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How Persons with Autism Spectrum Disorder Experience Relationships

Abstract: Persons with autism spectrum disorder (ASD) face difficulties in social communication and interaction, which results in challenges when establishing, developing and maintaining relationships. To better understand the relationships that persons with ASD establish with people outside the family, this paper presents a qualitative study of experiencing relationships from the perspective of persons with ASD. We studied the way relationships are experienced in a sample of 18 adults with ASD with normal intellectual abilities using semi-structured interviews. Qualitative analysis showed that those with ASD in our sample simultaneously expressed a diverse range of aggravating and encouraging factors in their relationships with others, with the former more frequently expressed than the latter. The aggravating factors were related to avoidance of relationships, various aggravating experiences when initiating relationships, dependency in relationships in adulthood and aggravating experiences in the past. The encouraging factors included a positive attitude towards relationships and the tendency to relate to others and establish reciprocal relationships in adulthood. Understanding how persons with ASD experience relationships can help improve professional support and educational strategies in social relatedness to ensure social inclusion.

Keywords: experiencing relationships, persons with autism spectrum disorder, professional support, social inclusion

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Introduction

This paper aims to determine how persons with autism spectrum disorder (ASD) experience relationships and how these findings can be used to improve professional support. Early research on autism (Kanner 1943; Asperger 1944, as cited in Volkmar 2011) highlighted the unusual social development and impaired social communication of children with ASD. More recent research in this area has built on these results, but the common finding remains that persons with ASD have many social relatedness elements characterised by responses that are different and/or poorer than expected (Grzadzinski et al. 2014; Ozonoff and Iosif 2019; Nadeem et al. 2021). The factors influencing the onset and expression of ASD are intertwined and numerous and can be attributed to genetics, environmental influences and a combination of the two (Rogers et al. 2013; Crowell et al. 2019; Nadeem et al. 2021). The ways in which persons with ASD establish relationships also pose a particular challenge in the field of education, especially in light of inclusive efforts to provide appropriate support and social inclusion for all. The social inclusion of persons with ASD is a topical issue, as the number of persons with ASD and their enrolment in educational programmes at all levels, from preschool to university education, are increasing. The question of how to support persons with ASD who show basic social relatedness deficits needs to be answered to improve their social inclusion. According to data published by the Centers for Disease Control and Prevention (USA), in 2000, the prevalence of ASD was 1 in 150 children, and in 2010, the prevalence increased to 1 in 68 children (Christensen et al. 2019). The most recent data from 2018 show that when comparing diagnostic data for children aged 8 years, 1 in 44 children had ASD (Maenner et al. 2021). The increasing prevalence of children with ASD poses a number of new challenges, as a growing number of these children have unimpaired intellectual abilities (Christensen et al. 2019), but their social communication and interaction characteristics deviate from the norm so much that new and adapted educational strategies are needed in educational systems. Kovač Šebart et al. (2021) highlighted the need to provide equal opportunities for all children, reduce inequality, prevent social exclusion and strive for fairness. The authors

noted the lack of adequate professional support and relevant research within the Slovenian school environment and stressed the importance of involving different disciplines to reduce inequalities (ibid.). To effectively address the challenges that lie ahead of including students with ASD in the school environment, one needs to consider various factors of effective professional support when conducting research and design. Lord et al. (2020) highlighted the importance of a willingness to adapt the environment (teachers, parents, etc.) to the diversity of persons with ASD at different developmental stages. The current paper addresses the question of how persons with ASD experience relationships with other people, aiming to include their perspectives in the research on the relationships they establish and applying the findings to improve existing professional support in the field of social relatedness and social inclusion.

Characteristics of Autism Spectrum Disorder

The modern definition of ASD is based on modern classifications of mental disorders, which state that autism is a neurological developmental condition that is manifested by a spectrum of varied and complexly related deficits and is not a result of inadequate parenting. The first set of deficits relates to social communication and social interaction, which manifest as difficulties in making contact, inadequate responsiveness to other people's initiatives, reduced interest in interacting with others, inadequate social relationship initiation, lack of reciprocity in communication, poor integration of verbal and non-verbal communication and difficulties in adapting behaviour to different social situations. The second set of deficits relates to behaviour, interests and activities, which manifest as repetitive and stereotyped movements, the use of objects in an unusual and repetitive way, stereotyped and repetitive speech, rigid thinking and behaviour, a tendency towards routines and rituals, preoccupation with an area of interest that may be unusual and unusual responses to sensory stimuli (International Statistical Classification of Diseases and Related Health Problems 2018; Diagnostic and Statistical Manual of Mental Disorders 2022). Ozonoff and Iosif (2019) noted that in addition to speech and other delays, interaction with others also needs to be addressed appropriately to foster better developmental outcomes. There are other deviations, such as poor eye contact, poor general social responsiveness, great interest in objects than in other people, poor relationship initiation, poor attachment, unusual ways of initiating relationships, poor motor and vocal imitation, lack of social smiling and other ways of expressing joy, lack of exchanges of sounds, gestures and facial expressions, poor responsiveness to other people's names and speech, speech-language peculiarities, etc. (Volkmar 2011; Grzadzinski et al. 2014). Various other disorders and deficits are often associated with ASD, such as depression, anxiety, disruptive behaviour (e.g. angry outbursts), aggressive behaviour, attention deficit hyperactivity disorder, cognitive difficulties, cognitive decline and developmental delays, movement and coordination problems, neurological problems, obsessive compulsive disorder, other mental illnesses and others

(Attwood 2006; International Statistical Classification of Diseases and Related Health Problems 2018; Nadeem et al. 2021; Diagnostic and Statistical Manual of Mental Disorders 2022). The social deficits and difficulties experienced by persons with ASD have a major impact on their quality of life and social inclusion, which is particularly pronounced when they participate in educational programmes. A good understanding of the social functioning of persons with ASD will continue to be crucial to meeting their educational needs.

How Persons with Autism Spectrum Disorder Establish Relationships

The aggravating factors for social development in persons with ASD may be that a child with ASD has a biological predisposition to be less able to initiate relationships and/or that a child's typical behaviour significantly affects their interaction with their parents or the environment. Unsupportive environments contribute to poor interaction development, when parental responses do not support the child to initiate appropriate relationships. Responsiveness to the needs of a child with ASD and direct verbal communication directed at the child's interests are key factors that influence the social and communicative abilities of persons with ASD (Ginn et al. 2017; Zlomke et al. 2019). Research from the last few years that focused on the parenting characteristics of persons with ASD (such as Zaidman-Zait et al. 2014; and Zlomke et al. 2019) found several factors that suggest that parents of children with ASD have difficulty responding to their child's needs and find it difficult to share interests with their child. The authors found stress and distress to be more frequently present in parents of children with ASD than in parents of children without ASD and discussed the core characteristics of persons with ASD (such as deficits in social communication and social interaction) and their disruptive behaviour (Zaidman-Zait et al. 2014; Zlomke et al. 2019). This may explain the difficulty that parents of children with ASD have in responding appropriately to their children's needs and establishing direct verbal communication. A child with ASD and ASD characteristics brings important dynamics to interactions with their parents in early childhood, and parental behaviour significantly impacts the child's behaviour and development (Crowell et al. 2019). This may create a specific family dynamic in which the typical functioning of a child with ASD is coupled with unconstructive parental responses that are mutually reinforced and may result in dysfunctional dynamics (Burrell and Borrego 2012; Crowell et al. 2019). There is also a risk of inadequate social development, which can make social relatedness more difficult in adulthood. What this means for characteristic relationships in adulthood was answered indirectly by Lugnegård et al. (2012), who found that half of persons with ASD have personality disorders, further confirming that their social relatedness in reciprocal relationships is compromised. Personality disorders are characterised by, among other things, dependency in relationships (Mahler et al. 1975). Therefore, further research on the dependency position of persons with ASD is needed to better understand the deviations of persons with ASD when it comes to relationship building. The fact that

persons with ASD have difficulties establishing relationships in adolescence and adulthood was also shown by Elmoose (2020), who found that persons with ASD report being lonelier, more socially isolated and less involved in social relationships than persons without ASD. Social relatedness appears to be more difficult for persons with ASD when initiating relationships in social groups outside the family, whereas attachment is more easily achieved within the family and with a partner (International Statistical Classification of Diseases and Related Health Problems 2018). Dependent relationships and social isolation are relationship dimensions that can be identified when development is hindered and the conditions for reciprocal social relatedness are not in place (Žvelc and Berlafo 2015). Notwithstanding the fact that children with ASD show deficits in initiating relationships and building attachments to others, persons with ASD also experience isolation in adolescence and adulthood (Elmoose 2020). Mahler et al. (1975) researched autistic and symbiotic types of childhood psychosis and noted that development did not progress from attachment to the mother to attachment to others. Based on the findings presented above, it can be concluded that in relationships, persons with ASD show less autonomy than persons with ASD, are oriented towards the family and a possible partner and are socially isolated, all of which pose difficulties for social relatedness with other people marked by reciprocity and autonomy.

Professional Support for Persons with Autism Spectrum Disorder

A review of various types of professional support found different goals and guidelines for support needed by persons with ASD. Assessments of what constitutes effective support also depend on the goal that is set. The perspectives of education, health, social care, parents and persons with ASD can differ widely in terms of what constitutes effective support and where it should focus. It is difficult to generalise what an effective support for persons with ASD entails, as this depends on the individual and their specific personality (Nadeem et al. 2021). Many authors refer to adaptations to each individual and family, especially when planning professional support (Volkmar et al. 2005; Chedd and Levine 2013; Gardner 2014; Sacrey et al. 2015; Galpin et al. 2017; Lord et al. 2020; Nadeem et al. 2021). This is particularly important when aiming to support important developmental processes and to teach children the skills and adaptations needed for relationship initiation and social relatedness. Many types of support are based on teaching skills (e. g. Applied Behaviour Analysis and structuring the environment (e. g. Treatment and Education of Autistic and Related Communication Handicapped Children Relationship-based support is also important (Rehberger 2018; McInnis et al. 2020). The development of professional support models over the last twenty years has included integrated support models. These combine behavioural psychology with developmental science, representing new-generation professional support that focuses on the early developmental period of a child with ASD (Prizant et al. 2003; Rogers and Dawson 2010; Schreibman et al. 2015). This type of support could be referred to as Naturalistic Developmental Behavioural

Interventions. An important area of support for persons with ASD is the early developmental aspect of relationship initiation or support for relationship initiation in early childhood. Lord et al. (2020) highlighted an important aspect of the developmental period that needs support to improve developmental outcomes. It is widely known that integrated early support yields the best results for all children, including those with ASD (Sacrey et al. 2015; Christensen et al. 2019; Lord et al. 2020). Whether professional support should be relationship-based or skills-based is no longer a relevant issue; the focus today is on a more integrated, eclectic approach in which adapting and responding to the diversity of persons with ASD at different developmental stages is important. It is not so much a question of which method to use but of finding the right combination of all effective methods and adapting them to the individual and their environment. Therefore, the key is not being monolithic and static but rather being dynamic, adaptive, heterogeneous and responsive to differences. Furthermore, the perspectives and experiences of the person with ASD in question should be included when studying and designing professional support (Lord et al. 2020).

Defining the Research Question and Method

Based on the theoretical background outlined above, the research question was as follows: How do persons with ASD experience relationships with other people? This study focused on how persons with ASD experience relationships. Additionally, it aimed to contribute to the theoretical background of the characteristics and first-hand experience of relationships in persons with ASD and to explore how to apply the findings to professional support by identifying individual elements of support that foster social relatedness and social inclusion. To achieve this, we conducted a qualitative study and used the grounded theory method of data analysis (Charmaz 2006).

Research Population

The research population comprised a non-random sample of 18 adults with ASD and normal intellectual abilities. The research population was selected by asking institutions designed for children with disabilities, health care institutions and associations for persons with ASD to approach individuals with ASD who were of legal age and had normal intellectual abilities to participate in the study. Their diagnoses and other information were obtained from their documentation (e.g. expert opinions, statements for guidance of children with special needs and medical records). Of the 18 participants, 13 (72.22%) were male and five (27.78%) were female. Their ages ranged from 18 to 25 years, with averages of 20 and 28 years, respectively. The educational/employment status and educational structure of the sample was as follows: 14 students in secondary schools for children with special needs (77.78%), 2 university students (11.11%), 1 unemployed person

(5.55%) and 1 employed person (5.55%). Of the latter two, one had completed upper secondary education and the other had a master's degree. All participants had previous experience with mainstream education programmes. The age of persons with ASD attending secondary schools in institutions for children with special needs was slightly higher compared to those attending mainstream secondary schools, mainly because the education programmes in institutions for children with special needs were one year longer.

Data Collection

Data collection took place in institutions for children with special needs, in associations and institutions supporting persons with ASD and in health care institutions working with persons with diagnosed ASD from all over Slovenia. We sent requests via email for information about persons with ASD who met the study criteria and were willing to participate. We included adults with ASD who had normal intellectual abilities and who were willing to voluntarily participate in the study after obtaining prior consent. The participants were interviewed face-to-face in their institutions or, in two cases, online.

Data were collected from May 2021 to January 2022. We used a semi-structured interview with pre-designed sets of initial questions on relationship dynamics as well as demographic questions on gender, age, educational/employment status and completed education. The average interview took approximately 15 minutes. The interviews were recorded with the prior consent of the participants and were deleted after processing.

Instruments

Based on the existing theoretical assumptions and the research question, questions for a semi-structured interview were developed and further refined during the study. The interviews were used to gain insight into how persons with ASD experience relationships. These relationship descriptions provided deeper insight into first-hand relationship experiences. The semi-structured interview is an appropriate method for exploring the characteristic functioning of persons with disabilities, as it can be highly adapted to individual interviewees and the researcher is able to learn about their experience more easily and accurately (Vogrinc 2008). We defined the main topic (i.e. experiencing relationships with other people) and divided it into three smaller parts (P), based on which questions (Q) were asked. Section PQ1 was about general relationship experience, PQ2 focused on specific relationship experience, and PQ3 specifically addressed attachment to other people. A set of nine initial questions referring to the three parts was developed. Each interviewee was also asked specific follow-up questions that depended on their answers to the initial questions. Table 1 shows the initial sets of questions asked during the interviews.

PQ1: Experiencing relationships with other people–general
PQ1/1: Please describe how you experience relationships with other people. PQ1/2: How do you feel in relationships? PQ1/3: What do you want from relationships?
PQ2: Experiencing relationships with other people–specific
PQ2/1: Please describe, in more specific terms, how you experience yourself in relationships. PQ2/2: Do you lose your sense of self or adapt to relationships? PQ2/3: Is it important that you have the same interests as the other person or that you think alike? PQ2/4: How do you react if someone leaves you?
PQ3: Experiencing relationships with other people–attachment
PQ3/1: Who are you attached to in your life? PQ3/2: Are you lonely, or do you miss someone?

Table 1: Initial questions in the semi-structured interviews

Data Processing

The data obtained from the 18 semi-structured interviews were subjected to qualitative content analysis: We edited the material, identified relevant parts of the text, performed the coding process, created categories and defined the description of how persons with ASD experience relationships. The recorded interviews were transcribed and edited. For greater transparency, the questions were annotated with alphanumeric and numeric codes. All the answers to each question were combined. Then, the parts of the text representing the relevant parts of each interviewee's answer were identified and underlined, which enabled the determination and preparation of coding units for analysis. During the analysis, a coding procedure was performed and first-order codes were assigned to the coding units, representing a short summary of what an interviewee had said. Second-order codes were then assigned to the first-order codes. The second-order codes were more specific and characterised by a higher level of abstraction than what we understood from the text. The result was a list of codes, concepts or meanings. The second-order codes were then used to form categories. Relevant codes were selected according to the research question, and their characteristics were analysed. They were compared so that common characteristics could be identified. Related codes were then grouped into higher-order meanings, and categories were formed in line with the research question. The result was the creation of several coding tables. In the following analysis, categories were set, and their meanings were defined by listing all the codes belonging to each category. Thus, lists of categories were obtained, which were formulated according to the research question and which, together with the codes, constituted the descriptions of the answer to the research question.

Results and Discussion

The qualitative content analysis resulted in a description of how persons with ASD experience relationships. When the interviewees reported on their experiences and views, their statements were often contradictory. For example, 12 of the 18 participants reported experiencing both social distance in relationships and positive relationship experiences and tendencies to relate to others. They repeatedly referred to contextually similar experiences in various parts of the interview and added or listed different aspects of contextually similar experiences.

The interviewees' answers were summarised in two different parts: aggravating (i.e. factors that were judged to have an aggravating effect on relationships) and encouraging (i.e. factors that were judged to have an encouraging effect on relationships). In addition, their experiences were assigned to a specific period of their lives: past/childhood or present/adulthood.

The analysis showed that the aggravating set of factors was predominant in the sense that most of the interviewees (14 of 18) reported them several times and in different ways. Therefore, the total number of statements referring to aggravating factors (142) was higher than those referring to encouraging factors (94). At the same time, almost all interviewees reported encouraging factors when initiating relationships (except for 2), but this was reported less frequently by individual persons, with no reports of encouraging factors in the past (94 statements in total). Thus, it can be concluded that persons with ASD express aggravating factors more frequently and in greater detail than encouraging factors in various contexts. The aggravating and encouraging factors were grouped into four and two contextual categories, respectively. All of these content categories included additional elements for describing relationship experiences, as shown in Table 2.

Based on the results, an answer to the research question (How do persons with ASD experience relationships with other people?) was formulated. Persons with ASD in our sample experienced relationships with other people in a heterogeneous way, meaning that they reported aggravating factors to a greater extent and encouraging factors to a lesser extent.

They experienced aggravating factors, such as avoidance of relating to others/interpersonal relationships/initiating relationships, dependency in relationships and negative experiences in the past. Avoidance of relating to others in interpersonal relationships includes social distance, desire for independence, self-absorption and a lack of attachment outside the family. This was illustrated by participant I16: »I see a relationship as something that exists, but I don't look into it. I don't pay attention to it. I don't have a close relationship with anyone. I am not attached. This was a conscious decision. As soon as I saw the patterns in my family, I made a conscious decision because I need freedom. I can't stand having to be tied to anyone«.

Persons with ASD also experience aggravating factors when initiating relationships. These include a lack of communication and social skills, misunderstanding people and having a discouraging self-image and loneliness, which was supported by participant I4: »When I talk to people, I lose track of the subject. I don't know what to say, so I'm reserved and quiet, and I just listen, and that's it«.

Elements describing relationship experiences		
Experience descriptions/ <i>period of life</i>	Encouraging factors	Aggravating factors
<i>Past/childhood</i>	None reported	<i>Aggravating past experiences:</i> Violence, misunderstandings and other negative experiences, social distance
<i>Present/adulthood</i>	<i>Positive relationship experiences and desire to relate to others:</i> Satisfaction with existing relationships, social network or partnership present, desire for relationships, attaching importance to other people <i>Establishing reciprocal relationships:</i> Understanding differences and commonalities in relationships, wishing for constructive cooperation and active participation in relationships	<i>Avoidance of relating to others in interpersonal relationships:</i> Social distance, desire for independence, self-absorption, lack of attachment outside the family <i>Factors aggravating the initiation of relationships:</i> Lack of communication and social skills, misunderstanding people, discouraging self-image, loneliness <i>Desire for dependency in relationships:</i> Merging tendencies, fear of abandonment
Number of statements	94	142

Table 2: Depiction of various elements used to describe how persons with ASD experience relationships

Persons with ASD also experience dependency in relationships, which includes merging tendencies and fear of abandonment, as demonstrated by participant I2: »I feel like I expect people to be able to read my mind...Then I feel like I should dislike a certain thing too, so that I can get along better with this person. Yes, good friends share the same thoughts, think alike [and] are inseparable. Then I changed just because the other person didn't like me«. This experience was complemented by aggravating past experiences and characterised by violence, misunderstanding, other negative experiences and social distance, with no reports of encouraging factors in the past.

Aggravating past experiences were shared by three participants:

Participant I2: »Verbal violence towards me [is] generally derogatory. I have been picked on a lot, not only by girls but boys, too. I was the one the whole class picked on in primary school«.

Participant I16: »...but in primary school, the class teacher made a brutal mistake and went and told the whole class of teenagers that I had Asperger's syndrome. A terrible, terrible, terrible mistake, because I had been me before, and now I was disturbed«.

Participant I18: »I had a lot of problems as a teenager and as a child because people didn't know I was on the spectrum. The kids teased me incessantly...All the teachers yelled at me, especially the Slovene language teacher, because I didn't understand, and [as] a result, I was scared of everyone. Yes, for the final exams, I had studied literature five months before—every single line«.

Persons with ASD also experience encouraging factors in their relationships, albeit less frequently, such as a positive relationship experience and a tendency to relate to others and seek reciprocal relationships. A positive relationship experience is defined as satisfaction with relationships, the presence of a social network or partnership, a desire to be in a relationship and attaching importance to other people. Participant I10 illustrated this well: »I find relationships with others okay. We socialize and talk a lot. I need to point out my classmates, who are not just classmates but very good friends, and we are very close. For example, in the morning, when I come to school, when I see them, I immediately smile because I know...oh, how can I put it...they just make every day better. We hang out. We talk. We always find something fun to do. I feel more alive«.

The encouraging factors seen were complemented by a tendency to establish reciprocal relationships in the current life stage, which was reflected as understanding the differences and commonalities in relationships and striving for constructive cooperation and active participation in relationships, as expressed by participant I3: »It seems to me that we are just close enough—two circles that overlap halfway—so that we get along while everyone has their own interests«.

The results suggest that the persons with ASD in our sample mostly avoid relationships with other people, either because they do not want relationships, feel happy being on their own, want to be independent and are self-sufficient and self-absorbed or because they merge or blend in, lose their sense of self, find themselves in a dependent position and fear abandonment. Their lack of adequate communication skills makes them invest more effort and energy into relationships, which exhausts them and demotivates them to make new connections. All of this can lead to experiencing relationships as distracting and exhausting. To a certain extent, their difficulties in relationship initiation are also manifested as attachment, which is often limited to family members and less often involves people outside the family. This is partly because of the dependent position of persons with ASD and partly because they form fewer friendships and partnerships.

The participants also reported negative past experiences marked by verbal abuse (e.g. insults, humiliation and harassment), misunderstanding and withdrawal. They did not report any encouraging factors from the past, which can be interpreted as their understanding of the past as a period of negative experiences. To a lesser extent, they reported facing conflict, not being understood or accepted and their own differences and inadequacies. They were less equipped to deal with these challenges and lacked appropriate communication and social strategies and skills. As a consequence, a certain proportion of them remained dependent in relationships, had merging tendencies and feared abandonment due to their inability to live independently.

At the same time, the persons with ASD in our sample also reported encouraging experiences in making social contact with other people; they had friends and partners, were happy in their relationships, desired relationships and saw them as important. In adulthood, they showed more tendencies to relate to other people but faced loneliness and dependency and lacked social skills. There were also indications of the potential for reciprocal relationships in the future, as their under-

standing of the differences and commonalities in relationships and their striving for constructive cooperation and active participation in relationships pointed in this direction. Notwithstanding the many encouraging experiences when initiating relationships, a significant proportion of their relationship experiences were less encouraging.

The finding that persons with ASD in our sample had negative past experiences certainly affected aggravating experiences in the present. In particular, there are distressing experiences in the school environment that are not encouraging and suggest that additional professional support is needed to prevent such experiences from occurring in the future. The finding that a certain proportion of persons with ASD experience present relationships more positively than past ones shows that some persons with ASD want to have relationships, but they have difficulties establishing them because of negative experiences or their lack of communication and social skills.

The findings of the present study can be linked to those of others. Elmoose (2020) also found that persons with ASD find it more difficult to initiate relationships, have poor relationship skills, are lonely and are more socially isolated. Diagnostic criteria also identify difficulties in making contact, inadequate responsiveness to other people's initiatives, reduced interest in interacting with others, inadequate social relationship building, a lack of reciprocity in communication, etc. (International Statistical Classification of Diseases and Related Health Problems 2018; Diagnostic and Statistical Manual of Mental Disorders 2022). The finding that persons with ASD are more characterised by dependency in relationships and tend to have most relationships within the family and fewer relationships outside the family was also noted by Lugnegård et al. (2012), Mahler et al. (1975) and the *International Statistical Classification ...* (2018).

Conclusion

Persons with ASD experience relationships with other people in many different ways, and the aggravating factors outnumber the encouraging factors. The findings of this study can be applied when designing professional support (i.e. educational strategies, individual/family support services, school policy planning and teacher training) because the first-hand relationship experiences of persons with ASD provide important contextual information on where professional support should be targeted. In particular, professional support can be based on encouraging factors, as the results suggest that persons with ASD desire and avoid social interaction. Therefore, it would be useful to further strengthen their communication and social skills and to address their reasons for avoidance. Professional support should also be targeted at promoting psychological autonomy, as the relationship dependency experienced by persons with ASD appears to be an important factor in social relatedness. The findings of the study also revealed that the persons with ASD in our sample had experienced the school environment negatively in the past, which could jeopardise social inclusion. It follows that there is

a need in the educational system as a whole to strengthen educational strategies towards better understanding and response to the specific needs of persons with ASD and to strengthen direct verbal communication directed to their interests so that they consider the educational environment safe and aiding the development of communicative and social abilities (Ginn et al. 2017; Zlomke et al. 2019). By creating a safe and supportive educational environment, as outlined above, social relatedness can be improved, social exclusion can be reduced and equity can be provided for all. Accordingly, it is necessary to design educational strategies and consider findings regarding the effectiveness of professional support for persons with ASD. Such support includes integrated models, where the focus is on the ability to adapt to differences and combine various methods and forms of work adapted to the individual. Rather than applying a one-size-fits-all approach, support needs to be dynamic and responsive to the needs of the individual, their family and their developmental stage and social environment.

The present study has limitations, such as that the questions about family relationships and encouraging past experiences could be broadened and deepened. To ensure more appropriate professional support that promotes social relatedness and social inclusion in the future, it would also be worthwhile to use new qualitative research to examine how persons with ASD experience existing professional support and what else they require to strengthen their social inclusion.

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KAKO OSEBE Z AVTISTIČNIMI MOTNJAMI DOŽIVLJAJO ODNOSE

Povzetek: Osebe z avtističnimi motnjami se soočajo s težavami na področju socialne komunikacije in interakcije, kar se kaže v izzivih pri vzpostavljanju, ohranjanju in vzdrževanju odnosov. Z namenom boljšega razumevanja odnosov, ki jih vzpostavljajo osebe z avtističnimi motnjami z ljudmi zunaj družine, v prispevku predstavljamo kvalitativno raziskavo o doživljanju odnosov z njihove perspektive. Doživljanje odnosov smo raziskovali na vzorcu 18 polnoletnih oseb z avtističnimi motnjami, ki imajo normalne intelektualne sposobnosti, pri čemer smo uporabili polstrukturirani intervju. Kvalitativna analiza je pokazala, da osebe z avtističnimi motnjami v našem vzorcu hkrati izražajo raznovrstno paleto oteževalnih dejavnikov pri odnosih z drugimi ljudmi in hkrati spodbudne dejavnike, ki so v primerjavi z oteževalnimi s strani posameznih intervjuvanih oseb manjkrat izraženi. Oteževalni dejavniki se nanašajo na izogibanje odnosom, različne oteževalne izkušnje pri vstopanju v odnose v odraslosti in oteževalne izkušnje v preteklosti. Spodbudni dejavniki se nanašajo na pozitivno doživljanje odnosov in težnje po povezovanju in vzpostavljanje odnosov vzajemnosti, ki se nanašajo na obdobje odraslosti. Razumevanje doživljanja odnosov pri osebah z avtističnimi motnjami lahko pomaga izboljšati obstoječo strokovno podporo in edukacijske strategije na področju socialnega povezovanja za zagotavljanje socialne vključenosti.

Ključne besede: doživljanje odnosov, osebe z avtističnimi motnjami, strokovna podpora, socialna vključenost.

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