from harm, confidentiality, right to withdraw, and debriefing (Heath and Care Professions Council, 2012; British Psychological Society, 2009). The study also had to meet the ethical standards of the Research and Ethics Committee of the Department of Psychology of City University London (project approval number PSYETH(UPTD) 12/13 21). All ethical considerations are discussed below:

Participants were given an information sheet that informed them about the aims of the research, what was expected of them (in terms of the background questionnaire, interview and time commitment), information about confidentiality, information about how data would be used and disseminated, their right to withdraw at any time with no adverse consequences, what the potential risks were to themselves as well as potential benefits, the debriefing procedure and finally contact details (Appendix E). As individuals with AS/HFA by definition have average to above average IQ (APA, 2000), it was expected that they would be able to read and understand the information given. However, as they experience difficulties with social communication and interaction (Howlin, 2004), the way in which this communication was given needed some consideration. In particular, individuals with ASD can at times find non-literal language confusing (Attwood, 2009). Attempts were therefore made to use language that was literal and free from superfluous words within all of the written documents. A specialist ASD professional from [REDACTED] was consulted in order to check the suitability of the language used. Furthermore, participants were given the information verbally so that they had the opportunity to ask about anything they were unsure of and discuss concerns that they had. Participants were given at least one week following this discussion to consider whether or not they wished to take part, giving them sufficient time to make an informed decision prior to giving consent. At the time of interview, all participants were asked to sign a consent form (Appendix G).

There was no risk of physical harm involved in this study however due to the exploratory nature of the interview it was possible that the participant thought of a painful experience or felt difficult emotions as a result of certain discussions and questions. When participants were verbally given

information about the study, it was highlighted that some discussions may bring up difficult emotions. Participants were also verbally informed that the role of the researcher was not to provide therapy but to gather information. However during the interviews I also tried to be aware of and sensitive to any distress that the participant may have presented with. This was to ensure that the participant felt respected and safe to withdraw should they have needed to.

At the end of each interview all participants were offered the opportunity to debrief by discussing how they felt about the interview, expressing any difficult emotions that might have arisen. In addition, as all participants were users of supportive ASD organisations they were encouraged to contact their respective organisations should they need additional support following the interview. Participants were also given the opportunity to have a follow up debrief (either by phone or in person) with the researcher should they feel that they needed additional support to talk about any queries or concerns that arose following the interview. Participants were also given the opportunity to ask questions of the research supervisor, Dr Deborah Rafalin, by phone in case they had any concerns that they felt uncomfortable discussing with the researcher. Her contact details were included on the debriefing sheet (Appendix H), along with a list of alternative resources that might be relevant for the participant following the interview.

A further protection issue to consider was that of the researcher. The researcher had not met all of the participants previously so it was difficult to know if they posed any risks in terms of inappropriate or aggressive behaviour. As the researcher met participants alone, an allocated person in the building was made aware that the interview was taking place and in what room. The researcher informed this person of the expected start and finish times of the interview.

In order to maintain confidentiality and anonymity, a number of steps were taken. All audio recordings and electronic transcriptions were stored on a password-protected laptop. The audio recordings will be deleted on completion of the project (when it has been successfully examined), in line with the Data Protection Act (2010). Participants' names were replaced with a pseudonym, to maintain anonymity. The printed transcripts will be kept for up to 5 years, in line with the British Psychological Society (BPS) and Health Care Professions Council (HPCP) ethical guidelines (BPS, 2009; HPCP, 2012). These are stored in a securely locked cabinet at the researcher's home. All names and identifying data will never be associated with any research reports. All participants were informed about confidentiality and their anonymity and that extracts of the interviews might be used in publications.

### 2.3.5 *Analytic strategy*

All interviews were audio recorded on a digital recorder and transcribed verbatim. Transcriptions of the interviews were detailed and included pauses, interruptions, false starts and extraneous words so that in addition to the content, the subtleties of the interaction between participant and researcher could also be explored.

As IPA takes an idiographic approach, the transcripts were initially worked through individually, one by one. The texts were originally read and re-read, whilst simultaneously listening to the audio of the interview, which enabled the researcher to engage with the texts more deeply (Smith & Dunworth, 2003). Throughout this process, the researcher's initial thoughts and observations were written down along the right hand margin of the interview transcripts. Notes were broad and unfocused and included statements, summaries, questions and associations on various aspects of the interview. I also paid attention to various aspects of language such as metaphors, repetition and other distinct phrases. At this stage of the analysis, I attempted to keep the commentary reasonably descriptive, staying as close to the text as possible.

Following this emergent themes, concepts and ideas that were noted on the left hand side of the transcripts. More concise language was used with the aim of encapsulating the overall essence of the quotes used within the transcript. (See Appendix I for an extract of an annotated transcript.) Whilst such themes remained quite close to the data, they stepped towards a higher level of abstraction, involving a greater level of interpretation. This interpretation occurred in the context of having viewed the text as a whole, revealing the iterative process of interpretation. This is described as the 'hermeneutic circle', in which there is constant movement and interpretation between the whole in relation to the parts and the parts in relation to the whole (Smith & Shinebourne, 2012). This was repeated for all participants. These themes were then listed separately, connections sought between themes so that clusters were created. A table was created for each participant with all themes and the quotes and line numbers that they corresponded to.

The next stage of analysis involved looking for associations between the emerging themes across cases. This process was initially completed using the subthemes for the first five interviews. The subthemes from each interview were printed on pieces of paper. Those that seemed to pull towards each other were grouped in piles on a large flat surface. Such associations were based on a number of factors such as emotional experiences, difficulties experienced, functions served and contextual factors (Smith et al., 2009). Each cluster of piles was then titled, creating master themes. This took

the analysis to a higher level of interpretation again. It is also important to highlight that the subthemes from each interview were printed on a different colour so that the extent to which each participant was reflected in each theme could be identified easily. This process was extremely helpful in enabling the researcher to see which themes reflected more idiosyncratic experiences (i.e. where only one or two participants had subthemes reflected in that cluster) or whether the experience was shared amongst the group (i.e. where most or all of the participants had subthemes reflected in that cluster). This process was again iterative in that the master themes had to make sense in relation to the original transcript. The next step of the analysis was to integrate the subthemes from the remaining three interview transcripts into the existing groups of themes and master themes. This was achieved by incorporating the new subthemes into the existing categories. However, if these did not fit, new master themes were created so that the idiosyncratic nature of these interviews was not lost. The result of this process was a number of master themes, which included clusters of subthemes.

At this stage it was felt that there were still a number of associations between themes and so the master themes were grouped further, reducing the final structure to a total of three superordinate themes, each with a cluster of master themes, and for some, subthemes. This again required an even greater level of abstraction. The product of this was the development of an integrated list of superordinate themes, master themes and subthemes (see Appendix M). At this point data that was not related to the phenomena of romantic relationships (for example information about employment or hobbies) were not incorporated into the theme table and so consequently some of the themes created are not presented. There was therefore a process of sifting through the data. Please refer to Appendix A for excerpts from reflective research diary for some discussion around how these decisions were made.

Please see the appendices for an example of a summary table for one participant of all themes with example quotes (see Appendix J), a summary table for one theme with examples of quotes from all participants (Appendix K) and a summary table of all themes with quote locations for all participants (Appendix L).

When the analysis was complete the next stage was to begin writing it up. Throughout this process, more re-organisation of the data took place. Further revision of the theme titles was made to ensure that they best represented the experiences revealed in the quotes given.

As highlighted, at every stage of the analysis process, the superordinate themes, master themes and subthemes were all checked against the original transcript, highlighting the constant movement between the whole and the individual parts (Langdrige, 2007).

### 2.3.6 *Validity*

The use of qualitative methods in psychology has expanded hugely over the last few decades and along with it has been a growing discussion of the way in which its quality and validity can be assessed (Elliott, Fisher, & Rennie, 1999; Elliott, Fisher, & Rennie, 2000). Willig (2008, p. 18) highlights how validity considers “to what extent can we ensure that our data collection (and analysis) really addresses the research question we want to answer?” Within this research project I have attempted to use the guidelines developed by Lucy Yardley (2008), who presented four broad principles for assessing validity within qualitative research. These are sensitivity to context, commitment and rigour, coherence and transparency, and impact and importance. Yardley highlights that these principles should be followed in a flexible way that tailors each principle to the particular method and epistemological stance of the research project.

I attempted to achieve sensitivity to context in a number of ways. Firstly, a thorough review of the literature and theory that is relevant to the project was conducted, showing how the gaps and unanswered questions within the existing literature gave rationale for the development of the current research question (see Introduction chapter). Secondly, sensitivity to context was achieved through my ongoing awareness of the social and cultural context within which the research takes place. I was aware of the interactive nature of the interview and the potential difficulties that may occur as well as the “intricate power-play where research expert meets experiential expert” (Smith, et al., 2009, p. 180). This was an attempt by the research to make the participants feel comfortable by using empathy skills and recognising any interactional difficulties. The dynamics within the interview are reflected in detail in ‘methodological challenges’ in the discussion chapter.

Furthermore, as this study interviewed participants who inherently have social communication difficulties (APA, 2013), it was important to pay attention to the potential ways that this may have impacted on the method of recruitment and data collection. This was discussed in detail in the previous section. It was hoped that these measures would enable participants to give answers that were as open and honest as possible, thus eliciting data that would offer a close insight into their ‘real’ lived experience. Additionally, sensitivity to context was achieved through constant reflection and self-awareness. I endeavoured to be aware of the influence that my own assumptions and

preconceived ideas would have on the research process (see reflexivity section and excerpts from my reflective research diary in Appendix A).

The Researcher aimed to address Yardley's second principle of commitment and rigour through demonstrating a thorough, in-depth and systematic engagement with the data. Attempts were made to remain as close to the participants' stories as possible by repeatedly checking that the themes corresponded with the original transcripts. It is hoped that this process was made evident through the use of explicit and frequent examples in the analysis section. Furthermore, this is evidenced throughout the analytic strategy description, which appears later in this chapter. Validity was also ensured through cross-checking sections of the analysis with the research supervisor who regularly monitored the development of themes to the original transcripts, ensuring that they were grounded in the original data.

The researcher endeavoured to achieve coherence and transparency through giving a thorough and detailed description of each stage of the research process, which is presented in this chapter, as well as throughout the rest of the study. Transparency was demonstrated through offering evidence of the researchers own reflexivity and awareness of her own assumptions through the use of a reflective diary, research supervision and personal therapy (see reflexivity section and Appendix A: excerpts from the researcher's reflective research diary). In addition, a full paper trail, which evidences the analysis process from the raw data to the emergent themes, is presented in various appendices, which are referenced for the reader at various stages of the write-up. In order to achieve coherence the researcher aimed to be constantly aware of how different aspects of the research question, the design and the analysis all fit together. She attempted to be mindful of describing the experience of romantic relationships, bringing the data back to the research question as much as possible. The analysis will be presented in a way that is tentative, demonstrating an awareness that IPA is inherently interpretative.

Yarley's final criterion is that of impact and importance. The current study focuses on how men with ASD subjectively experience romantic relationships. As a population who has had minimal opportunities to have its voice heard, I hope that the research will lead counselling psychologists, other professionals working with this population and ASD individuals and their family, peers and partners, to gain a better understanding of this group of individuals' subjective experiences, which I hope will enhance clinical practice and training.

### **3. Analysis**

#### **3.1 Overview**

The analysis of the transcripts generated a very large and varied body of data related to the participants' experience of romantic relationships. During the analysis and write-up it was necessary to select and prioritise material that would answer the research question or offer some unique insights into this population. As a result, some difficult decisions had to be made not to present data which did not meet such criteria. A detailed reflection of this process is presented in excerpts from the author's reflective research diary in Appendix A.

This analysis section presents four broad emergent, superordinate themes which are then divided into master themes and subthemes. See Appendix M: a summary table of all superordinate themes, master themes, and subthemes. The themes are as follows:

Superordinate theme 1: "Hopes and expectations of romantic relationships". This concerns the way in which the participants made sense of what a romantic relationship meant for them, giving their definitions and ideas of what they felt a relationship was and whether it would be desirable for them.

Superordinate theme 2: "Challenges in establishing a romantic relationship". This theme reflects upon a number of concerns and difficulties that participants faced when trying to enter or maintain a romantic relationship. These included a sense of feeling lacking in knowledge and ability to pursue a romantic or sexual relationship; challenges with communication and interaction; a feeling of being unsure about how others would perceive AS and the experience of being turned down or rejected by a romantic interest/partner.

Superordinate theme 3: "Establishing a romantic relationship". This theme reflects upon the experiences of first meeting a partner or entering into a relationship itself. A number of issues are discussed including positive feelings about being liked and understood, as well as how sex and physical contact was experienced within relationships.

Superordinate theme 4: 'The self'. This theme relates to the impact that the participants' experience had on how they felt about themselves and their resulting wellbeing. In particular, this included the participants' sense of feeling different and excluded and how this was managed, feeling afraid, and

their lack of confidence in their abilities in regards to certain aspects romantic relationships. These issues seemed to be present throughout various aspects of the participants' experience and were thus highly intertwined with the other superordinate themes. These issues will therefore be discussed across themes in the place that they arose. However so that the significance of such issues are not lost, a briefer summary of the issues that arose within this theme will be presented in a distinct cluster at the end of the analysis as well.

It is also important to highlight that the superordinate themes do overlap each other and are therefore not completely distinct and separate. The superordinate themes have been constructed for clarity of presentation.

Throughout the analysis the data will be presented without any theoretical discussion or reference to existing literature. Such integration and consideration will be offered in the discussion chapter. The decision to present the data with solely the interpretative analysis was made to allow the participants' accounts to be told in a way that was as close as possible to the stories as they unfolded without being cluttered by psychological theory.

Direct quotes from the transcripts are used using pseudonyms to preserve the anonymity of the participants. Any other identifying elements were changed or removed. Quotes are presented in italics and the participant pseudonym, interview number, and line number from the interview transcript are referenced in parenthesis after each. Text that was omitted is represented by: ( ) and pauses and silences are represented by: ... In some rare instances an additional word was required to make the participant's point clearer which is indicated by {word in brackets}.

### **3.2 Theme 1: Hopes and expectations of romantic relationships**

Having expectations and fantasies about what a romantic relationship was or should be, was something that all participants reflected on, regardless of whether they had been in a relationship or not. The first superordinate theme presents the ways in which participants made sense of what a romantic relationship was and whether it was desirable to them.



### 3.2.1 What I think a romantic relationship is

All participants reflected on the qualities and characteristics they thought were important and/or significant to a romantic relationship. Some participants seemed less certain of their ideas as they felt they had little or no personal experience of being in a relationship, and so found themselves 'imagining' what it might be like.

Several spoke about how they felt 'love' was an important characteristic of a romantic relationship. Edward expressed how he understood 'love' within romantic relationships:

*Yeah, with a romantic relationship, you like, like them... you could say that you love them (). I think it's like stronger emotions and you spending more time together. And other inside warm feelings.*  
(Edward, 5. 21-26)

Edward conveys love as emotion that involves feelings of happiness towards a partner and that is accompanied by physical feelings. Edward was previously asked if or how there were any differences between romantic relationships and friendships, so his description of 'stronger' emotions and spending 'more' time together suggests this difference from friendships.

Carl's account in some ways echoed Edward's. He also highlighted that 'love' and 'spending time together' was significant to a romantic relationship:

*How I would define it would be a meeting with a partner who you love, who you care for, you enjoy spending their company with. Erm, you've got all the time in the world for, you want to be with them for the rest of your lives – hopefully – and through thick and thin. (Carl, 3. 6-9)*

Carl's description of 'having all the time in the world' for a romantic partner suggests that he views giving time and support as significant within a relationship. His hope for being together 'through thick and thin' suggests that he anticipates that there might be challenges within the relationship as well, arguably suggesting a balanced and realistic view of a long-term relationship.

Gary also emphasised love as characteristic to a romantic relationship but in contrast to Edward and Carl, he made sense of 'falling in love' in physiological terms:

*Yeah, some kind of feeling that you just get. I'm absolutely sure that it's almost a kind of chemical reaction that's caused in certain circumstances, I mean in my view, whatever people say about falling in love being a feeling or whatever... I just know this kind of stuff; it must be explained in chemical terms. (Gary, 7. 68-70)*

Gary seemed to challenge others' perceptions of love as a feeling and his reflection of it as a chemical process suggests that he views it as an involuntary reaction that one cannot help. His description also seemed to convey quite a concrete way of understanding love, which perhaps feels more comprehensible to Gary compared with other explanations.

Ben also reflected on how he felt 'love' is an essential part of romantic relationship:

*Well, doesn't romance technically involve love? You can't not love someone and have a romantic relationship... it would just be a relationship (). I would imagine the love would last forever but at some point the romance would slowly decline... well from what I've seen of, well in the movies at least, it would almost always decline (Ben, 2. 205-206)*

Ben also described his ideas of romance:

*Erm, really the only thing that I can go with or what I think is... you know, how do you say it, the scenarios which are cliché... () erm, when you are in France, you go to a restaurant, you have a meal, flowers, chocolates etc. (Ben, 2. 212-213)*

Ben has not been in a romantic relationship before and as a result seemed to use examples from films when 'imagining' how love is experienced within such relationships. He questioned whether love involved romance, reflecting some uncertainty in his statement. Given that some films can portray an idealised or biased view of reality, one might wonder how accurate Ben's ideas and expectations of romantic relationships are. Should Ben enter a romantic relationship in the future, it is possible that there could be a disparity between his actual experience and expectations. However Ben's use of the word 'cliché' scenario perhaps reveals his awareness that this is a potentially stereotypical view.

Like Ben, Fred spoke about the types of things that individuals in romantic relationships might do together. He also described how such activities might include going to places that are more extraordinary and exclusive compared with friendships:

*They do things together that they wouldn't normally do just as friends, if that makes any sense (). In a romantic relationship it might be like a very exclusive place, whereas if it's with friends, they might just go to Nando's or something like that. (Fred, 6. 36-38)*

Fred's description of 'they' may suggest he is drawing on examples from other people's romantic relationship experience to give a description, rather than his own. Whilst he has had two romantic relationships, both have lasted less than a month and perhaps he feels this does not give him a huge amount of personal experience to draw from.

Nearly all of the participants highlighted how physical and/or sexual contact was a characteristic feature of romantic relationships as exemplified in Adam and Gary's accounts:

*Probably the intimacy, sexual side of it... that's probably a big part. (Adam, 8. 10)*

*There's obviously the physical, sexual side of it, which you presume would be there. (Gary, 7. 12)*

Adam's suggestion that a 'sexual side' would be a 'big' part of such a relationship, and Gary's comment that it would 'obviously' be there, suggests that for both, sexual contact is seen as a central part of romantic relationships. Adam's use of the word 'probably' might show less certainty of his statement compared with Gary, which may be because Adam has had no personal experience of being in a romantic relationship.

Ben and Harry made comparisons between physical and/or sexual contact between friends and romantic partners:

*Well... if it's a friend, you wouldn't go up to them and kiss your friends on the lips or something like that. But if it was a girlfriend, you would wouldn't you. (Ben, 2. 140-141)*

*You'd know what they were like sexually, whereas you wouldn't necessarily know that with a friend. (Harry, 1. 43)*

Harry's comment infers that he views sexual contact as a defining characteristic of romantic relationships and Ben's suggests he views kissing as an important component. Harry's description of not 'necessarily' knowing what a friend was like sexually, might imply that he feels there are exceptions to this. His description may also imply that he views romantic partners as being different sexually, which was not highlighted by any of the other participants. This knowledge may be because of Harry having had more sexual partners in comparison to the other participants.

Many participants also described a romantic partner as someone that you know well, and are closest to as reflected in Harry's account:

*Well, erm... in the sense of you know that person is there for you, who isn't a family member and who is more than just a friend. That they eventually know you inside and out. (Harry, 1. 60-61)*

Harry's comparison with family suggests that he believes that there are some similarities with regards to support offered.

Ben also reflected on how he believes romantic partners know each other better than friends:

*There is knowing someone as a friend, and there is really knowing someone, to the point where you would know their favourite food, their favourite colour... and there are things that you would do for them, but you would not do for anyone else. (Ben, 2. 102-104)*

Ben's idea of knowing a romantic partner seems to be related to quite concrete examples of someone's likes and dislikes. One might wonder if this reveals a reduced focus on the more emotional or complex aspects of 'knowing' someone. Doing certain things *only* for a romantic partner suggests that he views them as someone who is a priority or the most important person in one's life.

Adam and Daniel both reflected on the role of friendship and other qualities within a romantic relationship:

*Well, possibly depending on the relationship... you've got the friendship (). Your partner's meant to be, in some ways your best friend. (Adam, 8. 24)*

*And you have got to really have faith in the other person, and the other person has got to be 100% reliable really () it's just seeing that person as a great person that you admire, that you think you know, they take you up a step. That person is their ultimate person. (Daniel, 4. 12-13)*

Similar to Ben, Adam and Daniel's statements suggest they see a romantic partner as someone who is closer and more important than non-romantic relationships. Adam's comment about 'depending on the relationship' might also show that he thinks relationships can vary, perhaps revealing a flexible perception of romantic relationships. Daniel's remarks about a romantic partner being one's 'best friend', 'ultimate person' and 'great person' give an insight into the extent to which he views a romantic partner in an extremely positive light and possibly the most important person in one's life. Being 'taken up a step' also suggests that he feels there is something personally positive to be gained from being in the relationship.

### *3.2.2 Is a romantic relationship desirable?*

This subtheme reflects on how the participants made sense of whether a romantic relationship was desirable to them or not. All of the participants responded to a research advert asking them 'would you like to share your experience of romantic relationships?' This may give some indication that there is a motivation to discuss and explore their experience and that this is significant for them, in some sense at least.

Wanting a romantic relationship or not was a question that appeared particularly relevant for participants who were single. What emerged from the analysis is that apart from one participant

(Ben), all those who were single expressed a desire to be in a relationship, even if for some there were doubts about this. For those currently in relationships – Carl, Gary and Harry – it might be thought that on some level at least, there *is* a desire to be a relationship demonstrated through their choice of remaining to stay in it.

Adam, who described himself as single, expressed a desire to have a romantic relationship. He explained how having a romantic interest in mind had been a continuing experience for most of his adult life:

*It does seem to be a recurring theme for probably the last twelve years. For most of the time I have had some girl or other on my mind. (Adam, 8. 342-343)*

Adam was asked to give an example of one girl in particular and what such thoughts consisted of:

*It could start just being her name on loop, wanting to be with her... or it could get more deeply into... being lonely, and how I was happy when we were kids and I mean I had a friendship with her and it sort of connected to me being lonely now and thinking about how then I wasn't. (Adam, 8. 352-354)*

The memory of a friendship he had with a girl when he was young appeared reminded him of a time when he was not lonely. In comparison to his life now, it seemed to highlight his current sense of loneliness. It may be that this reinforced his desire to have a romantic relationship with her as a means of taking such loneliness away. His description of her 'name being on loop' suggests the repetitive and persistent nature of such thoughts, possibly highlighting how significant these desires and feelings were for him. This sense of searching for a relationship as a means of managing feelings of loneliness was also echoed in Daniel's account:

*When I was lonely up in {place name} I would go out to bars and try and talk to people (). I mean it wasn't really until my early twenties and having this longing and the lonely part of it. (Daniel, 4. 317-318)*

His use of the word 'longing' suggests a strong desire for contact with others that accompanied his loneliness. It may be that for both Adam and Daniel, the desire to have contact with others is tied to a current sense of loneliness that they both feel and how they both believe that a romantic relationship would ease this in some way.

Fred described the sense of jealousy that he feels when he sees other people in relationships, and expressed his desire to have this as well:

*I suppose I would like to be in a relationship really because I suppose there are times I do get jealous, especially when I see couples () You know, and there's times I think you know I'd like that as well.*  
(Fred, 6. 653-652)

It seemed that for Fred, not having a romantic relationship left him feeling excluded or like he was missing out in some way.

Similarly, Daniel also expressed what it would mean for him to have a romantic relationship:

*It would probably make me happier () Just that I'm not such a hopeless person with people basically – that's one of them, and that I'm able to get on in life, I'm able to, you know, gain acceptance, I'm able to have the things that most people have.* (Daniel, 4. 122-124)

Like Fred, Daniel's struggle to establish such a relationship appears to have left him feeling excluded from the things that other people have. It is possible that he views the ability to have a relationship as a way of gaining acceptance from others. Furthermore, he considered the status of having a relationship as an indicator of how successful one was with people; therefore evaluating his single status as meaning 'hopeless with people'. If Daniel does indeed feel 'hopeless' with people, this may suggest that having a relationship would make him feel more accepted and therefore happier about himself.

Ben expressed his concerns about the prospect of being in a romantic relationship. He was the only participant who expressed quite explicitly that it was not something that he would be interested in at present:

*I mean, I usually prefer to be alone () if I'm put in a new situation without any, without really knowing what I'm letting myself in for, I would be scared.* (Ben, 2. 260-264)

As was described in the previous theme, Ben like some of the other participants appeared to feel unsure what to expect from a romantic relationship. He was very open about how he found unpredictable things fearful and it is possible to see how this would lead him to avoid pursuing a romantic relationship. Whilst some of the other participants also described feeling unsure about what to expect from relationships, as was described in the previous theme, this uncertainty may have been more difficult for Ben. This might offer some explanation as to why he was the only one who expressed his desire not to pursue one at that time.

### 3.2.3 Marriage and children

No participants raised the idea of marriage or children when they were asked what a romantic relationship meant to them. However when they were asked explicitly by the researcher, some had

views about whether marriage and/or children were seen as part of romantic relationships as well as if these were things that were desirable for them.

Whilst Ben did not desire a romantic relationship at the time of being interviewed, he did discuss the idea of marriage in the future:

*My parents have been nagging me (). It's a cultural thing. It's a thing where, it's like, you erm, have to have a wife and what not. (Ben, 2. 531-535)*

Ben came from a Hindu cultural background and seemed to understand the importance of cultural and familial expectations of marriage. The 'nagging' that he had experienced from parents may suggest that he felt a pressure to get married, but that he himself did not necessarily see it as desirable, which he described here:

*As someone who has Asperger's I tend to not just think, I tend to overthink and when you have something as complicated as marriage when you're trying to erm, what's the word, accommodate for every plan, or for every contingency that might happen... and the fact that there is a lot involved in marriage; I would just explode. (Ben, 2. 636-639)*

Ben's description strongly conveys how overwhelming the idea of marriage is for him. The extent to which he would want to prepare for the uncertainties that he felt marriage might bring seems quite extreme; wanting to accommodate for 'every plan' and 'every contingency'. His description of his 'overthinking' perhaps suggests an awareness of this quite extreme planning, which he associates with having AS. However, he did reflect on how marriage might enable him to have greater social contact:

*Well I suppose it might mean actually having a social life for once. (Ben, 2. 686)*

This comment challenges whether he really wished to 'be alone' as highlighted previously, suggesting that he felt some conflict and ambivalence about whether or not a romantic relationship and/or marriage would be desirable for him. Like Ben, family views also influenced Edward's views about marriage:

*No, no we're not followers of marriage in our family. We think it's a waste of time and money (). We're not religious, we feel that marriage is part of religion and we don't go in that way so we don't think it's important. (Edward, 5. 662-663)*

Edward views marriage as something that is primarily tied to religious practice and as he is not religious he feels that it is not desirable. His repetitive use of the word 'we' also suggests a strong sense of identity with the family values.

Carl described marriage as something that he would consider, but only in the future. Carl spoke of a sense of needing to be prepared before marriage.

*Well, I don't live with her, we both live in different houses and I think it's best I move out and get independent, then you know, marriage would be, yeah maybe then. (Carl, 3. 610-611)*

Whilst Carl viewed marriage as a possibility it seems that there were other factors that needed to be prioritised in order for it to happen.

When participants were asked if they had any views about having children, there were mixed responses. Some felt that having children was not desirable and others expressed that it was something that they would consider in the future.

Daniel described how the idea of having children was not something that was desirable to him.

*I'm not into the idea of having children () because I don't think I would be a very good father. I mean I've got two nephews that drive me mad. They're about three or four and being around children drives me mad... sometimes. (Daniel, 4. 478-479)*

Whilst Daniel didn't explicitly say why he does not think he would be a good father, his comment seems to imply that this is because his existing experience of being around children 'drives him mad'. Daniel twice highlights this, suggesting that he may not find the experience enjoyable. However, he does pause before saying 'sometimes', suggesting that this may not always be the case.

Fred also described feeling as if he would not be a good father and found the decision of whether or not he wanted to have children a difficult one to make:

*That's a hard one for me, personally, I mean there is a part of me that kind of feels I wouldn't be a very good parent. (Fred, 6. 732-733)*

His description of it 'being a hard one' suggests that perhaps having children is something that is desirable, but because of his view of himself as not being capable or 'good' at being a parent, he felt conflict about whether this would be something he would pursue. He later reflected on further concerns around having children:

*I would hate my kids to inherit any of the problems that I have had, really () like the Asperger's, I mean I've also got psoriasis, I mean I've had eczema for like most of my life, I would hate the kids to go through that sort of bullying really () if I have kids then I'm possibly gonna put them through that as well. (Fred, 6. 741-744)*



Fred's account powerfully gives an insight into the multiple difficulties he has experienced throughout his life, and continues to struggle with in the present as a result of having AS and other health issues. The bullying that he experienced also suggests that he received criticism and victimisation from those around him. The potential painfulness of these experiences seems to have been so challenging for him that the idea of his children experiencing anything similar is so horrible that he may decide not to have children at all. This is likely to leave Fred with a very real and difficult conflict between desiring children but feeling a pull to avoid it.

Edward expressed that the idea of children in the future was something he had considered as part of a stable relationship.

*I would like to go out with my girlfriend and once all the pieces are in place, then going for a child () like having a home to live in, a good job and so forth. (Edward, 5. 675-676)*

Edward's view of 'all the pieces being in place' implies that he wanted to be prepared before having children. It seemed as though there were certain things that he felt needed to happen in order to be prepared to have children, such as having a home and a job. This resonates with Carl's previous description previously of wanting to be prepared for marriage.

### **3.3 Theme 2: Challenges in establishing and maintaining a romantic relationship**

When many participants reflected on entering or being in a relationship, various challenges and concerns were highlighted. For some these concerns were based on personal experience, whereas for others they were what they anticipated encountering. Four broad subthemes were discussed, including feeling unsure about how to pursue a romantic and sexual relationship; challenges with communication and interaction; concerns with how others might perceive AS; and the experience of being turned down or rejected.

#### **3.3.1 Feeling unsure how to pursue and establish a romantic and sexual relationship**

Whilst all of the participants had ideas about what they could expect from a romantic relationship, several described a sense of uncertainty about how they would actually get into such a relationship. For many, it seemed that this lack of knowledge was accompanied by a lack of confidence in their ability to pursue or progress a romantic relationship.

Daniel and Adam both described how they wouldn't know how to pursue a romantic relationship:

*I think it {a romantic relationship} would be an interesting concept () but I don't really know how to go about it to be honest. (Daniel, 4. 195-197)*

*I suppose I had some hopes of what would happen between us... but I didn't know exactly what or how to get there or any of this. (Adam, 8. 158-159)*

Both seemed unsure about how a relationship progresses and what the steps would be for pursuing one. Daniel's label of a romantic relationship as a 'concept' possibly reflects how he viewed it as a theoretical idea that he struggles to know how to put into practice. Daniel also spoke of feeling unsure about sexual intimacy, saying "I'm not really educated in it" (4. 413), and went on to describe how he would like to understand it, but is unsure if it's possible:

*It would be nice to discover it all. But at other times, if you feel it's not realistic, it's not something that you're capable of then you just push it to one side all the time don't you. (Daniel, 4. 430-432)*

It may be that a lack of knowledge contributed towards Daniel feeling incapable of having a sexual relationship, although it may also be that this is linked to his feelings of inadequacy more generally, which is something he highlighted later on in the interview (see theme 'Being Turned Down and Rejected'). It is possible to see how this might reduce his motivation to pursue a romantic relationship, giving him few opportunities to enter one and confirming his belief that they are not possible for him.

Ben also described feeling unsure about how he would start or progress a relationship:

*I have absolutely no idea. And I have no idea how I would do it. So, if at any point, I do manage to get past step 1 {meeting a girl}... I wouldn't know what to do about step 2. (Ben, 2. 374-375)*

Having 'absolutely no idea' conveys Ben's sense of feeling completely lacking in knowledge. Not knowing how to 'do' a relationship, as well as his description of their being 'steps' to achieve one, perhaps communicates that he feels there is something quite practical and concrete to learn about how relationships develop.

Fred reflected on the thoughts that he experienced when things were going well with a romantic interest:

*Or when things are going good, there's a part of me that's thinking 'I'm gonna screw this up before too long. (Fred, 6. 357-358)*

Whilst Fred wasn't able to go into detail about what 'screwing up' was, he appeared to fear that he would do something wrong in some way to prevent the relationship from progressing. Like Daniel, it

may be that this would prevent him from trying if he lacked confidence in his ability to make a relationship work.

Some participants also talked about not knowing where to meet a partner, or what to 'do' when they did meet someone, as illustrated by Edwards' reflection:

*There hasn't been one {a romantic relationship} because a) I don't know how to go about doing it and b) going down bars and clubs and not knowing how to do it properly () because I don't have a group of friends for myself to go along with. (Edward, 5. 444-445)*

Whilst Edward viewed pubs and bars as typical places to meet people, it seemed he felt unsure what to do in such places. They also felt inaccessible to him because he did not have a social group with whom to go. With this option ruled out, he was left feeling stuck and unsure about where else to go to meet potential love interests. Perhaps he, like Ben, was looking for rules or guidelines for how to approach romantic interests and initiate romantic relationships.

Some participants also discussed how they felt they had a limited knowledge about sex, what it consists of, how to do it and how to approach it. This seemed to be an issue mostly for those that had not had sexual contact before. For example, Ben and Adam both described how they felt unsure about how kissing and sexual contact happens:

*I suppose if you're kissing someone, is it a peck or it is an actual kiss and how long does the kiss last and I suppose the same would quite possibly go for foreplay or sexual intercourse. (Ben, 2. 778-779)*

*I didn't know how kissing worked beyond two lips touching. (Adam, 8. 699-700)*

Both Ben and Adam seemed to believe there was a technique to learn or rules about how kissing and sexual contact happened, but felt unsure what they were.

Daniel also reflected on how he has felt a lack of understanding about sexual intimacy. He spoke about his experience at school where he felt his peers knew more about sex than he did:

*I mean one year we had sexual education at school, I wasn't, I mean kids would ask questions that I didn't even know of. I thought 'who taught them that?' () I mean they would ask me things like... I mean I didn't even know what a condom was until I was about 13. I mean I was very slow, behind. I wasn't aware of things. (Daniel, 4. 419-421)*

His expression of 'I didn't even know what a condom was' suggests that he felt this was something he *should* have known at that age. Perhaps this was why he concluded that he was 'slow' and 'behind' with things. Daniel's sense of feeling somewhat out of touch with the things that his peers

knew about is conveyed here, perhaps leaving him feeling quite alone, excluded and confused in this experience.

Some participants also discussed how they felt about their lack of sexual experience, describing their experience of being a 'virgin' in particular. Adam described how his way of managing his feelings of uncertainty about sexual relationships was by seeking out experience from a sex worker:

*I suppose it's building up experience and making me think well actually I do know what I'm doing here.  
(Adam, 8. 1102)*

Prior to this, Adam had not had sexual contact with anybody. It seemed that part of his motivation for finding a sex worker was to build his experience so that he felt more competent sexually if he was to engage in a sexual encounter with a romantic interest. Adam described how he had two further sexual experiences with sex workers. He reflected on other reasons which led him to seek out these experiences:

*Thinking back, I'm not actually sure... I think it was more than simply feeling like I shouldn't be a virgin at 23 () And trying to deal with all my feelings of being lonely and not having anyone and not having had these experiences (). I supposed in many ways, I was feeling lonely and unloved and I guess that was why I went. (Adam, 8. 1120-1130)*

Using a sex worker appeared to have varied and multiple functions for Adam. His reflection painfully conveyed his emotional struggle with being alone and how the absence of a loving partner left him searching for some kind of physical closeness to alleviate his feelings of loneliness. This resonates with his reasons for wanting a romantic relationship as described in the Theme One. The feeling that he should not be a 'virgin' at his age was also echoed in Fred and Carl's accounts. They both talked about how they felt that others perceived their virginity as 'odd'. Fred reflected on an experience from university when he told some girls that he was a 'virgin':

*They both asked me how many women have you slept with and it just came out of the blue and you think 'aaarrghh'. () I said 'er none' and she was like 'oh' and as soon as she said that I thought 'why didn't you lie?' and just say one or two! () I was a bit embarrassed really. (Fred, 6. 866-868)*

Fred's thought of 'aaarrghh' suggests a sense of alarm, perhaps conveying panic or dread about exposing his virginity. It seems that he wished he had hidden his virginity because he felt it was a shameful thing. He later described how he was 'belittled' (6. 890) by some girls at university for being a 'virgin' at twenty-two. This criticism and negative judgement from others may have contributed to Fred's sense of embarrassment about his virginity. It is possible to see how his

identity as a virgin may lead him to feel self-conscious and concerned about other girls' reactions to his virginity in the future.

Similarly, Carl also reflected on how he never admits being a virgin to other people:

*It might sound odd to some people () I never openly admit it to people. Ok I'm admitting to it now, but out of this room I would never admit it. People have never asked me to be honest so I've not admitted it to anyone out of this room. (Carl, 3. 768-679)*

Like Fred, it may have been important to Carl to hide his virginity. It may be that this is linked to a concern about other people viewing it as 'odd' and potentially receiving negative reactions.

### 3.3.1.1 Searching for a template

As described above, many felt that they lacked knowledge about the steps or guidelines of how romantic and sexual relationships worked. However, what became apparent was their desire to learn more, oftentimes expressing a need to find concrete rules and guidelines.

Edward expressed how he would like guidance on dating:

*There is no guide book on how to date. (Edward, 5. 455)*

{Researcher}: What do you think a guide book would help you with?

*Erm, noticing hints, seeing who would be available and how to go about doing so. (Edward, 5. 457)*

Wanting support with 'noticing hints' may imply that Edward felt unsure when a romantic partner gave off implicit signals that they were interested as well as who these people might be. This is discussed in more detail in the following subtheme 'Challenges with communication'. Whilst Edward felt that such rules and guidelines would help him with dating, he did not seem to think they really existed. It may be that there is a sense of him needing to know the right and wrong things.

Similarly, Daniel also commented on how he felt he would like support that could give him information and coaching about romantic relationships:

*The way I see things. I'd just like to try and work around it. I consider myself that I do learn differently to other people. I mean there may be things such as help, you know suggestions or practical help () how to meet and get together with people and maybe there were some intimacy sessions as well. And maybe it could be a coaching thing () learning. I mean, I don't instantly or instinctively know the things that most people know. (Daniel, 4. 397-400)*

Daniel sees the solution to his lack of knowledge about relationships as being taught and coached about things in an explicit way. His view seems to echo Ben, Carl and Edward's accounts of wishing to learn concrete rules and practical guidelines in order to be able to progress with relationships. Daniel highlighted how, whilst other people may be able to learn about relationships through picking things up implicitly and instinctually, he learns through being given information more explicitly.

Like Edward and Daniel, Ben also expressed a desire for guidelines for dating and sexual activities:

*Hmm... I suppose there, well, experience would be one thing but I suppose if you talk to someone who has that experience and someone who can lay down the dos and do nots () ideally for me, if there were rules to follow, if there was a script laid out it would be that much easier. (Ben, 2. 806-807)*

Whilst Ben acknowledged that he could learn through experience, he seemed to be looking for a template from more experienced others to guide and educate him about what is involved in sexual contact. As was described above, he wanted practical and concrete rules about romantic and sexual relationships. Whilst there may be some general guidelines about how relationships progress, it seems unlikely that one set of 'rules' could be applied to all relationships. One therefore wonders how realistic or possible this desire is.

Gary also highlighted how he did not instinctively know 'rules' relating to things such as relationships, conversation and how 'women are'. However in contrast to the other participants, he described how he had 'trained' himself to understand issues within this area:

*I suppose what I'm saying is that being able to do these things, understanding how these things, conversation, how erm, women are... in my case it's not instinct it's analysed and trained a little bit more () You have a little strategy for everything. I have dozens and dozens and dozens of them. Little rules that I follow. And you wouldn't think it looking at somebody because people do things all the time, but the difference is, I suppose, it makes my behaviour a little bit more unusual in that in my case it's conscious, I do it on purpose. (Gary, 7. 160-162)*

Having 'dozens and dozens and dozens' of rules and strategies gives an insight into the extent to which he has 'trained' himself to learn and understand the implicit rules that he, and many of the participants, described as being difficult to understand. His description of his behaviour being 'unusual' also conveys a sense of him feeling different to other people. Gary went on to describe some of the rules and strategies that he uses when searching for a romantic partner:

*You know just talking to them {romantic interest} and there are certain questions that are like a filter () I find star signs quite useful funnily enough () all the Sagittarian women I've met that I consciously know, that I've got on with have been calm. (Gary, 7. 179-183)*

It appears that one of Gary's criteria for selecting a suitable partner is based upon their star sign as it gives him some indication of a woman's nature. In his experience, he appears to have found Sagittarius women calm, which he suggested, was a desirable trait in a romantic partner. However, whilst Gary had found this strategy for selecting a partner useful, it does seem to reflect quite a black and white way of categorising who would be suitable and who would not. One wonders if these quite concrete rules are his way of making partner selection more manageable.

### 3.3.2 *Challenges with communication and interaction*

Many of the participants reflected on the challenges that they had experienced and/or anticipated experiencing when it came to communicating with a romantic interest. Four main challenges emerged which included 1) finding conversation difficult; 2) difficulties knowing if someone is interested; 3) difficulties with emotional expression and 4) strategies that helped. These issues seemed to occur at various points of entering and actually being in a romantic relationship.

#### 3.3.2.1 Finding conversation difficult

Nearly all talked about how interaction was difficult with people generally, and some went on to describe how this specifically related to interactions with romantic interests. What is discussed in this subtheme is specifically what participants found hard when talking to or imagining talking to someone who they were interested in romantically.

Many participants expressed how they found conversations with others difficult. Carl described how men with AS may fear saying the 'wrong thing' when meeting a romantic interest and the impact this could have:

*It could be the fact that they've {men with AS} been rejected before and it may be because they'll be going to a public place like a club or something like that, they're on their own and they approach a woman and they're thinking what do I say to them, and it could be a fact that they could say the wrong thing and it could really shatter their confidence if they get rejected and it could put them off the dating scene altogether. (Carl, 3. 387-388)*

Whilst Carl was talking in general about men with ASD, he did later highlight that this was something that he had experienced too. This may give some insight into why he later described that he didn't like going to 'pubs and clubs' (3. 401-422). The impact of saying something 'wrong' is powerfully conveyed through his use of the word 'shatter', communicating how damaging these experiences, or the anticipation of these experiences could be on his sense of self. One can see how the anticipation

of saying something wrong could impact his confidence in making an approach towards someone, potentially acting as a deterrent all together.

Adam commented on two experiences where he met a romantic interest and how he felt emotionally:

*I think I went through to actually meet her, and I just was basically a shy introvert at that first meeting  
(I) I didn't say much, I sort of froze inside my shell. (Adam, 8. 109-111)*

Adam's description of him 'freezing inside his shell' really conveys the extent to which he felt almost paralysed to say anything at all when he met this girl. It portrays a sense of him feeling scared and vulnerable, wanting to hide inside his 'shell'. He later reflected on why he goes silent when facing a romantic interest:

*I'm never sure if it's that I don't know what to say... and just end up going mute or if I have ideas of what to say but I'm afraid of saying them (I) in case I make a fool out of myself or I say the wrong thing. erm... I mean I have said the wrong thing and I have come across as probably too full on.  
(Adam, 8. 115-118)*

Adam's comment echoes Carl's fear of saying the wrong thing. It may be that actually having had the experience of getting it wrong has impacted on his confidence in his ability to speak to women. It seems that his lack of confidence can leave him feeling anxious, which then makes conversation even more difficult.

Ben also discussed how he would not know what to say to a woman he was interested in romantically. He considered how he might use a 'pick up line':

*I don't exactly, wouldn't want to use a pick up line because I don't wanna look like an idiot (I) I mean there must be tons out there... and I'm thinking what one do I use, which one would be the most effective. And chances are I'm going to possibly pick the worst one. (Ben, 2. 295-299)*

It appears that Ben almost wants to plan what he could say in this scenario, perhaps in an attempt to try and make it as predictable as possible. Ben also seemed to lack confidence in his ability to talk to a romantic partner, predicting that he would 'pick the worst one'. Like Carl and Adam, Ben also highlighted a possible fear of saying something 'wrong' and being humiliated, looking 'like an idiot'. Ben also described how this often resulted in him 'remaining quiet' (2. 312) in conversation with others. It is possible to see how for Ben, Adam and Carl, remaining quiet or avoiding talking to others would possibly make initiating a romantic relationship difficult.



### 3.3.2.2 Challenges understanding other's intentions

Being able to accurately judge whether another person was interested romantically was a further challenge that participants expressed. Some reflected on past experiences in which they had misinterpreted somebody's actions as meaning they were interested when they were not. Others talked about how when someone was interested, the signs and signals were missed completely.

Ben and Adam both reflected that it was difficult to be able to recognise if someone was interested in them romantically:

*I suppose any flirting that would happen would just completely go right past me. (Ben, 2. 466)*

*Apparently I pushed her off when she tried to kiss me I think and I don't remember doing that... probably because I don't know how to kiss people... or didn't at that point. (Adam, 8. 172-173)*

Perhaps for both of Ben and Adam they found it hard to interpret a romantic interest's implicit communication such as body language. It is possible to see how this difficulty reading other's intentions could lead to lost opportunities to talk to and pursue a romantic interest.

Carl highlighted how the difficulty of understanding whether a person is romantically interested is a typical experience amongst men with Asperger's:

*With Aspie men, it's like when to decode like when someone's smiling at you and whether this is just in a friendly way or is it more, it's trying to make that distinction. (Carl, 3. 397-398)*

Carl's view of communication from a romantic interest as something that needs to be 'decoded' perhaps conveys that for him, understanding communication is a complicated task that does not come naturally to him. Describing that this is something common to all 'Aspie men' suggests that he does not feel alone in this experience and feels part of this group. Furthermore it implies that he has a good understanding of the way in which AS impacts on his way of relating to other people.

Edward reflected on an experience from school when he was unsure whether a romantic relationship was 'real'. He was unsure if the girl viewed the relationship as a romantic one or whether she spent time with him as she felt sorry for him. He understood this potential misinterpretation as a result of his 'disability':

*'Well I had this girlfriend () was someone who I was in school with. Because I've got a disability sometimes I miss things and sometimes I'm not sure if it was real or if it was not () like it wasn't proper romantic for them, they were just doing it because they felt sorry for the person sort of thing. (Edward, 5. 55-61)*

Edward's comment gives an idea of how his difficulties with understanding other's intentions could potentially lead him to misjudge the nature of a relationship with someone. He went on to tell me that he felt this girl may have felt sorry for him because he wasn't 'popular' at school, perhaps highlighting how he may not have seen himself as valued or liked by his peers. He went on to describe what happened when the relationship ended, explaining how the other girl said he was he was lying about them being in a relationship together. He told me how he felt:

*I was really confused and when I tried to say why, that's when she said I was making it up. It really hurt. (Edward, 5. 87-88)*

Whether the relationship was in fact 'real' or not, it does seem that the girl's denial of their relationship was confusing for Edward and had a painful emotional impact.

Daniel also reflected on a past romantic relationship from school. He described how he didn't realise what the girl's intentions for 'going out' with him were:

*She was one of those people who would sort of experiment anyway. () You know what teenage girls are like, they go out with loads, or with lots of different people don't they? () And I wasn't very switched on about it at the time. I just wasn't with it. I had no idea what going out with someone was all about and you know, I didn't know what teenagers necessarily did. (Daniel, 4. 336-337)*

Whilst Daniel did not explicitly describe what he meant by 'experimenting', his comment conveys a sense of confusion and misunderstanding of the girl's thoughts and feelings at the time they were 'going out'. Furthermore, his description of not knowing what 'teenagers did' suggests a sense of him and them – that he may have felt separate to this group in some way. Daniel later elaborated on how this experience left him feeling embarrassed. He described how he thought people saw him as dumb and were consequently nasty to him:

*I feel kind of embarrassed about it. I probably looked a bit dumb to these people, the way that they kind of saw me. I mean some people were quite nasty to me because of it. Yeah it's not been easy for me. (Daniel, 4. 355-358)*

Daniel gives some insight here into how challenging school was for him. The difficulties that he experienced in understanding others and relationships may have left him feeling different and inferior to others. One might wonder how this view of himself would affect his self-worth and self-esteem.

### 3.3.2.3 Challenges with emotional expression

Some of the participants highlighted how they found it challenging to be able to express their feelings towards others. Some described finding it hard to show a romantic interest or partner their feelings their feelings of interest or affection; others described how their attempts to show they liked someone were misinterpreted.

Ben reflected on how he was unsure how he would tell or show someone he was interested:

*I mean it must be really easy for people to say 'I like you'. But how would you even go about even saying that. (Ben, 424-425)*

Ben's sense of not knowing seems to run as a thread throughout other aspects of the analysis, giving further insight into why he might have avoided pursuing a relationship. Additionally, one also wonders how 'easy' it is for anyone to communicate their interest for others, suggesting his experience may not be quite as different as he thinks.

Similarly Carl and Edward described how they found it hard to express their feelings of love towards a romantic partner or interest:

*To show you love them and that you, I don't know how you would actually put it into words properly. (Edward, 5. 34-35)*

*I do care deeply about things and I know it's hard to explain to people but I do care and it's just showing it sometimes. I'm not the best at that. (Carl, 3. 474-475)*

It is possible to see how this could potentially result in these participants being misunderstood by others such as a romantic partner. Furthermore if they are unable to show or express feelings of love, then one could hypothesise that it is difficult for a partner to feel loved/cared for and be aware of their feelings.

Fred reflected on a previous experience where he felt he expressed his interest by spending time with a girl. He highlighted how this may have been misinterpreted as being 'creepy':

*I probably gave it away that that was how I felt towards her really and I think I've done that to a few women. Where I've sort of been hanging around them and they may well have found me a bit creepy. I certainly haven't intended that, it's just how it's sort of come across. (Fred, 6. 495-497)*

Fred's description highlights how his intentions are likely to be misunderstood by those around him. It is possible to see how coming across as 'creepy' could be undesirable to a romantic interest and could act as a barrier to initiating a relationship.

Harry highlighted how his difficulties in expressing emotions sometimes made it hard for his partner to connect with him:

*Like from their perspective. Erm it's like {partners name} said he found it very hard to connect with me. Because I didn't... I wasn't able to express emotions there and then. It would take me a bit of time. (Harry, 1. 609-610)*

Whilst Harry could express his emotions, it was difficult for him to do this immediately. Harry did not elaborate on what he meant by 'connect', but if his partner found it hard to know what his feelings were, he may have found it hard to understand or relate to how Harry was feeling. Harry's reflections like many of the participants, shows that he is aware of his difficulties in this area.

#### 3.3.2.4 Things that helped communication

As discussed above, many participants had difficulties with face-to-face communication, which could potentially act as a barrier to entering a romantic relationship. Some went on to describe the things that made such interaction easier. They talked about how they found communication through online platforms easier and some had met romantic interests through online services such as dating websites.

Adam and Harry both expressed that they found written communication easier than verbal:

*I wrote another letter... I was sat there one afternoon trying to pluck up the courage to actually call the number that I had for this address and I couldn't. (Adam, 8. 841-842)*

*I'm not very expressive () I can express it through writing but I can't express it very much face to face. (Harry, 1. 130-133)*

As discussed earlier in this theme, some participants found it hard to know what to say or they feared saying the 'wrong thing' during conversations. Because letter writing is a slower and less immediate way of communicating, it may mean that they had less concerns and anxiety about the 'to and fro' of conversation. Furthermore, not communicating face to face removes the need to interpret non-verbal communication, potentially making it more straightforward and less anxiety provoking. This may give some insight into why Harry and Edward found online communication easier than communicating face to face. Harry said that he had met most of his partners online and described his experience of this:

*I'm able to speak more freely. I'm able to say what I think – whereas when I'm with somebody I tend to, if I'm out somewhere I tend to keep a low key on things. I don't generally talk I don't generally do anything. (Harry, 1. 155-157)*

Harry found online services an easier way to meet people as they provided a much more flexible and accessible way to talk with people when the options of places to go outside felt limited. He also expressed that communicating online was easier because he could 'speak more freely'. Similarly, Edward spoke about how he felt more at ease communicating to people online. Edward specifically highlighted how this was linked to being able to exit the situation if he felt uncomfortable:

*Well, I saw it was like a good thing because yes, you were talking to someone but weren't exactly taking the risk of being close with the person... and if you felt uncomfortable you could leave the arena. (Edward, 5. 509-511)*

The physical distance that online communication provides, appears to allow Edward to feel safer. Whilst he didn't elaborate on what he meant by feeling more 'at risk' when being close with someone, this may suggest that he felt quite vulnerable, offering an insight into just how challenging and potentially daunting face-to-face interaction could be for him.

### *3.3.3 Other's perceptions of Asperger's*

Many of the participants reflected on how other people and romantic interests might view their AS. Some feared that others would have negative preconceptions or lack understanding of AS and may therefore misjudge or reject them. For some this seemed to be tied to previous negative interactions with others.

Carl described how he had been honest with his current partner about his diagnosis of Asperger's, although reflected on his initial concern about telling her:

*But when you initially tell someone about it, you worry about their reaction and how they deal with it, like they completely shun you forever and be funny with you and ignore you forever, or they can accept it () but I think that when you do get into a relationship with someone, you have to admit it, you have got to be honest with them about it. (Carl, 3. 816-817)*

Carl conveyed his strong and powerful concern here, anticipating that others could perceive his diagnosis in an extremely negative way and possibly reject him. The idea of being shunned or ignored 'forever' and 'completely' reveals quite an extreme worry. Whilst he did anticipate that some people could accept his diagnosis, his comment also reflects quite a black and white view of people's reactions, adding to his sense of concern. It may be that Carl has experienced these reactions from people in the past, which might be why he anticipates similar responses from a potential romantic partner.

Carl and Harry both described how others often have misconceptions of those with AS:

*I mean, there is a misconception of people with AS that they don't care or have cold-hearted feelings. (Carl, 3. 299-300)*

*One of them {romantic interest} turned around and from what they'd heard of, they said I would be destructive, aggressive, emotionless and everything else. (Harry, 1. 207-208)*

Harry later described how others 'fear' AS (8. 238), conveying that he felt others could perceive him to be threatening or dangerous in some way. One wonders if this may lead these participants to feel misunderstood and different from others. This may give some understanding as to why Carl had apprehensions about revealing his diagnosis to a romantic partner. However, Harry appeared to have less concerns:

*It can be annoying but then it's just a matter that I've come to accept. (Harry, 1. 242)*

Whilst Harry found such misperceptions of him 'annoying' his acceptance of it could mean that he had fewer concerns about telling a potential romantic partner about his diagnosis, compared with some of the other participants.

Like Carl, Daniel also reflected on the importance of telling a romantic partner about his diagnosis, as he anticipated they would recognise something different about him:

*I suppose I would, I would have to wouldn't I really () Well they would just go on thinking, 'what's the matter with him' sort of thing you know () they would probably have to have an understanding of it to some extent. (Daniel, 4. 211-216)*

Daniel's initial response was said as a rhetorical question suggesting that he viewed the answer of whether he would have to tell a partner about his diagnosis as a definite one. His comment that others would think something was 'the matter' when they met him, suggests that he thought others viewed his AS characteristics as being wrong or that he was struggling in some way. It is possible that this may offer an insight into the way that Daniel feels about his AS, which arguably could impact on his self-esteem. However, it also seems that he felt that if a romantic interest had an understanding of AS, they could be more accepting of his characteristics.

In comparison, Adam described how he was very open about his diagnosis of AS when he wrote his 'profile' for a dating site. He described how he also gave an explanation of what it meant in terms of his behaviour:

*And I basically said in this profile that I'm not a party animal, I'm also... I don't want to waste your time if that's what you're looking for and I said I've got Asperger's so I don't always know what to say... I can't remember exactly what I said, but it also means that on the plus side, I'm honest and loyal. (Adam, 8. 1190)*

Adam's openness about his diagnosis on a dating profile suggests that he may have fewer concerns about how others would react in comparison to Carl and Daniel. He, unlike Carl and Daniel, conveyed that having AS meant he had both strengths and difficulties.

Fred described how he would want to wait to know someone better until he told them about his diagnosis. Like Adam, he also described how he would explain how it could impact on his behaviour:

*I think I'd keep it to myself really until I know her better, really () I think then I would probably say, look there's something I need to tell you and say look I have this, you know, it doesn't affect how I do stuff, but there's just going to be parts of my behaviour you might find a little bit odd. (Fred, 6. 830-835)*

Fred's description that his diagnosis meant his behaviour might be a 'little bit odd' suggests that he saw himself as different to others because of his AS. Whilst Fred didn't go into detail about why he would want to wait to tell someone, it suggests that he has concerns about how someone would react. This could be explained by his past experiences where he was criticised by children that lived near him for being at a special needs school:

*I lived on practically the same estate and because the kids knew about me going to special school and I constantly had 'Oi spacker' and all that and it honestly made me feel less of a person. (Fred, 6. 900-902)*

Fred's description gives a painful insight into how this impacted on his sense of self, perhaps leaving him feeling inadequate, different and lacking in some way. Given that this criticism stemmed from him having 'special needs', it perhaps gives some understanding as to why as an adult, he had concerns about telling a romantic partner about his diagnosis. It may be that on some level, he feared that a romantic interest would perceive him in the same way. Indeed, this was reflected in his later comment about his fears of showing a romantic partner the 'real him' (6. 845). It is possible to see how this may act as a deterrent or barrier for him pursuing a relationship.

Gary also reflected on the perceptions of others from people in the UK generally:

*In your own country people look at you and think you're a weirdo. (Gary, 7. 537)*

Whilst this wasn't in relation to his AS label per se, he did add later that it was his problems relating to AS that led others to think of him as 'weird' (see below). His reflection suggests that he did not feel accepted or understood by people from his country, conveying that he felt this way in relation to a considerable group of people. Gary went on to describe how he managed this by searching for a romantic partner from a different culture, expressing how his current and previous girlfriends have all been European. He described how he found they were more accepting of his difficulties:

*But that's what I see it as like if you do have problems, like Asperger's or whatever, find somebody from a different culture. They're going to be far more understanding of you compared to someone of your own () To them... you're from another country and it's not... well you are weird, but then it's ok to be weird and it's expected because... weird is probably the wrong word, but I should just say different... you're from another country and you are going to be a bit different but they expect that. But then, they look at you and they think, well 'you're an alright person and whatever differences there are I can manage' and then that's it, it's done. (Gary, 7. 544-549)*

It appears that because of the cultural differences that already exist between him and people from another country, Gary felt that his 'differentness' in general was not only expected but accepted and not seen as problematic. His rephrasing of his behaviour from 'weird' to 'different' perhaps further indicates how he felt his 'problems' were seen by those from different cultures in a more accepting than derogatory way. However his perception of who was accepting of his problems and who was not does seem quite black and white. One wonders if this concrete rule makes finding an accepting partner more straightforward for him. This way of categorising who is suitable seems to resonate with his 'rule making' as previously described in the Theme 2.

### *3.3.4 Being turned down or rejected*

Some participants talked about their experiences of relationship breaks-ups, as well as their experiences of rejection by a romantic interest. The theme explores the impact of these painful experiences and how participants made sense of what happened.

Gary and Edward both talked about experiences in which a romantic partner ended a relationship, highlighting the difficult emotions that arose. Gary expressed the painful feelings that he experienced when a relationship ended and how it took him a long time to get over them:

*Just vulnerable, just kind of, it's like anything you just kind of like it hurts your soul () It hurt me that badly in all honesty I was in tears like every day for about six months afterwards, I was that upset, I was just distraught. (Gary, 7. 352-355)*



Being in tears every day for six months gives some insight into just how painful this relationship break-up was for Gary. His description of it 'hurting his soul' conveys a sense of the penetrating depth that such pain resulted in. Gary had previously highlighted how he felt '100% happiness' when he entered the relationship (see Theme 3), conveying how devastating this loss was for him. Gary later reflected on his experiences of relationships and how when one in particular came to an end:

*Relationships with people, for me, have just been a disaster throughout my life. And extremely confusing. Imagine like a dog you know a dog is happy and you scold him and he's upset and he doesn't understand what's going on and it's kind of like the same for me... I'm kinda like a dog in a human's world and erm, you know I didn't understand. (Gary, 7. 368-370)*

Gary gave some insight into his relationship history, highlighting the extent to how challenging it had been, through his use of the word 'disaster'. His use of the word 'scold' conveys a real sense of not only pain, but possibly feeling punished as well. Gary's metaphor of 'being a dog in a human's world' painfully describes just how confused and upset he felt when the relationship ended. It may also suggest that he felt like an outsider and thus excluded from others, adding to the pain and vulnerability he was already feeling.

Daniel and Adam also talked about their experiences of being rejected by a romantic interest and how this had left them feeling undesirable. Adam reflected on the impact of rejection, describing an experience when a girl cancelled several dates:

*It can knock my self-confidence, thinking well 'why doesn't anybody want to be with me? Am I unlikeable? Am I undateable?' (Adam, 8. 1210-1211)*

It is possible to see how challenging this experience was, leaving Adam questioning his desirability and attractiveness to a romantic interest. His comment about whether 'anybody' wanted to be with him, possibly indicates that he had experienced numerous rejections in the past. Daniel also described an experience of rejection when he was at school and how he felt people didn't like him and criticised him. He reflected on the impact of this:

*I mean in the past, anything like rejection has been seen as a one-way thing to me. It's kind of like a downward spiral. () Just that you can't see yourself any other way other than what that person has explained you as. (Daniel, 4. 232-233)*

This suggests that Daniel may have internalised the criticism and judgement from others, reflected in a later comment that he didn't feel 'anybody would be interested' in him (4. 255-257). This resonates with Adam's account in that this left him feeling undesirable and unlikeable to a romantic

partner. He continued to describe how this experience left him feeling 'like I'm basically not a human being' (4. 266), conveying the painful extent to which he felt different and excluded from others. Daniel seemed to make sense of this experience by comparing himself to other men, considering why they might be more desirable:

*Personality-wise I may not be as important to some women as what some men may be, some men may be completely astounding to some woman () Just ordinary guys, adventurous guys, people who know exactly what they want. They are able to entertain, they are able to, you know, co-exist with people. They can handle a variety of situations. (Daniel, 4. 287-294)*

Daniel appeared to see other men as having very positive qualities and in comparison, felt he had none of these, perhaps contributing towards his feeling of being undesirable. It may also give some insight into why he didn't feel that a relationship was achievable for him as described earlier in this theme. It is also possible to see how this might make him avoid pursuing a relationship, potentially confirming his sense of feeling unwanted and being unsuccessful at relationships.

### **3.4 Theme 3: Establishing a romantic relationship**

Some participants described their experiences of first meeting a romantic interest or being in a relationship. Two broad subthemes emerged. The first reflects upon some of the positive feelings that were experienced at the beginning and during the course of relationships. The second reflects the ways in which participants experienced sex and physical contact within their relationships.

#### *3.4.1 Positive feelings of entering and being in a romantic relationship*

Despite some of the difficulties discussed thus far in the analysis, many participants described positive experiences in which their romantic feelings for others were reciprocated and they were understood and accepted.

Gary reflected on the initial period when he started a relationship:

*You don't get many moments in your life. It's like a moment where, kind of like a lottery win () I mean I know what happiness is. How many people can say they've had 100% pure happiness so that's quite good and I think. (Gary, 7. 427-432)*

Gary's statement really conveys his feelings of extreme joy within this experience. His metaphor of winning the lottery suggests that he saw this experience as a positive thing that he previously felt he had very little chance of achieving. It also seems that he felt quite lucky in this experience as if he had won something.

Carl and Adam also recalled strong positive feelings when meeting a romantic interest:

*Yeah, and I felt initially like I was on cloud nine literally, for the first erm, yeah first few weeks, I was on cloud number nine and then things took off for the first few weeks. (Carl, 3. 166-167)*

*I suppose ecstatic that someone was showing me some interest. (Adam, 8. 650)*

The level of happiness felt by these participants is powerfully evoked in their choice of words: '100% happiness', 'cloud number nine', and 'ecstatic'. This highlights the emotional impact that having romantic feelings reciprocated can have.

Edward also described having positive feelings at the start of a relationship and went on to say how this led him to feel good about himself:

*Well the nice feelings about it and how the girl has decided or picked you or something like that or () how you like the girl and the girl reciprocates, returns it to you () I would say I probably felt good about myself. Because I had someone that I could call my girlfriend and that I could talk about. (Edward, 5. 255-256)*

The experience of being 'picked' amongst other individuals may have left Edward feeling wanted and desired. This in itself may have impacted on his self-worth. Additionally, he also described positive feelings around being able to talk about having a girlfriend with others. This suggests that Edward viewed this as socially desirable, perhaps hoping that he would be more accepted by those around him.

Similarly, Gary also described how when he was able to have a relationship with someone, he felt like he was having what everyone else had, and that he was no longer missing out:

*It was kind of like a weird kind of immense catharsis through action or through luck or something () I was having what everyone else had, it just, all the stuff that I'd felt that I'd missed out on before. (Gary, 7. 435-437)*

Describing this experience as an 'immense catharsis' possibly reflects how Gary experienced an extreme and significant sense of relief. It may suggest that before this he experienced a pressure to have one. His description of this happening 'through action or luck' may also indicate some uncertainty about how he had achieved this.

Carl and Gary also discussed the feeling of being accepted and understood by their partners. Carl described how it could be an advantage when both people within the relationship had difficulties:

*She doesn't have AS but she does have learning difficulties herself () I mean we had been through a bit together and we had the same sort of bond with regards to the fact that we both had difficulties that we had overcome to a certain extent and I think we both agreed that and it helped out in the long term. (Carl, 3. 238-240)*

It seems that Carl felt that both partners having difficulties gave them common ground, which enabled them to bond and better understand and support each other.

Gary expressed how his previous girlfriends had found his 'fastidiousness in certain things' and 'having to do things a certain way' problematic (7. 750). However, he described how his current girlfriend was accepting of these traits:

*And that's the thing that amazed me. That in certain situations, things are just dealt with. It's like I don't have the problems with other people with her, when she's just like 'fair enough' that's just the way you are'. She doesn't always understand why I'm like that always but she doesn't have to, you know. (Gary, 7. 767-769)*

The experience of certain characteristics being accepted for what they are and not judged negatively is likely to have had significant implications for his sense of self, in that he was good enough and was valued as he was. His sense of 'being amazed' that his girlfriend understood his difficulties perhaps suggests that he does not experience this often, resonating with what Gary discussed in Theme 2, that he anticipates that most people will not be as understanding.

### *3.4.2 Where physical contact and sex fits*

As discussed in Theme 1 (Expectations of romantic relationships) many of the participants spoke about how physical contact and/or sex was a significant characteristic of a romantic relationship. This subtheme explores how participants experienced physical and/or sexual contact within romantic relationships.

Only two of the participants (Gary and Harry) said that sexual contact was part of their romantic relationship. Gary described some of the challenges and problems that he experienced sexually with his partner:

*To be honest I just wish it was something that I didn't have to deal with at all () everything around it because it just seems to cause endless problems. (Gary, 7. 827-828)*

Gary seems to view sexual intimacy as something that does have to happen in a relationship, but something that is quite effortful. His view of having to 'deal' with it perhaps conveys a sense of it being like a task that is difficult to negotiate. His description of having 'endless' problems suggests he may see the difficulties as ongoing, giving some insight into why he wishes he could avoid it. Gary spoke about his experience of learning about sexual intimacy:

*I know the theories that are if you're a man, you set the tone and she responds or something, but it's just really, really difficult stuff to learn and to do () You've got to spend an awful lot of time and effort trying to learn how to do it. And that's too much. (Gary, 7. 845-850)*

Gary's reflections suggest that he has already sought out the 'theories' about sexual intimacy. The search for such information may reflect a sense of him wanting to know the practical guidelines of how sexual intimacy works. This echoes his previous account in the analysis where he described 'training himself' about various rules. His reflection of this requiring an 'awful' lot of time, implies that such learning requires a lot of effort, giving some insight into why he found it 'too much' and wished he didn't have 'to deal with it'. Furthermore, it seems as if the roles he is learning are male stereotyped roles.

Harry reflected on the importance of sexual intimacy within his current and past relationships:

*Yeah, in this relationship it's important yeah. But it's not so much the sex that attracts us to each other. Sexual intimacy is an important thing of the relationship it's just less important to me now. (Harry, 1. 520-521)*

Sex appears to have varying significance depending on the relationship he is in. He expressed how in his previous relationships it was very important, but in his current relationship it was less so. He went on to describe other factors such as common interests, which were more important than sexual attraction in his current relationship.

In contrast to Gary and Harry, Carl and Edward had not experienced sexual intercourse within their romantic relationships, but highlighted that physical closeness such as hugging and kissing were important. It seemed that 'taking it slowly' was important for these participants. Carl, who had been in a relationship with his partner for three years, reflected on his experience at the beginning of the relationship, expressing how he had wanted to get to know her before they kissed. He shared his beliefs about sexual intercourse within his relationship:

*I've never pressed her into doing it. I'd never ever push her into doing it. I mean at the beginning of the relationship and if I just forced it on her, she would think that something was up I would think maybe she just thinks it's for sex. I would never have that situation. (Carl, 3. 667-669)*

Carl uses various words of force to express what asking for sexual intercourse may involve: 'pressed', 'push' and 'forced'. One wonders if Carl could only envisage making an approach sexually in a way that seemed quite pressurised. This may give some insight into why he would avoid making such an approach. Additionally, there also seems to be a concern for Carl that his advances for sexual intercourse might be misinterpreted. This seems to echo some of the concerns described by participants in previous themes about the impact of misinterpreted communication.

Carl went on to describe how he and his partner had agreed to wait until they were married to have sexual intercourse and how this was influenced by his mother's views:

*My mother, she is quite, very strict and Christian and she wouldn't believe in that at all and she's just very, how do I say, she can be, she's very self-conscious about things and doesn't agree with it and like I say, I'd like to go along with the way she feels about things () because she has high expectations and she doesn't agree with sex before marriage. (Carl, 3. 689-691)*

Carl's beliefs about sex before marriage appear to be heavily influenced by his mother's views, which in turn have been influenced by traditional Christian values. Carl's description of his mother being very 'strict' suggests that he takes her suggestions on board, indicating that she plays quite a prominent role in his life when making decisions.

Edward also described how he didn't want to rush into having sexual intercourse with a previous girlfriend:

*I was taking it slow sort of thing () Erm, just being nervous about it and not wanting to go too far and things being taken the wrong way. (Edward, 5. 284-285)*

Edward's account echoes Carl's concern about how asking for sex could be misinterpreted, giving insight into why he may have felt nervous making an approach for sexual contact. Edward also reflected on another romantic relationship when he was seventeen years old in which he did not pursue any sexual contact because he was uncertain about the legalities of sex:

*At the time, I didn't know too much about what was legal and so forth () like, I know you're allowed to buy cigarettes at 16 but I didn't know you were allowed to have s-e-x. (Edward, 5. 299-300)*

This sense of not knowing seems to resonate with some of the challenges that Edward and some other participants reflected upon in Theme 2, in which they felt lacking in knowledge about sexual intimacy. In the interview, Edward actually spelt out the word sex, letter by letter. It is interesting to reflect on Edward's pronunciation of the word s-e-x. One might wonder if he viewed the word 'sex' as a rude or sensitive word, or that he may have felt uncomfortable talking about something in

which he felt he lacked experience. It may have also been that he found it difficult to talk to me, as a female researcher about this subject.

### 3.5 Theme 4: The self

The final theme that emerged throughout the analysis was 'The self'. This theme discusses the impact that the participants' experience had on how they felt about themselves and their resulting wellbeing. Three subthemes arose within this superordinate theme which included 'Difference and exclusion', 'Feeling afraid' and 'Not feeling capable'. As discussed at the beginning of the analysis, these experiences were so intertwined with the other aspects of their accounts that to a large extent, they have been discussed in relation to the other superordinate themes. However given the significance of these issues it felt important to briefly summarise these experiences as a distinct cluster as well. Some of the illustrative quotes presented have been used previously although some additional ones have also been incorporated.

#### 3.5.1 *Difference and exclusion*

At various points throughout the analysis thus far, some participants reported how various aspects of their experience led them to feel different to their peers and excluded from the things that other people have. This seemed to be related to relationship experience, sexual experience, romantic and sexual knowledge, having ASD, and ways of learning and understanding. For many these differences were seen as negative and sometimes had implications for their self-esteem, highlighting the impact that this had on how they felt about themselves. In contrast to this, some participants described how certain aspects of their experience enabled them to feel included and their differences accepted.

When participants spoke about their reasons for wanting a romantic relationship some expressed that it was because they were something that most people have, as described by Fred:

*I suppose I would like to be in a relationship really because I suppose there are times I do get jealous, especially when I see couples () You know, and there's times I think you know I'd like that as well.*  
(Fred, 6. 653-652)

It seemed that for Fred, not having a romantic relationship left him feeling excluded or like he was missing out in some way. Fred later reflected on how others reacted to his lack of sexual experience. He talked about a time when he told a girl at university that he was a 'virgin':

*She did kind of belittle me a little bit. She thought it was a bit odd 'cos she was saying 'come on Fred you're nearly twenty two and you haven't had sex yet. (Fred, 6. 890- 892)*

It is possible to see how this girl's reaction would lead Fred to see his virginity as unusual and thus different from the 'norm'. The fact that this led him to feel 'belittled' in addition to him feeling 'embarrassed' as he later described (6. 866-868) , suggests that he may have felt ashamed in some way, highlighting the negative impact that this experience had on his view of himself.

Some of the other participants also described feeling as though their 'virginity' made them different to their peers and had concerns about reactions from others. This difference was often managed by concealing it from others. Similarly to this, some participants also considered hiding their AS diagnosis from a romantic interest, because they had concerns that this 'difference' would be perceived negatively.

One impact of feeling excluded from romantic relationships was that it contributed towards some participants feeling lonely. As described in theme one, Daniel reflected on how he has searched for a romantic interest in the past as a means of alleviating such feelings:

*When I was lonely up in {place name} I would go out to bars and try and talk to people (). I mean it wasn't really until my early twenties and having this longing and the lonely part of it. (Daniel, 4. 317-318)*

His use of the word 'longing' suggests a strong desire for contact with others that accompanied his loneliness. Harry also reflected on how he feels when he is not in a romantic relationship:

*I suppose lonely would be the word. But... yeah I suppose just alone. (Harry, 1. 542)*

Whilst other factors such as lack of friendships may have also contributed to feelings of loneliness, not having a romantic relationship clearly contributed towards this experience.

A further issue which left some participants feeling different from other people was the way in which they learned things. Daniel commented on this:

*I consider myself that I do learn differently to other people. (Daniel, 4. 397-400)*

Daniel's use of the words 'other people' seems quite a broad description, perhaps implying that he felt different from almost everybody. Daniel later reflected on how he saw himself as 'slow' and described how his peers were 'quite nasty' to him which resulted in him feeling 'embarrassed' (4. 355-358). This highlights how he felt this difference in learning had negative consequences, resulting in him feeling some humiliation and shame. This conveys the significant impact this had on how he felt about himself, which is likely to have a damaging impact on his self-esteem.



The feelings of difference and exclusion described above highlight how this can have a negative impact such as loneliness, embarrassment, and shame. In contrast to this, some participants described instances of when they felt included, and similar to their peers and/or a romantic partner. For Gary, this sense of feeling included was through being able to have a romantic relationship. He spoke about a time when a relationship had just begun:

*It was kind of like a weird kind of immense catharsis through action or through luck or something () I was having what everyone else had, it just, all the stuff that I'd felt that I'd missed out on before.*  
(Gary, 7. 435-437)

It seemed as though Gary felt that at last he was no longer excluded from having this experience that 'everyone else' was having. Describing this as an 'immense catharsis' possibly reflects how he experienced an extreme and significant sense of relief. The positive emotional impact of this was highlighted by Gary when he spoke about his feelings of extreme joy, describing feeling '100% happiness' (7 .427).

Some participants also described how they had managed to find a partner in which their differences were more accepted. Carl described how it could be an advantage when both people within the relationship had difficulties:

*She doesn't have AS but she does have learning difficulties herself () I mean we had been through a bit together and we had the same sort of bond with regards to the fact that we both had difficulties that we had overcome to a certain extent and I think we both agreed that and it helped out in the long term.* (Carl, 3. 238-240)

Carl seemed to feel that both partners having difficulties gave them common ground, which enabled them to bond and better understand and support each other. Similarly, as discussed earlier in Theme 2 where 'Other's perceptions of Asperger's' was discussed, Gary had searched for a partner from a different country as he felt his differences would be more accepted. In fact he described how his ASD characteristics were accepted and not seen as a negative difference as they were by previous girlfriends. These strategies seemed to contribute towards these participants feeling more positive about themselves, describing feeling more accepted and understood.

### 3.5.2 Feeling afraid

This subtheme highlights the aspects of some participants' experience that left them feeling anxious or afraid. In particular, feelings of fear seemed to arise in response to unknown situations such as not knowing how to enter a relationship, communicating with a romantic interest, and concerns

about how a romantic interest would respond to hearing their diagnosis of AS. In some cases, this fear seemed to lead to avoidance of engaging in pursuing romantic interactions.

Ben made various references to feeling afraid of unknown situations. He had not been in a romantic relationship before and described how the uncertainty left him feeling:

*I mean, I usually prefer to be alone () if I'm put in a new situation without any, without really knowing what I'm letting myself in for, I would be scared. (Ben, 2. 260-264)*

Ben later described how all the different possibilities of what could happen in a relationship made his head 'explode' (2. 636-639), further conveying the overwhelming fear that the uncertainty left him with. This anxiety was so strong that Ben had made a choice to be alone, avoiding romantic relationships altogether. This decision was made despite him believing that there would be positive reasons for being in a romantic relationship as described in theme one.

Several participants also described a fear of communicating with a romantic partner. For many, they seemed afraid of saying the wrong thing and consequently embarrassing or humiliating themselves. Adam commented on the fear that he experienced when meeting with a romantic interest:

*I think I went through to actually meet her, and I just was basically a shy introvert at that first meeting () I didn't say much, I sort of froze inside my shell. (Adam, 8. 109-111)*

Adam's description suggests that he felt almost paralysed and unable to say anything at all. It seemed that this experience left him feeling afraid of future romantic situations as he described how in the following meeting he had 'major anxiety issues' (8. 166). Because of this anxiety, many participants found communicating online easier. For example, Edward highlighted how he could leave the online arena if he felt uncomfortable:

*Well, I saw it was like a good thing because yes, you were talking to someone but weren't exactly taking the risk of being close with the person... and if you felt uncomfortable you could leave the arena {webpage}. (Edward, 5. 509-511)*

The physical distance that online communication provides, appeared to allow Edward to feel safer. Whilst he didn't elaborate on what he meant by feeling more 'at risk' when being close with someone, this may suggest that he felt quite vulnerable, offering an insight into just how challenging and potentially daunting face-to-face interaction could be for him.

As described in Theme 2, some participants also talked about their concerns with telling a romantic interest about their diagnosis of AS. There seemed to be a fear that others might have negative misconceptions and thus misjudge or reject them. This is exemplified in Carl's account:

*But when you initially tell someone about it, you worry about their reaction and how they deal with it, like they completely shun you forever and be funny with you and ignore you forever, or they can accept it () but I think that when you do get into a relationship with someone, you have to admit it, you have got to be honest with them about it. (Carl, 3. 816-817)*

Carl conveyed his strong and powerful concern here, anticipating that others could perceive his diagnosis in an extremely negative way and possibly reject him. The idea of being shunned or ignored ‘forever’ and ‘completely’ reveals quite an extreme worry and highlights the dramatic impact this could have on his sense of self.

### *3.5.3 Not feeling capable*

Some participants expressed how they did not feel very capable in regards to certain aspects of romantic relationships. Examples include not being able to communicate with a romantic interest, not feeling able to sustain a relationship as well as lacking belief in their ability to be a ‘good parent’. In many cases, this seemed to leave participants lacking in confidence and had damaging implications for their self-worth.

As discussed in theme two, many participants described finding communication difficult. Because of this, several participants lacked confidence in their abilities to talk to a romantic interest. Daniel expressed his beliefs about how other men are able to talk to romantic interests:

*You know, I’m just not.. they’re able to talk easily and intelligently to people they like. I just feel that I haven’t got any of that really. (Daniel, 4. 587-588)*

Daniel is comparing himself to other men in a very negative light and seems to have quite concrete ideas about what ‘men’ are like in general. His description of not having ‘any of that’ conveys quite an absolute belief in his lack of skills in talking to a romantic interest, conveying just how little confidence he has. Daniel seemed to lack confidence in various aspects of his life, later describing how ‘I will always be useless you know ’ (4.633). This low evaluation of himself further highlights an absolute and quite extreme view, suggesting that he has very little self-worth.

In addition to lacking confidence in communication skills, many felt that they would be unable to sustain a romantic relationship. Ben reflected on what was involved in a romantic relationship:

*It’s like you’ve got that one step and you have the step before that step and then thinking there’s a step before that step. And I’m just thinking how am I going to... when I juggle all of this in my head.. I’m just like I can’t do it’. (Ben, 2. 395-397)*

Ben seems quite certain that he would not be capable of managing and negotiating all the different 'steps' that are involved in initiating and sustaining a romantic relationship. This is likely to be tied to his feelings of being afraid of uncertainty as described previously, further contributing to his avoidance of relationships altogether.

Lacking confidence in skills and ability in regards to sexual intimacy was also expressed by some participants. This was reflected in Daniel's comment about he reflected on whether he desired a sexual relationship:

*It would be nice to discover it all. But at other times, if you feel it's not realistic, it's not something that you're capable of then you just push it to one side all the time don't you. (Daniel, 4. 430-432)*

As discussed in Theme 2, this sense of feeling incapable may have been caused in part by his lack of knowledge about sexual relationships. This may also be that this is linked to his feelings of inadequacy more generally as described above. 'Pushing it aside' shows how this lack of confidence had reduced his motivation to pursue a romantic relationship, potentially giving him few opportunities to enter one and confirming his belief that they are not possible for him.

A further area that some participants lacked confidence in was their ability to be a parent. Fred described feeling as if he would not be a good father and found the decision of whether or not he wanted to have children a difficult one to make:

*That's a hard one for me, personally, I mean there is a part of me that kind of feels I wouldn't be a very good parent. (Fred, 6. 732-733)*

His description of it 'being a hard one' suggests that perhaps having children is something that is desirable, but because of his view of himself as not being capable or 'good' at being a parent, he felt conflict about whether this would be something he would pursue.

When participants weren't able to succeed in sustain a relationship through rejection or break-ups, this also seemed to impact on their confidence in their abilities and self-worth. Adam reflected on the impact of rejection, describing an experience when a girl cancelled several dates:

*It can knock my self-confidence, thinking well 'why doesn't anybody want to be with me? Am I unlikeable? Am I undateable?' (Adam, 8. 1210-1211)*

It is possible to see how challenging this experience was, leaving Adam questioning his desirability and attractiveness to a romantic interest. His comment about whether 'anybody' wanted to be with him possibly indicates that he had experienced numerous rejections in the past.

### 3.6 Summary

The analysis conveyed that nearly all participants had a desire for a romantic relationship. Even for Ben who expressed that it was not something he wanted, this seemed to be tied to his uncertainty and fear of not being able to predict what a relationship would be like, rather than wanting to be alone per se. Despite the desire expressed by nearly all participants, the analysis exposed a number of real or anticipated challenges faced by many of them in regards to establishing a romantic relationship. This was revealed in all the participants' accounts to varying degrees. However, it was clear that some participants had developed strategies to manage these, whereas for others, it seemed to leave them with little confidence in their ability to have such a relationship, making the idea of pursuing one seem unattractive.

The final theme, 'The Self', highlighted how various aspects of the participants' experience impacted on how they felt about and saw themselves. This was heavily intertwined with the other three themes. Feelings of difference and exclusion, fear, and a lack of confidence in romantic abilities sometimes resulted in participants feeling undesirable, embarrassed and inferior. In some instances this left some feeling that romantic and sexual relationships were unachievable.

In contrast to these more negative experiences, a small number of participants had experienced being in a romantic relationship, which led to much more positive feelings, where some described feelings of acceptance and being understood. Furthermore, in some cases, it seemed to contribute to seeing themselves as more desirable and it left some feeling like they were 'having what others had', arguably enabling them to feel included. In conclusion, the importance and positive implications of establishing a relationship, is wonderfully illustrated by Gary's reflection below:

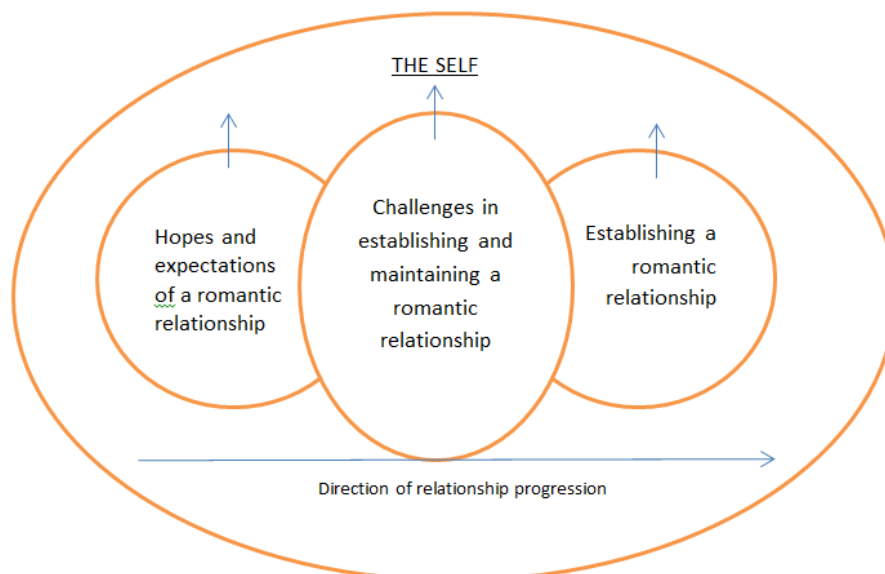
*It was kind of like a weird kind of immense catharsis through action or through luck or something () I was having what everyone else had, it just, all the stuff that I'd felt that I'd missed out on before.*  
(Gary, 7. 435-437)

## 4. Discussion

In this final chapter, I have drawn together my findings by presenting an overview of the analysis, showing a tentative model for how all themes are related and give a ‘helicopter view’ of the participants’ experience. As the reader considers the significance of this research, a number of points relating to its transferability will be then be considered. What follows is a discussion of how this research relates and contributes to the existing literature and theories within the field and the implications that these findings have for psychology in general and counselling psychology practice more specifically. Future research avenues will also be discussed, followed by an overall summary of the project.

### 4.1 Overview

This study explores how young adult men with AS experience romantic relationships. The word ‘experience’ refers to what it was like to be in a romantic relationship, to be out of one, or to try and establish one. Participants attempted to make sense of their experiences through self-reflection and exploration. Through a detailed and thorough IPA analysis there was an effort to illuminate and offer a meaningful interpretation of their complex and varied experiences. Three superordinate themes emerged and as the analysis progressed, it became clear that these themes were not mutually exclusive; they were related to and impacted upon each other. Furthermore, all seemed dynamically related to participants’ sense of themselves and their self-esteem. In order to provide a broad overview of the participants’ experience, a thematic model is presented below, showing the relationship between the superordinate themes:



*Diagram 1: Graphic depiction of thematic relationships*

The first three superordinate themes are embedded within the wider, fourth theme of 'The self', which conveys how various aspects of the participants' experiences appeared to be impacted upon and by, their sense of self. 'Self' in this sense relates to the participants' sense of identity and self-esteem. The first three superordinate themes are organised in a linear fashion to reflect the various stages of relationship progression that were implicitly reflected upon by participants. The participants talked about their 'ideas and expectations of a relationship' (Theme 1), but considered the need to negotiate the 'obstacles in establishing a relationship' (Theme 2) before 'establishing a relationship' (Theme 3) could occur. As mentioned, these themes are not always mutually exclusive, illustrated by the overlapping circles in the thematic model. Theme 2 is the largest theme, indicating that for most, 'obstacles in establishing a relationship' dominated their experiences. The reader can also refer back to Appendix M for a summary of all superordinate themes, master themes and subthemes.

The following narrative gives an overview of the analysis, summarising each theme and describing the relationships between them where relevant.

#### *Theme 1: Ideas and expectations of a romantic relationship*

All participants seemed to have positive expectations around what characterises a romantic relationship, leading nearly all to see it as something desirable. Whilst expectations varied, there were some overarching similarities, which included feelings of love, physical contact and sex, trust and support, friendship, and exclusivity. However, participants who saw themselves as inexperienced described 'imagining' what it might be like and felt unsure of the accuracy of their descriptions and expectations. Some seemed to look for examples from other people or from films to build their ideas of what a romantic relationship might be like, which arguably may have led some to have quite skewed or unrealistic ideas of what a relationship would be like. This seemed to contribute to a sense of feeling lacking in knowledge, overlapping with the ideas in Theme 2.

Two key drivers for wanting to be in a relationship emerged: to alleviate feelings of loneliness and to fit in and feel included; several participants saw a relationship as something most people have and so not having one meant they felt different in some way. This highlights the way in which this aspect of their experience impacted on 'the self'. Only one participant, Ben, was explicit about not wanting a romantic relationship as he felt he had such little knowledge about how to initiate and establish a

relationship that the idea of it felt overwhelmingly unpredictable. However, he did express some ambivalence in this desire, expressing that a relationship could possibly be beneficial as it might give him a social life.

### *Theme 2: Obstacles in establishing a relationship*

Whilst nearly all participants expressed a desire to have a romantic relationship, pursuing one left many facing a number of real or anticipated obstacles to negotiate first. The main areas of challenge included not knowing *how* to establish a romantic or sexual relationship, difficulties with social communication, having concerns around how a potential partner would perceive their AS, and being turned down or rejected. Some participants considered a number of strategies to navigate such obstacles, whereas for others such challenges left them feeling unsure if having a romantic relationship was possible at all, making the idea of pursuing one less desirable.

A first area of challenge that emerged in establishing a romantic relationship was that many participants felt unsure how to pursue one. They expressed not knowing where to meet someone or how relationships progress. This left those participants with little confidence in their abilities to establish one, and so made the idea of actually having one seem unlikely. Several participants also described being inexperienced and lacking in knowledge when it came to sexual contact, with many being 'virgins'. This lack of sexual experience left some participants feeling 'different' to their peers, resembling their experience of feeling lacking in romantic relationship experience more generally. Many described feeling like they 'should' have had sex and had real or anticipated experiences around their virginity being judged negatively. This highlights how this experience impacted on 'the self'.

Many expressed a desire to learn more about both romantic relationships and sexual intimacy. There appeared to be a sense of wanting concrete 'rules' and guidelines and therefore an explicit and clear understanding of how romantic relationships and sexual intimacy 'worked'. Only one participant explicitly talked about his strong efforts to learn about such things, which may indicate why he had experienced more relationships than some of the others.

A further issue that emerged was how communication and interaction difficulties created a challenge in establishing and maintaining a romantic relationship. Many described concerns in having a conversation with a potential romantic partner, worrying that they would not know what to



say, or that they would say something wrong. Some participants experienced accompanied anxiety, making the idea of approaching a romantic partner extremely daunting. Additional challenges related to knowing how to gauge whether or not someone was interested romantically. Sometimes, this led to missed opportunities in pursuing a romantic relationship or feelings of embarrassment and confusion when another person's intentions were misunderstood. Finally, some participants talked about their difficulties expressing their emotions to others – both in letting a romantic partner know they were interested and expressing feelings of love and affection when in a relationship. These difficulties appeared to impact on the participants' sense of worth and their confidence in their ability to establish a romantic relationship. However, some participants did speak about things that made communication easier, such as letter writing and communicating online.

A third area which seemed to act as a challenge in establishing a romantic relationship was a concern about how their AS might be perceived by a potential partner. Many talked about the negative stereotypes that exist around AS and described their concerns about being judged negatively. For some, this was tied to previous negative experiences which left them feeling different, impacting negatively on how they felt about themselves. Not all expressed such beliefs however, and the ways in which participants responded to such experiences varied. Gary, for example, talked about searching for a partner from a different culture so that his difficulties would be masked by cultural differences.

A final challenge that some participants reflected upon was their experiences of being turned down or rejected. All expressed a sense of emotional pain that ensued from such experiences, leaving some feeling confused about why it had happened and others questioning their self-worth, feeling excluded, undesirable and unwanted. The challenges described in the other subthemes are likely to have contributed towards these negative self-views, highlighting the overlap between themes.

### *Theme 3: Establishing a romantic relationship*

Despite the challenges faced, some participants had been able to establish a romantic relationship, with many describing extremely positive emotional experiences. For some, having a romantic partner left them feeling accepted and wanted, positively impacting on their sense of worth and self-esteem. Additionally for some, the 'status' of being in a relationship seemed to be tied to the idea of fitting in, meaning that they felt included and were experiencing things that other people experienced.

The role of physical touch and sexual intimacy in romantic relationships was also discussed. For many of the participants who were in / had been in a relationship, sexual contact did not occur. Some discussed the reasons behind this, which in some ways overlapped with some of the challenges discussed in Theme 2. This included feeling lacking in knowledge about sexual contact or having concerns about their advances being misunderstood by their partners. Gary and Harry however, were engaged in sexual contact within their relationships and for both it seemed to be an important aspect of their relationship, although they did not discuss it in great detail.

#### *Theme 4: The self*

All participants described how various aspects of their experiences impacted upon how they saw and felt about themselves. Their reflections seemed to be coloured by both positive and negative emotions, which seemed to influence their sense of identity, how they viewed themselves and their self-worth.

Many participants reported how various aspects of their experience led them to feel different to their peers and excluded from the things that other people have. This resulted in some feeling embarrassed, ashamed or inferior. In contrast to this, some participants described how certain aspects of their experience enabled them to feel included and their differences accepted.

Certain aspects of some participants' experience also left them feeling anxious or afraid. In particular, feelings of fear seemed to arise in response to unknown situations such as not knowing how to enter a relationship, communicating with a romantic interest and concerns about how a romantic interests would respond to hearing their diagnosis of AS. In some cases, this fear seemed to lead to avoidance of engaging in pursuing romantic interactions.

Finally, some participants expressed how they did not feel very capable with regards to certain aspects of romantic relationships. Examples include not being able to communicate with a romantic interest, not feeling able to sustain a relationship as well as lacking belief in their ability to be a 'good parent'. In many cases, this seemed to leave them lacking in confidence and had damaging implications for their self-worth.

## 4.2 Transferability

In order for the reader to fully evaluate the significance of this research in relation to pre-existing literature and theory and to consider its implications for practice and future research, this section will discuss a number of issues that may impact upon its transferability and robustness. To facilitate this, I will first discuss some of the methodological and procedural challenges that were pertinent to this project. I will then present a reflexive discussion of my own role within the research process, considering how this may have influenced the findings.

As discussed in the methodology section, I aimed to meet Yardley's (2000) criteria for quality and validity within qualitative research. In particular, I have attempted to make the stages of the research process as transparent as possible. I have attempted to expose all stages of the methodology by using illustrative quotes as well as through a full paper trail that can be found in the appendices. I have also demonstrated transparency by offering evidence of my own reflexivity and awareness of my own assumptions, through the use of a reflective diary, research supervision and personal therapy. I hope that this has enabled me to bracket my experiences to some extent and stay as close to the participants' accounts as possible.

### 4.2.1 *Methodological challenges*

The use of IPA within the current study has undoubtedly enabled sensitive and in-depth insights into how this group of participants experience the phenomenon 'romantic relationships'. However, as highlighted by various authors in the field, IPA is not without its limitations. These will be discussed in more detail now, with a focus on the role of language and cognition in IPA.

As discussed in the methodology section, IPA relies on language as the main vehicle through which to gain access to participants' lived experience (Willig, 2008; Smith et al., 2009). Willig (2008) argues that the words participants use add meaning to their experience and that words in themselves may hold different meanings for different people. She argued that the way in which an individual expresses their experience of a phenomenon could be constructed differently depending on their choice of words. As a result, Willig argued that IPA might not fully account for the constructive role of language. Thus, I am aware that my interpretation of the text is just one of many possible interpretations (Smith et al., 2008) which I have attempted to reflect by my tentative framing and discussion of the findings. Furthermore, my aim within this project was to pay careful consideration to language, paying close attention to the use of metaphors, expressions and other ways of

communicating experience. It is hoped that this gave valuable insights into the phenomenon under interest.

It has also been argued that IPA's reliance on language places an expectation that participants are able to articulate the meaning that they take from their experiences (Willig, 2008). With respect to this research, while participants with AS/HFA are described as having fluent language (APA, 2000), their language or use of words may sometimes reflect the more concrete, factual aspects of experience with less attention given to the emotional and affective aspects (Attwood, 2006). Indeed this was often reflected in the interviews and could be argued as acting as a barrier to revealing the emotional aspects of their experience. However, as discussed in the methodology chapter, efforts were made to probe for such emotional and affective information through the use of prompts within the interview and despite such difficulties, the use of semi-structured interviews produced extremely rich data. Indeed, the current study could be seen as an exploration of how IPA can be used as a means of generating interesting insights, even for those with social communication and interaction difficulties.

Another challenge that has been discussed regarding IPA, is its focus on cognition. Willig (2008) discussed how IPA puts a large emphasis on conscious thoughts and meaning-making, which leaves less space for the immediate felt experience as it appeared to the individual. There is an acknowledgement from IPA researchers that this 'embodied' pre-reflective experience cannot be fully accessed without conscious reflection through thought. Smith et al. (2009) highlighted that there are a number of layers of reflection that should be considered within IPA, and that during interviews, the researcher should be aware of any pre-reflective experiences and bring them to light. For example, this could be through an awareness of the emotions as they present in the interview as well as non-verbal information (Smith et al., 2009). In the current study I attempted to be aware of pre-reflective experiences within the interview by paying attention to things such as participants' body language, tone of voice and rhythm of speech. This awareness acted as a guide for when to probe for certain emotional aspects of the participants' experiences.

#### *4.2.2 Procedural challenges*

Within this section the main issues that will be discussed are those related to recruitment and data collection methods, in order to shed light on the transferability and robustness of the study.

It could be argued that the participants recruited in this study reflect a particular subset of AS/HFA men as they were all recruited from specific ASD charities. As such charities often provide supportive services, this may mean that they have had additional support compared with those in the wider community who were not connected to such organisations. This may have had a bearing on the participants' experience as access to support such as social skills could have potentially impacted on their interpersonal skills within romantic interactions. Secondly, being part of such a specific ASD organisation, could arguably suggest that their ASD identity could be more salient to them than those who are not part of such an organisation. Depending on how one viewed this identity, this could have impacted on how they saw themselves and their self-esteem, potentially having a guiding influence on their behaviour (Huws & Jones, 2008; Portway & Johnson, 2005). The inclusion of participants that were not connected to such organisations may have allowed for additional perspectives to emerge, thus increasing the potential transferability of the findings. However, as discussed in the methodology, this decision was made for ethical reasons so that participants could access support following the interviews if needed. Moreover, the inclusion of participants only connected to ASD organisations enabled greater homogeneity within the group, which, according to Smith et al. (2009) enables some of the variation that exists to be contained within the analysis of the phenomena.

A second issue in regards to the sample used was that participants self-selected to take part. There may have been a number of reasons why these participants chose to share their experience. One motivation might have been that they had a desire to better understand and make sense of an experience that had been confusing for them. This was something that was expressed by many participants and it seemed that the interview helped them to make sense of their experience. It may therefore be that the findings represent those individuals who felt they lacked understanding of romantic relationships. It may also be that the participants within the current study felt more able to discuss their experiences compared to others who felt less verbally able or perhaps anxious to discuss their issues with me. All participants were very able to reflect on their experiences and so may not represent those who felt less confident or able to express their thoughts and feelings. It is important for the reader to bear these issues in mind when considering the transferability of the findings to other young men with ASD who share similar salient characteristics.

Whilst there was a goal of selecting a homogenous group as described above (Smith et al., 2009), it is important to highlight that there were, of course, characteristics that varied significantly between the participants. As the participant background and demographic table highlights (see Appendix C),

participants varied in terms of relationship and sexual experience, relationship status, sexual orientation and the age at which they were diagnosed. Some of these variables gave valuable insights into the differences and similarities within the participants' experiences. For example, those with more relationship and sexual experience had greater knowledge and appeared to report fewer feelings of exclusion than those with less relationship experience. However, one particular characteristic that wasn't explored in detail was that of sexual orientation. All but one participant, Harry, was gay which may well have had a bearing on his experience. On reflection, this issue was not explored adequately within the interview which may have been a result of my difficulties in focusing the interview to answer the research question, which is described later in this section.

In regards to data collection, one of the first issues I wish to discuss is the demographic questionnaire. As described in the methodology section, a number of demographic details were obtained from participants so that the reader could know to whom these findings might have transferable implications. On reflection however, additional demographics may have been useful including religion, living arrangements and whether participants had children or not. Given that religions vary in their understanding and values of romantic relationships, marriage and children, this may have given useful and important contextual information. For example, Carl described how he adhered to strong Christian values, which he indicated had influenced his ideas and expectations of sex and marriage. Living arrangements would have been useful in gaining some insight into the level of independence and immediate support that participants experienced. As some participants talked about wanting to be independent before marriage, this could have given some contextual information. Finally, whilst participants expressed within the interviews that they did not have children, this was not asked within the demographic questionnaire. On reflection, I wonder if this may have reflected my own assumption that they would not have children. Perhaps this was because of my tendency to see individuals with ASD as younger than they are which is discussed further in 'personal reflexivity' below.

The research question aimed to explore how young men with high-functioning ASD experience 'romantic relationships'. As discussed in the introduction and methodology, an operationalized definition of a 'romantic relationship' was not given because these are often based on heteronormative views and it implicates an assumption that there is one 'real' way of understanding such relationships. This would be epistemologically inconsistent with the light-social constructionist stance taken within this research. It is acknowledged that a challenge with not giving such a clear definition is that it may have led to increased heterogeneity in terms of how romantic relationships

were understood by participants. This is potentially a challenge for IPA analysis as it seeks homogeneity (Smith et al., 2009). However, whilst the findings highlighted both similar and diverse constructions of romantic relationships, it was felt that the heterogeneity in itself enabled rich and important insights to be gained.

The data produced was broad and varied in that participants reflected upon a number of aspects of relationship experience including what it was like to be in a relationship, to pursue a relationship, to be out of a relationship, to be rejected from a relationship etc. It could be argued that focusing on so many aspects of relationship experience meant that the richness and depth of each aspect of these experiences was reduced in some way. Perhaps focusing on just one aspect of romantic relationships such as what it is like to be in a relationship would have yielded a deeper understanding of each aspect of the phenomenon. Alternatively, perhaps it could have been valuable to conduct two to three interviews for fewer participants. This could have enabled me to explore more avenues of their romantic relationship experience. Roulston (2010) also highlighted how multiple research interviews could facilitate and strengthen a more trusting relationship between interviewer and interviewee.

A further challenge in regards to data collection was that the first interview with Harry lacked certain phenomenological data that was related to the research question. For example, Harry seemed drawn to talking about other aspects of his life such as his hobbies or his process of moving home, and less in regards to his experience of romantic relationships. Whilst this information gave information about Harry and was valuable in its own right, it did veer away from the goal of the research question. On reflection, I felt that this might have been due to my difficulties in focusing Harry to the questions at task, likely as a result of having limited research-interviewing experience. Whilst I reflected on this after the interview, in order to better manage this issue in the subsequent interviews, the result was that Harry's voice appeared less in the analysis in comparison to the other participants and it is likely that certain areas of his experience of romantic relationship were missed.

#### *4.2.3 Epistemological reflexivity*

As the research progressed, I became aware that my epistemological standpoint was not static, reflecting a pull to both 'describe' and 'interpret' the participants' experiences. I found it challenging to remain close to the participants' raw experience whilst at the same time wanting to explain, make sense of and theorise such experiences. Such a tension is reflected in IPA where there is an effort to

stay close to the phenomenon 'as it presents itself', whilst still acknowledging the need for interpretation on both the participant and researcher's parts (Smith et al., 2009).

When I first started the research process, my goal was very much to tell and describe the participants' stories as they were, given that hardly any research had given voice to their perspectives. However, as I began the interviews I became increasingly aware of the possible ambivalence and contradiction in some of the participants' responses. This suggested that they themselves struggled to make sense of their experiences or perhaps to understand them fully. At times I felt responses were given to me in a questioning way, perhaps reflecting their desire for my feedback or for me to offer some kind of explanation of what they were describing. I therefore felt that it was insufficient to purely describe their experiences as they presented themselves— I wanted to explain and understand their experiences more fully. This experience resonated with me as a counselling psychologist; wanting to reflect their experience as it presents itself, although also drawing from psychological knowledge to understand and interpret it further. I therefore found that the interpretation of their experience was also an important aspect of the meaning-making for this group of participants. However, there were times when I was perhaps overly interpretative. This was pointed out to me early in the analysis process when my supervisor asked if some of my themes were truly reflected within the participants' words. This reminded me that I needed to keep returning to the text, as I understood that language was a way of capturing meaning but that as it could have varied meanings, it was important to stay close to the words themselves and not to lose the essence of their meaning.

In this shift from a descriptive stance to a more interpretative one, I was also mindful that it was not always possible to 'explain' or make sense of something in a clear and certain way. As the analysis progressed, I became aware of a prominent theme that arose for many participants – a desire to understand things in a sometimes black and white, concrete way. I wondered whether my pull to want to explain was in part a reaction from my participants' potential discomfort with the uncertainty of their accounts. It was sometimes quite a challenge to sit with the experiences that were a bit more vague and ambiguous, although through awareness of this difficulty, it helped me to feel more comfortable with sitting with data that was sometimes contradictory or complex, and that this ambiguity had meaning in itself.



#### 4.2.4 Personal reflexivity

Within the methodology section I shared my motivations to explore this subject and some of the assumptions that I felt I held at the beginning of the research process. However I acknowledge that it is not possible to completely 'bracket' such fore-understanding (Willig, 2008) and so it is important to further consider the ways in which I as a researcher was implicated in the research process.

One of the first issues I wish to discuss is how my personal experience of romantic relationships may have influenced the research process. As described above, I felt that my data heavily reflected those parts of the participants' experience that were related to being out of a relationship. Whilst this may have been because such experiences were most prominent for these individuals, I also wondered if this was influenced by my own experience of being out of a relationship; I 'heard' those experiences that were closer to my own. Whilst I attempted to bracket and be aware of my own experiences, it wasn't until the analysis stage that I truly realised how salient the experience of being alone was for me. Throughout this project I have questioned more than ever what a relationship means to me, reflecting on what is important and what is desirable. I realised on reflection that for me, being alone can be a challenging process and I definitely saw a romantic relationship as a place to gain security, acceptance, love and friendship. I wonder whether, had I been in a relationship at the time of interviewing, I would have further explored or prompted the participants' experience of *being in* a relationship.

As the research progressed, I became aware that some of the participants' experiences did not seem that dissimilar to my own. This surprised me in many ways, leading me to question whether I had previously assumed that this population would have had different experiences to my own. I became aware that perhaps these differences were not as apparent as I had initially thought. I have questioned whether some of the issues described by participants are in a sense a universal human experience but that they may be magnified for this group of individuals. This in itself has important implications for whether the sense of 'difference' that participants expressed in relation to other people is in fact as great as they thought.

Throughout the research process I became increasingly aware that at times I struggled to see the participants as 'men'. This was pointed out to me in research supervision when I made reference to a participant as 'a boy'. I wondered if some participants did not 'fit' my own conceptions of what a 'man' was, for example, as someone who is independent and confident. Perhaps my assumptions

about what it meant to have ASD – that it meant the person might be in need and dependent – led me to see the participants as more vulnerable and thus younger or less ‘manly’ in some ways. Whilst I tried to be aware of such assumptions and bracket them, I wonder if these beliefs meant that the participants’ sense of gender and being an adult came across less strongly within the findings. However, at the same time, participants were asked about how they felt about themselves ‘as men’ and many made few references to themselves in terms of gender. So perhaps my difficulty seeing them as men was also because they themselves didn’t strongly identify with more traditional gender roles. This is discussed in more detail later on in this chapter.

A further issue I wish to consider is how my age and gender may have played a role within the research interview. In particular, I wondered how these factors might have impacted on the expressions and opinions of experiences surrounding sex. Throughout the research interviews, I was very aware that many participants felt uncomfortable talking to me about issues surrounding sex. This could have been quite a difficult subject to talk about in any case, though I wondered whether being a female of a similar age contributed to this, especially given that some participants expressed anxiety about talking to girls of a similar age. I made an ethical decision that I would not ask participants to elaborate on their experiences of sex if they felt discomfort. However, on reflection, I wonder if my decision to not ask for elaboration within the interviews was also driven by my own discomfort in talking about sex. I have become aware that in both my personal and professional life, I feel more comfortable talking to females about sex. It is possible that if I had been more aware of such discomfort earlier in the research process, a greater elaboration and insight into the sexual experiences of the participants may have emerged in the data. Such reflections have also made me realise that I should endeavour to further explore these issues as they will have implications for me both as a researcher and counselling psychologist.

Despite the challenges discussed, the current research study has elicited valuable and in many ways novel insights into an area which has received little attention within the field of ASD. It therefore has a significant contribution to make towards the existing academic research and theory and has implications for future research and clinical practice.

#### **4.3 Embedding the findings within the current literature and theory**

The present study offers an in-depth understanding into how romantic relationships are experienced by this group of individuals. The existing research into the romantic lives of individuals

with ASD has been heavily quantitative in nature (Henault & Attwood, 2005; Mehzabin & Stokes, 2011; Byers et al., 2013), neglecting the complexity and uniqueness of individual accounts. The qualitative methodology adopted in the present study offers a more idiographic approach which allows individual voices to be expressed and new outcomes to be discovered (Willig, 2012). In particular, the findings offer some novel insights into the reasons behind the desire for romantic relationships, the barriers that exist in their development and maintenance, as well as giving a greater understanding of the role that identity and psychological well-being played within this.

#### *4.3.1 Romantic and sexual relationships: A gap between desire and experience*

One of the key findings that emerged from the data was that nearly all participants in the current study reported that a romantic relationship was desirable, essentially highlighting that such relationships are important and matter to these participants. This echoes the previous findings within the field (Henault & Atwood, 2006; Mehzabin & Stokes, 2011; Stokes et al., 2007) and strengthens a growing body of literature that is beginning to challenge a number of culturally reinforced stereotypes that ASD individuals are socially aloof and deliberately self-isolating (Sarrett, 2011). However despite this desire, only some participants had experienced romantic and sexual relationships, with many feeling inexperienced. This resonates with previous findings within the field that report how ASD individuals experience a gap between desire and experience (Henault & Atwood, 2006; Mehzabin & Stokes, 2011; Stokes et al., 2007). Previous research has highlighted that social and communicative difficulties and lack of appropriate socio-sexual education offer some explanation for these challenges (Mehzabin & Stokes, 2011; Helleman et al., 2007; Stokes et al., 2007), but the ways in which they impacted were unclear. The current study adds a much greater insight into the role that these and other difficulties play, as well as highlighting the bearing that this can have on identity, self-esteem and belief that a relationship is possible.

#### *4.3.2 Knowledge about romantic and sexual relationships*

Whilst all of the participants were able to describe what characterised a romantic relationship, many felt unsure how to initiate or pursue one and felt uncertain about how sexual activities were 'done'. This resonates with previous findings within the field that ASD individuals have reduced socio-sexual knowledge (Henault & Attwood, 2006; Mehzabin & Stokes, 2011). However, these previous findings were focused just on sexual knowledge and whilst the authors suggested that this may have acted as a barrier to engaging within a sexual relationship (Mehzabin & Stokes, 2011), it was unclear how it

played a role. The findings from the current study thus give a greater insight into the impact of this lack of knowledge, highlighting how it impacted on the participants' sense of self and their confidence in pursuing a romantic and/or sexual relationship. For example, Ben reported that his uncertainty made him avoid relationships all together and Edward expressed how he had not pursued a sexual relationship because he "didn't know too much about what was legal and so forth" in relation to sex. This may give some insight into why a lack of sexual experience and knowledge has been associated with increased sexual anxiety for individuals with ASD (Byers et al., 2013). Given that romantic and sexual relationships were desired and considered important to nearly all participants, it is worthwhile to consider the reasons behind this lack of knowledge.

Brown (1999) and Connolly and Goldberg (1999), emphasise how norms and implicit rules about romantic and sexual relationships are learned through different layers of the individual's social world, such as friendships, family, and broader societal messages about love and gender roles for example. Gorgeon (2010) suggested that such rules are implicitly and innately learned by typically developing individuals, using the term 'hidden curriculum' (p. 16). Individuals with ASD are thought to experience difficulties in learning such 'unwritten social rules' and often require them to be explicitly taught (Baron-Cohen, 2003). Indeed some participants in the current study expressed an awareness of this. Daniel said: "I don't learn things in the same way as other people, I need things given to me explicitly". Aylott (2000) highlighted that sex education is not provided within 'a social skills context' (p. 856) making it difficult for ASD individuals to understand the social and relational context for sexual expressions and behaviour. The findings from the current study therefore strongly highlight the need for structured education, guidance and support around romantic and sexual relationships for individuals with ASD. Whilst this has been recommended elsewhere in the literature (Stokes et al., 2007; Mehzabin & Stokes, 2011; Hellemans et al., 2007), the focus has often been specifically on sex education or targeted at those who are school age.

Some participants also made inferences that perhaps they did not have a large group of friends, which suggests that they may have had fewer opportunities to learn and observe romantic behaviours in others or to practice interpersonal skills. Furthermore, given that the peer group are also thought to provide opportunities to meet a romantic partner (Brown, 1999), this may also give some understanding as to why some felt unsure about where to meet someone; several participants expressed that places like bars and clubs were inaccessible because they did not have a group of friends to go with. These findings give some insight into why Stokes et al. (2007) found that ASD individuals who had less social contact, were also found to have fewer romantic relationship

experiences (Stokes et al., 2007). They also have important implications for how to facilitate greater social contact for ASD individuals in order to find ways of supporting them to meet potential romantic interests in a way that they can feel safe and supported.

Many participants expressed a desire to know more about romantic relationships. There appeared to be a sense of wanting concrete rules and guidelines and therefore an explicit and clear understanding of how romantic relationships and sexual intimacy ‘worked’. This desire for ‘explicit’ rules might in part be explained by the difficulties that ASD individuals can experience with ambiguity and uncertainty (Baron-Cohen, 2003). Howlin (2000) described how ASD individuals often impose structure and rules to situations as a way of making things more predictable.

The tendency for ASD individuals to impose structure and predictability may also offer some explanation as to why participants had looked to outside ideas such as stereotypes from films, or perhaps why Gary had created a number of rules and ‘checklists’ which he used when searching for a romantic partner. In fact for Gary, these rules may offer some insight into why he felt able to pursue a romantic relationship. It may be that this enabled him to navigate relationships in a less ambiguous and predictable way in comparison to some other participants. These findings also resonate with some of the personal accounts in self-help books, such as Luke Jackson’s ‘instruction manual’ for dating (Jackson, 2002). These insights further reinforce the need for education around romantic and sexual relationships for ASD individuals, helping them to find ways of making such relationships seem manageable and achievable. However, whilst there may be implicit general rules and norms about romantic relationships, these are not certainly not fixed, giving some explanation as to why Ben expressed extreme anxiety when thinking about all of the “different scenarios” (2. 453) that a relationship could bring. This therefore suggests that whilst education is needed, ASD individuals may also require support in finding ways to apply such rules in a flexible way, learning how these may vary between individuals and finding ways of managing and negotiating change within and between relationships.

#### *4.3.3 The role of social communication and interaction*

Given that challenges with social communication and interaction are hallmark characteristics of ASD (Baron-Cohen et al., 2003; Attwood, 1998; Rogers, 2000) it is perhaps unsurprising that nearly all participants expressed difficulties in these areas. However, the findings from the current study give

some novel insights into the way in which they impact specifically when interacting with a romantic interest or partner.

Three main areas of difficulty relating to social communication and interaction were reflected in the participants' accounts. These were challenges with conversation, understanding the intentions of others and emotional expression. In regards to conversation, many participants described feeling uncertain about what to say to a romantic partner and how to express an interest to someone romantically. These concerns also appeared to be accompanied by fears of "saying the wrong thing" (Carl, 3.311), leaving some feeling anxious and in some cases subsequent avoidance of these scenarios. Bellini (2007) highlighted how self-awareness of communication and interaction difficulties can lead individuals with ASD to expect to fail with social communication, often resulting in high levels of anxiety due to fear of humiliation or embarrassment. The current study therefore gives an additional understanding of how such challenges can lead to the avoidance of pursuing a romantic interest, thus acting as a barrier to being able to establish one. This has important implications for social skills training. Whilst this is strongly advocated elsewhere in the literature and within services (Muller et al., 2008), it also indicates a need for it to be tailored specifically within romantic and sexual interactions.

The need for tailored social skills training within a romantic context is also indicated by the difficulties that participants had with understanding a romantic partner or a romantic interest's intentions. Some participants appeared to experience uncertainty ascertaining the difference between friendliness and flirting. This sometimes led to missed opportunities to respond to signs of interest from another person. Furthermore, it impacted on relationship breakups and rejection, with many feeling extreme confusion about why the other person ended the relationship. The difficulties that individuals with ASD can have with understanding other people's beliefs, emotions, feelings and intentions has been described as 'Theory of Mind' (Hobson, 2002; Baron-Cohen et al., 2002), a definition which gives some understanding for these difficulties in romantic interactions. Whilst these challenges might be amplified as a result of having ASD, not knowing if someone is interested is arguably an experience that most people might have when first meeting a romantic interest. This again, might indicate that this group of participants' experiences are shared to some extent with typically developing people.

Despite the fact that all participants described having some challenges with social interaction, some appeared to have developed strategies that enabled them to negotiate romantic interactions more

successfully. One strategy was communicating in writing, by either texting, writing letters or talking online. Given that many participants described feeling unsure about what to say to a romantic partner, this perhaps provides a less immediate way of communicating, possibly allowing a greater time to consider what to say. Furthermore, this way of communicating does not use eye contact or rely on the interpretation of body language. Given that individuals with ASD can have difficulties interpreting such communication (Frith, 2009) this offers an explanation as to why communicating online might be more desirable and less anxiety provoking. Indeed, this appears in line with findings that have shown how online communication within ASD communities has increased hugely over the past decade (Davidson, 2008). Harry in particular, described how he has met nearly all of his romantic partners online because he found this type of communication easier. In fact in the general population as well, the use of online dating has increased enormously over the past 10 years (Rosenfeld & Thomas, 2012) and has been found to enable greater opportunities to meet partners (Lawson & Leck, 2006). So in some ways, these strategies to meet a romantic partner resonate with the experiences of typically developing individuals, echoing what has been previously described regarding some of the shared experiences between the ASD and typically developing populations. This perhaps bridges together the experiences of those with AS and those without, and it may be important to make ASD individuals aware of this as a means of reducing the sense of 'differentness' that some expressed. For those who felt that the only way of meeting people is through 'bars or clubs', they may have been less aware or able to use such methods of meeting someone, thus acting as another barrier to meeting a romantic partner. This again has important implications for supporting these individuals in finding ways of meeting potential partners.

#### *4.3.4 Identity*

The findings of the current study highlighted how various aspects of the participants' experience impacted upon their sense of identity and self-esteem. Three main areas were highlighted in particular which were feelings of exclusion and difference, the role of the ASD identity, and the participants' sense of gender identity. Very little existing ASD literature has reported on the role of identity within romantic relationships, reflecting how this offers a very novel contribution to this area of the field. In particular it has demonstrated how the participants managed potential threats to identity as a way of increasing self-esteem and a sense of inclusion.

#### 4.3.4.1 Difference and identity

Many participants made comparisons to 'others' and oftentimes felt different to these 'others' in various ways, which was often seen as a negative comparison. This 'difference' seemed to be in relation to a number of factors such as being less experienced in romantic relationships, being less sexually experienced, learning differently or having less knowledge, as well as being different because of their ASD diagnosis. However, what was striking was that it was often unclear who these 'others' were. On limited occasions some participants talked about 'other men' or individuals of 'a certain age', but more often than not, participants referred to 'other people' in a much more general sense. It seemed that for some their 'otherness' left them unsure where to place themselves socially, feeling uncertain where they 'fit'. The extent of this was highlighted painfully by Daniel's description of "not feeling like a human being", after a painful experience of a breakup. Brewer and Gardner (1996) highlighted that a social self develops from those characteristics that reflect assimilation or similarity with significant others. Given that some participants felt different to others in so many ways, it could be argued that some participants lacked a sense of social identity. This sense of social exclusion and uncertainty where one 'fits' socially has previously been described within the ASD literature (Muller et al., 2008) and has been linked with loneliness and depression (Whitehouse et al., 2009). Indeed for those participants who expressed a greater sense of feeling 'different' and lonely, they also seemed to express more feelings of inadequacy and low self-worth, which may have contributed towards feeling undesirable to a romantic partner. This strongly highlights the importance of developing ways in which individuals with ASD can find ways of developing a group identity and sense of inclusion, which may ultimately enhance self-esteem.

The impact of not having a romantic relationship, or feeling inexperienced was one factor which contributed towards feelings of loneliness and a sense of being excluded from things that 'most people had'.

The experience of loneliness and isolation was expressed by a small number of participants who were single, and in some instances romantic relationships were seen as a way of alleviating this. However, not all participants who were single expressed this, suggesting that for these participants it is not just the absence of romantic relationships that can contribute to feeling lonely. It may be that other participants had more social contact with friends and family, protecting them from such feelings. The experience of loneliness has been reported elsewhere in the ASD literature and highlights that ASD individuals often have a desire for friendships, but have fewer friends than their



peers, which in turn can lead to feelings of loneliness (Bauminger & Kasari, 2000; Bauminger et al., 2003; Muller et al., 2006). The findings from the current study clearly resonate with such conclusions, strengthening the idea that close connections with others, both romantically and within friendships, are fundamental and important for these individuals and their psychological wellbeing.

An additional difficulty for those participants who had little or no experience was that it led some to feel excluded and left out. However, those who *were* able to establish a romantic relationship, described their positive emotions of happiness and relief at being able to have what ‘most people have’. These findings also strengthen the findings by Helleman et al.’s (2007) who reported that based on caregiver reports, ASD individuals desired to have a romantic relationship, “to be like normal young people”. This suggests that there is something about having a romantic relationship that participants feel might enable them to feel similar to their peers and thus feel part of the wider social group. This desire to be similar to ‘others’ could be related to Brewer’s (1991, 1993) identity theory of optimal distinctiveness. This highlights how individuals strive towards a balance between assimilating with others to satisfy needs of inclusion, yet at the same time needing to differentiate oneself from others in order to be distinct. It is possible to see how the participants’ experiences of ‘not having what others had’ made them feel different, meaning that it was difficult to assimilate with their peers and this led them to feel excluded. This also resonates with Bauminster and Leary’s (2000) idea that a core human drive is a ‘need to belong’, that individuals seek to form connections and attachments with others at the level of intimate relationships as well as to wider social groups. This again strengthens the idea that romantic relationships matter and are desirable to this group of men, and highlights how these theories of identity can extend to individuals with ASD.

Several participants also shared how they believed their peers were more sexually experienced than them, again leading them to feel different. Many described feeling like they ‘should’ have had sex and had real or anticipated experiences around their virginity being judged negatively. It seemed as if their ‘virginity’ held some stigma because they didn’t fit the normative discourses about when individuals typically engage in sexual intercourse. Breakwell (1986) highlighted how both felt and enacted stigma can act as a threat to the content of identity and attack one’s self-esteem. Indeed for some participants in the current study, they seemed to feel ashamed of their virginity and so felt they had to hide it from others. The participant’s concealment of their ‘virginity’ could be considered as a way of ‘evading’ the threat to identity (Breakwell, 1986). However, whilst this may protect an individual from the potential negative responses from others on some levels, it does not remove the internal threat to identity (Breakwell, 1986).

These findings strongly convey the impact that a lack of experience can have on the participants' sense of self; it can potentially threaten their self-esteem and leave them feeling different and excluded. A strength of the current study was that findings gave some valuable insights into the perceived or anticipated barriers that existed which prevented them from having the experiences that they desired.

#### 4.3.4.2 ASD identity and romantic relationships

Many participants reflected on their ASD identity and how a potential romantic partner might perceive this. Whilst previous research has discussed how individuals negotiate their ASD identity (Davidson and Henderson, 2010), no previous research has explored this in the context of romantic relationships, demonstrating the original insights gained from the present study.

Whilst many felt that it would be important to let a romantic partner know about their diagnosis, some feared that they would be misunderstood, judged negatively or rejected. Some had fears that others would have misconceptions of ASD and some also had real experiences of their AS label and 'differences' being negatively judged, for example through bullying. Because of this, a few participants had concerns about revealing their ASD diagnosis to a romantic partner, or felt they would wait until they told them. Concerns about revealing one's ASD diagnosis have been reported previously in the literature. For example, Davidson and Henderson (2010) found that many negative discourses around ASD, such as being someone who is anti-social or in need of a 'cure' in some way, serve to stigmatise the ASD identity. They highlight how because of this, individuals may try and 'hide' their ASD identity and try to 'pass' as typically developing individuals. The current study gives further insight into how such stigma and concerns can impact in the context of romantic relationships; it can add to increased anxiety when meeting someone, and potentially contribute towards why some participants felt they might be undesirable to a romantic partner. For example, the negative impact of felt and enacted stigma on self-esteem was painfully illustrated by Fred's comment in response to bullying about his special needs: "it honestly made me feel less of a person". Breakwell (1986) highlighted how both felt and enacted stigma can 'attack' the group identity, leading one to evaluate themselves negatively, reducing self-esteem.

In contrast to the other participants, Adam and Harry showed less concern for revealing their AS diagnosis. Adam described how he was very open about this on his 'profile' of a dating website. He

described a number of positive features of AS such as “honesty and loyalty”, which suggests that he evaluated his AS in a more positive way and possibly felt less threat to his identity and self-esteem and more comfortable in revealing his AS identity to others.

The findings highlight that one way in which participants managed the threat to their AS identity was by initially concealing it, although Carl and Harry described how they also managed this by finding a romantic partner that would be more accepting of their AS characteristics. Gary, whilst he didn't talk specifically about the AS label, did talk about how in his previous romantic relationships, his AS 'difficulties' have been seen as “weird” or “odd”. Considering this in relation to Breakwell's (1983, 1987) discussion of identity threat, this negative evaluation of AS characteristics could be considered as a threat to the content of the ASD identity. It seemed that Gary viewed this as a barrier to establishing a successful relationship. However, he appeared to have developed a strategy to manage these potential negative perceptions from others by finding a partner who would see his AS characteristics in a more positive light. By searching for a romantic partner from another country, he felt that his differences as a result of having AS, were just seen as a part of being different culturally. He felt that because people expected him to be different (because he is from a different country), they were more accepting of his differences. It seems that this enabled his ASD characteristics to be seen as an accepted and positive difference rather than problematic or 'weird'. However, at the same time, one might question if this paradoxically reinforces that there is something to hide, reinforcing the stigma. Breakwell (1987) highlighted how one way of managing identity threat is 'mobility' in which one can 'move' to evade the threat. She explained that this 'move' could mean moving social group, which in some ways is reflected in Gary's account; he essentially moves to a different cultural group when searching for a partner, in which his 'differences' are viewed in a more positive way. Similarly, Carl also appeared to develop a strategy for finding a partner who was accepting of his difficulties. In particular, he felt that because his partner had learning difficulties she understood and was more accepting of his AS. In Carl's case it could be argued that by finding a partner who was also in the 'disability' group, increased support was gained through the recognition of similar experiences (Breakwell, 1986).

Both of these participants reported how having their differences accepted by a romantic partner was tied to positive feelings of being understood when being in a relationship, thus impacting positively on their self-esteem. These findings highlight how important the construction of 'difference' in individuals with ASD can have implications for self-esteem, wellbeing, and thus potentially the confidence in being able to pursue a romantic interest.

#### 4.3.5.3 Gender roles and identity

Throughout the interviews, some participants made references to male roles within romantic relationships, perhaps reflecting a further way of looking for a template of how relationships are or should be. For example, Ben talked about how his ideas of romance included going to “expensive restaurants” and “buying flowers and chocolates”. Whilst he didn’t make explicit reference to these activities being male as such, he described gaining such ideas from films, which often portray stereotypical gender roles in which it is the man who is expected to pay for the woman and ‘wine and dine’ them so to speak. Gary also talked about gendered roles in relation to the ‘theories’ about sex, and how it is the man who “sets the scene”. Daniel spoke about “ordinary guys” being “adventurous”, and “entertaining” and can “handle a variety of situations”. It seems that Daniel’s idea of a desirable man was someone who is outgoing and confident. For all of these participants, it seemed that they looked towards dominant, hetero-normative discourses around male roles as guide to how they as men *should* be or act within a romantic relationship. Arguably, it seems as if these socially constructed sex roles left these participants with quite limited possibilities of how they felt they could be within romantic or sexual relationships. Additionally when they didn’t live up to or match them, it could lead to romantic relationships feeling unattainable (Ben), sex feeling effortful and unenjoyable (Gary) or feeling inadequate in comparison (Daniel). This indicates that it may be important to support men with ASD to find ways of seeing gender roles within romantic relationships in a more flexible way. This may enable them to find ways of acting and being within relationships that feel more congruent and acceptable to them.

What was particularly striking in the interviews was that participants seemed to make few reflections about themselves ‘as a man’ or being ‘male’. One could suggest that they did not strongly identify themselves according to gender. This insight was also indicated by my own personal struggle to see these participants as ‘men’ at times, which was discussed in detail in ‘personal reflexivity’ earlier in this chapter. Arguably, one might expect identification with gender, especially when considering that participants were asked (as a prompt) how X made them feel ‘as a man’. Whilst gender roles specifically within ASD romantic relationships have received no attention within the empirical literature, Hendrickx (2008) in her self-help guide based on interviews with AS individuals and their partners, reported that gender roles within AS relationships appeared more atypical, with the female partner sometimes taking a more traditional male role. She described how an ‘overriding characteristic’ described by neurotypical females, was that their male AS partner was ‘gentle’ and oftentimes less ‘traditionally’ masculine (p.111).

Whilst there may be multiple factors that contribute to gender identification, the social-cultural context is thought to play a significant role (Steensma et al., 2013). For example, social stereotypes of masculinity and femininity place expectations on individuals to adhere to such gender roles and both peers and romantic partners can reinforce or punish gender-related behaviours which can intensify gender identification (Furman & Shafer, 2003). Arguably, as some participants were less connected socially and had little experience of romantic relationships, this may have contributed towards a weaker sense of gender identity. Whilst this claim would need further investigation, it is possible to make some suggestions as to how this may have influenced their experience of romantic relationships. If the only available discourses about how to be as a man in a romantic relationship are those with very masculinised roles and they themselves do not strongly identify with such roles, it is possible to see how this might leave them feeling unsure about how they should be within a romantic relationship, or perhaps that it is not possible. Given that this can potentially act as a barrier to establishing a romantic relationship it highlights the need for this issue to be further explored.

#### **4.4 Implications for practice and research**

The experience of romantic relationships is of interest to all counselling psychologists and other practitioners due to its inextricable appearance in one form or another in every human's life. The findings from the current study strongly highlight how romantic relationships matter to these individuals, and when difficulties are faced in their establishment, this can have challenging implications for their self-concept and resulting wellbeing. The current study therefore gives a novel and subjective insight into potential areas of difficulties that this group might be facing.

##### *4.4.1 Increasing understanding and challenging stereotypes*

One implication from this study in relation to counselling psychologists and other practitioners is the need for them to be aware of any stereotypes or assumptions they might have of ASD individuals. Given that research has only recently begun to challenge stereotypes of ASD individuals as being asexual and preferring aloneness, as well as the continued portrayal of such views in media, it is possible that such stereotypes are held by professionals in education, health care and psychology. Potentially, this may lead clinicians to misunderstand their clients. It is therefore important for practitioners to be aware of and recognise any biases they may have towards individuals with ASD so

that they support them in a way that is most personal to them. One way in which awareness could be facilitated is through increasing the amount of ASD related research articles that are published within counselling psychology journals. Foley-Nicpon and Lee (2012) highlighted that disability research in general is sparse within counselling psychology journals and call for an increase in publications. Furthermore, increased awareness and knowledge of ASD could be improved by incorporating teaching around ASD in counselling psychology doctorate programmes. This is important given that ASD is such an important aspect of diversity within the field.

Whilst the inherent social difficulties of ASD undoubtedly created an additional layer of challenge to their romantic experiences, some of their difficulties may well be experienced by typically developing individuals too, although to a lesser extent. Whilst it is important not to 'play down' the significance of these participants' difficulties, it seems important to recognise that some experiences might be a shared human experience. It is important for individuals with ASD to have an awareness of this as it may have a normalising impact, reducing the current sense of 'differentness' and exclusion that they feel in relation to 'others'. One way in which this could be communicated to ASD individuals is through education of therapeutic interventions. Information could be given regarding the difficulties that typically developing individuals experience in regards to pursuing or sustaining romantic relationships. ASD individuals might also be encouraged to speak to friends to hear their experiences as a way of normalising their difficulties. This may also provide opportunities to learn knowledge and skills within this area. Practitioners working with ASD individuals should also be aware of the potential similarities in the experiences of this population and typically developing individuals. It may reduce the pathologisation of these individuals and continue to break down negative stereotypes and stigma.

#### *4.4.2 Service development*

The findings from this study have important implications for service development, particularly in relation to services that provide specific educational and supportive interventions for individuals with ASD. Such services might include specific ASD charities, special educational needs departments within schools and universities and specialist ASD mental health services. The findings from this study illuminated that many participants expressed a lack of knowledge in regards to both romantic and sexual interactions, as well as having social and communication difficulties within this context. Given that some felt anxious about what to expect from such relationships, lacked confidence in their abilities and often felt excluded, this strongly indicates the need for services to provide educational and social-skills interventions within the context of romantic and sexual relationships.

Whilst this has been recommended elsewhere in the literature (Stokes et al., 2007; Mehzabin & Stokes, 2011; Hellemans et al., 2007), these suggestions have often been focused exclusively on sex education or social skills (Gorgeon, 2010). Furthermore, they have often been targeted at individuals who are school aged or at for those who have greater level of cognitive or language impairment. Given that several participants in the current study were diagnosed as adults it is likely that they would have missed any specialist interventions that might have been offered when they were school aged. Moreover, given the recency of much of the research in this area, even for adults who were diagnosed as children, these interventions are unlikely to have been available when they attended school. This suggests that service leads need to ensure that their sex educational and social programmes meet the needs for *adults* and those who are *higher functioning*.

A further point to consider in relation to educational interventions is how practitioners might manage the desire expressed by many participants for some 'explicit' rules and guidelines. Whilst education may be able to provide general rules and guidance about romantic and sexual relationships, such relationships are complex and highly individual. It may be that such individuals would need to be supported in finding ways to apply such rules flexibly, learning how relationships may vary between couples and how this ambiguity or change between relationships can be managed.

#### 4.4.3 *Therapeutic interventions*

The findings also have implications for therapeutic interventions used by counselling psychologists and other practitioners working with individuals with ASD and/or their partners or families. Before considering these, it is perhaps important to first highlight that even for practitioners not working in specific ASD services, it is highly likely that they will be working with ASD individuals at varying times. This is because firstly, ASD individuals are significantly more likely to experience mental health difficulties in comparison to the general population (Barnhill, 2007), and secondly, such individuals with ASD may present with potential challenges in a variety of settings including mental health teams, schools and universities as well as organisational contexts in which counselling psychologists are found working.

So in terms of therapeutic interventions, it may be important for practitioners to be aware of the varying types of identity challenges that ASD individuals might face. The experience of stigma, bullying and rejection all seemed to contribute towards a threat to identity and self-esteem. It may

be of value to the psychologist to be aware of the ways in which identity is managed, and whether these strategies serve to increase or reduce self-esteem. For example, as discussed, individuals who express their ASD identity to others can lead to positive effects such as support and acceptance. For those who struggle to express their identity, it could be useful for a therapist to explore ways in which the client might be able to share their diagnosis with supportive others. Furthermore, the findings highlight that the way in which 'difference' is seen can impact on self-esteem. Therefore, for psychologists working with ASD individuals, it highlights the importance of supporting clients to consider the ways in which they can view their characteristics as a positive difference rather than a disability. This may be facilitated through supporting clients to consider their strengths and positive qualities. It may also be helpful for clinicians to support ASD individuals in considering how all individuals have both strengths and weaknesses and that this in a way is part of the human condition that is universal to us all. Adapted versions of Cognitive Behavioural Therapy (CBT) have been recommended in NICE guidelines for adults with ASD (Autism in adults; NICE, 2012). This may be one way in which practitioners can help challenge negative self-views and recognise strengths.

Practitioners may also want to encourage individuals with ASD to find groups or supportive organisations that provide an atmosphere of acceptance and non-judgment. For example, online ASD communities strongly advocate the celebration of difference, as well as providing support, contact and possibly a sense of inclusion – something that was evidently lacking for some participants in the current study. Such strategies might facilitate the development of a more positive identity and essentially improved self-esteem and wellbeing.

In regards to social interaction, the current study highlighted how difficulties in social interaction could make encounters with a potential romantic partner challenging. It seems that such difficulties can leave individuals feeling anxious and in some cases this is managed through avoidance. Given that this can serve to maintain their levels of anxiety and prevent them from practising the social skills required to initiate and maintain romantic relationships, practitioners working with such individuals should pay attention to the possible ways in which clients with ASD could avoid such situations. It may be that they could be supported to find ways of breaking such cycles so that they can learn ways of facing fears and improving their social skills in this context. CBT may be one way of managing the anxiety and avoidance that individuals with ASD experience in romantic interactions as it has been found to be an effective intervention for social anxiety (Sofronoff, Attwood, & Hinton, 2005).



#### 4.5 Directions for further research

The current research provides a novel insight into the perspectives of individuals with ASD. Given that it is such an under-researched area, this project can be seen as a starting point from which many different questions can be explored.

It could be valuable to conduct a similar phenomenological enquiry into the perspectives of other individuals with ASD such as females or older men. It is difficult to conduct qualitative research with participants who have lower verbal or cognitive ability, yet at the same time, it is this group of individuals who are most likely to face the most marginalisation in society. Future research could implement creative means of reaching out to individuals who are less cognitively and verbally able in order to represent their voices in some capacity. Although their voices are missing from the literature and are perhaps more difficult to collect, their experiences are equally valuable and important. Greater inclusion of the experiences and needs of this population could lead to improved support and interventions that may help them to achieve the level of romantic intimacy that would be desirable and meaningful for them.

A further avenue for future research would be to gain a deeper exploration of the ways in which individuals with ASD actually manage their experience of romantic relationships. For example, this might be with a greater focus on understanding *how* individuals with ASD enter into relationships or how they are maintained. Perhaps a grounded theory approach would be helpful in illuminating the processes through which this is done.

Furthermore, the current study uncovered some interesting findings about gender identity. It could be argued that as gender identity is influenced by social norms and in part through social interactions (Jackson, 2004), if these individuals are less connected socially, then such rules and norms may not be so firmly internalised or entrenched as with typically developing individuals. A discursive analytic approach could be a valuable way of understanding how gender and romantic relationships are constructed by individuals with ASD. It would be interesting to see how such constructions enable individuals to make sense of their own experiences.

The experiences expressed within the current study seemed to lean more towards those of being out of a romantic relationship. Future research may wish to focus solely on the experiences of being in a romantic relationship, to give a deeper insight into this aspect of the phenomenon. Similarly,

the current study did not give a huge amount of insight into the sexual experiences of the participants. Further research could focus more on the subjective experiences of sexual intimacy, providing a greater understanding of the subjective experiences for this population. As both of these areas are hugely under-researched, a better understanding of these experiences could enable clinicians and services to better support individuals, their partners and families.

#### **4.6 Final conclusions**

The findings from this study highlight the shared universal need or significance of romantic relationships. They echo previous findings that the ability to form and maintain such relationships has a significant bearing on an individual's self-concept and self-esteem (Tolmand & McClelland, 2011) and therefore significant implications for psychological functioning and quality of life.

Throughout the process of reflection and meaning-making, the participants in this study expressed what a romantic relationship meant to them and what their desires, hopes and in some cases, fears were. The findings essentially highlighted that romantic relationships matter to these individuals. Whilst some had managed ways to successfully enter into and establish such relationships, for others a number of barriers seemed to exist which prevented them from entering one.

Their stories seemed to be coloured with both strong positive emotions, such as when entering into a relationship, being accepted and being wanted, as well as negative emotions, tied with rejection, being alone, and feeling excluded. The participants' reflections gave powerful insights into the impact that these experiences had on how they felt about themselves and their resulting wellbeing. They also highlighted how varied and contradictory their subjective experiences could be, indicating the value of conducting an in-depth and detailed exploration so that the true complexity of their lived experience can be heard.

I hope that I have convincingly outlined the valuable contributions and implications for counselling psychologists working with this population, giving a rich description of subjective and inter-subjective experiences, something that is at heart of our work and clinical practice.

## References

- Allison, C., Auyeung, B. & Baron-Cohen, S. (2012). Toward brief 'red flags' for autism screening: The short autism spectrum quotient and the short quantitative checklist in 1,000 cases and 3,000 controls. *Journal of the American Academy of Child & Adolescent Psychiatry*, 51(2), 202–12.
- American Psychiatric Association (1994). *Diagnostic and statistical manual of mental disorders (DSM-4)* (4<sup>th</sup> ed.). Text revised ed. Washington DC: American Psychiatric Association.
- American Psychiatric Association (APA) (2013). *Diagnostic and statistical manual of mental disorders (DSM-5)* (5<sup>th</sup> ed.). Arlington, VA: APA.
- Arnett, J.J. (2004). *Emerging adulthood: The winding road from the late teens through the twenties*. New York: Oxford University Press.
- Attwood, T. (1998). *Asperger's syndrome: A guide for parents and professionals*. London: Jessica Kingsley Publishers Ltd.
- Attwood, T. (2006). Asperger's syndrome. *Learning Disability Review*, 11(4), 3–11.
- Attwood, T. (2007). *The complete guide to Asperger's syndrome*. London: Jessica Kingsley Publishers Ltd.
- Bagatell, N. (2007). Orchestrating voices: Autism, identity, and the power of discourse. *Disability & Society*, 22, 413–426.
- Baker, D. L. (2011). *The politics of neurodiversity: Why public policy matters*. Boulder, CO: Lynne Rienner.
- Barkham, M., Hardy, G. E., & Mellor-Clark, J. (2010). *Developing and delivering practice-based evidence: A guide for the psychological therapies*. Oxford: John Wiley & Sons.
- Barnhill, G. P. (2007). Outcomes in adults with Asperger syndrome. *Focus on Autism and Other Developmental Disabilities*, 22(2), 116–126.
- Baron-Cohen, S. (2001). Theory of mind and autism: A fifteen year review. In Baron-Cohen, S., Tager-Flusberg, H. & Cohen, D. H. (Eds.), *Understanding other minds: Perspectives from developmental cognitive neuroscience* (2<sup>nd</sup> ed., pp. 3–20). Oxford: Oxford University Press.
- Baron-Cohen, S., Wheelwright, S., Hill, J., Raste, Y., & Plumb, I. (2001). The "reading the mind in the eyes test", revised version: A study with normal adults with Asperger syndrome or high-functioning autism. *Journal of Child Psychology and Psychiatry*, 42, 241–251.

- Baron-Cohen, S., Wheelwright, S., Skinner, R., Martin, J., & Clubley, E. (2001). The autism-spectrum quotient (AQ): Evidence from Asperger syndrome/high-functioning autism, males and females, scientists and mathematicians. *Journal of Autism and Developmental Disorders*, 31(1), 5–17.
- Baron-Cohen, S., & Wheelwright, S. (2003). The friendship questionnaire: An assessment of adults with Asperger syndrome or high-functioning autism, and normal sex differences. *Journal of Autism and Developmental Disorders*, 33, 509–518.
- Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, 117, 497–529.
- Bauminger, N., & Kasari, C. (2000). Loneliness and friendship in high-functioning children with autism. *Child Development*, 71, 447–456.
- Bauminger, N., Shulman, C., & Agam, G. (2003). Peer interaction and loneliness in high-functioning children with autism. *Journal of Autism and Developmental Disorders*, 33(5), 489–507.
- Bausinger, H. (1999). Intercultural demands and cultural identity. In T. Vestergaard, (Ed.), *Language, culture and identity* (pp. 259–282). Aalborg, Denmark: Aalborg University Press.
- Bellini, S. (2007). The development of social anxiety in adolescents with autism spectrum disorders. *Focus on Autism and Other Developmental Disabilities*, 21, 138–145.
- Bishop-Fitzpatrick, L., Minshew, N. J., & Eack, S. (2013). A Systematic review of psychosocial interventions for adults with autism spectrum disorders. *Journal of Autism and Developmental Disorders*, 43(3), 687–694.
- Booth T., Murray A. L., McKenzie K., Kuenssberg R., O'Donnell M. & Burnett H. (2013) Brief report: an evaluation of the AQ-10 as a brief screening instrument for ASD in adults. *Journal of Autism and Developmental Disorders*, 43(12), 2997–3000.
- Bowlby, J. (1969). *Attachment and loss*. Hogarth and New York: Basic Books.
- Bowlby, J. (1973). *Attachment and Loss: Separation: anxiety and anger*. London: Hogarth and New York: Basic Books.
- Breakwell, G. M. (1983). Formulations and searches. In G. M. Breakwell (Ed.), *Threatened identities* (pp. 3–26). New York: John Wiley & Sons.
- Breakwell, G. M. (1986). *Coping with threatened identities*. London: Methuen.

- Breakwell, G. M. (1992). Introduction. In G. M. Breakwell (Ed.), *Social psychology of identity and the self concept*. (pp. 1–8). London: Surrey University Press.
- Brewer, M. B. (1993). The role of distinctiveness in social identity and group behaviour. In M. Hogg & D. Abrams (Eds.), *Group motivation* (pp. 1–16). London: Harvester Wheatsheaf.
- Brewer, M. B., & Gardner, W. (1996). Who is this 'we'? Levels of collective identity and self-representations. *Journal of Personality and Social Psychology*, 71(1), 83–93.
- Brewer, M. B. (1991). The social self: On being the same and different at the same time. *Personality and Social Psychology Bulletin*, 17, 475–482.
- Brown, B. B. (1999). "You're going out with who?": Peer group influences on adolescent romantic relationships. In W. Furman, B. B. Brown, & C. Feiring (Eds.), *The development of romantic relationships in adolescence* (pp. 291–329). Cambridge: Cambridge University Press.
- Brown, J. D., & Whiten, A. (2000). Imitation, theory of mind and related activities in Autism—An observation study of spontaneous behaviour in everyday contexts. *Autism*, 4, 185–204.
- Brugha, T. S., McManus, S., Bankark, J., Scott, F., Purdon, S., Smith, J., & Meltzert, H. (2011). Epidemiology of autism spectrum disorders in adults in the community in England. *Archives of General Psychiatry*, 68, 459–466.
- Burke, P. J. & Stets, J. E. (2009). *Identity theory*. New York: Oxford University Press.
- Byers, E. S., Nichols, S., Voyer, S. D., & Reilly, G. (2012). Sexual well-being of a community sample of high-functioning adults on the autism spectrum who have been in a romantic relationship. *Autism*, 17(4), 418–433.
- Byers, E. S., Nichols, S., & Voyer, S. D. (2013). Challenging stereotypes: Sexual functioning of single adults with high-functioning autism spectrum disorder. *Journal of Autism and Developmental Disorders*, 43, 2617–2627.
- Centres for Disease Control and Prevention. (2012). Autism Information Centre: Facts about ASDs. Retrieved from <http://www.cdc.gov/ncbidd/autism/facts.html>.
- Chamberlain, B., Kasari, C., & Rotheram-Fuller, E. (2007). Involvement or isolation? The social networks of children with autism in regular classrooms. *Journal of Autism and Developmental Disorders*, 37, 230–242.

- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. London: Sage
- Connolly, J. A., & Konarski, R. (1994). Peer self-concept in adolescence: Analysis of factor structure and of associations with peer experience. *Journal of Research on Adolescence*, 4, 385–403
- Connolly, J. A., & Goldberg, A. (1999). *Romantic relationships in adolescence. The role of friends and peers in their emergence and development*. In W. Furman, B. B. Brown, & C. Feiring (Eds.), *The development of romantic relationships in adolescence* (pp. 266–290). Cambridge: Cambridge University Press.
- Corker, M. & Shakespeare, T. (Eds) (2002) *Disability/postmodernity: Embodying disability theory*. London: Continuum.
- Davidson, J., & Henderson, V. L. (2010). 'Coming out' on the spectrum: Autism, identity and disclosure. *Social & Cultural Geography*, 11(2), 155–170.
- Derogatis, L. R. (1997). The derogatis interview for sexual functioning (DISF/DISF-SR): An introductory report. *Journal of Sex & Marital Therapy*, 23(4), 291–304
- Dunphy, D. C. (1963). The social structure of urban adolescent peer groups. *Sociometry*, 26, 230–246.
- Eatough, V. & Smith, J. A (2008). Interpretative phenomenological analysis. In C. Willig & W. Stainton-Rogers (Eds.), *The Sage Handbook of Qualitative Research in psychology*, 67(3), 382–394.
- Eatough, V., & Smith, J. (2006). 'I was like a wild wild person': Understanding feelings of anger using interpretative phenomenological analysis. *British Journal of Psychology*, 97, 483–498.
- Eaves, L. C., & Ho, H. H. (2008). Young adult outcomes of autism spectrum disorders. *Journal of Autism and Developmental Disorders*. 38, 739–747
- Elliot, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, 38, 215–229.
- Elliott, R., & Shapiro, D. A. (1992). Client and therapist as analysts of significant events. In S. G. Toukmanian & D. L. Rennie (Eds.), *Psychotherapy process research: Paradigmatic and narrative approaches*. (pp. 163–186). London: Sage Publications.

- Erikson, E. H. (1968). *Identity: Youth and crisis*. New York: Norton.
- Festinger, L. (1954). A theory of social comparison processes. *Human Relations*, 7, 117–140.
- Finlay, L. (2002). Negotiating the swamp: The opportunity and challenge of reflexivity in research practice. *Qualitative Research*, 2(2), 209–230.
- Foley-Nicpon, M., & Lee, S. (2012). Disability research in counseling psychology journals: A 20-year content analysis. *Journal of Counseling Psychology*. 59(3), 392–398
- Frazier, T. W., Youngstrong, E. A., Speer, L., Embacher, R., Law, P., Contstantino, J., & Eng, C. (2012). Validation of proposed DSM-5 criteria for autism spectrum disorder. *Journal of American Academy of Child and Adolescent Psychiatry*, 51, 28–40.
- Furman, W., & Shafer, L. (2003). The role of romantic relationships in adolescent development. In P. Florsheim (Ed.), *Adolescent romantic relationships and sexual behaviour: Theory, research, and practical implications*. (pp. 175–210). Mahwah, NJ: Lawrence Erlbaum Associates.
- Furman, W., & Wehner, E. A. (1997). Adolescent romantic relationships: A developmental perspective. In S. Schulman & W. A. Collins (Eds.), *New directions for child development: Adolescent romantic relationships* (pp. 21–36). San Francisco: Jossey-Bass.
- Gadamer, H. G. (1990). *Truth and method* (2<sup>nd</sup> rev. ed). New York: Crossroad.
- Giles, 2013, D. C. (2013). ‘DSM-V is taking away our identity’: The reaction of the online community to the proposed changes in the diagnosis of Asperger’s disorder. *Health*, 0(0), 1–17.
- Giorgi, A. (1992). Description versus interpretation: Competing alternative strategies for qualitative research. *Journal of Phenomenological Psychology*, 23(2), 119–135.
- Goffman, E. (1959). *The presentation of self in everyday life*. New York: Anchor Books.
- Goffman, E. (1963). *Stigma: Notes on management of spoiled identity*. Englewood cliffs, NJ: Prentice-Hall.
- Goffman, E. (2006). Selections from *Stigma*. In L. J. Davis (Ed.), *The disability studies reader* (pp. 131–140). New York, NY: Routledge.
- Gougeon, N. A. (2010). Sexuality and autism: A critical review of selected literature using a social-relational model of disability. *American Journal of Sexuality Education*, 5, 328–361.

- Griffith, G. M., Tosika, V., Nash, S., & Hastings, R. P. (2011). 'I just don't fit anywhere': Support experiences and future support needs of individuals with Asperger syndrome in middle adulthood. *Autism, 16*(5), 532–546.
- Hazan, C., & Shaver, P. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology, 52*, 511–524.
- Health and Care Professions Council (2012). *Standards of conduct, performance and ethics*. London: Health Professions Council.
- Hedley, D. & Young, R. (2006). Social comparison processes and depressive symptoms in children and adolescents with Asperger syndrome. *Autism, 10*, 139–153.
- Heidegger, M. (1962). *Being and time*. Oxford: Blackwell.
- Hellemans, H., Colson, K., Verbraeken, C., Vermeiren, R., & Deboutte, D. (2007). Sexual behavior in high-functioning male adolescents and young adults with autism spectrum disorder. *Journal of Autism and Developmental Disorders, 37*(2), 260–269.
- Hénault, I. & Attwood, T. (2005). The sexual profile of adults with Asperger's syndrome: The need for understanding, support, and sex education. In I. Henault (2005), *Asperger's syndrome and sexuality: From adolescence through adulthood*. (pp. 183–192). London: Jessica Kingsley.
- Henault, I. (2006). *Asperger's syndrome and sexuality: From adolescence through adulthood*. London: Jessica Kinsley Publishers Ltd.
- Hendrickx, S. (2008). *Love, sex and long-term relationships: What individuals with Asperger syndrome really, really want*. London: Jessica Kinsley Publishers Ltd.
- Hobson, P. (2002,). *The cradle of thought*. London. Macmillian.
- Holliday, L. (2001). *Asperger syndrome in the family: Refining normal*. London: Jessica Kinsley Publishers Ltd.
- Howlin, P. (2000). Outcome in adult life for more able individuals with autism or Asperger syndrome. *Autism, 4*, 63–83.
- Howlin, P. (2003). Outcome in high-functioning adults with autism with and without early language delays: Implications for the differentiation between autism and Asperger's syndrome. *Journal of Autism and Developmental disorders, 33*, 3–13



- Howlin, P., Goode, S., Hutton, J., & Rutter, M. (2004). Adult outcome for children with autism. *Journal of Child Psychology and Psychiatry*, 45(2), 212–29.
- Howlin, P. (2004). *Autism and Asperger syndrome: Preparing for adulthood* (2<sup>nd</sup> ed.). London: Routledge.
- Husserl, E. (1927). “Phenomenology”. Edmund Husserl’s article for the Encyclopaedia Britannica (R.E. Palmer, Trans.). Reprinted from *Journal of the British Society for Phenomenology*, 2 (1971), 77–90; in *Husserl’s shorter works*, pp. 21–35.
- Huws, J. C. & Jones, S. P. (2008). Diagnosis, disclosure, and having autism: An interpretative phenomenological analysis of the perceptions of young people with autism. *Journal of Intellectual and Developmental Disability* 33(2), 99–107.
- Jackson, L. (2002). *Freaks, geeks and Asperger’s syndrome: A user guide to adolescence*. London: Jessica Kingsley Publishers.
- Jennes-Coussens, M., Magil-Evans, J. & Koning, C. (2006). The quality of life of young men with Asperger syndrome. *Autism*, 10(4), 403–414.
- Jobe, L. E., & White, S. W. (2007). Loneliness, social relationships, and a broader autism phenotype in college students. *Personality and Individual Differences*, 42, 1479–1489.
- Kapp, S. K., Gillespie-Lynch, K., Sherman, L. E., & Hutman, T. (2013). Deficit, difference, or both? Autism and neurodiversity. *Developmental Psychology*, 49(1), 59–71.
- Koller, R. (2000). Sexuality and adolescents with autism. *Sexuality and Disability*, 18(2), 125–135.
- La Greca, A., & Mackey, E. R. (2007). Adolescents’ anxiety in dating situations: The potential role of friends and romantic partners. *Journal of Clinical Child Psychology and Adolescent Psychology*, 36, 522–533
- Langridge, D. (2007). *Phenomenological psychology: Theory, research and method*. Harlow: Pearson.
- Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology*, 3(2), 102–120.
- Lawrence, D. H., Allekson, D. A., & Bjorklund, P. (2010). Beyond the roadblocks: Transitioning to adulthood with Asperger’s disorder. *Archives of Psychiatric Nursing*, 24(4), 227–238.

- Lawson, H. M., & Leck, K. (2006). Dynamics of internet dating. *Social Science Computer Review*, 24, 189–208.
- Lawson, W. (2005). *Sex, sexuality and the autism spectrum*. London: Jessica Kingsley Publishers Ltd.
- Levy, A., & Perry, A. (2011). Outcomes in adolescents and adults with autism: A review of the literature. *Research in Autism Spectrum Disorders*, 5, 1271–1282.
- Little, L. (2002). 'Middle-class mothers' perceptions of peer and sibling victimization among children with Asperger syndrome and non-verbal learning disorders. *Issues in Comprehensive Paediatric Nursing*, 25, 43–57.
- Lock, J., Ishijima, E. H., Kasari, C., & London, N. (2010). Loneliness, friendship quality and the social networks of adolescents with high-functioning autism in an inclusive school setting. *Journal of Research in Special Education Needs*, 10, 74–81.
- Lyons, E. & Coyle, A. (Eds.), (2007). *Analysing qualitative data in psychology*. London: Sage Publications.
- Lyons, E. (1996). Coping with social change: Processes of social memory in the reconstruction of identities. In G. M. Breakwell & E. Lyons (Eds.), *Changing European identities: Social psychological analysis of social change* (pp. 31–40). Oxford: Butterworth-Heinemann.
- Maslow, A. H. (1968). *Toward a psychology of being* (2<sup>nd</sup> ed.). Princeton, NJ: Van Nostrand.
- Mayes, S. D., Calhoun, S. L., & Crites, D. L. (2001). Does DSM-IV Asperger's disorder exist? *Journal of Abnormal Child Psychology*, 29, 263–271.
- McCall, G., & Simmons, J. (1978). *Identities and interactions*. Revised ed. New York: Free Press.
- Mehzabin, P., & Stokes, M. A. (2011). Self-assessed sexuality in young adults with high-functioning autism. *Research in Autism Spectrum Disorders*, 5, 614–621.
- Mitchel et al., (2006). Early language and communication development of infants later diagnosed with autism spectrum disorder. *Developmental and Behavioral Pediatrics*, 27(2), 69–78
- Molloy, H., & Vasil, L. (2004). *Asperger syndrome, adolescence and identity: Looking beyond the label*. London: Jessica Kingsley Publishers Ltd.
- Morris, J. (1991). *Pride against prejudice: Transforming attitudes to disability*. London: The Women's Press.

- Morris, J. (1996). *Encounters with strangers: Feminism and disability*. London: The Women's Press
- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counselling psychology. *Journal of Counseling Psychology*, 52(2), 250–260.
- Muller, E., Schuler, A., & Yates, G.B. (2008). Social challenges and supports from the perspective of individuals with Asperger syndrome and other autism spectrum disabilities. *Autism*, 12, 173–190.
- Ne'eman, A. (2010). The future (and the past) of autism advocacy, or why the ASA's magazine, *The Advocate*, wouldn't publish this piece. *Disability Studies Quarterly*, 30. Retrieved from <http://www.dsqsds.org/>
- NICE clinical guideline CG142 (2012). *Autism: recognition, referral, diagnosis and management of adults on the autism spectrum*. London, UK: National Institute for Health and Clinical Excellence.
- Oliver, M. (1990). *The politics of disablement*, London: Macmillan.
- Oliver, M. (1996). *Understanding disability*, London: Macmillan.
- O'Sullivan, L. F., Cheng, M. M., Harris, K. M., & Brooks-Gunn, J. (2007). I wanna hold your hand: The progression of social, romantic and sexual events in adolescent relationships. *Perspectives on Sexual and Reproductive Health*, 39, 100–107.
- Orsmond, G. I., Krauss, M. W., & Seltzer, M. M. (2004). Peer relationships and social and recreational activities among adolescents and adults with autism. *Journal of Autism and Developmental Disorders*, 34, 245–256.
- Ortega, F. (2009). The cerebral subject and the challenge of neurodiversity. *Biosocieties*, 4, 425–445
- Ozonoff, S., South, M., & Miller, J. N. (2002). DSM-IV defined Asperger syndrome: Cognitive, behavioural and early history differentiation from high-functioning autism. *Autism Journal of Research and Practice*, 4, 29–46.
- Portway, S., & Johnson, B. (2005). Do you know I have Asperger's syndrome? Risks of a non-obvious disability. *Health, Risk, & Society*, 7, 73–83.
- Pothier, D., & Devlin, R. (2006). *Critical disability theory: Essays in philosophy, politics, policy and law*. Vancouver, Canada. UBC Press.

- Potter, J., & Wetherell, M. (1987). *Discourse and social psychology: Beyond attitudes and behaviour*. London: Sage Publications.
- Punshon, C., Skirrow, P., & Murphy, G. (2009). The 'not guilty' verdict: Psychological reactions to a diagnosis of Asperger syndrome in adulthood. *Autism* 13(3), 265–283.
- Renty, J., & Roeyers, H. (2006). Quality of life in high-functioning adults with autism spectrum disorder: The predictive value of disability and support characteristics. *Autism*, 10, 511–524.
- Rosenfeld, M. J., & Thomas, R. J. (2012). Searching for a mate: The rise of the internet as a social intermediary. *American Sociological Review*, 77, 523–547.
- Roulston, K. (2010). Considering quality in qualitative interviewing. *Qualitative Research*, 10, 199–228.
- Sarrett, J. C. (2011). Trapped children: Popular images of children with autism in the 1960s and 2000s. *Journal of Medical Humanities*, 32, 141–153.
- Savarese, E. T., & Saverese, R. J. (2010). "The superior half of speaking": An introduction. *Disability Studies Quarterly*, 30(1), 16.
- Shaked, M., & Yirmiya, N. (2003). Understanding social difficulties. In M. Prior (Eds.), *Learning and behaviour problems in Asperger syndrome* (pp. 126–147). New York: Guilford Press.
- Shakespeare, T. (2013). The social model of disability. In L. J. Davis. (Ed.). *The disability studies reader*, (pp. 214–221). New York: Routledge.
- Shakespeare, T. & Watson, N. (2001). The social model of disability: An outdated ideology? *Research on Social Science and Disability, Exploring Theories and Expanding Methodologies*, 2, 9-28.
- Shtayermman, O. (2007). Peer victimization in adolescents and young adults diagnosed with Asperger's syndrome: A link to depressive symptomatology, anxiety symptomatology and suicidal ideation. *Issues in Comprehensive Paediatric Nursing*, 30, 87–107.
- Smith, J. A., Jarman, M. & Osborn, M. (1999). Doing interpretative phenomenological analysis. In M. Murray and K. Chamberlain (Eds.), *Qualitative health psychology: Theories and methods*, pp. 218–240. London: Sage Publications.

- Smith, J. A., & Dunworth, F. (2003). Qualitative methodology. In K. Connelly & J. Valsiner (Eds.), *The handbook of developmental psychology*. London: Sage Publications.
- Smith, J. A. & Osborn, M. (2003). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research method*, (pp. 51–80). London: Sage Publications.
- Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, 1, 39–54.
- Smith, J. A., & Osborn, M. (2008). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to methods* (2<sup>nd</sup> ed.) London: Sage Publications.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London: Sage Publications.
- Smith, J. A. (2011). Evaluating the contribution of interpretative phenomenological analysis. *Health Psychology Review*, 5, 9–27.
- Smith, J. A. & Shinebourne, P. (2012). Interpretative phenomenological analysis. In H. Cooper (Ed.), *APA Handbook of Research Methods in Psychology Research Designs*, 2, 74–81).
- Sofronoff, K., Attwood, T., & Hinton, S. (2005). A randomised controlled trial of a CBT intervention for anxiety in children with Asperger syndrome. *Journal of Child Psychology and Psychiatry*, 46 (11), 1152–1160.
- Sternberg, R. J. (1986). A triangular theory of love. *Psychological Review*, 93, 119–135.
- Stets, J. E., & Burke, P. J. (2000). Identity theory and social identity theory. *Social Psychology Quarterly*, 63(3), 224–237.
- Stokes, M. A., & Kaur, A. (2005). High-functioning autism and sexuality: A parental perspective *Autism*, 9(3), 266–289.
- Stokes, M. A., Newton, N., & Kaur, A. (2007). Stalking, and social and romantic functioning among adolescents and adults with autism spectrum disorder. *Journal of Autism and Developmental Disorders*, 37, 1969–1986.
- Strawbridge, R. & Woolfe, W. (2003). *Handbook of counselling psychology* (2<sup>nd</sup> ed). London: Sage Publications.

- Stryker, S. (1980). *Symbolic interactionism: A social structural version*. Menlo Park, CA: Benjamin/Cummings.
- Stryker, S. (1991). Exploring the relevance of social cognition for the relationship of self and society: Linking the cognitive perspective and identity theory. In J. Howard & P. Callero (Eds.), *The self-society dynamic: Cognition, emotion, and action* (pp. 19–41). Cambridge, England: Cambridge University Press.
- Sullivan, H. S. (1953). *The interpersonal theory of psychiatry*. New York: Norton
- Tajfel, H., & Turner, J. C. (1986). The social identity theory of intergroup conflict. In S. Wrochel & W. G. Austin (Eds.), *Psychology of intergroup relations* (pp. 7–24). Chicago: Nelson-Hall.
- Tarrant, M., MacKenzie, L., & Hewitt, L. A. (2006). Friendship group identification, multidimensional self-concept, and experience of developmental tasks in adolescence. *Journal of Adolescence*, **29**, 627–640.
- The British Psychological Society (2009). *Code of ethics and conduct*. Leicester: British Psychological Society.
- Thomas, C. (2004). Rescuing a social relational understanding of disability. *Scandinavian Journal of Disability Research*, *6*(1), 22–36.
- Tolman, D. L., & McClelland, S. I. (2011). Normative sexuality development in adolescence: A decade in review, 2000–2009. *Journal of Research on Adolescence*, *21*(1), 242–255.
- Underwood, M. K., & Rosen, L. H. (2011). *Social development: Relationships in infancy, childhood and adolescence*. New York: Guilford Press.
- Volden, J. (2004). Conversational repair in speakers with autism spectrum disorder. *International Journal of Language Communication Disorders*, *39*, 171–189.
- Wainscot, J. ., Naylor, P., Sutcliffe, P., Tantam, D., & Williams, J. (2008). Relationships with peers and use of the school environment of mainstream secondary school pupils with Asperger syndrome (high-functioning autism): A case control study. *International Journal of Psychology and Psychological Therapy*, *8*, 25–38.
- Wheelwright, S., Auyeung, A., Allison, C., & Baron-Cohen, S. (2010). Defining the broader, medium and narrow autism phenotype among parents using the autism spectrum quotient (AQ). *Molecular Autism*, *1*, 1–10.

- Whitehouse, A. J. O., Durkin, K., Jaquet, E. & Ziatas, K. (2009). Friendship, loneliness and depression in adolescents with Asperger's syndrome. *Journal of Adolescence*, 32, 309–322
- Willig, C. (2008). *Introducing qualitative research in psychology*. Maidenhead: Open University Press.
- Willig, C. (2012). *Qualitative analysis and interpretation in psychology*. Buckingham/Philadelphia: McGraw Hill/Open University Press.
- Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health*, 15, 215–228.
- Yardley, L. (2008). Demonstrating validity in qualitative psychology. In J. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (2<sup>nd</sup> ed). (pp. 235–251). London: Sage Publications.

## Appendix B: Background questionnaire



### Background Questionnaire

*As part of my research I hope to understand the experiences of a cross-section of men with Asperger's syndrome. In order to help me to explain the demographics of my participants, I would be very grateful if you could fill in the following form. All of your answers will remain completely confidential. Please feel free to leave any questions that you do not wish to answer.*

#### **Basic Background Information**

Age: \_\_\_\_\_ years

1. How would you describe your ethnicity?

##### **White**

- ☐ White British
- ☐ White any other background
- ☐ White and Black African

##### **Asian or Asian British**

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Any other Asian Background

##### **Chinese or other ethnic group**

- ☐ Chinese
- ☐ Any other ethnic group (please state): \_\_\_\_\_

##### **Mixed**

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian

##### **Black or Black British**

- ☐ Caribbean
- ☐ African
- ☐ Any other black background



**2. What is your nationality?**

---

**3. What is your employment status?**

☐ Student

☐ Unemployed

☐ Working part-time

☐ Working full-time

**4. Which of the following most closely matches your highest educational qualification?**

☐ GCSE/ Other equivalent

☐ A Level/ Other equivalent

☐ Diploma/ Other equivalent

☐ Bachelors degree

☐ Masters Degree

☐ PHD

**5. If you are currently working, what is your occupation?**

---

### Questions related to your diagnosis of Asperger's Syndrome

The following questions are related to your diagnosis of ASD. I have asked these questions as it would be helpful for me to describe the diagnostic background of the participants in my study.

1. What is your formal diagnosis?

☐ Asperger's Syndrome

☐ High-Functioning Autism

☐ Unsure

2. Do you remember at approximately what age you received this diagnosis?

\_\_\_\_\_ Years

### Autism Quotient Questionnaire

The following 10 questions have been designed to give an indication of how having Asperger's affects your day to day life. It is helpful for me to establish this so I am able to provide descriptive information about how Asperger's impacts upon the participants within this study.

Please tick just one option for each question:

1. I often notice small sounds when others do not

☐ Definitely agree    ☐ Slightly agree    ☐ slightly disagree    ☐ definitely disagree

2. I usually concentrate more on the whole picture, rather than the small details

☐ Definitely agree    ☐ Slightly agree    ☐ slightly disagree    ☐ definitely disagree

3. I find it easy to do more than one thing at once

☐ Definitely agree    ☐ Slightly agree    ☐ slightly disagree    ☐ definitely disagree

4. If there is an interruption, I can switch back to what I was doing very quickly

☐ Definitely agree    ☐ Slightly agree    ☐ slightly disagree    ☐ definitely disagree

5. I find it easy to 'read between the lines' when someone is talking to me  
☐ Definitely agree      ☐ Slightly agree      ☐ slightly disagree      ☐ definitely disagree
6. I know how to tell if someone listening to me is getting bored  
☐ Definitely agree      ☐ Slightly agree      ☐ slightly disagree      ☐ definitely disagree
7. When I'm reading a story I find it difficult to work out the characters' intentions  
☐ Definitely agree      ☐ Slightly agree      ☐ slightly disagree      ☐ definitely disagree
8. I like to collect information about categories of things (e.g. types of car, types of bird, types of train, types of plant etc)  
☐ Definitely agree      ☐ Slightly agree      ☐ slightly disagree      ☐ definitely disagree
9. I find it easy to work out what someone is thinking or feeling just by looking at their face  
☐ Definitely agree      ☐ Slightly agree      ☐ slightly disagree      ☐ definitely disagree
10. I find it difficult to work out people's intentions  
☐ Definitely agree      ☐ Slightly agree      ☐ slightly disagree      ☐ definitely disagree

**These 10 questions above were developed by:** Allison C, Auyeung B, and Baron-Cohen S, (2012) *Journal of the American Academy of Child and Adolescent Psychiatry* 51(2):202-12.

Please turn over for further questions...

Information related to your experience of romantic relationships

The following questions are related to your experience of romantic relationships. As this research is specifically exploring the experience of romantic relationships, this information will provide me with some key descriptive information about the participants' experience.

1. What is your current relationship status?

- ☐ Single
- ☐ In a relationship with a regular partner
- ☐ In a relationship with several regular partners
- ☐ Married
- ☐ Civil partnership
- ☐ Divorced/separated
- ☐ Widowed
- ☐ Other (please state) \_\_\_\_\_

2. Would you say that you been in a romantic relationship?

(The term 'romantic relationships' can mean different things to different people so I have purposely not pre-defined what this means; I am interested in what it means for you)

- ☐ Yes ☐ No (if you have ticked this, please skip to question no. 5)

3. If you answered 'yes' to the above question, how many romantic relationships would you say that you have been in (approximately)?

\_\_\_\_\_

4. At what age approximately did you first have this experience?

\_\_\_\_\_ Years

5. Would you say that you have had a sexual experience with another person?

(The term 'sexual experience' can mean different things to different people so I have purposely not pre-defined what this means; I am interested in what it means for you)

☐ Yes

☐ No (if you have ticked this, please skip to question no. 8)

6. If you answered 'yes' to the above question, how many sexual experiences would you say that you have had (approximately)?

\_\_\_\_\_

7. At approximately what age did you first have this experience?

\_\_\_\_\_ Years

8. How would you currently define your sexual orientation?

☐ Gay

☐ Straight

☐ Bisexual

☐ Other (please state) \_\_\_\_\_

**Thank you very much for sharing this background information with me. If you have any further questions or comments you can contact me, or my research supervisor on my contact details below:**

**Principal Researcher:**

Nicole Burnham, Trainee Counselling Psychologist, City University, London

Email address: \_\_\_\_\_

Phone: \_\_\_\_\_

**This research will be supervised by:**

Dr Deborah Rafalin, Senior Lecturer and HCPC registered Psychologist at City University, London.

Email address: \_\_\_\_\_

Phone: \_\_\_\_\_

# **Are you a man with Asperger's Syndrome or High-Functioning Autism?**

## **What is *your* experience of romantic relationships?**

**Would you be willing to tell me about this experience?**

**If you are aged between 18-30 and have a diagnosis of  
Asperger's Syndrome or High-Functioning Autism and would like  
to find out more, I would really like to hear from you.**

My name is Nicole Burnham and I am carrying out some research exploring how men with Asperger's or High-Functioning Autism experience romantic relationships. Hearing about your personal experience is very important and I hope that the research will lead to a better understanding of how men with these diagnoses might experience romantic relationships. If you would like to find out more, or are interested in taking part in this research, please contact me on the details below:

[REDACTED]  
phone: [REDACTED]

This research is part of my practitioner doctorate in Counselling Psychology at City University, London. My research supervisor is Dr Deborah Rafalin, Senior Lecturer and HCPC Registered Psychologist at City University, London.

[REDACTED]  
phone: [REDACTED]

Thank you very much!



This project has been approved by the Research and Ethics Committee of the Department of Psychology of City University London (project approval number PSYETH(UPTD) 12/13 21)

## Appendix E: Participant information sheet



### **Research about how young men with Asperger's syndrome and high-functioning autism experience 'romantic relationships'**

Thank you for your interest in taking part in this research project. The following information is to give you some details about the purpose of the project and what your participation will involve.

#### **Who am I?**

My name is Nicole Burnham and I am a Trainee Counselling Psychologist, completing my Doctorate at City University, London. As part of my training I am carrying out this research project.

#### **What is the project about?**

- The aim of this research project is to explore how men (aged 18-30) with Aspergers syndrome (AS) and high functioning Autism (HFA) experience romantic relationships. By 'experience of romantic relationships' this might mean what it is like to actually 'be in' a relationship, but also what it is like to not 'be in' or to have never 'been in' a relationship.

#### **Why take part?**

- Research is really important as it helps to identify and understand the needs of individuals with Autism Spectrum Conditions. There is very little research into how men with AS/HFA experience romantic relationships.
- A better understanding of the experiences and needs of individuals with AS/HFA means that professionals (e.g. charity workers, teachers, support workers, psychologists) can provide better support and understanding to such individuals.
- You may also find it personally beneficial to talk through your experience with another person.

#### **What would your participation involve?**

- Firstly, we will complete some short questionnaires together. These include questions relating to your background, your diagnosis and your history of romantic relationships. This will take approximately 20 minutes.
- Secondly, I will interview you about your experience of romantic relationships. I expect that this will take approximately 1-2 hours. There are no right or wrong answers and you can choose not to answer any questions you don't want to.
- Lastly, when the interview is finished I will give you an opportunity to ask any questions you might have about the interview.

#### **What else do you need to know?**

- The interviews will be recorded on a digital audio recorder.
- Recordings will be transcribed and stored electronically on a password protected computer.
- Your confidentiality and anonymity will be maintained at all times.
- You can withdraw from the study at any time with no negative consequences.
- The interview will take place at a venue of our joint agreement and at a time to suit you.

*Thank you for taking the time to read this information about my research. If you are still interested in taking part please contact me on the details on the following page.*

*You can call, text or email me. Thank you. Nicole*

*Contact details:*

**Principal Researcher:**

Nicole Burnham, Trainee Counselling Psychologist, City University, London

Email address: [REDACTED]

Phone: [REDACTED]

**This research will be supervised by:**

Dr Deborah Rafalin, Senior Lecturer and HCPC Registered Psychologist at City University, London.

Email address: [REDACTED]

Phone: [REDACTED]

This project has been approved by the Research and Ethics Committee of the Department of Psychology of City University London (project approval number PSYETH(UPTD) 12/13 21).



## Appendix F: Interview schedule

Thank you again for agreeing to take part in this study. Before we begin, I just wanted to remind you that I am audio taping this interview so that I can remember and write down the things that we talk about. This recording will be kept in a safe place and any transcriptions will be anonymised; your name will not be attached to any write up of this research.

1. The term 'romantic relationship' can mean different things to different people. Because of this there are no right or wrong answers. What does it mean to you?

Prompts:           How would you describe it?

How/is is it different to other kinds of relationships? (with friends/family/acquaintances)

In terms of what people do together/feel about each other/feel about themselves?

2. I would now like to ask you about your own experience of romantic relationships.

I can see from your background questionnaire, that you have/haven't been in a romantic relationship?

(for those that haven't go to question 7)

If it is OK with you, initially I would like to ask you a bit about one of these relationships in particular. Firstly, I would like to ask you a bit about how the relationship started and progressed.

Initially, can you tell me about how this relationship started?

Possible Prompts:

How did you meet?

Where did you meet?

Did you date first?

If so, who initiated this?

How did you feel about this person? What emotions did you feel?

Was your decision to initiate this relationship influenced by anyone else?

Did you encounter any challenges at the beginning of this relationship?

Were there parts that you enjoyed about the beginning of this relationship?

What was important for you at this stage of the relationship?

elicit positive/negative emotions/ambivalence)

For the question above and those below, I will follow them up, where appropriate, with a list of prompts:

*For some men, they feel that having ASD can impact on.....some feel that it does not. What is your experience?*  
*Did you tell the other person about your diagnosis?*  
*How did you feel about that?*  
*How did you feel about yourself?*  
*How, if at all, did it impact on:*  
*Your identity as a person /man?*

3. For some people, they feel that sexual contact is an important part of a romantic relationship, for others they do not. What is your experience?

Possible Prompts:

What does the term 'sexual contact' mean to you?  
Can you tell me more about that?  
How did you feel about this?  
Did you encounter any challenges or negative experiences?  
Did you encounter any positive experiences?  
How did you feel the other person?  
How did you feel about yourself? As a person/man?  
If no, how did you manage this? (masturbation/porn/other sexual options?)

(elicit positive/negative emotions/ambivalence)

4. Can I ask you now about how the relationship progressed?

Prompts: How did the relationship develop?  
What happened next?  
Did you do anything to help it progress?  
Did the other person do anything to make it progress?  
Did anybody else influence how the relationship did/didn't progress?  
Did anything change about:  
- How you felt about yourself (as a person/man/individual?)  
- How you felt they felt about you  
- How you defined the relationship (couple, lovers etc)  
- The things that you did together  
- Sexual contact  
Did you come across any challenges at this stage of the relationship?  
What were the positive/negative experiences at this stage?  
What was important to you at this stage of the relationship?

(elicit positive/negative emotions/ambivalence)

5. If the relationship came to an end, how did this happen?

Prompts: How did you know it was coming to an end?  
Who initiated the ending?  
How did you feel about this/what emotions did you feel?  
How did you feel about the other person?  
Was the ending of this relationship influenced by anyone else?  
Did you come across any challenges at this stage of the relationship?  
Were there any positive experiences at this stage?

(elicit positive/negative emotions/ambivalence)

6. If you are still in the relationship, do you have any thoughts about how this will or won't develop in the future?

Prompts: Do you have any desires about how this relationship will/will not develop?

- If not, why is this
- If yes, in what way
- Do you have any ideas of how the relationship will progress?
- Some people feel that marriage is a desirable outcome of a romantic relationship, others do not – what are your views?
- Some people feel that having children are a desirable outcome of a relationship others do not, what is your view?

(elicit positive/negative emotions/ambivalence)

(NOW GO TO QUESTION 8)

7. (Ask these questions for experiences that do not involve being in a romantic relationship)

Would you say that you have met anybody that you wanted to be in a relationship with but it didn't develop into a romantic relationship?

(If yes): Can you tell me about this?

Possible Prompts:

- Where did you meet this person?
- How did you feel about this person?
- What emotions did you feel?
- How did you feel about yourself?
- Did you/they attempt to initiate a relationship
  - If yes/no, were there any factors that influenced this decision (e.g. other people?)
- Did you encounter any challenges at this stage?
- Were there parts that you enjoyed/did not enjoy about this experience?
- What was important for you at this stage?
- Why do you think this interaction did not develop into a romantic relationship?

If no: Would you say that you would like to be in a romantic relationship in the future?

Possible prompts:

- Some people have an idea of the kind of person they would like to meet and some people do not: Do you?
- Do you have any idea about where you would want to meet them?
- Do you have any ideas of how the relationship will progress?
- What would be important to you in this relationship?

Would you feel that intimacy is an important part of that relationship?

Some people feel that marriage is a desirable outcome of a romantic relationship, others do not – what are your views?

Some people feel that having children are a desirable outcome of relationship others do not, what is your view?

8. Are there any other relationships/experiences that you would like to tell me about? These might include experiences where you were in a romantic relationship as well as those where you wanted to be but it didn't progress. Similarly, it may include those experiences where someone else wanted a relationship with you but it didn't progress.

If yes, repeat questions above as appropriate

9. How does this/these relationship/experience compare to other romantic relationships/experiences that you have had, if there are any?

Prompts:       What were the similarities and differences between these relationships?  
Were there:  
Differences, if any, in the way you felt about yourself  
Differences, if any, in the way you felt about the other person?  
Differences, if any, in the way you thought they felt about you?  
Differences, if any, in the way that ASD impacted on you?

10. Is there anything else you would like to tell me that you feel is important that I have not asked you about?

## Appendix G: Participant consent form



### Participant consent form

Thank you once again for your interest in taking part in this study. The purpose of this form is to ensure that you have read and understood the purpose of this study and what your participation will involve, so that you can give your informed consent should you wish to participate. The study is being undertaken as part of my practitioner doctorate in Counselling Psychology at City University, London, and aims to explore how men with an Autism Spectrum Disorder (ASD) personally experience romantic relationships.

Before giving your consent, please read through the following points and check that you understand and agree to them before signing below.

1. I confirm that I have read and understood the information sheet provided for the study.
2. I understand my participation involves an interview that will last approximately between 1 and 2 hours.
3. I understand that I can choose not to answer any questions that I do not want to answer.
4. I understand that my interview will be audio recorded and that this will only be heard by the researcher and her supervisor. This will be stored on a password protected laptop.
5. I understand that the interview will be transcribed but that my anonymity will be preserved as my name and any people or specific places will be removed.
6. I understand that my interview recording and transcripts will be destroyed within 5 years of completion of the research study.
7. I understand that this research will be written up as part of my doctorate in Counselling Psychology and that anonymised aspects of my interview may be published within this.
8. I understand that my participation is voluntary and I am free to withdraw my information at any time, without giving reason, during or after the interview.
9. I have had sufficient opportunity to ask questions about the research.

By signing below you are consenting to take part in the research study conducted by Nicole Burnham, Trainee Counselling Psychologist at City University, London and agree to all of the points above.

Name of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

On behalf of all those involved in the research, I agree to adhere to BPS and HCPC ethical guidelines. I agree to ensure that confidentiality will be maintained with regards to any audio recordings or transcriptions made with the above interviewee, as well as any published material. The anonymity of the above interviewee will be maintained throughout.

Name of Researcher: Nicole Burnham

Date: \_\_\_\_\_

Signature of Researcher: \_\_\_\_\_

Please also find the contact details of the researcher and research supervisor below:

*Contact details:*

**Principal Researcher:**

Nicole Burnham, Trainee Counselling Psychologist, City University, London

Email address: [REDACTED]

Phone: [REDACTED]

**This research will be supervised by:**

Dr Deborah Rafalin, Senior Lecturer and HCPC Registered Psychologist at City University, London.

Email address: [REDACTED]

Phone: [REDACTED]

This project has been approved by the Research and Ethics Committee of the Department of Psychology of City University London (project approval number PSYETH(UPTD) 12/13 21).

## Appendix H: Participant debriefing form and resource list



### Participant debriefing form and resource list

Thank you very much for your participation in this research. If you feel that any issues have arisen for you as a result of this interview, I have listed a number of organizations below, which offer support advice and/or counseling.

- ❖ **NHS services:** Your GP will be able to advise you on a number of services that are available to you. These services may vary slightly depending on where you live, but some examples include:

- Psychological therapies services
- Family planning services
- Sexual health clinics

You can also look online to find out what services are available near you:

<http://www.nhs.uk/servicedirectories/Pages/ServiceSearch.aspx>

- ❖ **British Psychological Society:** This organization provides a directory of chartered Psychologists:  
<http://www.bps.org.uk/e-services/find-a-psychologist/directory.cfm>
- ❖ **Health and Care Professionals Council:** The current regulatory body for psychologists and a number of other health and care professions.  
<http://www.hpc-uk.org/>
- ❖ **MIND:** This is a mental health charity that provides advice, support and a number of services for individuals affected by mental health difficulties.  
[www.mind.org.uk](http://www.mind.org.uk)  
0300 123 3393
- ❖ **Action for Asperger's:** This is a registered charity based in Northamptonshire offering 1:1 counseling as well as telephone and skype support for individuals with Asperger's syndrome.  
<https://www.actionforaspergers.org/>  
01832 272288
- ❖ **National Autistic Society Helpline:** This is the leading UK charity that provides information, support and advice for individuals on the Autistic spectrum.  
<http://www.autism.org.uk/helpline>  
0808 800 4104

- ❖ **A.S.S.G.O:** An online support network created by individuals with Aspergers for individuals with Aspergers.  
<http://www.assupportgrouponline.org>
- ❖ **Aspergers and ASD UK Online Forum:** An online forum for both young people and adults on the Autism Spectrum.  
<http://www.asd-forum.org.uk>
- ❖ **Danda:** (Developmental Adult Neuro-Diversity Association) has been set up for people with dyspraxia, Aspergers syndrome, ADHD and other related conditions. It provides support and advice.  
<http://www.danda.org.uk>
- ❖ **Wrong planet:** A web based community supporting individuals with Autism, Aspergers, ADHD and other related conditions.  
[www.wrongplanet.net](http://www.wrongplanet.net)
- ❖ **RELATE:** Offers advice, relationship counselling, sex therapy, workshops, mediation, consultations and support face-to-face, by phone and through this website.  
<http://www.relate.org.uk/home/index.html>  
0300 100 1234
- ❖ **Terrence Higgins Trust:** Sexual Health Charity  
<http://www.tht.org.uk/>  
0808 802 1221
- ❖ **PACE:** Charity supporting mental health and well-being of the lesbian, gay, bisexual and transgender community.  
<http://www.pacehealth.org.uk/>  
020 7700 1323
- ❖ **LLGS (London Gay and Lesbian Switchboard):** Provides information and support through a confidential helpline and also has an instant messaging service.  
<http://www.llgs.org.uk/>  
Helpline: 020 7837 7324
- ❖ **Gender Trust:** Charity helping anyone affected by gender identity issues  
<http://gendertrust.org.uk/>  
01527 894 838
- ❖ **Cope: Black Mental Health Foundation:** Black Mental Health Foundation is a not-for-profit voluntary organisation committed to working and providing quality and timely services for Black and Minority Ethnic (BME) mental health users.  
0121 356 9494



## Appendix I: Extract from annotated transcript

- 1 Interview transcription 5 (Key: R: Researcher, P: Participant)
- 2 R: ok, so my first question is, the term 'romantic relationship' means different things to
- 3 different people. I'm wondering what it means for you?
- 4 P: well I think, romantic is like holding hands and so forth and saying to other people this is my
- 5 girlfriend and so forth and like kissing and stuff.
- 6 R: ok, so when you say to somebody, 'this is my girlfriend'?
- 7 P: it means, saying that you are more than friends with this person
- 8 R: and what's involved in the more than just friends?
- 9 P: erm, I think it's, I think you can best say, not just liking them as a friend, but like, liking them.
- 10 R: ok... what do you mean by 'like-liking'?
- 11 P: well I consider it is the same as, erm, being able to be in someone's space without them
- 12 feeling uncomfortable about it.
- 13 R: and personal space means a proximity to someone?
- 14 P: yes, so being close and touching skin with someone and so forth and not just accidental
- 15 R: so one thing that is different in a romantic relationship is that people are physically closer to
- 16 each other. Erm and that's different from a friendship?
- 17 P: yes it is.. a friendship, you're friendly with them but you keep a space between you and
- 18 them
- 19 R: ok, erm. And you also said something about the way that you might feel towards them, the
- 20 feelings that you had, with a friend you like
- \* Romantic relationships involve physical closeness touch*
- \* Romantic relationships involve more physical contact than friendship*
- \* Romantic rels. are public to others.*
- Physical touch in relationships*
- Telling other people about the relationship*
- Comparison with friendship*
- More than friends.*
- Feelings - more than liking*
- Being comfortable with each other.*
- Being close - physical aspects*
- Comparison with friends*

\* Love is an important part of romantic relationships

\* Love involves stronger feelings

\* Love is expressed to a partner

- 21 P: Yeah, with a romantic relationship, you like, like them... you could say that you love them
- 22 R: so is love important?
- 23 P: oh yes it, it is
- 24 R: right, so if you love someone how do you feel differently do you think?
- 25 P: I think it's like stronger emotions and you spending more time together. And other inside
- 26 warm feelings.
- 27 R: ok
- 28 P: that's what I think
- 29 R: and what about the kinds of things you might do. Are they different or the same as other
- 30 relationships?
- 31 P: yeah, I think when you love someone you have erm, how I would say instead of, it's like
- 32 going above liking where you'll just hold hands and do things to show
- 33 R: to show?
- 34 P: to show you love them and that you, I don't know how you would actually put it into words
- 35 properly
- 36 R: I think, it sounds like something you might not have had to define like this before so it might
- 37 be quite challenging in this scenario... so don't worry that it's not easy to describe right now.
- 38 So you do different things, you feel differently.
- 39 P: yeah

have - feelings

→ important aspect of romantic relationship

→ Love = stronger feelings

↓  
Love = Spending more time together + then friendship?  
(compared with friends) Stronger feelings = feels warm → positive feelings?

→ Holding hands - physical aspect of romantic relationship.

or more than 'liking'

Expressing love / communicating to other that you love them.

→ Struggling to explain and find words.

\* Romantic relationships differ

40 R: ok. Erm, okay, so do you think, romantic relationships differ between different romantic  
41 relationships are they all the same?

42 P: I'm sure that they are all different but some things are the same

43 R: ok can you say more?

44 P: like how I describe if you found something's that match but there would be things that are  
45 different. But off the top of my head I can't pin them down

46 R: so some things would be different but some things would be similar but it's not easy to say...  
47 to think about what those things are now.

48 P: Yes.

49 R: Ok so now if I ask you a little but about your experiences. You told me in the questionnaire  
50 that there have been about 8 relationships that you have experienced in the past.

51 P: yeah

52 R: can you tell me about one of those in particular?

53 P: Yeah

54 R: Maybe how it started to begin with?

55 P: well I had this girlfriend... was someone who I was in school with. Because I've got a  
56 disability sometimes I miss things and sometimes I'm not sure if it was real or if it was not. I  
57 know it happened but the meaning of it...

58 R: ok.. so you know the relationship happened but.. the meaning of it. Can you say a bit more  
59 about that?

\* Having a disability means misinterpreting other's behaviour at times

Romantic relationships differ.

→ finding it hard to describe differences between relationships

Relationship from school.

→ Missing things as a result of disability  
→ awareness of how AS impacts?

→ Awareness of difficulties understanding the true status of rel.

→ Misunderstanding the situation...

3

60 P: like it wasn't proper romantic for them, they were just doing it because they felt sorry for  
61 the person sort of thing

62 R: and when you say the person is that you or someone else?

63 P: yeah, me or whomever

64 R: okay. Can you say what you mean by feel sorry for?

65 P: erm, the guy who's not very popular in school. The guy who tries to keep to himself and go  
66 through and yet there is the girl who wants to be around you and be close in friendship with  
67 you and you're trying to work out if they're doing this because they like you or are they doing  
68 it for other reasons and just playing about with you?

69 R: playing about with you?

70 P: I don't know, it's my words in it.

71 R: sorry I just wondered what it means?

72 P: so how a person would feel they want a romantic relationship with the other person but the  
73 other person is just going along and seeing what happens

74 R: so are you saying that erm, sometimes, you have been or might want a relationship but the  
75 other person doesn't know or is just going seeing what happens, or that they might be because  
76 they feel sorry for them?

77 P: Yes this is a sad story I know but at one point I was going out with a girl who was... how to  
78 try and say this correctly, properly; a mix of Irish and British. And how you felt really good in  
79 the relationship with them, you've gone through and done the usual things, going on dates bla  
80 bla bla, but afterwards when it's broken up, they don't want to, what's the word...  
81 acknowledge that it happened.

4

mismatch between  
other persons feelings  
intentions and participants

→ feeling sorry → other  
person thought less of  
them? felt vulnerable?

Not being popular →  
not as valued?

not as liked by others?  
↓ views of others?  
views of self?

Difficulty working out  
others' intentions.

→ Again, awareness  
of potential misunderstanding  
of the situation.

Sad story →  
His feelings?  
emotional impact  
of misunderstanding?

→ Sad that the  
girl didn't acknowledge  
it.

★ Having  
difficulties  
understanding  
others' intentions  
(romantic  
intent)

→ Not seeing  
Self as popular  
to others



82 R: ok, acknowledge that it happened?

83 P: yup and that the guy was making it up... you were just making it up and you were just

84 friends. I know, sad story but it's true

85 R: when you say sad story, it's that you felt sad about it?

86 P: sad as in that, you had the relationship with the person but they don't want to say that it

87 happened... and that it was a friendship. I was really confused and when I tried to ask why,

88 that's when she said I was making it up. It really hurt.

89 R: Yes, I understand... It sounds like it was quite a confusing situation and that it was quite

90 hurtful as well.

91 P: Yes. It was very confusing.

92 R: hmmm.... where did you meet this girl?

93 P: in high school.

94 R: so how old were you?

95 P: about 14/15.

96 R: so how did you know that you had romantic feelings for her or did you have romantic

97 feelings for her?

98 P: yep

99 R: ok, how did you know that?

100 P: I'm not sure how I can describe it but they were there and we were having a relationship

101 and so forth. But it's hard to define it

*Was it actually a relationship? Or did she just accuse him of lying?*  
*Confusion, Sadness, hurt = emotional impact of the other girl saying it wasn't a relationship.*

*→ Hard to describe feeling.*

*\*feeling hurt and confused other when relationship girl ~~wasn't~~ said it wasn't a relationship*

## Appendix J: An example of a summary table for one participant (Edward) with quote examples

Superordinate Theme	Master Theme	Subtheme	Quotes
Theme 1: Hopes and expectations of romantic relationships	What I think a romantic relationship is		21-26: Yeah, with a romantic relationship, you like, like them... you could say that you love them () I think it's like stronger emotions and you spending more time together. And other inside warm feelings. 4-5: Well I think, romantic is like holding hands and so forth and saying to other people this is my girlfriend and so forth and like kissing and stuff. 14: Yes, so being close and touching skin with someone and so forth and not just accidental. 7: Saying that you are more than friends with this person.
	Is a romantic relationship desirable?		637-638: I would like one in the future yes but I am a bit wary about how to do so because of my previous experiences.
	Marriage and children		662-663: No, no we're not followers of marriage in our family. We think it's a waste of time and money (). We're not religious, we feel that marriage is part of religion and we don't go in that way so we don't think it's important. 675-676: I would like to go out with my girlfriend and once all the pieces are in place, then going for a child () like having a home to live in, a good job and so forth.
Theme 2: Challenges in establishing a romantic relationship	Feeling unsure how to pursue and establish a romantic and sexual relationship		444-445: There hasn't been one {a romantic relationship} because a) I don't know how to go about doing it and b) going down bars and clubs and not knowing how to do it properly () because I don't have a group of friends for myself to go along with.
		Searching for a template	455: There is no guide book on how to date. {Researcher}: What do you think a guide book would help you with? 457: Erm, noticing hints, seeing who would be available and how to go about doing so.
	Challenges with communication and interaction	Finding conversation difficult	411-412: I knew there was a problem that I was unable to express myself and talk to strangers and so forth or get what I was thinking out into words but I didn't know why. 422-423: All I know was that sometimes I couldn't express myself and I wanted to and I would get annoyed with myself and get the words stuck but I couldn't explain why this was happening.
		Challenges understanding others' Intentions	55-61: Well I had this girlfriend was someone who I was in school with. Because I've got a disability sometimes I miss things and sometimes I'm not sure if it was real or if it was not () like it wasn't proper romantic for them, they were just doing it because they felt sorry for the person sort of thing. 87-88: I was really confused and when I tried to say why, that's when she said I was making it up. It really hurt.

		Challenges with emotional expression	34-35: To show you love them and that you, I don't know how you would actually put it into words properly.
		Things that helped communication	509-511: Well, I saw it was like a good thing because yes, you were talking to someone but weren't exactly taking the risk of being close with the person... and if you felt uncomfortable you could leave the arena. 481-483: Yes it's been like not a dating site but a art site I go to and talk to various people and being a friend to each other and it could develop to online relationships and I have talked to other people and gone to meet them as friends and so forth.
	Others perceptions of Asperger's		539-541: I guess one of the challenges would be mentioning it to other people... being someone who has Asperger's... seeing things differently to what Joe blogs on the street would see it as... what they would think about that is something I'm not really sure of. 688-690: I know it can be very hard for people with my disability as well as others because you don't, because it's not physical, it's mental, it's hard to explain to people. And getting into relationships without the odd looks is hard.
	Being turned down or rejected		153-155: I think it ended that we had a like a spring break or something and then I came back and started doing the same things but she was acting differently sort of thing. I didn't know why she broke it off. ..I thought it was a joke at first. It was very confusing and I was angry.
Theme 3: Establishing a romantic relationship	Positive feelings of entering and being in a romantic relationship		255-256: Well the nice feelings about it and how the girl has decided or picked you or something like that or () how you like the girl and the girl reciprocates, returns it to you () I would say I probably felt good about myself. Because I had someone that I could call my girlfriend and that I could talk about. 314-315: oh yeah, positive like, being with each other and showing where you live and inviting her over was positive. Sitting in your bedroom sort of stuff and being close that way. 535: We both had a few issues ourselves so we knew and could support each other and talk about it.
	Where physical contact and sex fits		284-285: I was taking it slow sort of thing () Erm, just being nervous about it and not wanting to go too far and things being taken the wrong way. 299-300: At the time, I didn't know too much about what was legal and so forth () like, I know you're allowed to buy cigarettes at 16 but I didn't know you were allowed to have s-e-x. 671-672: Erm, when I'm in a relationship and I do want to go further. When the girl is ready for it and does want to do it.
Theme 4: The Self	Difference and exclusion		255-256: I would say I probably felt good about myself. Because I had someone that I could call my girlfriend and that I could talk about.

			55-61: Well I had this girlfriend () was someone who I was in school with. Because I've got a disability sometimes I miss things and sometimes I'm not sure if it was real or if it was not () like it wasn't proper romantic for them, they were just doing it because they felt sorry for the person sort of thing.
	Feeling afraid		509-511: Well, I saw it was like a good thing because yes, you were talking to someone but weren't exactly taking the risk of being close with the person... and if you felt uncomfortable you could leave the arena {webpage}
	Not feeling capable		444-445: There hasn't been one {a romantic relationship} because a) I don't know how to go about doing it and b) going down bars and clubs and not knowing how to do it properly () because I don't have a group of friends for myself to go along with.



**Appendix K: A summary table for one superordinate theme (Challenges establishing a romantic relationship) with examples of quotes from all participants**

Superordinate Theme	Master Theme	Subtheme	Quote location	Examples of quotes
Theme 2: Challenges in establishing a romantic relationship	Feeling unsure how to pursue and establish a romantic and sexual relationship		4. 195-197, 8. 158-159, 4. 430-432, 2. 374-375, 5. 444-445, 2. 778-779, 8. 699-700, 3. 768-679, 6. 866-868, 8. 1120-1130, 8. 1102, 4. 419-421	4. 195-197: I think it {a romantic relationship} would be an interesting concept () but I don't really know how to go about it to be honest. 2. 374-375: I have absolutely no idea. And I have no idea how I would do it. So, if at any point, I do manage to get past step 1 {meeting a girl}... I wouldn't know what to do about step 2. 6. 357-358: Or when things are going good, there's a part of me that's thinking 'I'm gonna screw this up before too long. 5. 444-445: There hasn't been one {a romantic relationship} because a) I don't know how to go about doing it and b) going down bars and clubs and not knowing how to do it properly () because I don't have a group of friends for myself to go along with. 8. 699-700: I didn't know how kissing worked beyond two lips touching. 3. 768-679: It might sound odd to some people () I never openly admit it to people. Ok I'm admitting to it now, but out of this room I would never admit it. People have never asked me to be honest so I've not admitted it to anyone out of this room.
		Searching for a template	5. 455, 4. 397-400, 2. 806-807, 7. 160-162, 7. 179-183	5. 455: There is no guide book on how to date. {Researcher}: What do you think a guide book would help you with? Erm, noticing hints, seeing who would be available and how to go about doing so. (5., 457) 4. 397-400: The way I see things. I'd just like to try and work around it. I consider myself that I do learn differently to other people. I mean there may be things such as help, you know suggestions or practical help () how to meet and get together with people and maybe there were some intimacy sessions as well. And maybe it could be a coaching thing () learning. I mean, I don't instantly or instinctively know the things that most people know. 2. 806-807: Hmm... I suppose there, well, experience would be one thing but I suppose if you talk to someone who has that experience and someone who can lay down the dos and don'ts () ideally for me, if there were rules to follow, if there was a script laid out it would be that much easier.

	Challenges with communication and interaction	Finding Conversation Difficult	3. 387-388, 8. 109-11, 8. 115-118, 2. 295-299,	<p>3. 387-388: It could be the fact that they've {men with AS} been rejected before and it may be because they'll be going to a public place like a club or something like that, they're on their own and they approach a woman and they're rethinking what do I say to them, and it could be a fact that they could say the wrong thing and it could really shatter their confidence if they get rejected and it could put them off the dating scene altogether.</p> <p>8. 109-111: I think I went through to actually meet her, and I just was basically a shy introvert at that first meeting () I didn't say much, I sort of froze inside my shell.</p> <p>2. 295-299: I don't exactly, wouldn't want to use a pick up line because I don't wanna look like an idiot () I mean there must be tons out there... and I'm thinking what one do I use, which one would be the most effective. And chances are I'm going to possibly pick the worst one.</p>
		Challenges understanding others' intentions	2. 466, 8. 172-173, 3. 397-398, 5. 55-61, 5. 87-88, 4. 336-337, 4. 355-358	<p>2. 466: I suppose any flirting that would happen would just completely go right past me.</p> <p>8. 172-173: Apparently I pushed her off when she tried to kiss me I think and I don't remember doing that... probably because I don't know how to kiss people... or didn't at that point.</p> <p>3. 397-398: With Aspie men, it's like when to decode like when someone's smiling at you and whether this is just in a friendly way or is it more, it's trying to make that distinction.</p> <p>5. 55-61: Well I had this girlfriend () was someone who I was in school with. Because I've got a disability sometimes I miss things and sometimes I'm not sure if it was real or if it was not () like it wasn't proper romantic for them, they were just doing it because they felt sorry for the person sort of thing.</p>
		Challenges with emotional expression	2. 424-425, 5. 34-35, 3. 474-475, 6. 495-497, 1. 609-610	<p>2. 424-425: I mean it must be really easy for people to say 'I like you'. But how would you even go about even saying that.</p> <p>5. 34-35: To show you love them and that you, I don't know how you would actually put it into words properly.</p> <p>3. 474-475: I do care deeply about things and I know it's hard to explain to people but I do care and it's just showing it sometimes. I'm not the best at that.</p> <p>6. 495-497: I probably gave it away that that was how I felt towards her really and I think I've done that to a few women. Where I've sort of been hanging around them and they may well have found me a bit creepy. I certainly haven't intended that, it's just how it's sort of come across</p>

				1. 609-610: Like from their perspective. Erm it's like {partners name} said he found it very hard to connect with me. Because I didn't... I wasn't able to express emotions there and then. It would take me a bit of time.
		Things that helped communication	8. 841-842, 1. 130-133, 1. 155-157, 5. 509-511	8. 841-842: I wrote another letter... I was sat there one afternoon trying to pluck up the courage to actually call the number that I had for this address and I couldn't. 1. 130-133: I'm not very expressive () I can express it through writing but I can't express it very much face to face. 1. 155-157: I'm able to speak more freely. I'm able to say what I think – whereas when I'm with somebody I tend to, if I'm out somewhere I tend to keep a low key on things. I don't generally talk I don't generally do anything. 5. 509-511: Well, I saw it was like a good thing because yes, you were talking to someone but weren't exactly taking the risk of being close with the person... and if you felt uncomfortable you could leave the arena.
	Others perceptions of Asperger's		3. 816-817, 3. 299-300, 1.207-208, 1. 242, 4. 211-216, 8.1190, 6. 830-835, 6. 900-902, 7, 537, 7. 544-549	3. 299-300: I mean, there is a misconception of people with AS that they don't care or have cold-hearted feelings. 1. 207-208: One of them {romantic interest} turned around and from what they'd heard of, they said I would be destructive, aggressive, emotionless and everything else. 4. 211-216: I suppose I would, I would have to wouldn't I really () Well they would just go on thinking, 'what's the matter with him' sort of thing you know () they would probably have to have an understanding of it to some extent. 8. 1190: And I basically said in this profile that I'm not a party animal, I'm also... I don't want to waste your time if that's what you're looking for and I said I've got Asperger's so I don't always know what to say... I can't remember exactly what I said, but it also means that on the plus side, I'm honest and loyal. 6. 830-835: I think I'd keep it to myself really until I know her better, really () I think then I would probably say, look there's something I need to tell you and say look I have this, you know, it doesn't affect how I do stuff, but there's just going to be parts of my behaviour you might find a little bit odd. 7. 537: In your own country people look at you and think you're a weirdo.
	Being turned down or rejected		7. 352-355, 7. 368-370, 8. 1210-1211, 4. 232-233, 4. 287-294	7. 352-355: Just vulnerable, just kind of, it's like anything you just kind of like it hurts your soul () It hurt me that badly in all honesty I was in tears like every day for about six months afterwards, I was that upset, I was just distraught.

				<p>8. 1210-1211: It can knock my self-confidence, thinking well 'why doesn't anybody want to be with me? Am I unlikeable? Am I undateable?'</p> <p>4. 232-233: I mean in the past, anything like rejection has been seen as a one-way thing to me. It's kind of like a downward spiral. () Just that you can't see yourself any other way other than what that person has explained you as.</p>
--	--	--	--	---

## Appendix L: A summary table of all themes with quote locations from all participants

Superordinate Theme	Master Theme	Subtheme	Location of quotes
Theme 1: Hopes and expectations of romantic relationships	What I think a romantic relationship is		5. 4-5, 5.7, 5. 14, 5. 21-26, 3. 6-9, 7. 68-70, 2. 205-206, 2. 212-213, 6. 36-38, 8. 10, 7. 12, 2. 140-141, 1. 43, 1. 60-61, 2. 102-104, 8. 24, 4. 12-13, 8. 15-16, 8. 56, 2. 47-48, 2. 120-122, 2. 145-146, 3. 27-33, 3. 59-63, 4. 8, 4. 29, 4. 29-30, 6. 24, 7. 56-60, 1. 9-11, 1. 6-7
	Is a romantic relationship desirable?		8. 342-343, 8. 352-354, 4. 317-318, 6. 653-652, 4. 122-124, 2. 1. 260-264, 8. 276-277, 8. 375, 2. 264-272, 2. 791-792, 6. 246-248, 1. 324
	Marriage and Children		2. 531-535, 2. 636-639, 2. 686, 5. 662-663, 3. 610-611, 4. 478-479, 6. 732-733, 6. 741-744, 5. 675-676, 6. 718-720
Theme 2: Challenges in establishing a romantic relationship	Feeling unsure how to pursue and establish a romantic and sexual relationship		4. 195-197, 8. 158-159, 4. 430-432, 2. 374-375, 5. 444-445, 2. 778-779, 8. 699-700, 3. 768-679, 6. 866-868, 8. 1120-1130, 8. 1102, 4. 419-421, 8. 656-657, 8. 1121-1123, 8. 1078-1079, 2. 291-295, 2. 312-213, 2. 389-392, 4. 318-319, 4. 512-514
		Searching for a template	5. 455, 4. 397-400, 2. 806-807, 7. 160-162, 7. 179-183, 4. 303-304, 4. 429-432
	Challenges with communication and interaction	Finding conversation difficult	3. 387-388, 8. 109-11, 8. 115-118, 2. 295-299, 8. 386-387, 8. 169, 8. 685, 8. 147-148, 8. 173-175, 8. 131, 2. 439-481, 3. 385-389, 4. 377-379, 6. 503-505
		Challenges understanding others' Intentions	2. 466, 8. 172-173, 3. 397-398, 5. 55-61, 5. 87-88, 4. 336-337, 4. 355-358, 8. 1221-1222, 8. 710-712, 2. 475-477, 3. 399-401, 4. 148-149, 6. 151-155
		Challenges with emotional expression	2. 424-425, 5. 34-35, 3. 474-475, 6. 495-497, 1. 609-610, 2. 594-600, 6. 316-317, 6. 382-385, 1. 129-133, 1. 147-150
		Things that helped	8. 841-842, 1. 130-133, 1. 155-

		communication	157, 5. 509-511, 5.418-413, 8. 831-832, 8. 841-842, 8. 185-186, 1. 427-428, 1. 488-490
	Others perceptions of Asperger's		3. 816-817, 3. 299-300, 1.207-208, 1. 242, 4. 211-216, 8.1190, 6. 830-835, 6. 900-902, 7, 537, 7. 544-549, 5. 539-541, 5. 688-690, 3. 101-103, 3. 122-126, 3. 786-781
	Being turned down or rejected		7. 352-355, 7. 368-370, 8. 1210-1211, 4. 232-233, 4. 287-294, 5. 153-155, 8. 191-192, 8. 652-654, 4. 242, 243, 4. 248-250, 6. 560-562, 6. 237-242, 7. 288-292
Theme 3: Establishing a romantic relationship	Positive feelings of entering and being in a romantic relationship		5. 314-315, 5.535, 7. 427-432, 3. 166-167, 8. 650, 5. 255-256, 7. 435-437, 3. 238-240, 7. 767-769, 3. 160-162, 3. 178-179, 3. 258-262, 7. 348-352, 7. 370-361, 1. 235-237
	Where physical contact and sex fits		5. 671-672, 7, 827-828, 7. 845-850, 1. 520-521, 3. 667-669, 3. 689-691, 5. 284-285, 5. 299-300, 4. 365-366, 7. 804-806, 7. 871-875, 1. 545-547
Theme 4: The Self	Difference and exclusion		5. 55-61, 5. 255-256, 1. 542, 3. 238-240, 4. 317-318, 4. 397-400, 4. 355-358, 6. 653-652, 6. 866-868, 8. 1120-1130, 3. 768-679, 7. 160-162, 4. 336-337, 6. 830-835, 7. 537
	Feeling afraid		5. 509-511, 2. 260-264, 3. 816-817, 8. 109-111, 2. 295-299, 8. 115-118, 8. 841-842
	Not feeling capable		5. 444-445, 2. 395-397, 4. 587-588, 4. 633, 4. 430-432, 6. 732-733, 8. 1210-1211, 4. 287-294, 4. 478-479, 6. 357-358, 6. 900-902, 4. 232-233

**Appendix M: Summary table of superordinate themes, master themes, and subthemes**

<b>Superordinate Theme</b>	<b>Master Theme</b>	<b>Subtheme</b>
Theme 1: Hopes and expectations of romantic relationships	What I think a romantic relationship is	
	Is a romantic relationship desirable?	
	Marriage and Children	
Theme 2: Challenges in establishing a romantic relationship	Feeling unsure how to pursue and establish a romantic and sexual relationship	
		Searching for a template
	Challenges with communication and interaction	Finding conversation difficult
		Challenges understanding others' Intentions
		Challenges with emotional expression
		Things that helped communication
	Others perceptions of Asperger's	
	Being turned down or rejected	
Theme 3: Establishing a romantic relationship	Positive feelings of entering and being in a romantic relationship	
	Where physical contact and sex fits	
Theme 4: The self	Difference and exclusion	
	Feeling afraid	
	Not feeling capable	

## **Part 2 - Publishable Paper**

***'Well there is no guide book on how to date':* The challenges of establishing a romantic relationship for young men with a high-functioning autistic spectrum disorder.**



**Part 3 - Professional Practice: Client Study**

*The use of cognitive analytic therapy as a way of working through challenges in establishing trust, emotional intimacy and isolation*

## **1. Introduction and the beginning of therapy**

### **1.1 Introduction**

This client study presents the early therapy journey of a client who experienced long-standing difficulties in establishing close, intimate relationships with others, leaving her feeling isolated, alone and unhappy. The client has been given the pseudonym 'Faye' to maintain her anonymity. The process of entering into therapy in many ways reflected the core things that Faye found difficult. It challenged her to engage in some level of emotional intimacy through being open about her difficulties and express her painful emotions. As a result of Faye's difficult childhood, characterised by abusive, punishing and abandoning caregivers, she found it incredibly hard to trust others, including me as a therapist. Using cognitive analytic therapy (CAT), Faye and I explored her early relational experiences to gain an understanding of how they had impacted on her way of relating today. In particular, Faye's patterns of relating were powerfully enacted within the therapy relationship, which acted as a valuable way of gaining insight and working through her interpersonal difficulties. The early phase of therapy was characterised by some turbulent shifts in the therapy dynamic but through the explicit exploration of this relationship, the threats and ruptures to the therapeutic alliance were worked through and overcome. The work also demonstrates the importance of gaining a shared and accurate formulation of the clients' difficulties, highlighting how this can lead to a focus for future therapeutic work and hope for change. It was hoped that the in-depth exploration and reflection of this early phase of therapy would benefit Faye through enhancing my understanding of her difficulties.

### **1.2 Summary of theoretical approach**

The therapeutic approach adopted was CAT, which integrates psychoanalytic and cognitive-behavioural models, offering a time limited (often 16–24 sessions), collaborative and relational approach to therapeutic change (Ryle & Kerr, 2002; Kerr, 2005). CAT draws from personal construct theory and object relations theory (Ryle, 1985; Denman, 2001) and posits that representations of the self, others and the world develop socially through early interactions with significant caregivers (Ryle & Kerr, 2002; Kerr, 2005). These internalised representations are termed 'reciprocal roles'. Reciprocal roles are thought to be experienced, enacted, avoided and elicited through a number of procedures (reciprocal role procedures). These procedures are sequences of feelings, thoughts (perceptions, appraisals, predictions) and behaviours. They are thought to determine current patterns of relationships with others as well as relationships to the self (Kerr, 2005).

CAT is aimed at identifying (and ultimately changing) negative procedures that maintain psychological distress (Denman, 2001; Kerr, 2005). A phase-based approach to change is used. The first is the *reformulation* phase, in which the therapist and client develop a collaborative and explicit understanding of the client's ways of relating or 'repertoire of procedures' (Ryle & Kerr, 2002). Tools such as a 'reformulation letter', which give a narrative explanation of their relational patterns, are often used to explicitly share such understanding (Ryle & Kerr, 2002; Llewelyn, 2003). In the second phase, the client is supported to *recognise* such patterns which maintain their difficulties and thirdly, they are helped to *revise* these by developing alternative ways of relating (Ryle & Kerr, 2002).

CAT was originally developed as a trans-diagnostic treatment (Margison, 2000) although research suggests that it is often selected in routine practice for patients with personality disorders or more complex difficulties (Mace, Beeken, & Embleton 2006; Marriott & Kellett, 2009). Calvert and Kellett (2014) highlight that this is often because it is time-limited and thus cost-effective, and can offer a relational-based approach to clients with intense difficulties in intra/interpersonal relating. Indeed, in the NICE guidelines, CAT is recommended as a potential treatment approach for borderline personality disorder (BPD; NICE, 2009), which is characterised by significant difficulties in interpersonal functioning (APA, 2013).

### **1.3 Context and referral**

I saw Faye within a secondary care NHS service in London, following a referral by her GP for low mood, stress and anxiety. Faye was initially seen by an independent assessor who reported a number of difficulties. The assessment report highlighted that Faye had become increasingly isolated and had little motivation to see friends. She had reported becoming increasingly angry with others which had become particularly problematic at her work; she told the assessor that she had received a formal warning for confrontational and aggressive behaviour with colleagues. Difficulties sleeping, persistent feelings of agitation and restlessness were also highlighted in the report. Faye was referred to the CAT team as protocol within the service was to refer clients for CAT whose primary difficulties were problematic interpersonal relationships, rather than a primary diagnosis of PTSD or OCD for example.

### **1.4 The first session – Initial impressions and behaviour**

Prior to meeting with Faye I had heard her described by reception staff as 'demanding' and 'intimidating'. As a result of such descriptions I felt somewhat anxious about my first session with her. When I met Faye, she was a small, slim, casually dressed black woman in her early thirties. She seemed a little hostile initially, using short and blunt responses and gave little eye contact. At other

times she seemed to stare quite intensely which left me feeling slightly intimidated. I took mental note of my emotional response within the session to later inform my understanding of the key reciprocal roles that might be present for Faye (Kerr, 2005).

Faye also let me know that she did not want to complete the outcome questionnaire (given to all clients at the beginning of therapy as a service requirement). She told me that she hated completing questionnaires but did not elaborate on why at that stage.

### **1.5 Presenting difficulties**

Faye described a number of difficulties that had led her to seek therapy. Firstly, she described feeling “miserable all the time”. She told me that she hardly ever saw friends or family as she “preferred to be alone”. She expressed an increasing difficulty in being able to trust other people, describing how they “constantly let her down”. She gave examples of how friends would cancel plans or not return phone calls. She also told me about arguments with colleagues at work (described in the assessment report), explaining that she felt undervalued and disrespected at work; this made her feel angry and “snappy” with others. She explained that a colleague at work, with whom she had a more trusting relationship, suggested that she sought help for managing her anger. Faye feared she might lose her job if she had another angry outburst at work.

Faye also spoke about her difficulty sleeping, which was partly due to distressing nightmares about memories from her past. She talked to me about how this would often bring up very difficult emotions, which she found hard to describe. She told me that she tried to avoid experiencing such memories and associated negative emotions by drinking (up to a bottle of wine per night) or buying things such as clothes online, which had resulted in a large build-up of debt. She told me how these strategies provided some short-term relief but did not prevent negative memories or emotions in the long term.

### **1.6 Background information**

Faye was born in Jamaica but moved to the UK when she was nine years old. She lived with her grandparents in Jamaica as she reported that her mother was “too young” to look after her – she was sixteen when she gave birth to Faye. She saw her mother on weekends and her father lived in the same town but she had no contact with him. Faye had some happy memories until the age of six and in particular reported a close relationship with her grandfather. Faye described how “life changed” when she was six years old. She told me how she was repeatedly sexually abused by her stepfather. The abuse initially consisted of sexual touching of Faye’s body, which later progressed to penetrative sexual intercourse. She explained that this would happen whenever her mother was out

of the house at weekends, which was around once a month. This continued intermittently until she was nine years old when she came to live in the UK. Faye described how no one knew about the abuse and she remembers feeling unable to tell anyone about it as a child.

Faye described how the physical impact of the sexual abuse left her with incontinence problems, leading her to wet the bed and to have urinary “accidents” at school. She remembers being punished by her grandmother and being ridiculed at school for smelling of urine. She explained that she did not perform well academically and was frequently told off for not concentrating and being rebellious and angry at home. She described herself as a “problem child” and told me that her grandmother would sometimes punish her by hitting her with a cane. Faye remembers spending a lot of time alone between the ages of six and nine, but cherished the time spent with her grandfather and explained that he would often protect her from her grandmother’s punishment.

Faye came to live in the UK with her maternal auntie when she was nine as the family told her she would have “a better life”. On reflection as an adult, she thinks this was because she was a “naughty kid” and that her grandmother could not “cope” with her. She spoke about feelings of excitement when she moved and felt like she had been “freed” (from her stepfather in particular) and had “won the lottery”. However, she also described feelings of rejection and abandonment by her grandparents. She described her auntie as caring and supportive and referred to her as “mum”. Faye reported that she enjoyed school in the UK, although had few close friends’ something that she also reported in her current life as well. She enjoys her work as a shop assistant and currently lives alone. She told me that she had never had a “serious” romantic relationship and had never had a sexual relationship.

## **1.7 Understanding of the problem**

In Faye’s current life situation, she appeared to anticipate that others were not to be trusted, fearing that they would let her down or take advantage of her. In order to manage this, she told me that she ‘keeps her guard up’, which she described as being blunt towards others or by being rude. This sometimes led others to avoid her or become angry in retaliation. This could be described as a problematic reciprocal role procedure, which left her feeling safe from potentially abusive or abandoning others, but served to reinforce her belief that others would treat her in an abusive or dismissive way, as well as leaving her feeling isolated and alone.

This procedure also seemed present within the first therapy session; her hostility and bluntness may have been a procedure in response to anticipating me as an ‘other’ who will inevitably let her down, abandon, or abuse. This may have been further triggered by her potentially seeing me as a more

‘powerful’ other, which is sometimes implicitly implied in the therapy relationship (Hepple, 2006), and thus evoked the feelings of powerlessness that she reported experiencing as a child. Her limited responses and refusal to complete the questionnaire may have served as a procedure to feel more in control.

An alternative response or procedure to anticipating that others would be dismissive or neglectful was that Faye kept her vulnerable and painful feelings from others, anticipating that they would dismiss her feelings in some way. She described that “no one really knows me”, highlighting the impact of keeping her vulnerable feelings hidden. It may be also be that this prevented her from receiving authentic and caring responses from others, again reinforcing her belief that others were dismissive of her feelings. In her relationship to herself, this pattern of dismissing her own feelings was also evident. She and I talked about how when she experienced difficult emotions, she either drank alcohol to “numb her feelings” or bought herself a new item of clothing which gave her a “quick fix” emotionally. Whilst these behaviours provided short term relief, in the long run they served to reinforce that her feelings were overwhelming and unmanageable.

The experience of feeling abused, dismissed and punished was evident in Faye’s early relationships with her abusive and controlling stepfather and her abusive, dismissing and punishing grandmother. She described how she had nobody to turn to for support and felt completely unprotected, abandoned and let down by adults around her. Her current reciprocal role procedures seemed to stem from those she used as a child. She described how her anger and rebelliousness as a child acted to keep others away. She told me that she would “look at people like dirt” so they would not talk to her, leaving her feeling safe, but alone. Moreover, these experiences left her with a sense that nobody would be there for her; she felt ignored and abused and believed that she had to deal with things on her own.

## **1.8 Contract and therapeutic aims**

It was agreed in supervision that I would offer Faye 24 sessions of CAT, the maximum possible. This decision was made due to her complex history and potential difficulties in developing a trusting relationship, as highlighted in the initial assessment. Research also suggests that 24-session of CAT is more effective when used with clients with histories of significant abuse and neglect (Kalvert & Kellet, 2014).

At the first session I shared the basic goals of the CAT approach with Faye, highlighting that the first five to six sessions would be used to gain a shared understanding of her difficulties, how they developed and how they were maintained (reformulation). I explained that we would be focusing

on her relationships with others and with herself, looking for patterns and how these might have developed from her early experiences. I told Faye that I would give her a letter at the end of this phase (reformulation letter) to bring these factors together in order to give us some goals to work with for the remainder of the therapy (Kerr, 2005).

## **2. Development of therapy**

### **2.1 Pattern of therapy**

This client study describes the first eight of a total of 24 therapy sessions. Faye attended all of the first five sessions and was always on time. She missed the sixth session and was late when she returned the following week. She attended both the seventh and eighth sessions on time.

### **2.2 Therapeutic plan and main techniques used**

The initial therapeutic plan was to reach a reformulation of Faye's difficulties at around session five or six (Hamil, Reid, & Reynolds, 2008). In order to gather information I used an open and exploratory questioning style, using focused attention and accurate reflection. In order to understand what reciprocal roles and related procedures were present in her past and present relationships, I was interested in knowing how Faye experienced her grandmother and stepfather in terms of feeling states, perceptions, thoughts and coping strategies that accompanied this (Kerr, 2005). I listened out for patterns that occurred and how they repeated in her life today. I also observed the relationship between the two of us, listening out for my own thinking, emotional reactions and perceptions of her. This could be likened to the recognition of transference patterns, which in CAT can be considered as the process of the client projecting or inducing the reciprocated role onto the therapist (Ryle, 1998). My role as a therapist would be to not collude with destructive procedures and patterns, but to encourage Faye to engage in a new form of relating (Ryle & Fawkes, 2007). A tool commonly used in CAT to identify such procedures is a 'psychotherapy file' which is a questionnaire that describes common maladaptive procedures (Denman, 2001). Given that in the first session Faye told me that she disliked completing questionnaires, I decided not to give one to her as she might experience this as punishing, given that she had expressed her dislike for them. In fact it later emerged that her grandmother used to send her to her room with her schoolbooks as a punishment and I wondered whether giving her 'homework' to do in this way might have evoked memories of these difficult early experiences, eliciting a negative transference towards me as being a punishing other.

The next stage in the therapeutic plan would be to draw this information together, creating a narrated and meaningful story of Faye's story in a reformulation letter. The presentation of this letter also named the unhelpful relational procedures which then gave the focus for the remaining therapy (Ryle & Kerr, 2002; Hamil et al., 2008). The therapeutic aims beyond this would be to enable Faye to recognise her unhelpful procedures and to develop alternative ones (Ryle and Kerr, 2002).

### **2.3 The reformulation sessions: Key content issues and the therapeutic process**

From the outset of therapy my intention was to create an open, safe and exploratory space, as a way of enabling Faye to feel safe enough to tell her story. In my initial sessions with Faye, I noticed that she was drawn to talking more about her current difficulties and that there was less discussion about her earlier experiences. As mentioned previously, Faye's initial presentation of being hostile and dismissive led me to question if she perhaps felt threatened by me in some way. I therefore decided to take a less direct approach in the early sessions by asking very open questions and let her take the lead to some extent. I hoped that this would facilitate her view of me as being a less controlling 'other'. In doing this, she seemed to relax and appeared more forthcoming with her responses.

In the second session I asked Faye's permission to explore her early life experiences, conveying that she had a choice about what we talked about, with the aim of communicating that I saw her as an equal participant within the therapy relationship. Whilst Faye was able to speak about her early experiences, she showed little affect when talking about these events from her past, speaking in a very matter-of-fact way. However, I noticed that she would sit extremely still and give little eye contact when discussing these events. She also described feeling cold. I highlighted these non-verbal behaviours in an attempt to bring the underlying feelings and emotions to conscious awareness (Messer, 2013). Messer (2013) highlights how eliciting affect and inner feelings within therapy is an essential mechanism of therapeutic change, describing that if they are not made conscious, then they will continue to maintain a client's behaviour. I was aware of how difficult it was for Faye to sit with and express difficult emotions, given her description of drinking and spending money as a way to avoid or 'numb' such feelings. It was thus important for me to give her space and time for any feelings that might arise.

In the third and fourth sessions, Faye's affect seemed to be more consistent with the stories that she told about both her past and current relationships. Whilst showing no tears, I could hear the pain, vulnerability and sadness she was experiencing through the low, soft and quiet tone and pitch of voice that she used. Faye was able to express the painful feelings she experienced as a child of worthlessness, powerlessness, rejection and abandonment. I felt deeply sad at hearing her story. I



no longer saw her as the threatening woman who first walked into therapy, rather a vulnerable young woman whom I wanted to help and look after. I was struck by how open she had been with me and was surprised at the level of trust that she had given with me in expressing her vulnerable side. It was important for me to name, validate and accept her emotions and feelings, allowing her to feel heard, safe and accepted (Rayner, Thomson, & Walsh, 2011). I wondered whether Faye's openness about her experience conveyed that she was beginning to see me as an 'other' who was accepting and warm, rather than abusive and dismissive.

Ryle (2002) highlights the importance of helping clients to express their 'core pain', which he describes as the unmanageable feelings or unmet need from which one tries to escape. Allowing Faye to articulate these feelings gave us a good starting point from which to understand how she managed and escaped the feelings, showing the development of her problematic procedures (Kerr, 2005). Within these early sessions, Faye and I talked together about the way in which her early experiences had impacted on the way she related now. In CAT, these procedures are described as 'traps', 'dilemmas' and 'snags' (Denman, 2001). Traps are 'vicious circles' of behaviour which maintain distress (Rayner et al., 2011). Faye and I talked about how this might include the way in which she fears that others will let her down or be abusive, so in anticipation is blunt and hostile to others, but in the process leads others to ignore her, or retaliate in anger, confirming her beliefs. Dilemmas represent false choices and polarised options which maintain distress (Rayner et al., 2011). Faye and I talked through how a 'dilemma' that she experiences might be a sense of needing to 'bottle up' her sad and vulnerable feelings and deal with things alone, or express her feelings but they are dismissed and ignored. 'Snags' are when actions are prevented due to a negative prediction of outcomes (Rayner et al., 2011). For Faye, we discussed how this might include not having a boyfriend as they would inevitably let her down, or, not looking for a new job as no employer would think she was good enough.

This process of explicitly talking through and highlighting patterns can allow the client to recognise such procedures, help them feel understood, more in control, and feel more hopeful for change (Denman, 2001; Kerr, 2005; Kellet, Bennett, Ryle & Thake, 2013).

## **2.4 Difficulties in the work**

In the fourth session Faye expressed to me that I was "much better than any other therapist" she had seen, heavily criticising other therapists. My initial response was to feel quite special, valued and needed. However, I also felt a sense of responsibility and pressure to not to let her down. I brought this concern to supervision and my supervisor pointed out how I had spent more time

discussing her than any other client. I also realised that I had spent more time preparing for her sessions compared with other clients. My supervisor and I discussed how this may have reflected my fear of letting her down and not wanting to be like the other 'bad' therapists. We hypothesised how Faye might have been projecting an ideally caring 'other' onto me, eliciting a response from me to ideally care for her. My response in giving her more time could be described as a reciprocating transference (Ryle, 1998). We questioned whether this search for an ideally caring other could be a response to feeling ignored and neglected as a child. Her dismissal of other therapists made it hard for me to feel that I could be anything other than perfect for her, meaning that I was being drawn into a role of striving to please her, leaving me feeling anxious that I could disappoint her at any minute. In supervision we also talked about how giving Faye more preparation time than other clients also reflected my own procedure of needing to be liked, valued and accepted and wanting to maintain this 'specialness' that she had given me.

This hypothesis seemed to gain further evidence at session five when a powerful and dramatic shift in the therapy dynamic came into play. In the first part of the session, Faye spoke about her week as she had in previous sessions. However, she very quickly became withdrawn from me and less responsive to my questions. Within 10 minutes she responded with nothing but shoulder shrugs and no eye contact. In fact any question I asked seemed to irritate Faye, demonstrated by her tutting and eye rolling at everything I said. I felt intensely confused and lost as to what had triggered this reaction to me. I felt quite intimidated and paralysed to say anything at all. Whilst I wasn't able to ascertain what had triggered this dramatic change within this session, it seemed that I had disappointed her in some way, perhaps failing to reciprocate an ideally caring role. Kellet et al. (2013) suggest that clients who 'switch' between self-states so dramatically are likely to have a less well-integrated repertoire of reciprocal roles, which can be a result of severely abusive and/or neglecting early experiences. The session continued with long periods of silence and ended with me fearing that she would not come back.

Faye missed the following session without a phone call of explanation, perhaps further demonstrating her anger towards me for disappointing her in some way. In many ways I felt relieved, as I feared that I would be faced with her anger, hostility and rejection. In supervision we questioned whether my relief at her missing a session reflected a procedure of what happens in her relationships outside of therapy – that her anger pushes people away, leaving her isolated and alone. My supervisor and I discussed how I might need to tentatively share this formulation with Faye in the following session as a means of highlighting her potentially isolating and self-defeating procedures.

Faye attended the following session and seemed quite angry still, conveyed by her facial expressions and tone of voice. However, she was able to express why she was angry, stating that she nearly didn't come because I "don't listen". After some investigation it emerged that I had not remembered that she was having an appraisal at work and had not asked her about it at the beginning of the previous session. My immediate feeling was one of guilt and I felt an extremely strong pull to apologise for this, perhaps in an attempt to please her. Again this may reflect both a reciprocating transference to provide ideal care, as well as my own procedure of needing to please others and be liked. Whilst I acknowledged that I had let her down, I also used this as an opportunity to discuss with Faye what might have happened, tentatively reflecting my observations and hypotheses about her possible procedures. We had touched upon her procedure as a 'trap' as aforementioned in the previous session, so this provided an opportunity to think about how this may have played out in the relationship between her and I. An analysis of the evident maladaptive interpersonal patterns that emerge between the client and therapist are often a way of managing and resolving threats and ruptures to the therapeutic alliance (Bennett, Parry, & Ryle, 2006; Daly, Llewelyn, McDougall, & Chanen, 2010). Indeed, whilst it felt like Faye still felt quite distant from me in this session, she expressed that she could see the pattern that I highlighted for her. It felt as though this shared understanding gave us some potential focus for the therapeutic work ahead and I felt hopeful that she was engaged with the work and would return the following week.

## **2.5 Sharing the reformulation**

As the sessions progressed, I began to write the reformulation letter, pulling together information from Faye's history, her current relationship patterns and her relationship with me. Before sharing the letter with Faye, supervision was used as a space to review my letter. We continued to hypothesise her reciprocal role procedures and my supervisor helped me convey these in a way that was straightforward and understandable. We also discussed the kind of language that I was using, ensuring that the letter communicated my empathy and compassion towards her (Hamil et al., 2008).

I felt anxious about giving Faye the reformulation letter, fearing that she might react with strong feelings of anger or dismissal if I missed something important or conveyed something incorrectly. The way in which Faye responded to disappointment or 'let downs' and how this might play out in her relationship with me, was outlined in the reformulation letter so that it could enable us to talk about and work through any difficulties that might arise as a result.

When I read the formulation letter out loud to Faye, she seemed engaged and focused on my words. She seemed quiet and pensive afterwards and said little. When I asked her what she was feeling she said she felt angry – with her grandmother in particular. Whilst she had told me previously that she “hated” her stepfather, this was the first time that I had heard her express any feelings of anger towards her grandmother. Her previous expressions of “I was a problem child” and that “people couldn’t cope with me”, suggested that she felt the problem lay within her; that she was a ‘problem’. I wondered if her anger towards her grandmother reflected a shift in blame, locating that the cause of her ‘bad behaviour’ was a result of others’ maltreatment, rather than her inherently being a ‘problem’. The internal attribution of blame of childhood maltreatment and abuse has been linked with low self-worth, depression and other psychopathologies in adulthood (Browne & Winkleman, 2007; Ullman, Hagene, & Relyea, 2014; Feiring & Taska, 2005). Pollok and Wiley (2001) discuss how this re-attribution of blame can be an important therapeutic task in working with individuals who have experienced abusive and neglecting childhood experiences. I therefore felt that this anger towards her grandmother, whilst clearly still a difficult emotion for Faye to experience, was a positive therapeutic step.

Whilst there might have been multiple factors that contributed towards this shift in blame attribution, I wondered whether hearing her story conveyed back in a compassionate, empathic and accepting way, enabled her to have some self-compassion, both towards herself as an adult and towards her child self. Kerr (2005) highlights how the therapy relationship with an understanding and compassionate ‘other’ can provide one way of facilitating the client to develop a more internal compassion dialogic voice to themselves.

The reformulation letter was also a way of us jointly naming her reciprocal role procedures, which seemed to be maintaining her current levels of distress (Hamil et al., 2008). Faye seemed to understand these patterns and it gave us a clear focus of the future work that needed to be done within therapy. I left this session feeling quite hopeful that she would be able to make positive changes within her life. Shine and Westacott (2010) report that clients often report that reformulation letters within CAT allow them to feel heard; that they begin to understand their difficulties and as a result have something tangible to ‘work with’.

### **3. Review of the therapy**

#### **3.1 Evaluating the work**

Entering into therapy was a challenging endeavour for Faye. In many ways the therapy itself represented many things that she had avoided and found incredibly difficult – expressing and facing her vulnerability and painful feelings and sharing them with another person. It required a huge amount of trust on her part, which was something that she found extremely difficult and frightening. However, despite these first eight sessions being quite a turbulent encounter, Faye was able to overcome her fears to some extent and showed her vulnerability and remained in therapy.

One of the most significant interventions that I feel enabled Faye to do this, was my genuine concern, curiosity, empathy and non-judgemental stance, which allowed her to feel listened to, safe and valued. I hope that this offered her a different relational experience; with me as an ‘other’ who was caring and accepting. Furthermore, in facilitating the expression of her difficult emotions and my containment and acceptance of them, I feel that this enabled her to begin to see her painful emotions as something other than overwhelming, destructive and unbearable.

A further endeavour within these first eight sessions was to support Faye in making sense of and understanding her current difficulties, how they had developed and what was sustaining them. In addition to gaining a great deal of information about her current relationships and her past relationships, the therapeutic relationship between her and I gave a powerful and central insight into understanding the relational patterns that persisted within her life in general. As well as repeatedly sharing and hypothesising with Faye about such patterns and their development, the reformulation letter acted as a way of drawing all of this information together and cementing this understanding between us. I feel the process of gaining this understanding allowed Faye to feel understood and also more hopeful for change.

One of the difficulties within the work was that there were times when I may have been less aware of how my own needs and ways of relating may have played out within the therapy relationship. In particular, my need to be liked and to gain approval by others seemed to lead me to be drawn quite easily into wanting to please Faye and thus reciprocating her desire to be ideally cared for. Supervision played an important role in helping me to become aware of this tendency, which, had I not realised it, could have made it much more difficult for me to take risks in asking challenging questions for fear of her dismissal or disapproval.

### **3.2 Psychotherapeutic practice and theory**

This early therapeutic journey with Faye has starkly reminded me that the process of entering into therapy is a challenging task that requires a huge amount of trust and bravery on the part of the client. As always, with this trust comes a level of responsibility for the therapist to contain, make sense of, and reflect the client's experience as far as possible. In comparison to a CBT approach for example, I feel that CAT offers greater space and time to arrive at an initial formulation. In the work with Faye, I feel that this time was extremely important in allowing the therapeutic alliance to build sufficiently to allow her to feel safe enough to tell her story. This time early on in therapy also gave space for the enactment of Faye's reciprocal role procedures to play out between us. This was extremely important in building an accurate and full initial reformulation, which gave important insights and focus for the remainder of the therapeutic work.

The explicit relational focus of the work within the CAT model enabled me to work directly with the enactment of difficult relational patterns that played out within the therapy relationship. I feel that the relational focus of the work in CAT is extremely valuable, especially when working with clients who have interpersonal patterns characterised by distrust and extreme shifts in affect. The explicit focus on therapy relationship enabled Faye and I to understand, work through and repair a significant rupture within the therapy relationship. Without this, she might have potentially dropped out of therapy.

### **3.3 Myself as a therapist**

This early therapy journey was one of the most challenging pieces of work I have undertaken as a trainee counselling psychologist, primarily as a result of the anger expressed towards me by Faye. I have become even more aware of how difficult I find it to 'sit with' and tolerate the expression of anger towards me, and how in response to this I can feel a strong desire to appease and pacify even when I have not done anything 'wrong' so to speak. However, despite this, I feel that this piece of work has enabled me to learn ways of sitting with this, through being curious of the therapy relationship and giving space and time within the moment to reflect on the dynamic that might be playing out. This is something that I will need to continue to explore and reflect upon individually and within personal therapy.

Something I enjoy about the CAT approach is that whilst offering a clear framework, it also offers flexibility and openness within its structure. There is space initially to be guided by the client, allowing the therapist to hear the client's experience from their own subjective viewpoint. I am aware of my discomfort with placing an overly determined agenda on a session. I felt that the space

and flexibility within these early therapy sessions enabled me to truly be curious and permitted me to 'sit' with what arose within the sessions and pay attention to my own emotional reactions. I feel that in other approaches such as CBT, in which there is a greater emphasis to set an agenda, my ability to relax, focus and be present with what emerges within the session is restricted.

#### **4. Addendum: Concluding reflections after the end of therapy**

At the time of writing this client study, my work with Faye was still ongoing. This section offers some brief reflections and conclusions on the remainder of the work now that the therapy has come to an end.

Throughout the remainder of the therapy, the struggle in the therapy dynamic continued to exist. However, the in-depth and thought-through reformulation enabled us to accurately work with Faye's changes in affect, so that we could repair any ruptures in the therapeutic relationship more readily. Faye was also increasingly able to recognise her unhelpful procedures outside of therapy. The main impact of this was that it often gave her 'space' to think about her feelings and emotions when they arose, which empowered her with a choice to react differently. In particular, she was able to ask people why they had said what they said, or behaved the way they had, rather than believing her initial assumptions were correct (e.g. they think I'm rubbish at my job). This enabled Faye to receive feedback that oftentimes corrected her assumptions. It also led others to give her more positive feedback, which had previously been shut down by Faye's instant dismissal and rejection of others. It seemed that this had led her to have fewer arguments with others, and thus positively impacted on her relationships at work as well as with her friends.

Throughout the middle phase of therapy Faye seemed optimistic about her future and reported feeling happier in herself. However, as the ending of therapy approached she described feeling like nothing had changed and was unsure how the therapy had benefitted her. I hypothesised that the ending of therapy might evoke feelings of abandonment and rejection in her, stemming from her early experiences. I anticipated such challenges early in therapy and attempted to work with them by explicitly naming and exploring such hypotheses with Faye. However, whilst she acknowledged that this might be true, I felt her increasingly withdrawing from me towards the ending of therapy, indicated by her reduced responses and increasing dismissal of the work completed. In supervision, we discussed how this putting down or degrading of the work enabled the loss of therapy and the loss of the relationship between us to be less painful. Despite her withdrawal Faye did attend the final session and I was able to give her a 'goodbye letter' which summarised the journey of her therapy, what she had achieved, as well as the things that she might continue to work on (Kerr,

2005). I also explicitly acknowledged how difficult the ending might be. Faye was given an opportunity to write one back although she did not, perhaps reflecting her withdrawal and rejection of me as she anticipated my 'rejection' and 'abandonment' of her. Faye said little in response to the letter I gave but did thank me for my work and took the letter away. Despite Faye's response being quite limited and her presentation being a little withdrawn, I felt that it also demonstrated a positive shift in her procedure of responding with me as an 'other' who had 'disappointed' or 'abandoned' her; at the beginning of therapy her response to me 'letting her down' was characterised by anger, hostility and withdrawal. I therefore felt hopeful that throughout the process of therapy, Faye had made been able to develop a more trusting therapeutic relationship with me, and that she made some significant shifts in her ways of relating.

In conclusion, despite the challenges that presented towards the end of therapy, I believe that Faye had taken some positive therapeutic steps which I hoped would enable her to form more fulfilling and close relationships with others. Some of the key things that I believe enabled these changes were the therapeutic tasks achieved in the reformulation phase of therapy. In particular, I feel these included the collaborative understanding of her key maladaptive procedures, working through the enactment of these within the therapist-client relationship early in therapy, as well the development of an empathic, consistent and containing therapeutic relationship.



## 5. References

- Bennett, D., Parry, G., & Ryle, A. (2006). Resolving threats to the therapeutic alliance in cognitive analytic therapy. *Psychology and Psychotherapy*, 79, 395–418.
- Browne, C., & Winkelman, C. (2007). The Effect of Childhood Trauma on Later Psychological Adjustment. *Journal of Interpersonal Violence*, 22 (6), 684–697.
- Calvert, R., & Kellett, S. (2013). Cognitive analytic therapy: A review of the outcome evidence base for treatment. *Psychology and Psychotherapy: Theory, Research and Practice*, 87, 253–277
- Daly, A., Susan Llewelyn, S., Emma McDougall, E., & Chanen, A. M. (2010). Rupture resolution in cognitive analytic therapy for adolescents with borderline personality disorder. *Psychology and Psychotherapy: Theory, Research and Practice*, 83, 273–288
- Denman, C. (2001) Cognitive analytic therapy. *Advances in Psychiatric Treatment*, 7, 243–256.
- Feiring, C., & Taska, L. S. (2005). The persistence of shame following sexual abuse: A longitudinal look at risk and recovery. *Child Maltreatment*, 10, 337–349.
- Hamil, M., Reid, M., & Reynolds, S. (2008). Letters in cognitive analytic therapy: The patient's experience. *Psychotherapy Research*, 18(5), 573–583
- Hepple, J. (2006). The witness and the judge. Cognitive analytic therapy in later life: The case of Maureen. *The British Journal of Psychotherapy Integration*, 2(2), 21–27.
- Kerr, I. B. (2005). Cognitive analytic therapy. *Psychiatry*, 4, 28–33
- Kellett, S., Bennett, D., Ryle, T., & Thake, A. (2013). Cognitive analytic therapy for borderline personality disorder: Therapist competence and therapeutic effectiveness in routine practice. *Clinical Psychology and Psychotherapy*, 20, 216–225.
- Llewelyn, S. (2002). Therapeutic challenges in work with childhood sexual abuse survivors: The contribution of cognitive analytic therapy. *Brief Treatment and Crisis Intervention*, 2(2), 123–133
- Llewelyn, S. (2003). Cognitive analytic therapy: Time and process. *Psychodynamic Practice*, 9(4), 501–520.
- Mace, C., Beeken, S., & Embleton, J. (2006). Beginning therapy: Clinical outcomes in brief treatments by psychiatric trainees. *Psychiatric Bulletin*, 30, 7–10.
- Marriott, M., & Kellett, S. (2009). Evaluating a cognitive analytic therapy service: Practice-based outcomes and comparisons with person-centred and cognitive-behavioural therapies. *Psychology and Psychotherapy: Theory, Research and Practice*, 82, 57–72.

- Margison, F. (2000). Cognitive analytic therapy: A case study in treatment development. *British Journal of Medical Psychology*, 73, 145–149.
- Messer, S. B. (2013). Three mechanisms of change in psychodynamic therapy: Insight, affect, and alliance. *Psychotherapy*, 5 (3), 408–412
- NICE clinical guideline 78 (2009). *Borderline personality disorder: Treatment and management*. London, UK: National Institute for Health and Clinical Excellence.
- Pollock, P. (2001). *Cognitive analytic therapy and adult survivors of childhood sexual abuse*. Chichester: Wiley.
- Rayner, K., Thompson, A. R., & Walsh, S. (2010). Clients' experience of the process of change in cognitive analytic therapy. *Psychology and Psychotherapy: Theory Research and Practice*, 84, 299–313.
- Ryle, A., Fawkes, L. (2007). Multiplicity of selves and others: Cognitive analytic therapy. *Journal of Clinical Psychology: In session*, 63(2), 165–174
- Ryle, A. (1979). The focus in brief interpretative psychotherapy: Dilemmas, traps and snags as target problems. *British Journal of Psychiatry*, 134, 46–54.
- Ryle, A. (1995). *Cognitive analytic therapy: Developments in theory and practice*. Chichester: Wiley.
- Ryle, A. (1998). Transferences and countertransferences: The cognitive analytic therapy perspective. *British Journal of Psychotherapy*, 14(3), 303–109.
- Ryle, A. & Kerr, I. B. (2002). *Introducing cognitive analytic therapy: Principles and practice*. Chichester: Wiley.
- Shine, L., Westacott, M. (2010). Reformulation in cognitive analytic therapy: Effects on the working alliance and the client's perspective on change. *Psychology and Psychotherapy: Theory, Research and Practice*, 83, 161–177
- Ullman, S. E., Peter-Hagene, L. C., & Relyea, M. (2014). Effects of sexual abuse and recovery: Coping, emotion regulation, and self-blame as mediators of sexual abuse and psychological symptoms in adult sexual assault. *Journal of Child Sexual Abuse*, 23, 74–93.