

Neurodivergent Couples and Innovative Therapeutic Interventions: Integrating the Neurodiversity Approach with the Double Empathy Model

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ABSTRACT

This article presents a conceptual framework for innovative therapeutic interventions for neurodivergent couples through the integration of the neurodiversity approach and the double empathy model. Utilizing an analytical-review methodology, this article systematically examines and synthesizes contemporary interdisciplinary literature on neurodiversity, intimate relationships, autism, ADHD, and couples therapy. The analysis indicates that many relational difficulties in neurodivergent partnerships arise not from unilateral empathic deficits but from reciprocal differences in cognitive processing, communication styles, and sensory experiences. The proposed framework emphasizes four interrelated clinical domains: psychoeducation grounded in neurodiversity principles, explicit communication structuring, sensory environment modulation, and conflict reframing through the lens of the double empathy model. Integrating these perspectives shifts therapeutic focus from correcting individual “deficits” to fostering mutual understanding between differing perceptual and social systems. By promoting reciprocal empathy, relational adaptation, and acceptance of neurological differences, this integrative model offers a transformative direction for couples therapy. The article concludes by outlining implications for therapist training and future empirical research aimed at developing evidence-based protocols tailored to neurodivergent couples.

Keywords: neurodivergent couples; neurodiversity; double empathy model; couples therapy; autism; ADHD; innovative therapeutic interventions

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INTRODUCTION

In recent years, the concept of neurodiversity has emerged as a significant paradigm shift within psychology, disability studies, and social sciences. Originally articulated by Judy Singer (Singer, 1999), the neurodiversity perspective challenges deficit-based conceptualizations of neurodevelopmental conditions such as autism and attention deficit/hyperactivity disorder (ADHD). Rather than framing these conditions solely as disorders characterized by impairments, the neurodiversity approach conceptualizes them as natural variations in human neurocognitive functioning

(Walker, 2021). This reframing emphasizes difference rather than deficit, variation rather than pathology (Bagatell, 2010). The growing recognition of neurodiversity has important implications for intimate relationships.

As increasing numbers of adults receive diagnoses of autism or ADHD in adulthood or identify as neurodivergent more couples are navigating partnerships that involve differing cognitive styles, sensory processing patterns, and communication preferences. These neurodivergent couples may experience relational challenges that differ qualitatively from those typically addressed in conventional couples

therapy models. Traditional couples therapy approaches, including communication-based and attachment-focused frameworks, often implicitly rely on neurotypical norms of emotional expression, nonverbal signaling, and social reciprocity (DeThorne, 2020). When neurodivergent individuals communicate in ways that deviate from these expectations such as through literal language, atypical affect display, or sensory withdrawal these behaviors may be interpreted as emotional distance, avoidance, or lack of empathy. Such interpretations can inadvertently reinforce deficit-based narratives and exacerbate relational tension.

A critical theoretical development that challenges this unilateral interpretation is the double empathy model, first proposed by Damian Milton (Milton, 2012). According to this model, communication breakdowns between neurodivergent and neurotypical individuals arise from reciprocal differences in perceptual, cognitive, and social frameworks (Milton, Gurbuz, & López, 2022).

Empathy difficulties are not located solely within the neurodivergent individual; rather, they reflect a bidirectional gap in mutual understanding (Ek Dahl, 2024). From this perspective, mis-attunement resembles cross-cultural misunderstanding: each party interprets behavior through distinct experiential systems.

Empirical studies support this reconceptualization. Research has demonstrated that autistic individuals often report greater ease of communication and social rapport when interacting with other autistic individuals, suggesting that relational difficulty is context-dependent rather than inherent (Crompton, Sharp, Axbey, Fletcher-Watson, & Flynn, 2025). These findings challenge the longstanding assumption that neurodivergence necessarily entails diminished empathic capacity (Heasman & Gillespie, 2018).

Furthermore, studies have shown that neurotypical peers may form less favorable impressions of autistic individuals based on brief observations, indicating that social difficulties are bidirectional (Sasson, Faso, Nugent, Lovell, & Kennedy, 2017). Recent systematic reviews have reinforced these findings, demonstrating that autistic adults consistently report enhanced quality of life and connection when interacting with other autistic people (Watts, Crompton, et al, 2025). Foster et al. (Foster, et al, 2025) similarly found that rapport differs significantly between same-neurotype and mixed-neurotype groups, with autistic groups establishing more favorable interaction patterns.

Despite these theoretical advances, the integration of the neurodiversity approach with the double empathy model in couples therapy remains insufficiently developed in clinical literature. Most existing therapeutic interventions for couples in which one partner is autistic or has ADHD focus on skill acquisition, emotional regulation training, or behavioral modification directed primarily at the neurodivergent partner (Baron-Cohen, et al, 2001). While such interventions may provide short-term improvements, they risk perpetuating asymmetrical therapeutic responsibility and overlooking the reciprocal nature of relational dynamics.

In addition, sensory processing differences commonly reported among autistic and ADHD individuals play a

substantial role in intimate relationships but are rarely incorporated systematically into couples therapy frameworks. Variations in sensory sensitivity, need for predictability, or cognitive processing speed can significantly influence conflict patterns, emotional regulation, and perceived intimacy. Without explicit recognition of these factors, therapy may fail to address core sources of relational strain (De Laet, Wiersema, & Nijhof, 2022).

Research on social motor synchrony further suggests that interactive rapport is influenced by neurotype matching, with mixed-neurotype dyads showing different patterns of coordination than same-neurotype dyads (Efthimiou, Wilks, et al, 2025).

Consequently, there is a need for a conceptual and clinical framework that integrates neurodiversity principles with the double empathy model to inform innovative therapeutic interventions for neurodivergent couples. Such a framework would shift the therapeutic focus from correcting individual deficits to facilitating mutual adaptation, reciprocal empathy, and contextualized understanding of neurological differences.

The present article aims to address this gap by proposing an integrative theoretical model grounded in the neurodiversity approach and the double empathy model.

Through analytical synthesis of contemporary literature, this study develops a structured intervention framework that emphasizes psychoeducation, explicit communication, sensory environment modulation, and conflict reframing. By redefining relational difficulties as emergent properties of neurocognitive diversity rather than unilateral impairment, this approach seeks to enhance relational satisfaction, reduce chronic misunderstanding, and promote sustainable intimacy in neurodivergent partnerships.

THE NEURODIVERSITY APPROACH: THEORETICAL FOUNDATIONS AND CLINICAL IMPLICATIONS

Conceptual Foundations of the Neurodiversity Paradigm

The neurodiversity paradigm emerged from within disability advocacy and autism self-advocacy movements, representing a fundamental reconceptualization of neurological variation. First articulated by Singer (Singer, 1999), this framework proposed that neurological variations such as autism should be understood as integral dimensions of human diversity rather than exclusively as pathological abnormalities requiring remediation.

This foundational insight has been subsequently elaborated by scholars including Walker (Walker, 2021) and Chapman (Chapman, 2021), who have argued that neurodevelopmental differences reflect minority neurotypes whose meanings and consequences are shaped by social context, cultural expectations, and structural accessibility rather than by intrinsic deficit alone (Kapp et al., 2013).

Within this paradigm, autism, ADHD, dyslexia, and related neurodevelopmental profiles are conceptualized as variations in cognitive style, information processing, attention regulation, sensory integration, and social interaction patterns (Armstrong, 2010).

The therapeutic emphasis consequently shifts from remediation of presumed deficits toward recognition of strengths, contextual adaptation, and systematic removal of environmental barriers (den Houting, 2019).

It is important to clarify that the neurodiversity paradigm does not deny that neurodivergent individuals may experience genuine distress or functional impairment; rather, it reframes many such challenges as arising from a mismatch between neurocognitive style and environmental demands (Chapman, 2021).

This "mismatch" perspective carries profound implications for understanding intimate relationships. Couples constitute micro-environments within which communication norms, emotional expectations, and sensory patterns are continuously and often implicitly negotiated (Meyerding, 2014).

When one or both partners are neurodivergent, relational difficulties may emerge not from individual dysfunction but from discrepancies in perceptual processing, emotional expression, and cognitive pacing.

These reframing invites clinicians to examine how relational environments can be adapted to accommodate neurological diversity rather than requiring neurodivergent partners to conform to neurotypical standards (Chapman & Botha, 2022).

NEURODIVERGENT PROFILES IN INTIMATE RELATIONSHIPS

Neurodivergent adults frequently report distinctive relational experiences that warrant careful clinical attention. Autistic individuals may demonstrate direct communication styles, heightened sensory sensitivity, focused and sustained interests, and preference for predictability and routine (Hull et al., 2017). Individuals with ADHD may exhibit differences in executive functioning, attentional regulation, impulse modulation, and emotional reactivity that shape interpersonal dynamics in complex ways (Nimmo-Smith et al., 2020). These neurocognitive characteristics influence relational patterns through multiple pathways.

For example:

- Literal communication styles may be misinterpreted by neurotypical partners as emotional bluntness, indifference, or intentional harshness (Attwood, 2006).
- Sensory overload in social or domestic contexts may be perceived as withdrawal, rejection, or avoidant attachment behavior (Robertson & Simmons, 2015).
- Executive functioning challenges, including difficulties with planning, organization, and task initiation, may be interpreted as lack of care, irresponsibility, or intentional neglect of relational responsibilities (Khalifa et al., 2022).
- Hyperfocus on specific interests may be experienced by partners as relational neglect or emotional unavailability (Marsh et al., 2020).

Traditional couples therapy models, including attachment-based and communication-focused frameworks, often interpret such patterns within conventional paradigms of emotional intelligence, relational skill deficits, or attachment insecurity (Johnson, 2019). While these perspectives may offer partial

insight, they risk overlooking the neurocognitive foundations of relational differences.

Without a neurodiversity-informed lens, therapists may inadvertently pathologize neurological variation and reinforce asymmetrical expectations within the relationship, placing disproportionate responsibility for adaptation on the neurodivergent partner (Chapman & Botha, 2022; Milton, 2012).

Clinical Implications of a Neurodiversity-Informed Stance

Adopting a neurodiversity approach in couples therapy requires several fundamental conceptual shifts that reorient clinical practice:

1. From Correction to Accommodation

Therapeutic goals move from attempting to normalize neurodivergent behavior toward facilitating mutual adaptation and environmental modification. The aim is not to eliminate difference but to create relational conditions in which both partners can flourish (Walker, 2021).

2. From Deficit Language to Difference Language

Clinical discourse shifts from pathologizing terminology such as "lack of empathy" or "poor communication skills" toward descriptive formulations that acknowledge differing communicative styles and perceptual frameworks. This linguistic shift carries significant implications for therapeutic alliance and couple identity (Botha, Dibb, & Frost, 2022).

3. From Individual Pathology to Relational Ecology

Distress is conceptualized as emerging from interactional patterns and environmental mismatches rather than residing solely within one partner. This ecological perspective distributes therapeutic responsibility more equitably and invites both partners to participate in co-creating solutions (Chapman, 2021).

4. From Implicit Norms to Explicit Negotiation

Neurodivergent couples often benefit from explicit clarification of expectations, routines, and emotional cues rather than reliance on unspoken assumptions that may be differentially accessible across neurotypes. Explicit negotiation reduces ambiguity and supports mutual understanding (Meyerding, 2014).

5. From Individual Resilience to Relational Reciprocity

Therapeutic attention expands from building individual coping skills toward fostering reciprocal understanding and bilateral accommodation. This shift recognizes that relational health depends on mutual adjustment rather than unilateral adaptation (Milton, 2012; Crompton et al., 2020).

It is essential to emphasize that the neurodiversity approach does not romanticize difference or dismiss relational pain. Rather, it contextualizes distress within neurological diversity while maintaining compassionate attention to the genuine difficulties couples may experience. This stance acknowledges

that neurodivergent individuals and their partners may struggle with real challenges arising from neurocognitive differences, but it frames these challenges as opportunities for collaborative problem-solving rather than evidence of individual inadequacy (Chapman & Botha, 2022).

This conceptual foundation establishes essential groundwork for integrating the double empathy model into therapeutic practice. By recognizing that relational difficulties emerge from reciprocal differences rather than unilateral deficits, clinicians are positioned to approach neurodivergent couples with greater humility, curiosity, and effectiveness. The subsequent section examines how the double empathy model extends and deepens this neurodiversity-informed perspective.

THE DOUBLE EMPATHY MODEL AND RELATIONAL MISATTUNEMENT (REVISED)

Theoretical Background

The double empathy model, originally proposed by Milton (Milton, 2012), constitutes a fundamental challenge to the longstanding assumption that autistic individuals possess inherent deficits in empathy and social understanding. Milton argued that communication breakdowns between autistic and non-autistic individuals arise not from unilateral impairment but from reciprocal differences in experiential worlds and perceptual frameworks (Milton, 2012). Each party may struggle to intuitively understand the other precisely because their cognitive architectures, social assumptions, and meaning-making systems differ in systematic ways (Milton, Gurbuz, & López, 2022).

This bidirectional reconceptualization has received substantial empirical support over the past decade. Crompton and colleagues (Crompton, et al 2025) demonstrated that autistic individuals often experience improved rapport and more accurate mutual understanding when interacting with other autistic individuals compared to interactions with neurotypical partners. These findings suggest that empathic breakdown is not a fixed characteristic of autistic cognition but rather a context-dependent phenomenon that emerges relationally (Heasman & Gillespie, 2018). Similarly, De Laet and colleagues (De Laet, Wiersema, & Nijhof, 2022) found that autistic adults' express preferences for communicating with other autistic individuals, reporting greater ease and reduced social anxiety in same-neurotype interactions. As Ekdahl (Ekdahl, 2024) has articulated, the double empathy problem invites a neuro-diversification of phenomenological inquiry, recognizing that autistic experience constitutes a distinctive but equally valid mode of being-in-the-world.

Recent systematic reviews have further consolidated this evidence base. Watts and colleagues (Watts, et al, 2025) conducted a thematic meta-synthesis of autistic adults' experiences of interacting with other autistic people, revealing consistent themes of enhanced connection, reduced masking, and what participants described as "a certain magic" in same-neurotype interactions. Foster and colleagues (Foster, et al, 2025) extended this work by demonstrating that rapport differs significantly between same-neurotype and mixed-neurotype groups, with autistic groups establishing more favorable

interaction patterns. Furthermore, Efthimiou and colleagues (Efthimiou, et al, 2025) have shown that social motor synchrony the automatic coordination of movement during interaction varies systematically across neurotype combinations, suggesting that embodied aspects of rapport are also influenced by neurotype matching. These converging lines of evidence support the double empathy model's central claim: that mutual understanding is facilitated by shared neurocognitive frameworks and impeded by their divergence.

Relevance to Couples Therapy

Within intimate partnerships, the double empathy problem manifests through multiple relational phenomena that frequently present in clinical settings. These manifestations may include:

- Mutual perceptions of emotional invalidation, wherein each partner experiences their expressions of care as unrecognized or misinterpreted by the other (Attwood, 2006).
- Discrepancies in interpreting tone, facial expression, silence, and other paralinguistic cues that carry different meanings across neurotypes (DeThorne, 2020).
- Divergent assumptions about relational rituals, expressions of affection, and the meaning of shared activities (Marsh et al., 2020).
- Misalignment in conflict resolution styles, with one partner potentially seeking immediate verbal processing while the other requires time for cognitive consolidation (Khalifa et al., 2022).

Traditional therapeutic approaches have sometimes conceptualized these dynamics as stemming primarily from the neurodivergent partner's social processing deficits, locating the source of relational difficulty within individual pathology (Baron-Cohen, et al, 2001). However, the double empathy model fundamentally reframes these interactions as mismatches between equally valid perceptual systems rather than evidence of unilateral incapacity (Milton, 2012; Chapman & Botha, 2022).

Consider the following illustrative example: a neurotypical partner may rely heavily on nonverbal cues facial expression, tone of voice, eye contact to infer emotional states and relational satisfaction. An autistic partner, by contrast, may prioritize explicit verbal communication, literal interpretation, and consistency of stated intention over paralinguistic signaling. Both communicative approaches are coherent and adaptive within their respective neurocognitive frameworks. Misunderstanding arises not from deficit but from divergence: each partner assumes, often implicitly, that their mode of communication is universally intuitive and that the other's failure to respond accordingly reflects deficiency or disinterest (Milton, 2012; DeThorne, 2020).

This reframing carries significant implications for how relational difficulties are understood. When interpreted through a unilateral deficit lens, such difficulties may be attributed to individual inadequacy. The double empathy model invites recognition that both partners may be equally

challenged when attempting to navigate a perceptual framework different from their own. This recognition redistributes explanatory responsibility and opens possibilities for bilateral understanding.

Empathy as Contextual and Co-Constructed

The double empathy model advances a fundamental reconceptualization of empathy itself, positioning it as relationally situated rather than individually possessed (Ekdahl, 2024). Within this framework, empathic understanding is understood as co-constructed through shared frameworks of meaning, mutual attunement, and iterative negotiation. When neurocognitive frameworks diverge substantially, empathy requires deliberate translation and explicit bridging rather than automatic resonance (Heasman & Gillespie, 2018). This contextual and co-constructed understanding of empathy aligns with broader developments in phenomenological and relational philosophy. As Ekdahl (Ekdahl, 2024) argues, the double empathy model challenges the assumption that there exists a singular, normative mode of empathic experience against which all others should be measured. Instead, empathy is reconceptualized as plural, diverse, and fundamentally shaped by the particularities of the interacting subjectivities involved.

This reframing carries transformative theoretical implications:

- **Reorientation of understanding:** Empathic understanding is reconceptualized as emerging from shared frameworks rather than residing within individuals.
- **Reconceptualization of difficulty:** Relational difficulty is understood as arising from divergence between perceptual worlds rather than individual deficit.
- **Redistribution of explanatory framework:** Asymmetrical interpretations wherein one partner bears primary responsibility for misunderstanding are replaced with bilateral explanations.
- **Epistemic pluralism:** Multiple modes of empathic experience are recognized as equally valid rather than evaluated against singular neurotypical standards.

Integrating the double empathy model with the neurodiversity paradigm creates a robust theoretical foundation for understanding neurodivergent relationships. This integration recognizes that relational difficulties emerge not from individual inadequacy but from the genuine challenges of bridging divergent perceptual worlds. Rather than pathologizing this difficulty, the conceptual task becomes understanding how shared meaning can be constructed across neurological difference.

INTEGRATING THE NEURODIVERSITY APPROACH WITH THE DOUBLE EMPATHY MODEL: A CONCEPTUAL FRAMEWORK

Although the neurodiversity paradigm and the double empathy model emerged from distinct intellectual traditions disability studies and critical autism theory, respectively their underlying

assumptions are philosophically compatible and mutually reinforcing (Chapman & Botha, 2022). Both perspectives challenge deficit-based interpretations of neurodevelopmental difference and emphasize the centrality of relational context in understanding social difficulties. Their integration generates a coherent theoretical framework for conceptualizing neurodivergent relationships that moves beyond individual pathology toward interactional understanding.

The neurodiversity approach asserts that neurological variation constitutes a natural dimension of human diversity rather than deviation from normative standards (Walker, 2021; Singer, 1999). It highlights the importance of environmental accommodation, social inclusion, and respect for cognitive difference as fundamental principles for understanding neurodivergent experience. The double empathy model complements this view by explaining why misunderstandings frequently occur in interactions between individuals with differing neurocognitive profiles (Milton, 2012). Rather than locating relational breakdown within one partner, it conceptualizes misattunement as a reciprocal phenomenon rooted in divergent perceptual and communicative systems. When applied to understanding neurodivergent couples, the integration of these two perspectives generates a coherent theoretical shift in how relational patterns are conceptualized. The following subsections elaborate the key dimensions of this integrated conceptual framework.

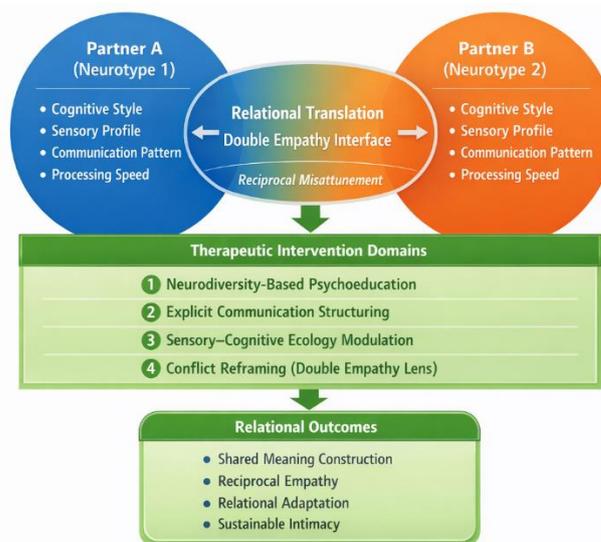


Figure 1. Integrative framework for therapeutic intervention in neurodivergent couples. From Deficit to Difference

Traditional interpretations of relational patterns in couples involving autism or ADHD have frequently emphasized constructs such as impaired empathy, emotional unavailability, social skills deficits, and communication dysfunction (Baron-Cohen, et al, 2001). These interpretations locate the source of relational difficulty within the neurodivergent individual, framing neurocognitive characteristics as inherently problematic for intimate connection.

In contrast, an integrated neurodiversity double empathy framework reframes these same features as expressions of neurocognitive variation rather than evidence of deficit. For example, differences in eye contact, emotional expressiveness, conversational pacing, or sensory tolerance are understood not as relational failures but as manifestations of distinct neurological styles that carry meaning within their own frameworks (Heasman & Gillespie, 2018).

This reframing does not deny that relational strain may occur. Instead, it relocates the conceptual source of tension from individual pathology to interactional mismatch. Relational dissatisfaction may arise when each partner interprets the other's behavior through their own implicit communicative norms without recognizing that neurological difference shapes these interpretations (Milton, 2012).

This shift from deficit to difference carries profound conceptual implications. It positions neurodivergent characteristics not as obstacles to be overcome but as dimensions of experience to be understood. The question guiding inquiry becomes not "What is wrong with this individual's way of relating?" but rather "How do these differing ways of relating interact within this particular dyadic system?"

Reciprocal Misattunement as Interactional Phenomenon

The double empathy model suggests that misunderstanding in mixed-neurotype interactions is fundamentally bidirectional (Milton, Gurbuz, & López, 2022). In couples where partners have differing neurotypes, both individuals may experience feeling misunderstood, perceiving the other as emotionally distant, misinterpreting intent, and attributing negative meaning to neutral behavior (Crompton et al., 2025). These experiences are not confined to one partner but characterize the interactional space between them.

The integrated framework therefore conceptualizes relational tension as reciprocal misattunement rather than unilateral empathic deficit. This shift carries significant theoretical weight: it moves understanding of neurodivergent relationships away from asymmetric responsibility and toward mutual recognition of difference. Both partners are understood as navigating the same fundamental challenge bridging divergent perceptual worlds rather than one partner bearing the burden of relational difficulty.

This reconceptualization finds useful parallels in intercultural communication theory (DeThorne, 2020). Just as individuals from different linguistic or cultural backgrounds must engage in explicit translation and negotiation to achieve mutual understanding, partners with differing neurotypes may require conscious meaning-making across frameworks that are not automatically aligned.

The relational challenge, from this perspective, is not absence of empathy but absence of shared interpretive frameworks within which empathy can operate automatically. Understanding is achieved through translation rather than resonance.

Sensory and Cognitive Ecology in Relationships

One underexplored dimension of neurodivergent relationships involves what may be termed sensory and cognitive ecology the environmental and informational contexts within which relational life unfolds. Neurodivergent individuals often report heightened or reduced sensitivity to environmental stimuli, differences in information-processing speed, and distinctive attentional patterns that shape how they experience and participate in intimate relationships (Robertson & Simmons, 2015; Hull et al., 2017).

These factors shape everyday relational experiences in multiple ways. For example:

- Sensory overload may lead to withdrawal during conflict, not as emotional avoidance but as neuromodulatory regulation.
- Need for predictability may conflict with spontaneous relational rituals, reflecting different cognitive relationships to uncertainty.
- Differences in executive functioning may affect how shared responsibilities are conceptualized and enacted.
- Variations in processing speed may create mismatches in conversational timing and turn-taking.

Within a deficit-based model, such patterns may be interpreted as avoidance, rigidity, or irresponsibility attributions that carry moral and relational weight. Within an integrated neurodiversity double empathy model, these patterns are understood as neurocognitively mediated adaptations interacting within a shared relational environment (Chapman, 2021). Each partner's behavior is coherent within its own neurocognitive logic, even when it appears problematic from the other's perspective.

Thus, relational strain may arise from ecological incompatibility a mismatch between the sensory and cognitive environments each partner requires for optimal functioning rather than from emotional indifference or relational neglect. This conceptualization invites inquiry into how the shared relational environment can be structured to accommodate differing neurological needs.

Redefining Empathy in Neurodivergent Relationships

A central theoretical contribution of this integration is the fundamental redefinition of empathy itself. Traditional psychological frameworks have often conceptualized empathy as a stable intrapersonal capacity involving affective resonance and cognitive perspective-taking, measured against normative standards of expression and recognition (Baron-Cohen, Wheelwright, & Bullmore, 2001).

However, the double empathy model suggests that empathic understanding depends fundamentally on shared experiential frameworks (Milton, 2012; Ekdahl, 2024). When frameworks are shared, empathy may indeed operate as automatic resonance. When frameworks diverge, empathy requires different processes entirely. Within neurodivergent relationships, empathy may require:

- Explicit articulation of internal states that would otherwise be inferred.
- Clarification of implicit expectations that would otherwise be assumed.
- Negotiation of communicative conventions that would otherwise operate automatically.
- Deliberate translation between different meaning-making systems.

Empathy, from this perspective, becomes a relational achievement rather than an automatic process. It is constructed through interaction rather than possessed by individuals. This redefinition aligns with the neurodiversity paradigm's emphasis on contextual adaptation and mutual accommodation (Walker, 2021).

It recognizes that multiple modes of empathic connection exist and that evaluating all relationships against neurotypical standards of emotional expression and recognition obscures the diverse ways intimate understanding can be achieved.

This reconceptualization positions empathy not as a fixed capacity that some individuals lack but as a variable outcome of specific relational configurations.

The question shifts from "Does this individual have empathy?" to "Under what conditions can mutual understanding be achieved between these particular perceptual worlds?"

IMPLICATIONS FOR INNOVATIVE THERAPEUTIC INTERVENTIONS (CONCEPTUAL LEVEL)

Although empirical literature examining neurodiversity-informed couples therapy remains nascent, the theoretical integration of the neurodiversity approach and the double empathy model suggests several conceptually grounded directions for innovation in therapeutic practice with neurodivergent couples. These implications are presented at a conceptual level, providing a foundation for subsequent development of clinical protocols.

First, therapy may prioritize the cultivation of shared understanding regarding neurological differences. Conceptual clarity about divergent cognitive styles including differences in information processing, attentional regulation, sensory sensitivity, and communicative preferences can reduce misattribution of intent and soften moral judgments that frequently accompany relational misunderstandings (Chapman & Botha, 2022). When partners develop accurate explanatory frameworks for each other's behavioral patterns, previously pathologized actions may be recontextualized as coherent expressions of neurocognitive variation rather than evidence of relational failure (Walker, 2021).

Second, communication strategies may shift toward explicitness and clarity rather than reliance on nonverbal inference. Recognizing that implicit social cues facial expression, tone of voice, eye contact, and paralinguistic signals may not function uniformly across neurotypes (DeThorne, 2020), therapeutic approaches can encourage deliberate, transparent exchange of emotional information. This shift acknowledges that what is intuitively accessible within shared neurocognitive frameworks may require explicit

articulation when frameworks diverge (Milton, 2012). Such explicitness reduces ambiguity and creates conditions for more accurate mutual understanding.

Third, relational conflicts may be conceptually reframed as translation failures between differing perceptual systems rather than manifestations of character flaws or emotional deficits (Ekdahl, 2024). This reframing carries significant relational implications: it may reduce shame, diminish defensiveness, and foster curiosity about the other's experiential world. When conflict is understood as emerging from divergent meaning-making systems rather than intentional harm, partners are positioned to approach disagreement as an opportunity for bridge-building rather than as evidence of incompatibility (Heasman & Gillespie, 2018).

Finally, therapist training and professional development must incorporate literacy in neurodiversity-informed practice to avoid inadvertently reinforcing pathologizing narratives (Chapman & Botha, 2022).

Clinicians require theoretical grounding in both the neurodiversity paradigm and the double empathy model to recognize implicit neurotypical assumptions embedded in conventional therapeutic frameworks (Johnson, 2019). Without such training, therapists may unintentionally perpetuate asymmetrical expectations and deficit-based interpretations that compound relational distress.

These implications remain conceptual and require systematic empirical validation through rigorous research. However, the integration of neurodiversity and double empathy perspectives provides a theoretically coherent foundation for developing, implementing, and evaluating such interventions. The subsequent section discusses the broader significance of this integrative framework and outlines directions for future inquiry.

DISCUSSION

The present article sought to develop a conceptual framework for understanding and supporting neurodivergent couples through the integration of the neurodiversity approach and the double empathy model. By synthesizing contemporary theoretical and empirical literature from disability studies, clinical psychology, and autism research, this study advances a fundamental reframing of relational difficulties in neurodivergent partnerships. Rather than conceptualizing such difficulties as emerging from unilateral empathic impairment or social skills deficits, the proposed framework positions them as arising from reciprocal neurocognitive differences, divergent communication conventions, and mismatched perceptual ecologies (Milton, 2012; Chapman, 2021; Walker, 2021).

Theoretical Contribution

The primary contribution of this article lies in its integrative positioning within the existing scholarly landscape. While the neurodiversity paradigm has substantially reshaped discussions of autism and ADHD in educational, occupational, and social contexts (den Houting, 2019; Kapp et al., 2013), and the double empathy model has fundamentally reframed

debates regarding autistic empathy and social interaction (Milton, 2012; Milton, Gurbuz, & López, 2022), these frameworks have rarely been systematically integrated within couples therapy literature. This conceptual synthesis bridges disability studies, relational psychology, and clinical theory, creating a novel theoretical foundation for understanding intimate relationships across neurotypes.

First, the neurodiversity approach challenges the medicalized deficit model by situating neurological variation within the broader context of human diversity, emphasizing environmental accommodation and social inclusion rather than individual remediation (Singer, 1999; Walker, 2021). Second, the double empathy model provides a relational explanation for interpersonal misattunement across neurotypes, demonstrating that communication breakdowns arise from reciprocal differences in perceptual and cognitive frameworks rather than from unilateral incapacity (Milton, 2012; Ekdahl, 2024). Together, these perspectives generate a systems-level understanding of conflict in neurodivergent relationships that transcends individual pathology frameworks.

Rather than conceptualizing one partner as socially impaired and the other as relationally normative, the integrated framework highlights interactional mismatch, divergent communication norms, and differing perceptual ecologies as the primary loci of relational difficulty (Chapman & Botha, 2022). This shift carries both theoretical and ethical implications. It reduces pathologizing interpretations of neurodivergent behavior, redistributes relational responsibility more equitably between partners, and emphasizes mutual adaptation over unilateral conformity to neurotypical standards (Botha, Dibb, & Frost, 2022).

Importantly, this reframing aligns with emerging empirical findings suggesting that autistic individuals demonstrate typical or even enhanced empathic accuracy and social rapport within neurotype-matched interactions (Crompton et al., 2025; Heasman & Gillespie, 2018). Such evidence supports the argument that empathy is context-dependent and co-constructed rather than uniformly deficient across neurotypes (Watts et al., 2025). The double empathy model thus finds robust empirical support in studies demonstrating that relational difficulty is attenuated when neurocognitive frameworks are shared (Foster et al., 2025; Efthimiou et al., 2025).

Reframing Relational Distress

The integrated model suggests that chronic misunderstandings and recurrent conflicts in neurodivergent couples may arise from three interrelated domains that remain insufficiently examined in conventional therapeutic approaches:

1. **Divergent communication conventions:** Differences in the use and interpretation of verbal and nonverbal cues, including variations in literal versus inferential communication, directness versus indirectness, and the role of paralinguistic information (DeThorne, 2020; Attwood, 2006).
2. **Differences in sensory and cognitive processing:** Variations in sensory sensitivity, information-processing

speed, attentional regulation, and executive functioning that shape how partners experience and respond to relational events (Robertson & Simmons, 2015; Hull et al., 2017).

3. **Implicit neurotypical relational norms:** The unexamined assumption that neurotypical patterns of emotional expression, conflict resolution, and intimacy constitute universal standards against which all relationships should be evaluated (Chapman & Botha, 2022; Milton, 2012).

When these domains remain unexamined in clinical conceptualization, relational strain may be interpreted as emotional neglect, indifference, or intentional withdrawal attributions that carry significant moral weight and exacerbate relational distress (Khalifa et al., 2022; Marsh et al., 2020). However, from a neurodiversity-informed double empathy perspective, these patterns represent translation gaps between perceptual systems rather than evidence of relational failure or individual inadequacy (Ekdahl, 2024).

This reconceptualization has significant implications for how relational dissatisfaction is interpreted in both research and practice. It encourages scholars to move beyond symptom-based analysis of individual partners and toward dyadic, interactional models that account for neurological diversity as a central dimension of relational life (Chapman, 2021). By positioning neurocognitive difference as a relational variable rather than an individual deficit, the framework opens new avenues for understanding intimacy across diverse neurological configurations.

Ethical and Professional Implications

The integration proposed in this article also carries substantial ethical relevance for clinical practice with neurodivergent couples. Deficit-oriented frameworks, however well-intentioned, may inadvertently reinforce stigma, pathologize legitimate neurocognitive variation, and place disproportionate therapeutic responsibility on the neurodivergent partner to adapt to neurotypical expectations (Botha, Dibb, & Frost, 2022). Such asymmetrical approaches risk compounding the minority stress already experienced by neurodivergent individuals navigating neurotypical-dominated social worlds (Chapman & Botha, 2022).

By contrast, an integrative model grounded in neurodiversity and double empathy principles promotes relational equity by distributing responsibility for mutual understanding across both partners (Milton, 2012). This framework recognizes that both neurodivergent and neurotypical partners may be equally challenged when attempting to navigate a perceptual framework different from their own, and that both possess legitimate communicative styles deserving of accommodation (Walker, 2021).

Therapists working with neurodivergent couples must therefore develop specialized competencies, including:

- Literacy in neurodevelopmental diversity and its relational manifestations
- Critical awareness of implicit neurotypical assumptions embedded in therapeutic models

- Sensitivity to sensory ecology and cognitive pacing as relational variables
- Competence in facilitating reciprocal understanding across divergent perceptual frameworks
- Capacity to recognize and mitigate pathologizing interpretations in clinical discourse (Chapman & Botha, 2022; Johnson, 2019).

The need for such specialized training becomes particularly salient given the increasing number of adults receiving late diagnoses of autism or ADHD and seeking relational support (De Laet et al., 2022). Without adequate preparation, therapists may inadvertently replicate the very misunderstandings and invalidations that bring couples to therapy, undermining therapeutic alliance and clinical effectiveness.

Directions for Future Research

Although the present article offers a conceptual synthesis, empirical investigation remains necessary to validate, refine, and extend the proposed framework. Several research pathways emerge logically from this theoretical integration:

1. **Dyadic studies examining communication patterns** in mixed-neurotype couples compared to neurotype-matched couples, utilizing both quantitative observational methods and qualitative phenomenological approaches (Crompton et al., 2025; Foster et al., 2025).
2. **Longitudinal research assessing whether neurodiversity-informed psychoeducation** reduces relational conflict and enhances mutual understanding over time, examining both immediate and sustained effects.
3. **Experimental studies testing whether explicit communication structuring** improves accuracy of mutual understanding and reduces misattribution of intent in mixed-neurotype dyads (DeThorne, 2020).
4. **Qualitative research exploring lived experiences** of empathy, misattunement, and relational satisfaction in neurodivergent partnerships, attending to the diversity of neurocognitive profiles and intersectional factors (Watts et al., 2025; Marsh et al., 2020).
5. **Comparative effectiveness research examining whether neurodiversity-informed approaches** yield superior outcomes compared to conventional couples therapy models for neurodivergent couples.

Furthermore, standardized relational outcome measures such as the Dyadic Adjustment Scale, Couples Satisfaction Index, or novel instruments designed to capture neurodiversity-relevant dimensions of relational quality could be employed in intervention trials to evaluate the effectiveness of integrative approaches (Nimmo-Smith et al., 2020).

The development of structured therapeutic protocols informed by this framework represents an important next step for advancing evidence-based practice. Such protocols should articulate specific intervention principles, therapeutic techniques, and clinical competencies while remaining

flexible enough to accommodate the diversity of neurodivergent experiences and relational configurations.

Limitations

This article is conceptual in nature and does not present primary empirical data. As such, its conclusions are theoretical and require validation through systematic empirical research employing diverse methodologies. Additionally, neurodivergence encompasses a wide spectrum of profiles including autism, ADHD, dyslexia, dyspraxia, and other neurodevelopmental variations and relational dynamics may vary significantly depending on specific neurocognitive characteristics, cultural context, and intersectional factors such as gender, ethnicity, socioeconomic status, and sexual orientation (Walker, 2021).

The framework presented here focuses primarily on dyadic dynamics within mixed-neurotype partnerships and may require adaptation for relationships in which both partners are neurodivergent, either with similar or differing neurocognitive profiles.

Future theoretical work should examine how the integration of neurodiversity and double empathy principles applies across the full range of neurodivergent relational configurations.

Finally, this article does not address in depth how power dynamics, masking behaviors, minority stress, and systemic ableism intersect with neurodivergent relational experiences (Botha, Dibb, & Frost, 2022).

These dimensions warrant sustained attention in future scholarship to ensure that conceptual frameworks and clinical applications adequately account for the broader social contexts within which neurodivergent relationships are embedded.

CONCLUSION

The integration of the neurodiversity approach with the double empathy model offers a transformative conceptual framework for understanding and supporting neurodivergent couples. As articulated throughout this article, this integration fundamentally shifts the interpretive lens through which relational difficulties in mixed-neurotype partnerships are understood from individual deficit correction toward reciprocal understanding, mutual accommodation, and recognition of neurocognitive diversity as a legitimate dimension of human relational life.

By synthesizing theoretical contributions from disability studies, critical autism theory, and relational psychology, this framework reconceptualizes relational distress not as evidence of individual pathology but as an interactional phenomenon emerging from the intersection of divergent perceptual systems, communication conventions, and sensory-cognitive ecologies. The double empathy model illuminates the bidirectional nature of misunderstanding across neurotypes, while the neurodiversity paradigm situates these differences within a broader ethics of neurological diversity and social inclusion. Together, these perspectives generate a systems-level understanding that distributes relational responsibility equitably and invites both partners into collaborative meaning-making.

This reframing carries significant promise for multiple dimensions of neurodivergent relational life. First, it holds potential for reducing internalized and relational stigma by challenging pathologizing interpretations of neurodivergent behavior. Second, it may enhance relational satisfaction by replacing moral attributions with curiosity about differing perceptual worlds.

Third, it promotes sustainable intimacy grounded in mutual adaptation rather than unilateral conformity to neurotypical relational norms. Fourth, it provides a conceptually coherent foundation for developing innovative therapeutic approaches that prioritize explicit communication, sensory awareness, and reciprocal empathy.

However, realizing this transformative potential requires sustained scholarly and clinical commitment across multiple fronts. Continued theoretical refinement remains necessary to address the full diversity of neurodivergent experiences, including variations across autism, ADHD, and other neurodevelopmental profiles, as well as intersectional dimensions of gender, culture, and socioeconomic context.

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