

"Wanting to belong but never quite making the mark"

Exploring autistic women's experiences and responses to social rejection

Background

Despite the established link between rejection sensitivity (RS) and internalising symptoms, the role of rejection has seldom been explored in relation to the internalising disorders commonly exhibited by autistic women. Previous research has suggested that chronic rejection can lead to the development of a rejection-sensitive disposition which may function bi-directionally to advance intra- and interpersonal difficulties. Sensitivity to rejection and associated patterns of reactivity form part of the defining criteria for several psychiatric diagnoses, including avoidant personality disorder, social phobia and borderline personality disorder and has recently been implicated in the development of eating disorders. All conditions we know are commonly misdiagnosed or cooccurring diagnosed alongside ASC, especially amongst females.

It is, therefore, of note that within the autism community, the term '**Rejection Sensitivity Dysphoria**' has been adopted to describe the adverse response to real, perceived, and anticipated rejection. However, this assumed phenomenon has, to date, received minimal research attention.

Methodology

Semi-structured interviews were conducted with 10 autistic women aged 19 to 56. Three were employed FT, three were employed PT, three were students and one was unable to work. All but two participants were diagnosed in adulthood.

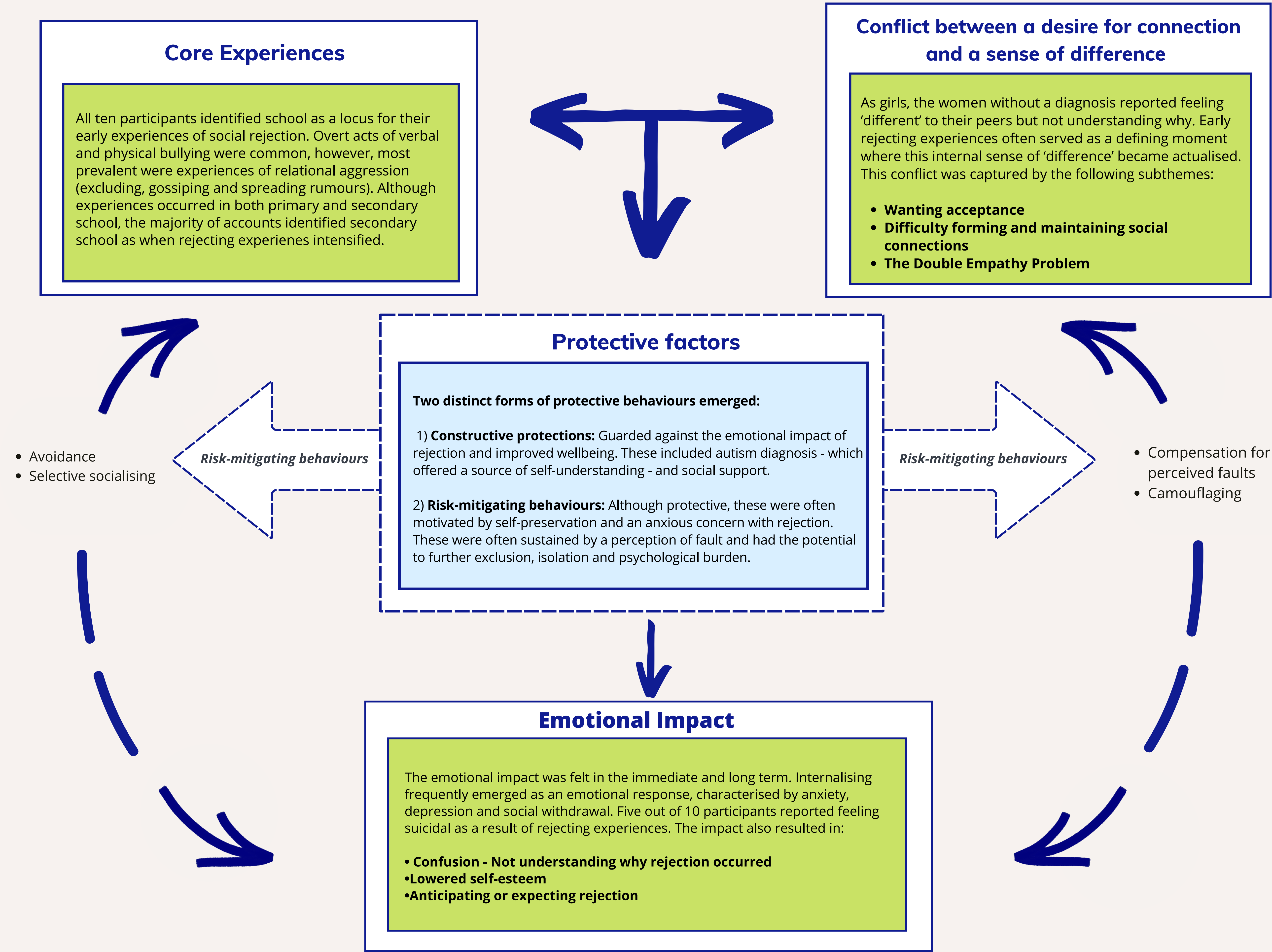
Questions captured both the context, experience and response to social rejection at different stages in life; namely childhood, adolescence and adulthood. Accompanying this were questions that sought to elucidate participants' overall concern with rejection, response to criticism, as well as any emotional impact of being socially rejected.

Discussion

Congruent with the results outlined in this study, the RS model³ proposes that ostracising experiences can sensitise youths to rejection. This can produce a rejection-sensitive disposition characterised by rejection anticipation becoming activated in situations where ostracism is possible. This model has previously been applied to ADHD, and our findings infer its potential applicability to autistic women. Moreover, the study highlights how social and communicative challenges inherent to autism may interact to intensify RS amongst this population. It is concluded that future research should seek to explore the role of RS in mediating the adverse internalising associated with autistic women.

Data analysis

Thematic analysis offered novel insights into the long-term emotional impact of social rejection. Themes were highly interrelated, revealing a relationship between experiences, response and emotional impact that was, at times, self-perpetuating in nature.



Participant quotes:

- "When I've had a negative interaction, my assumption is that it's something that I did wrong and I'm very self-critical. So it can start me into a tail-spin of 'you did it again, what is wrong with you?'"
- "I'm always trying to be liked, to blend in and mirror whoever I'm with so when that...Goes wrong I just completely meltdown"
- "It definitely had a huge impact on anxiety, depression, increased masking and all those consequences... I internalised a lot in school because imagine if I looked like I broke a rule"
- "Constantly worrying what other people think because you want to be like them in order to be accepted by them"
- "I think there is certainly a thing amongst autistic women to be the best...to kind of compensate for our perceived lack. We perceive that there is something missing from us...We make up for it by being the top of the pile in something"




References

1. Bondü et al., 2017
2. Kanne et al., 2009
3. Downey et al., 1998

Key findings:

- Guided by trends identified within the autism community, the present study offered a novel insight into how autistic women's formative experiences of social rejection shape subsequent social behaviors, and in turn, quality of life
- The impact of social ostracism was felt in the immediate and long term. It affected participants self-esteem, ability to trust others, and prompted internalising and negative mental health outcomes
- Women's concern with social rejection and desire for acceptance motivated the use of 'risk-mitigating behaviours' including camouflaging, avoidance and withdrawal which, although often protective, equally had the potential to further social isolation and meant women assumed the burden of fault

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