

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

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Section 1: Defining Asperger Syndrome

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

Do you look back on your childhood and wonder how you managed to make it to adulthood? Were you treated like everyone else, but somehow knew you weren't? Have you always liked the person you were when you could escape into your own world of interests? Or have you lost sight of, or given up, the person you are because you've focused so hard on meeting the expectations of the world in which you live? Were you frequently in trouble for doing things that upset other people, yet, to you, made perfect sense? Do you find the things that people say and do to be baffling, scary or overwhelming? Are you sometimes so incredibly angry at the world, yet don't really know who to blame? Do you often feel clueless, as though you are involved in the game of life and everyone else knows the rules except you? Did you ever feel so disconnected from the world that you didn't care what happened to you, let alone the people around you? If you answer "yes" to many of these questions, you may indeed be living with Asperger Syndrome.

Asperger Syndrome (sometimes called Asperger Disorder) is a neurobiological collection of social-cognitive differences (thus the word syndrome). It is classified in the ICD-10 and the DSM-IV, manuals used to diagnose Asperger Syndrome, as a Pervasive Developmental Disorder, alongside Autistic Disorder. This is why some consider Asperger Syndrome to be part of an Autistic Spectrum Disorder. There is no known cause, although both genetic and environmental factors are suspected to be involved. It is a condition that continues throughout the lifespan. It is not a mental illness. Our brains just have different structures and connections.

A. Diagnostic definition of Asperger Disorder

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

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

These clinical definitions were developed for the purpose of determining the degree to which a child is disabled and therefore eligible to receive services. Even as an adult, these criteria may help you to identify where some of your challenges come from. The important thing to understand is that Asperger Syndrome represents a difference in how we process sensory input, communicate, and generally perceive social experiences from those with neurologically typical nervous systems. Like "neurotypicals," – a word used to refer to people who are *not* on the autism spectrum - we have our own strengths and limitations. Unfortunately, our "differentness" often makes us appear more limited and our strengths harder to perceive.

B. A New Strengths-Based Definition of Asperger Disorder

Tony Attwood, a clinical psychologist, and Carol Gray, an educator, each of whom work extensively with individuals on the autism spectrum, took the DSM-IV criteria for receiving a diagnosis of Asperger Syndrome and looked at it from the opposite perspective. Rather than focusing on the differences, they pointed out the strengths that are characteristic of many people with Asperger Syndrome.

From: Discovery of “Aspie” Criteria
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*As found at http://www.tonyattwood.com.au/index.php?option=com_content&view=article&id=79%3Athe-discovery-of-aspie-criteria
“Tony’s Publications”

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

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

Fluent in “Aspergese”, a social language characterized by at least three of the following:

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

Cognitive skills characterized by at least four of the following:

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

Additional possible features:

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

Section 2: Other Features of Asperger Syndrome

What other characteristics are common among people with Asperger Syndrome?

A. Learning Style Differences

Learning Style differences: Most of us have one very strong learning style, and may pick up very little information from other senses or teaching styles. We may be very strong visual thinkers, very strong auditory thinkers, very strong mathematical thinkers, or very

strong word thinkers. One recent study found that some 70% of people diagnosed with Asperger Syndrome also met the criteria for Nonverbal Learning Disorder.

B. Social Skills Challenges

The vast majority of us have what neurotypicals consider weak social skills, primarily because we don't pick up the unspoken social cues the way that neurotypicals do. This difference can contribute to challenges in relationships and employment, and may also lead to low self-esteem, depression, and anxiety if an individual finds it difficult to cope with these challenges.

C. Sensory Issues

Most people with Asperger Syndrome, often colloquially known as "Aspies", have some degree of sensory processing dysfunction. In many cases, the senses which perceive the external world (sight, hearing, taste, smell, and discriminative touch) as well as the senses that come from our bodies (proprioception-body position and movement of body parts; and vestibular-sense of motion and balance) are either over-sensitive or under-sensitive compared to neurotypicals, and sometimes both. If we under perceive input, we tend to miss a lot of information that comes from the world around us and receive too little input from our bodies to know how to control or coordinate our actions or don't feel pain when we are actually hurt. Some people who are not getting enough input through their senses become sensation seekers. Seeking sensations can take the form of stimming on how things look, feel, smell; excessive touching of things or people; or constantly wanting intense physical activity. People who are overly sensitive tend to either passively tolerate experiences that are painful to them by shutting down or blocking them out, or actively avoid these experiences by staying away or doing things to prevent being annoyed by uncomfortable stimuli. Synaesthesia, a mixing of sensory information, such as smelling sounds, may also be present. Lastly, many individuals on the spectrum may have difficulties processing multiple sensory input at the same time. They may only be able to process sounds when they don't also have to look, or they may have perfect vision but be unable to process what they are seeing. Neurotypicals can have sensory processing difficulties too, but rarely to the extreme that many Aspies seem to.

D. Splinter Skills

Some people on the autism spectrum display a splinter skill – also known as a savant skill – related to mathematics, calendars, music, or art although this is not necessary for a diagnosis of autism or Asperger Syndrome. It is not unusual for people on the spectrum to have special areas of interest – astronomy, history, trains, dinosaurs – on which they spend a great deal of time. It may seem obsessive to others but may simply reflect how much repetition and intensity it requires for the autistic brain to learn and master information, as well as the unusual ability of Aspies to focus their attention on one thing to the exclusion of everything else. Most individuals on the spectrum do not do well with tasks or situations that require them to quickly shift their attention, adapt to new or unexpected information, or deal with multiple input at the same time. This may lead to a resistance toward any kind of change, which neurotypicals, who can adapt easily, view as rigid behavior. The ability to hyperfocus and intensely attend to details (or creatively think "outside the box"), however, are considered strengths that Aspies have that most neurotypicals do not.

E. Famous People with Asperger's Syndrome

Some people speculate that a number of famous inventors, scientists, writers, artists, and musicians may have had Asperger Syndrome or autism. While the diagnosis of people from the past can never be truly verified, it can be fun to contemplate who from history may have been an Aspie. Robert and Michele Root-Bernstein, in their book "Sparks of Genius – The 13 Thinking Tools of the World's Most Creative People" (2001, Marriner Books), list the following individuals as famous Aspies: Temple Grandin, Ursula LeGuin, Albert Einstein, Gene Roddenberry, Charles Darwin, Thomas Edison, Mark Twain, M.C. Escher, Johann S. Bach, Max Planck, Helen Keller, J.R.R. Tolkien, Jean Ayres, Dylan Thomas, Pablo Picasso, Linus Torvald, Galileo, Arthur C. Clarke, Franz Kafka, Glenn Gould, Benjamin Franklin, Margaret Mead, and Aristotle.

Section 3: Obtaining a Diagnosis

I'm thinking of getting officially diagnosed. What's involved? What are the benefits?

A. The Diagnostic Process

Who you contact for a diagnosis will depend on what you are seeking from this person. Psychologists or neuropsychologists will arrive at a diagnosis through testing. This can be helpful if you are looking for more information on your areas of learning strengths and differences. A neuropsychologist looks at neurological as well as psychological issues. This type of testing can give you helpful information about yourself, but only if the psychologist or neuropsychologist is familiar with neurological differences associated with Asperger Syndrome. Otherwise, the report generated is not likely to give you an accurate picture of yourself that you can relate to and

use. A psychiatrist will often diagnose you after getting a history and talking with you, or others who know you. A psychiatrist is a medical doctor who can prescribe medication that may be helpful in calming your anxieties, bringing you out of depression, or treating co-morbid disorders, which will be discussed in detail in the next section.

B. Preparing For Your Diagnostic Appointment

If you have a diagnostic appointment, you should bring the following items with you: medical history/records and parents' or teachers' notes on your childhood behavior (including any kind of "baby development log" your parents may have kept, noting important milestones such as crawling, walking, first words, etc.). School records from kindergarten through high school that show your abilities, both weak and strong, can be helpful. Notes on any therapy you may have received, such as speech or occupational therapy, are especially helpful. If you keep a diary, or have written personal essays on your experiences in dealing with other people, these may also be useful.

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

C. The Difference Between Autism and Asperger Syndrome

The inability to clearly define the difference between autism and Asperger Syndrome is why many consider both to be part of an autism spectrum, with Asperger Syndrome representing the more verbal end of the spectrum. Based on DSM-IV criteria used to make a diagnosis, those with Asperger Syndrome have average to above-average intelligence and fewer limitations in their use of speech and ability to communicate than those diagnosed with autism. Significant delays in the development of speech and communication, beyond the age of 2 years are considered characteristic of autism. Many of us did experience a clinically significant delay in speech in childhood. However, if your speech now appears relatively intact as an adult it is likely your clinician will still diagnose you with Asperger Syndrome.

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

There are a number of well-known authors on the spectrum, such as Temple Grandin and Stephen Shore, who were diagnosed as autistic as children, but would now be more likely to be diagnosed as Asperger Syndrome. This does not mean that they were misdiagnosed as children or that they have been cured of their autism. ASD children grow and mature, just like NT children, but in different ways and at a different pace. Being labeled autistic does not mean that you will never succeed in your endeavors any more than being labeled Asperger Syndrome means you will have fewer challenges in your life. Intelligence and the ability to speak doesn't mean that you have more to contribute to society than those who lack either of these abilities. Many highly-intelligent children never live up to their potential. The ability to speak doesn't mean that you have more worthwhile things to say than those who do not. Determination and effort still count for a lot in how any individual will turn out when they grow up.

D. Asperger Syndrome As A Range Or Spectrum

Asperger Syndrome appears to be a continuum of abilities and challenges. For example, some of us were considered to have "autistic characteristics" as children, but may never have received any special education or other services. In contrast, some people may have asperger tendencies, but do not have Asperger Syndrome. Engineers and computer programmers are often thought to exhibit Asperger-like characteristics. A diagnosis of Asperger Syndrome simply reflects the severity of the differences between those with the diagnosis and those without. Current research suggests that there are 10-15 genes related to autism. The thoroughness of your differences may relate to how many genes are affected and/or your other inherited traits, environmental exposures, and life experiences. Studying which genes of ours are turned on and off throughout our life-spans is known as the new field of epigenetics, and those of you interested in learning how your environment can affect your genes may want to look it up.

E. The Benefits Of Obtaining A Diagnosis

If you are emotionally comfortable with who you are and your life as it exists now, you may not want to get diagnosed as having Asperger Syndrome. If you find that you are struggling to get work or hold on to a job or succeed in classes because of communication, social or organizational difficulties that may relate to Asperger Syndrome, it may help to have an official diagnosis. If you are failing repeatedly in your attempts to form or maintain a relationship to the point where it is affecting your mental health or ability to function in life, and you suspect that these difficulties may relate to Asperger Syndrome, you may wish to consider seeking an official diagnosis. Currently, a diagnosis of Asperger Syndrome by itself will not qualify you for government services or benefits. You may be able to use the diagnosis, however, to obtain reasonable accommodations in your job or in your classes that may help you perform your work or interact with your boss, professors, co-workers, or classmates more successfully. You may also be able to obtain guidance and help with social or living skills that you may be lacking from private agencies or non-profit groups that work with Asperger adults. To qualify for government services or benefits, you would need to have another disabling medical or mental health condition in addition to Asperger Syndrome (see Section 4 for more information on co-morbid conditions). If you qualify for government benefits, getting an official diagnosis from a psychiatric or medical professional will be necessary to initiate the application process.

There is no question that functioning in a neurotypical world can be very difficult for an individual with Asperger Syndrome. People assume (sometimes erroneously) that individuals with Asperger Syndrome, who by definition have average to above average intelligence, are able to figure out how to compensate for whatever limitations they might have. The tricky part is that neurotypical people expect us to know what we need...and to be able to articulate these needs so that others can understand them. Since NTs (neurotypicals) don't tend to experience the world the way that Aspies do, they may have a great deal of difficulty understanding why things are so hard for us, especially since daily living tasks, communication, and socializing are so easy for them. Additionally, the health care system doesn't consider Asperger Syndrome or the potential mental and emotional cost of coping with Asperger Syndrome as disabling enough to require support. This is unfortunate, as research has shown that most Aspies only need 2-3 hours of support per week to enable them to function more fully and with far less stress. A diagnosis of Asperger Syndrome does not mean that the person is unable to learn to live successfully in the world as the person they are. But, to do so, most of us need to have people in our lives that are able and willing to provide the support we need. If you decide to seek a diagnosis, be sure that the psychiatrist, psychologist or counselor has experience with and is willing to work with rather than change your Asperger Syndrome differences. It is not rude to ask this question if it is asked politely.

Section 4: Co-morbid Conditions and Medication Issues on the Spectrum

Why have I received diagnoses that suggest I have something other than or more than Asperger Syndrome?

A. Diagnostic Confusion

Sometimes many of us receive other diagnoses first. This can happen for a number of reasons. Many professionals are not familiar with Asperger Syndrome because the disorder only became an official diagnosis in 1994. Also, some professionals try to rule out other possibilities before deciding on Asperger Syndrome. Lastly, some adults with Asperger Syndrome do have other psychiatric disorders or learning disabilities at the same time, adding to the confusion.

Some of the common psychiatric disorders, neurological conditions, and learning disabilities that Asperger adults may be diagnosed with (correctly or incorrectly) include:

- Autistic Disorder, High Functioning (HFA)
- Pervasive Developmental Disorder, Not Otherwise Specified (PDD-NOS)
- Attention Deficit Hyperactivity Disorder (ADHD) [now includes Attention Deficit Disorder (ADD)]
- Schizoid Personality Disorder
- Nonverbal Learning Disorder
- Right Hemisphere Learning Disorder
- Semantic Pragmatic Language Disorder
- Clumsy Child Disorder
- Tourette's Syndrome
- Obsessive Compulsive Disorder (OCD)/Obsessive Compulsive Personality Disorder
- Bipolar Disorder (formerly known as Manic-Depressive Disorder)
- Borderline Personality Disorder
- Depressive Disorder
- Dysthymia Disorder (minor depressive disorder)
- Sensory Integration Dysfunction
- Seizure Disorder/Epilepsy
- Social Anxiety Disorder

Additionally, if you have a medical history which includes a past head injury, you may be diagnosed with Traumatic Brain Injury (TBI). For those already diagnosed with Autistic Disorder or PDD-NOS, be aware that being re-diagnosed as having Asperger Syndrome can result in losing your eligibility for government benefits that you may currently be receiving.

B. Medication Issues Relative to the Autism Spectrum

Professionals cannot treat autism spectrum disorders, including Asperger Disorder, with medication. However, medication may be indicated if you have a psychiatric disorder, learning disability, medical condition, or mood issue as well as Asperger Syndrome. Research has shown that for severe, complicated, or chronic psychiatric disorders and some severe learning disabilities, medication is a crucial component of treatment. Very few – if any – people will get better or find relief without following standard treatment protocols and in fact, quite a number of patients with psychiatric conditions like depression and schizophrenia or severe learning disabilities such as ADD* are made to feel guilty for using medication, but this is hardly fair and can circumvent or disrupt the benefits that medication can provide. Many adults with Asperger Syndrome who do not have additional psychiatric disorders or learning disabilities may still experience depression and anxiety as a result of struggling to get along in the world. In such a case, these mood disorders are secondary to Asperger Syndrome, and medication may provide relief in conjunction with therapy. Anyone with a major condition, who suspects they may have a major condition, or who has mood issues needs to be under the care of competent medical professionals.

*[Note: Sometimes a Sensory Integration Disorder can mimic ADHD or ADD. Actual cases of ADHD/ADD, which reflects biochemical differences in brain functioning, typically respond very well to medication. Those cases in which the underlying cause is a sensory integration dysfunction will frequently not respond to medication.]

C. Special Medication Concerns for Adults on the Autism Spectrum

Adults on the autism spectrum need to know that anecdotal evidence suggests we have a higher incidence of adverse reactions to medications typically used for psychiatric disorders, learning disabilities, and mood issues. The “normal” dosage of medication can be an overdose to someone as chemically sensitive as many of us are. If you need to use medication to treat one of your co-morbid disorders or mood issues, it is highly suggested by the authors of this paper that you work with your doctor to start at the lowest dosage that can be prescribed and increase it gradually only as needed. Although rare, it is possible that dosages that are too high or given at high doses for prolonged periods can result in severe negative reactions. These include tardive dyskinesia (parkinsonian tremors) tardive akathisia (disabling sensory side effect), and the potentially deadly Neuroleptic Malignant Syndrome (in which the medication begins to poison your body, and you may die if it is not removed from your system immediately). Remember, if you are taking psychotropic medications (the ones that influence your brain chemistry), you must never stop them suddenly as your brain adapts to them and you can experience withdrawal symptoms if the medication is not decreased gradually. Diet, supplements, exercise, rest, and support from friends and loved ones are important components of any treatment plan and can ease the side-effects of medications, so don't forget these aspects of taking care of yourself, too!

For those adults on the autism spectrum who do NOT have a co-morbid psychiatric disorder, severe learning disability, medical condition or mood issues that require or respond well to medication, there are some alternatives to medication that might help relieve some of the stress of coping (check out <http://www.phxautism.org/biomed.html> for more information on this). Keep in mind that the manufacturers of supplements, as well as other forms of alternative medicine, are unregulated, so your doctor is not going to be able to support their use and your insurance is not going to cover their cost.

Section 5: Disclosure

Should I tell people that I have Asperger Syndrome?

A. Getting a job

If you are entering the world of employment, you may need to consider whether or not you need to disclose your diagnosis and plan out the best time to do so. For example, if you have had several unsuccessful interview experiences while trying to gain employment in the neurotypical world, it may be helpful to disclose your diagnosis during the interview process. This gives your potential employer an opportunity to look at your strengths without misinterpreting your social limitations as rudeness. On the other hand, if you can get through interview but are aware that you may need accommodations to do your best at work, you are better off waiting to disclose your diagnosis until after you have been offered the job. If you need to disclose in order to request accommodations, the best person to start with may be your immediate supervisor. Keep in mind that it is not always necessary to disclose your diagnosis to have your needs met. Sometimes simply stating that you “do best” when a particular accommodation is provided is enough. Unfortunately, some businesses require you to disclose your disability to the human resources department in order to receive accommodations that are not typically made for others, so you may have to disclose to get those accommodations, even if you aren't sure you want to

disclose. Many Aspies have found that simply disclosing their diagnosis and then expecting others to understand and provide for their needs often backfires. Do not assume that others know what you need. It is always best if YOU decide what you need and politely ask for it.

B. Entering a university

If you are entering a university program, it is to your advantage to disclose your diagnosis to the department of disability resources (or equivalent) and/or your academic advisor. The university usually has contact information for the appropriate department listed in their application information. Accommodations that may be offered vary widely depending upon the college or university, and you may have to “fail” without accommodations in order for the offices to decide your disability is severe enough for you to qualify for accommodations. While this is regrettable, since our differences are “invisible” we are less likely to receive immediate accommodations than someone with a physical or sensory disability.

C. At home and in the community

In relationships, disclosure of a diagnosis of Asperger Syndrome has been known to save relationships that are in trouble, but it has also been known to lead to a faster break-up or divorce if either partner is unwilling to deal with the changes or issues inherent with this new knowledge. If the Asperger individual is not willing to acknowledge their limitations and advocate for the support they may need from their partner, the non-Asperger partner is left clueless and unable to help improve the relationship. If the non-Asperger partner is not willing to accept the diagnosis, or blames everything that they see as wrong in the relationship on the Asperger diagnosis, then the Asperger partner is never likely to live up to the unrealistic expectations being made of them in the relationship. Both partners have to be willing to make changes. Occasionally, diagnosis can be a mutual journey toward a more rewarding relationship for Aspies who found each other and perhaps had children on the autism spectrum before being diagnosed themselves. Whether you choose to disclose to friends or others in your community depends on what you hope to gain by this disclosure vs. what you might lose by disclosing. If you are seeking support for, or better understanding of, a particular limitation that you might have that is affecting your interactions with these people, it may be to your advantage to disclose. With people you consider close friends, you may want to disclose only so that you don't feel the pressure to “perform” in their presence. Chances are they've already accepted you for the person you are and don't need the disclosure to feel more comfortable in your presence.

An excellent book on disclosure that you might want to check out is: *Ask and Tell: Self-Advocacy and Disclosure for People on the Autism Spectrum* by Stephen Shore, Ed., (2004) Autism Asperger Publishing Company (www.asperger.net).

Section 6: Asperger Syndrome Community Connections

Where can I meet others who have Asperger Syndrome?

Asperger Syndrome/HFA/PDD Support Groups:

- Search the Meetup.com website to find local Asperger groups
- Search the website of Grasp.org for local support groups
- Call your local or regional chapter of the Autism Society of America to see if there are any adult groups or activities in your area
- Call the disability office of local colleges – they may have on-campus support groups for adults on the spectrum that you can join
- Search the website of the Autistic Self-Advocacy Network for local chapters

****Internet Sites:**

- Patty's Home Page: adult autism issues, advocacy for adult autistics, autism information, <http://www.autistics.cc>
- Frank Klein's Autistic Advocacy listserve: <http://home.att.net/~ascaris1>
- Autism Network International: <http://www.ani.ac>
- M. Jane Meyerding's Home Page: <http://staff.washington.edu/mjane>
- Dave Spicer's website - autistic writer and speaker: <http://bellsouthpwp.net/d/s/dspicer>
- The MAZE - Oops... Wrong Planet! Syndrome Master Link Page: <http://www.isn.net/~jypsy/autlink.htm>
- Autistics.org Links Autistic_Culture-People: http://www.autistics.org/links2/Autistic_Culture/People
- Zosia Zak's website: <http://www.autismability.com>
- Alex Plank's Wrong Planet ASD forum: <http://www.wrongplanet.net>

**Updates are given at end of doc

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

Generally, if you have managed to make friends with any neurotypicals, they may be the best place to start and are the most likely to offer their assistance for free. If you are able to pay for services, or to find an organization that is willing to pay for services, then it may be possible to attain the services of a speech pathologist (try to find one who specializes in pragmatic skills, if possible), or of an occupational therapist specializing in sensory integration, depending upon which issues have more impact on your daily living skills and what an assisting organization is willing to actually fund. Some clinics that serve autistic people are sympathetic to your needs and may be willing to offer discounted rates for services or help you find funding sources.

Section 7: Socializing with Asperger Syndrome

I want friends but making friends seems hard. Why? I'm interested in dating and eventually making a commitment to another person. Will Asperger Syndrome make that more difficult for me?

A. The Meaning and Nature of Friendship

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

Some neurotypicals, on the other hand, can be very open to making friends quickly. If someone wants to be your friend quickly, and then asks you to do something for them, like give them money or do something crazy or hurt someone, be aware that true friends don't do that! True friends help you to feel good about yourself and protect you from doing things that are not in your best interest, or in the best interest of others. As mentioned in "Aspie Strengths" [Section 1B], we tend to be very loyal to our friends. However, our loyalty can (and has) been abused by those who are greedy or jealous or have low self-esteem. It is always a good idea to pay attention to your instincts. If you feel even the slightest bit uncomfortable about something, even if you can't identify what it is, seek advice from someone you do trust who understands how some people can take advantage of others.

Some Aspies recognize that having a lot of friends is not that important to them. Other Aspies blame themselves or think badly about themselves if they don't have friends or make friends easily. Making friends has less to do with whether people like you than it does with whether you have interests or experiences that are similar to theirs AND whether you are also willing to share in the interests they have that are different from your own. It is easy to lose potential friends if you share more than what the other person wants to receive, or don't give the other person equal time to share their interests with you. Friends who are close personal friends will stick up for each other in front of others, answer questions honestly (in a kind way), help each other when there is a need, and will enjoy spending time together. Most people, neurotypical or Aspie, only have a few friends that meet this definition of a close personal friend. These are the best friends to have and to seek. Also, the skills you gain in forming and maintaining a close personal friendship are a prerequisite to developing the skills you will need to form and maintain even closer personal relationships, such as girlfriend, boyfriend, partner, or spouse. Practicing your friendship skills is a good base for future relationships.

B. Asperger-Related Friendship Difficulties and Practical Advice for Coping

Many Aspies have particularly strong interests in certain areas. Unfortunately very few people around them may share that interest. This makes it harder for Aspies to find friends. Clubs where people with your special interest are likely to gather is an excellent place to look for friends. You can also find people who share your special interests at museum workshops on your favorite topic, while volunteering to take care of your favorite animal at the zoo or animal rescue, or at local events centered on your special interest. For example, some universities open up their star observatories for special community nights. The type of people who attend such an event will likely be as interested in stars as you are. The Internet may also be a place where you can find people who share your special interests. They may not live near you, but you can still exchange ideas and discuss your favorite topics virtually, which could lead to a real-life friendship later on.

Aspies may also have a more difficult time making friends because our sensory processing and body movements are different from neurotypicals. Friendly pats on the back and reaching out to touch your arm are common ways for neurotypicals to "connect" with each other through the sense of touch. If touch is perceived as uncomfortable, or even threatening, your reaction to their well-intentioned effort to relate to you is not going to be easily understood. This is where Aspies need to self-advocate, to let others know

what makes us uncomfortable. Most neurotypicals ARE willing to respect these differences, IF they know about them. For those who struggle with verbal communication, a card that explains what you need can be carried in your wallet or purse and shared with others as you choose. The “down side” is, because it is hard for neurotypicals to relate to these differences in perception, it may limit how many potential friends will be willing to work that hard to become a close personal friend. Aspies often find it easier to socialize and become friends with other Aspies, simply because we understand each other’s way of thinking and perceiving. In addition, learning to socialize with other Aspies can give us “positive social currency” so that we have positive social interacts to refer back to when we try to interact with neurotypicals, giving us a stable support and confidence in our social abilities. Once again, the skills to form and maintain a close personal friendship are a prerequisite to developing the skills necessary to form and maintain closer personal relationships, such as girlfriend, boyfriend, partner, or spouse.

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

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

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

It might also be helpful to note that toxin build-up due to gut digestion difficulties may contribute to a body odor problem even when you are careful about your grooming. If this is the case, consider reading *Children with Starving Brains*, by Jacquelyn McCandless, (2009) Bramble Books (amazon.com) for more information on the medical conditions that can affect the functioning of individuals on the autism spectrum. You may also want to check out the book *Biological Basis of Autism* by William Shaw, Ph.D., available from Great Plains Laboratory (913) 341-8949, www.greatplainslaboratory.com, for more information on yeast/bacterial infections and diets.

C. Dating and Relationships

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

Whatever your relationship preferences are, relationship difficulties are not something unique to those on the autism spectrum. Neurotypicals have their own share of relationship difficulties. It is important to remember that all relationships develop in stages. You must first meet and get to know another person and let them get to know you, before you can both decide that you want to spend more time together. If upon meeting someone, you immediately ask them to come to your house or state you want them for a friend, they may react as though they are afraid of you, or may not want anything more to do with you. You need to get to know more about each other before you can trust them, and they can trust you, to not do something (even if well intended) that might be hurtful to the other person. You should be suspicious of anyone who approaches you and offers immediately to be your friend or invites you to do something with them in a non-public place. Everyone needs to go through this “getting to know you” stage before you become friends. Becoming friends is the first step toward a closer or more intimate relationship. Don’t try to skip over or rush through this stage or you may frighten away a potential good friend or life partner. These stages are important even if you meet the other person in a venue,

such as a support group or meeting, intended for people on the autism spectrum, although this may serve as a basis for your friendship or further relationship.

Once you have met someone that seems to share some or many of your interests, you may both decide to spend more time together sharing these interests. Your friendship gets a little closer each time you share time together doing something you both enjoy. Gradually, you will each want to bring that person into more of your life activities (meeting family or other friends, going places together to explore new experiences together, etc.). You will also want to explore some of the areas of interest you each have that you don't share. After all, if this person ends up being a good friend or life partner, it is a good idea to take an interest in all aspects of their life, even though you may not always participate in everything that this person chooses to do. The decision to bond as close friends or commit to each other as life partners is something that both of you must talk about and agree upon. According to the book, *Speaking Skills for Prospective Teachers*¹, staying together is described as a long-term situation that requires effort from both partners to keep the relationship going. This book identifies nine characteristics that long-term relationships often have, none of which are always present to the same degree: 1) amusement (making the relationship fun and enjoyable); 2) affection (pleasure in being together); 3) commitment equity (equal dedication to the relationship); 4) fidelity equity (faithfulness to each other); 5) contracting (keeping promises made to each other); 6) twosome (relying on each other as partners); 7) recognition (publicly making others aware of your commitment to each other); 8) frankness (revealing your inner thoughts and feelings to each other); and 9) averaging (realizing that good and bad times should average out). At any stage in a relationship (meeting, exploring interests, getting to know all about the other person, bringing the other person into your life, and committing to each other), a relationship can come apart. This often happens when the focus of attention in the relationship is on disagreements and differences between you. When this happens, both people tend to talk less to each other and share less of themselves with the other person. Eventually the relationship loses its importance and the partners move apart physically (not seeing each other as much). Finally the partners stop seeing each other completely and/or agree to terminate the relationship.

Communication is always thought of as a key to successful relationships. So is attitude, according to this same book. This is where the differences in how Asperger people and neurotypical people perceive similar experiences can cause problems in relationships. Neurotypicals value the following attitudes in a relationship: being genuine (being honest and open about one's feelings); being committed (having a desire for the relationship to continue and to share the responsibilities and make compromises when problems occur); talking together (to achieve understanding and appreciation of each other and discuss conflicts, expectations, and anxieties that bother each other); and 4) being empathic (seeing the world through the other person's perspective, listening non-judgmentally and trying to understand the other person in the way they perceive themselves). It is a common, but very false perception, on the part of many neurotypicals that people with Asperger Syndrome lack these abilities! It is extremely difficult for ANYONE to understand something they have never experienced. You might be able to imagine what it might be like to try to perform daily tasks while sitting in a wheelchair (by trying it briefly), but you can't KNOW the daily difficulties that those who are physically challenged face because you are not permanently physically disabled. Neurotypical people can TRY to imagine what it must be like to be autistic but they will never KNOW what it feels like. The same is true for autistics. We can't KNOW what it feels like to be neurotypical, because our brains are not wired the same way. People with differing abilities should never assume that they understand how another person is thinking or feeling, yet because our parents want us to feel that we "fit in" with everyone else, they try hard to treat us "like everyone else." They forget to point out to us how people are different. Being concrete and literal, we believe that we are like other people (and, therefore, other people are like us). Then, when other people don't behave the way that we would, we often become angry or confused. Remember, even though we share many human traits with others around us, regardless of their abilities or limitations, we are ALL different from each other in other ways. It is as difficult for others to understand what it feels like to be autistic as it is for autistics to understand how non-autistic people think, feel and behave. This is why communication is so important. If others can't KNOW what we are thinking or feeling, we need to share that with them so that they can at least try to understand why we do the things we do that are different from them. Don't assume that you know what others are thinking or feeling...ask. Don't assume that others know what you are thinking or feeling...let them know. You don't need to tell everyone everything about you the first time you meet them. This is why relationships have the "getting to know you" stage. Each time you meet, you may share a little more about yourself and ask a little more about them. This exchange of thoughts and feelings builds understanding and respect for the ways in which everyone is different (AFTER you have first established that you both have interests and experiences in common and want to know more about each other).

One important difference that can affect communication between socially neurotypical people (disabled or not) and aspies is that socially neurotypical people learn about the rules of social interaction on a non-thinking level. Children simply watch and listen to the actions of other people. Then they mimic these behaviors, or deliberately choose to ignore or challenge them, but eventually they do learn why it is a good idea to do things the way other people do things. If you ask them "why" they do or say the things that they do, most neurotypicals can't explain it. They simply "know" that this is the right thing to do. Aspies, on the other hand, tend to process a lot of input on a thinking level because it is harder for them to pick up multiple information and process it quickly on a non-thinking level as neurotypicals do. Since Aspies don't automatically pick up social behaviors without having to be told or made to think about it, and social neurotypicals don't have to think about it and therefore can't explain it, this puts Aspies at a disadvantage. Parents are quick to tell their children when something they are saying or doing is not socially acceptable, but they rarely are able to explain why.

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

If the behavior doesn't make sense to an Aspie, they may ignore it. Later, once an Aspie gets out into the world of their peers, no one may tell them when they are doing or saying something unacceptable to others. It is socially impolite to point out other peoples' unacceptable behaviors because it might hurt their feelings and/or make them angry. Aspies are then left to figure out for themselves why they are being ignored or shunned by others. Asking for feedback from socially NT people often doesn't work because they can't and/or don't want to be the one to tell you. For this reason, it is important for Aspies to have a support network of people in their lives who can and will tell them what they need to know to get along better with other people.

Ironically, even though the mental effort of verbal communication can be very fatiguing for Aspies, they are the ones who are expected to "explain" their differences to neurotypicals and adapt themselves, since neurotypicals know and use socially acceptable behaviors easily. They don't have to explain themselves to others because most people know what they know, so they don't ever think about why they do things. They do it because everyone else does it.

Neurotypical and Asperger Syndrome people can develop meaningful and fulfilling relationships. Both people have to have a strong desire to make the relationship work. This means listening to what the other person has to say about how they experience a particular situation and how that makes them feel about it. Often it is a good idea to restate back to the other person what you heard them say, so that they know you are listening. If you are not sure you understand what your friend or partner is trying to tell you, it is important to ask them to explain it in a different way until you do understand. As much as two people can enjoy the same interests, no two people are going to agree on everything. It is not important to agree. It is not important that one person be proven to be right and the other wrong (that only works if you are talking about physical facts that can be proven). Most disagreements are simply a difference in how each person thinks or feels, or a difference in their experiences. What is important in a relationship is that both people listen to the other person and respect that they are as entitled to their thoughts and feelings about something as you are. It is OK to simply agree to disagree when your thoughts or feelings about something are different. If you don't talk about what you are thinking or feeling, the other person can't know how you think or feel. They may try to guess, but often they guess wrong. If you assume that everyone thinks and feels the way you do about everything, you are likely to also guess wrong about them.

If you expect the other person to act like you do, or do things the way you would, but they think or feel differently, then you may get upset when they don't do or say what you want them to do or say. They may get upset with you for the same reason. You need to find out how your friend or partner thinks or feels about something before you expect them to behave in a certain way. They may be behaving in a way that is perfectly reasonable to them based on how they think or feel about the situation. Expecting them to change how they behave so that it is more like how you would behave isn't very fair. If you really want your friend or partner to change their behavior, then you must be willing to first change your behavior. If they often talk loudly or go on and on forever, and you find that upsetting to you, then you need to figure out how a change in your behavior might encourage them to change their behavior. For example, yelling at your friend or partner and demanding that they stop this behavior is only likely to hurt their feelings or make them upset with you. It won't change their behavior toward you because they see YOU as being rude and insensitive, not them (after all, they can't know what it feels like to be overwhelmed by too many words). Instead, you might try explaining how it feels to you at a time when you are both calm. You might offer to remind them (since they won't always remember how it feels to you) when they are getting loud or talking too much by tugging on your ear (a sign that their words are hard on your ears). Most people want to be considerate of other people if given the chance to understand how what they do affects other people. You changing your behavior from yelling and demanding to quietly explaining and gently reminding them can make a big difference in you getting the change in behavior that you are seeking from them. If they can't or won't change and you feel that you simply can't live with their behavior, then it may be time to consider whether this relationship is worth keeping.

If you are interested in learning more about NT-Aspie relationships, you might want to watch the movie *The Mirror Has Two Faces*. Even though the main character is not identified as having Asperger Syndrome, the characteristics are there. Liane Holliday Willey, in *Pretending to be Normal*, was already a wife and mother when she discovered, along with her daughter, that she had Asperger Syndrome. Stephen Shore in his book *Beyond the Wall* talks about how culture as well as neurotypical-Aspie differences required accommodations between his foreign-born wife and himself. Jerry and Mary Newport, in *Mozart and the Whale*, have shown that two people with Asperger Syndrome can fall in love and have a meaningful committed relationship. All relationships, to be successful in the long-term, require a commitment to compromise and sharing, but having Asperger Syndrome does not lessen your chances of having such a relationship if this is truly what you want. It is important to recognize whether a relationship is what YOU want and are willing to work toward and not what you think society expects of you. It is equally important that you know your own limitations to know just how much you have and are willing to give to a relationship. Relationships, even in the neurotypical world, built on unrealistic expectations and only getting, not giving, rarely work.

Section 8. Gender Issues on the Spectrum

Are women with Asperger Syndrome different from men on the spectrum?

In one word, yes, just as neurotypical women are different from neurotypical men. It can be both easier and harder for women on the spectrum to hide their differences, many of which are related to society's expectations based on your gender. It is more acceptable for

a girl or woman to observe a social interaction before attempting to participate in it, while it is expected that boys and men will immediately take the initiative. Because girls and women are allowed to watch from the outside for longer, we can better develop an ability to imitate others in the interaction, and appear more successful in social relationships. We are also taught as girls to be considerate of other people's feelings, to talk nicely, to share and to help. This may enable us to acquire some neurotypical skills that make us appear un-autistic in certain circumstances or situations. On the other hand, if a woman is unable to imitate the social interactions of her peers or imitates male behaviors, she is more likely to be rejected by neurotypical women and men. There are many situations in which it is socially expected that a woman appear more compassionate, empathetic, and caring than men, and we may be ostracized for not being able to meet society's expectations in these regards. This leads to the very important issue of under-diagnosis. Most experts claim that the ratio of Aspie men to women is 3:1 or even 4:1. This assumption is very possibly a faulty one that needs to be reassessed. Women on the spectrum can often hide their differences by either going into a male-dominated profession where they can fit in (engineer, scientist, researcher, accountant, etc.) or they may marry and take a lower-paying job or focus on domestic duties that allow them to work within their limitations and the husband becomes their primary support in dealing with life's demands. Women, like men, often are not diagnosed until they have children who are diagnosed. This means that they miss out on services and supports that could enable them to function more easily or at a level more commensurate with their abilities than they currently do within society.

Another difference is that a woman on the spectrum may either have interests that are more socially acceptable, or that they may be the only female in an otherwise all-male setting, such as the local science fiction book club. In a group where all the other members are male, a female Aspie might have the "pick" of the group when it comes to friendships or other relationships, and then rely upon that relationship to further camouflage her differences. It is acceptable for a woman to have an all-consuming relationship about an animal or plant, and may lead to a position with an animal conservation or rescue organization in which it is acceptable to be single-minded about saving that particular animal or environment. Some "green" organizations can be good places for female Aspies to "hide" their differences, since the other people there share their obsession, and may become their main, or only, form of social interaction. A gift with working with domestic animals can lead to becoming a horse trainer, dog groomer, or other animal professional. Some women on the spectrum have even sought diagnosis after beginning a career working with children on the autism spectrum and recognizing some of their differences in themselves!

Men on the spectrum have their own particular problems. Most men, including neurotypical ones, tend to be less observant and less reflective when it comes to social situations than women. Jumping into a situation without understanding the social rules that guide most people's actions is likely to result in major social mistakes. Aspie men may be made to feel like failures if they aren't athletic, assertive, or able to relate to females with ease. On the flip side, guys may have avenues in "guy culture" that can prevent the crush of loneliness and isolation that autistic girls often feel (such as being good at computers, collecting things, knowing everything about the Yankees). Boys quickly learn as children that it is OK for them to exhibit aggressive behaviors, as opposed to girls, in their play. Yet they are expected to learn to control these aggressive tendencies when they reach adolescence and adulthood. Aggressive behavior that is not well controlled is often viewed as potentially dangerous. Women, who are generally less strong than men, quickly learn to avoid men who do not appear to be able to control their anger or behaviors, even when there is no clear intent to harm them in any way. In addition, while Asperger men and women can both become obsessed with certain people they know or meet, a man that obsesses about a woman is perceived as stalking her, while a woman may only be perceived as infatuated with or having a crush on a man.

For more information on the gender differences between Aspies, you may wish to read *Life and Love: Positive Strategies for Autistic Adults*, Zosia Zaks, (2006), Austim Asperger Publishing Co., www.asperger.net.

Section 9. Parenting on the Spectrum

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

Many Aspie adults have been diagnosed only after having children who are diagnosed with an Autism Spectrum Disorder. While there are no statistics on the likelihood of Aspies having ASD children in general, the statistics for parents of autistic children (at least some of whom are probably undiagnosed Aspies) run between 3-5% for Autistic Disorder, and up to 10% for ASD and "language delays". There is also no data on how our neurotypical children turn out, but personal stories seem to indicate that these children pick up the body language and other social information they need from the outside world and do not suffer any "adverse effects" from their parent's or parents' Autistic characteristics. Autistic parents have special strengths and skills of their own to offer their children, such as a strong sense of loyalty, a non-judgmental attitude toward others, and a wealth of knowledge in their special areas of interest. While there has been no "official" survey about the "functional" or linguistic levels of children of Aspie parents, information gathered from people at our local support group about their children and an "unofficial" survey conducted at Autreat suggest Aspie parents may be more likely to have Aspie or "high-functioning" autistic children.

If you know now that you are on the spectrum and you want to have children, you will have to carefully consider this decision, just as anyone thinking about parenthood. It is important to be aware that you may receive negative feedback if you choose to parent because of the strong undercurrent of eugenics in American society. Many people think adults with disabilities should not reproduce because

they could give birth to disabled offspring or could provide neurotypical offspring with a non-normative childhood, as explained above. Yet others believe firmly that autistic children and children with other disabilities have the right to be born and form part of humanity's rainbow of differences.

If you want to be around children but can't handle parenthood or simply aren't ready, you can find other ways to be involved positively in the life of a child. You might make an excellent foster parent. Some people love to baby-sit for friends, neighbors and relatives. You could volunteer as a big brother or big sister. Schools need tutors and mentors. Pediatric hospitals need people to come visit and play with children, especially sick children whose parents must work during the day. You could also choose an occupation that centers around children.

Section 10. Additional Resources

Where can I read more about these topics?

ABOUT ASPERGER SYNDROME:

- *Asperger Syndrome: A Guide for Parents and Professionals*, Tony Attwood, (1998) Jessica Kingsley Publishers, www.jkp.com
- *Helping a Child with Nonverbal Learning Disorder or Asperger Syndrome: A Parent's Guide*, K. Stewart, (2002) New Harbinger Publications, www.newharbinger.com
- *Girls Under the Umbrella of Autism Spectrum Disorders*, Lori Emsperger & Danielle Wendel, (2007) Autism Asperger Publishing Co. www.asperger.net.

LIVING WITH ASPERGER SYNDROME:

- *Pretending to be Normal*, L. Holliday Willey, (1999) Jessica Kingsley Publishers, www.jkp.com
- *Your Life is Not a Label: A Guide to Living Fully with Autism and Asperger Syndrome for Parents, Professionals, and You!*, Jerry Newport, Future Horizons, Inc., www.FutureHorizons-autism.com.
- *Beyond the Wall: Personal Experiences with Autism and Asperger Syndrome*, Stephen Shore, (1961) Autism Asperger Publishing Co., www.asperger.net
- *Thinking In Pictures: and Other Reports from My Life with Autism*, Temple Grandin, (1996) Vintage Books. www.amazon.com.
- *Women from Another Planet: Our Lives in the Universe of Autism*, Jean Kearns Miller, editor, (2003) 1stBooks Library. www.amazon.com.
- *Right Address ... Wrong Planet: Children with Asperger Syndrome Becoming Adults*, Gena Barnhill, (2002) Autism Asperger Publishing Co., www.asperger.net.
- *Freaks, Geeks and Asperger Syndrome: A User Guide to Adolescence*, Luke Jackson, (2002), Jessica Kingsley Publishers, www.jkp.com.
- *Life and Love: Positive Strategies for Autistic Adults*, Zosia Zaks, (2006), Autism Asperger Publishing Co, www.asperger.net.

COLLEGE, WORK AND ASPERGER SYNDROME:

- *Developing Talents: Careers for Individuals with Asperger Syndrome and High-Functioning Autism*, Temple Grandin & Kate Duffy, (2004) Autism Asperger Publishing Co., www.asperger.net
- *How to Find Work That Works for People with Asperger Syndrome: The Ultimate Guide for Getting People With Asperger Syndrome into the Workplace (and Keeping Them There!)*, Gail Hawkins, (2004) Jessica Kingsley Publishing Co. www.jkp.com.
- *Ask and Tell: Self-Advocacy and Disclosure for People on the Autism Spectrum*, Stephen M. Shore (editor), (2004) Autism Asperger Publishing Co., www.asperger.net
- *Succeeding in College With Asperger Syndrome*, John Harpur, Maria Lawlor, Michael Fitzgerald, (2004), Jessica Kingsley Publishing Co., www.jkp.com
- *Employment for Individuals With Asperger Syndrome or Non-Verbal Learning Disability: Stories and Strategies*, Yvona Fast, (2004) Jessica Kingsley Publishing Co., www.jkp.com
- *Aquamarine Blue 5: Personal Stories of College Students With Autism*, Dawn Prince-Hughes, (2002) Swallow Press. www.amazon.com
- *Asperger Syndrome Employment Workbook*, Roger Meyers and Tony Attwood, (2001) Jessica Kingsley Publishers. www.jkp.com

RELATIONSHIPS AND ASPERGER SYNDROME:

- *Autism-Asperger & Sexuality*, J. Newport and M. Newport, (2002) Future Horizons, www.futurehorizons-autism.com.
- *Navigating the Social World: A Curriculum for Individuals with Asperger Syndrome, High Functioning Autism and Related Disorders*, Jeanette McAfee, (2002) Future Horizons, Inc., www.futurehorizons-autism.com
- *The Other Half of Asperger Syndrome: A guide to an Intimate Relationship with a Partner who has Asperger Syndrome*, Maxine C. Aston, (2002) Autism Asperger Publishing Co., www.asperger.net
- *Aspergers in Love: Couple Relationships and Family Affairs*, Maxine Aston, (2003) Jessica Kingsley Publishing Co., www.jkp.com
- *Asperger Syndrome and Long-Term Relationships*, Ashley Stanford, Liane Holliday Willey, (2002) Jessica Kingsley Publishing Co., www.jkp.com
- *Asperger Syndrome in the Family: Redefining Normal*, Liane Holliday Willey, (2001) Jessica Kingsley Publishing Co., www.jkp.com
- *Loving Mr. Spock: Understanding an Aloof Lover*, Barbara Jacobs, (2004) Future Horizons, www.futurehorizons-autism.com

LIVING IN A NEUROTYPICAL WORLD WITH ASPERGER SYNDROME:

- *Asperger Syndrome and Adolescence: Helping Preteens and Teens Get Ready for the Real World*, Teresa Bolick, (2001) Fair Winds Press, Gloucester, MA. www.amazon.com
- *Reading People: How to Understand People and Predict Their Behavior—Anytime, Anyplace*, J. Dimitrius and M. Mazzarella, (1999) Ballantine Publishing Group, www.randomhouse.com/BB/
- *The Hidden Curriculum: Practical Solutions for Understanding Unstated Rules in Social Situations*, Brenda Smith Myles, Melissa L. Trautman, Ronda L. Schelvan, (2004) Autism Asperger Publishing Company. www.asperger.net
- *Perfect Targets: Asperger Syndrome and Bullying*, Rebekah Heinrichs, (2003) Autism Asperger Publishing Co. www.asperger.net
- *A Five Is Against the Law! Social Boundaries: Straight Up! An honest guide for teens and young adults*, Kari Dunn Buron, (2007) Autism Asperger Publishing co., www.asperger.net
- *Cognitive- Behavioral Therapy for Adult Asperger Syndrome (Kindle Edition)*, Valerie Gaus, (2007) Guilford Press. www.amazon.com
- *Asperger Syndrome and Anxiety: A Guide to Successful Stress Management*, Nick Dubin, (2009) Jessica Kingsley Publishing Co., www.jkp.net

THE BIOCHEMISTRY OF AUTISM

- *Children with Starving Brains*, Jacquelyn McCandless, M.D., (2009) Bramble Books, www.amazon.com
- *Biological Basis of Autism*, William Shaw, Ph.D., available from Great Plains Laboratory (913) 341-8949, www.greatplainslaboratory.com
- Enzymes and Food Sensitivities, <http://www.enzymestuff.com/conditionsensitivities.htm>.
- Salicylates, <http://www.eklhad.net/foods/foods9.html>.
- Autism Network for Dietary Intervention, <http://www.autismndi.com/news/display.asp?>
- ASU's Autism-Asperger Research Program, <http://www.eas.asu.edu/~autism/>
- Effect of Vitamin-Mineral Supplementation on Children with Autism, <http://www.phxautism.org/vitamin/frame.htm>

SENSORY ISSUES IN AUTISM/ASPERGER SYNDROME:

- *Asperger Syndrome and Sensory Issues: Practical Solutions for Making Sense of the World*, B. Smith Myles, K. Tapscott Cook, N. E. Miller, L. Rinner, L. A. Robbins, (2000) Autism Asperger Publishing Co., www.asperger.net
- *Sensory Perceptual Issues in Autism and Asperger Syndrome: Different Sensory Experiences, Different Perceptual Worlds*. Olga Bogdashina, (2003) Jessica Kingsley Publishers, www.jkp.net
- *Reading by the Colors: Overcoming Dyslexia and Other Reading Disabilities Through the Irlen Method*, H. Irlen, (1991) Avery Publishing Group, Inc., Garden City Park, NY.
- *Hearing Equals Behavior*, G. Berard, (2000) Keats Publishing Inc., New Canaan, Connecticut. www.amazon.com
- *Autism: Handle with Care!* Gail Gillingham, (1995), Tacit Publications, Inc., Edmonton, Alberta, Canada. www.amazon.com

Acknowledgement: The authors would like to thank the Phoenix Chapter of the Autism Society of America for supporting and encouraging the development of this article. We also wish to thank Dena Gassner and Valerie Paradiz for reviewing and providing comments on this article and Zosia Zaks for her contributions to the clarity of the content and extensive help in editing this article.

***Tony Atwood website updated by Autism Society 2017**

****Internet Sites:**

- **Patty's Home Page: adult autism issues, advocacy for adult autistics, autism information, <http://www.autistics.cc>**
- ***Frank Klein's Autistic Advocacy listserve: <https://web.archive.org/web/20060615101231/http://home.att.net/~ascaris1/>**
- ***Autism Network International: <http://www.autismnetworkinternational.org/>**
- **M. Jane Meyerding's Home Page: <http://staff.washington.edu/mjane>**

***Following links can't be found**

- **Dave Spicer's website - autistic writer and speaker: <http://bellsouthpwp.net/d/s/dspicer>**
- **The MAZE - Oops... Wrong Planet! Syndrome Master Link Page: <http://www.isn.net/~jypsy/autilink.htm>**
- **Autistics.org Links Autistic_Culture-People: http://www.autistics.org/links2/Autistic_Culture/People**
- **Zosia Zak's website: <http://www.autismability.com>**
- **Alex Plank's Wrong Planet ASD forum: <http://www.wrongplanet.net>**