

When Every Conversation Turns Into an Argument

Understanding why communication escalates - and how parents and neurodivergent children or adults can break the cycle

Some families reach a point where even ordinary conversations feel dangerous. A question about washing, money, school, work or plans becomes an argument within minutes. Both people may enter the conversation intending to communicate and leave it feeling unheard, criticised or rejected.

Repeated conflict does not automatically mean there is no love or that either person is deliberately difficult. Often the family has developed a communication cycle in which each person's attempt to protect themselves accidentally triggers the other person's protection.

The argument underneath the argument

The subject may change, but the pattern can stay remarkably similar. A parent asks a question. The child hears criticism and becomes defensive. The parent hears defensiveness as disrespect and explains more firmly. The child feels more misunderstood and raises their voice or withdraws. The parent follows because the issue feels unresolved. Eventually somebody shouts, shuts down or walks away.

By the end, the original question may barely matter. The real conflict has become: 'You never listen to me' versus 'You never understand me.'

Neurodivergent communication differences

Autistic and ADHD communication can involve differences in processing speed, conversational timing, attention, emotional regulation, literal interpretation, working memory and sensory tolerance. None of these differences automatically causes arguments, but they can change what each person needs in order to communicate successfully.

The aim is not to decide which communication style is correct. It is to understand where two styles repeatedly collide.

Tone: what was meant versus what was heard

Tone is one of the most common sources of conflict. A neurodivergent person may use a flat, direct or intense tone without intending hostility. A parent may interpret the tone through ordinary social expectations and respond to what sounds disrespectful. Equally, a parent's firm or anxious tone may be experienced by the neurodivergent person as anger even when the parent believes they are speaking normally.

Instead of arguing about intention - 'I wasn't rude!' - try naming the mismatch: 'I think we're hearing each other's tone differently. Can we focus on the words for a moment?'

Literal communication and hidden meanings

Indirect requests can create confusion. 'It would be nice if somebody emptied the dishwasher' may be intended as a request, while a literal listener hears it as a general comment. Sarcasm, hints and rhetorical questions can also be misunderstood.

Clear communication reduces unnecessary interpretation: 'Please empty the dishwasher before 7 pm. If you cannot, tell me and we will work out another plan.' Clarity is not childish; it is accessible communication.

Interrupting and losing the thought

ADHD can make waiting for a conversational turn difficult, particularly when a thought feels likely to disappear. Interrupting can be experienced by the parent as not listening, while the ADHD person may be interrupting precisely because they are highly engaged.

Agreeing a strategy can help: jot the thought down, use a hand signal, or allow brief interjections without treating every interruption as deliberate disrespect.

Correcting the details

Some neurodivergent people feel unable to let an inaccurate detail pass because accuracy changes the meaning of the story. A parent may experience constant correction as argumentative. During emotionally important conversations, ask: 'Does this detail change the main point?' If it does, clarify it. If it does not, consider parking it until later.

Processing delay can look like refusal

A person may need time to understand a question, identify what they feel and organise a response. When silence is immediately followed by another question, the processing demand increases. The parent may think, 'They're ignoring me,' while the child is still working on the first sentence.

Try asking one question and waiting. For difficult subjects, allow a written response or agree to return to the conversation later.

Repeated questions can feel like pressure

Parents often repeat because they have not received an answer. The neurodivergent person may experience repetition as escalating demand. Once pressure rises, access to language and flexible thinking may fall further, making an answer even less likely.

A useful phrase is: 'I've asked the question. You don't need to answer immediately. Let's come back to it at 6 pm.' This combines space with predictability.

Emotional escalation

When the nervous system moves into high arousal, the ability to listen, inhibit responses, interpret nuance and solve problems can reduce. Continuing to push for resolution at this stage may produce more words but less communication.

A pause is not the same as abandoning the conversation. A healthy pause includes a plan to return: 'We're both getting overwhelmed. Let's stop for twenty minutes and come back at 7:30.'

Shutdown and walking away

An autistic person may become very quiet, lose access to speech, need darkness or solitude, or appear emotionally absent during overload. Other people may leave because they are trying not to say something hurtful. Parents can experience walking away as avoidance or disrespect.

Families can agree in advance what a pause looks like: a word or signal, a minimum recovery period, how urgent safety issues will be handled and when the discussion will resume.

Important: repeatedly leaving every difficult conversation without returning is different from using a regulated pause. The goal is not avoidance; it is creating conditions in which the issue can actually be discussed.

The parent perspective

Parents may feel they have to repeat themselves because nothing changes. They may be exhausted by unfinished tasks, missed appointments or the same practical problem returning. When they are told to 'communicate differently', it can feel as though responsibility for every conflict is being placed on them.

That is not the purpose of this guide. Neurodivergent communication needs do not remove responsibility, household expectations or the impact of hurtful behaviour. Accessible communication and accountability can exist together.

The child or adult-child perspective

The neurodivergent person may feel that every mistake becomes evidence about their character: lazy, rude, selfish, irresponsible or difficult. They may enter conversations already braced for criticism, which makes neutral questions sound threatening.

When both people expect the argument before it starts, their bodies and voices may prepare for conflict immediately. Breaking the cycle often requires changing what happens in the first thirty seconds.

Try a softer opening

Instead of: 'Why haven't you done this again?'

Try: 'The task still needs doing. What's getting in the way?'

Instead of: 'Don't speak to me in that tone.'

Try: 'I'm finding the tone hard to hear. Can we slow this down?'

Instead of: 'You always walk away.'

Try: 'If you need a pause, tell me when we can return to this.'

Instead of: 'You're not listening.'

Try: 'Can you tell me what you heard me say so I can check I explained it clearly?'

Repair after an argument

Repair is not deciding who was entirely right. It can include acknowledging tone, correcting misunderstanding, apologising for a hurtful statement, restating the original need and identifying what would help next time.

'I still think we need to sort out the money issue, but I don't like how I spoke to you. I became frustrated and raised my voice. I'm sorry. Can we try again in writing tonight?'

Our Argument Cycle - Worksheet

What usually starts the argument?

What do I immediately think the other person means?

What happens in my body?

What do I do next?

Explain more / raise voice / correct / interrupt / shut down / leave / repeat / other:

What does the other person then do?

What happens next?

Where is the earliest point we could interrupt this cycle?

Create a family pause plan

Our agreed pause phrase or signal: _____

How long usually helps? _____

How will we know when we are returning to the subject? _____

Could writing/text be easier for difficult subjects? _____

What should we avoid during the pause? Following / repeated messaging / involving others / continuing through the door / other: _____

Before the next difficult conversation

Choose the time carefully. Reduce background noise. Avoid starting when somebody is rushing out, hungry, exhausted or already overloaded. State the topic clearly. Ask whether now is manageable. Keep to one issue where possible. Decide whether the goal is information, a decision, problem-solving or simply being heard.

A message from Space to Breathe Therapy

When arguments have become the normal way of communicating, families can begin to believe that conflict is simply who they are together. But a pattern is not a personality.

You may not be able to remove every disagreement. You can learn where the cycle begins, notice when communication has stopped being productive, and create a different route back to each other. Sometimes the most important words in a difficult conversation are: 'I want to understand you, but we need to do this differently.'

References & evidence notes

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American Psychiatric Association. (2022). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed., text rev.).

Research on parent-child interaction, emotional regulation, autistic communication and ADHD executive functioning supports the value of clear communication, environmental adjustment and individualised strategies rather than interpreting all difficult behaviour as intentional opposition.

Evidence note: Autism and ADHD do not inevitably cause family conflict, nor should neurodivergence be used to excuse abusive, threatening or coercive behaviour. Communication difficulties may also relate to trauma, anxiety, depression, language or hearing differences, family stress, relationship history and many other factors. Terms such as 'shutdown' describe reported experiences but are not standalone DSM diagnoses. Where arguments involve violence, threats, coercive control or immediate safety concerns, ordinary communication strategies are not sufficient and appropriate specialist or emergency support may be needed.

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