

BURNOUT IN WOMEN WITH ASD: AN UNDEREXPOSED PROBLEM

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Introduction

In clinical practice we encounter a substantial number of women with ASD is experiencing burnout. Often, this concerns an ‘autistic burnout’, which is the result of chronic life stress and a lifelong mismatch of expectations and abilities without adequate support (Raymaker et al., 2020). As a result, these women experience physical and mental fatigue, heightened stress, and diminished capacity to manage life skills, sensory input, and/or social interactions. Social camouflaging may play a role (Hull et al, 2017).

When turning to their General Practitioner (GP) with burnout complaints, ASD often is not immediately considered as an underlying factor. This risk is even more likely when the GP has insufficient knowledge about ASD in general and ASD in women in particular. It is important that ASD is recognized in order to really help these women. Therefore, we must first gain insight into how burnout manifests itself in women with ASD. Little research has been done into this yet.

Objectives

Looking at possible differences in burnout complaints between women with and without ASD.

Methods

The research group (N = 497) consisted of a convenience sample of women who recently experienced burnout. Two subgroups were formed: a subgroup with and without ASD (n = 350 and n = 147, respectively). All filled in the AQ-10, a screening tool for ASD symptoms. They also filled in questions concerning the duration of their most recent burnout episode, the experienced burnout symptoms (18 physical symptoms, 17 mental symptoms, 14 emotional symptoms, 19 behavioral symptoms; 5-point Likert scale) and common risk factors leading to burnout (obligations, conflicts, life events, experiences of loss, growing demands, lack of possibilities, lack of social support). Data were collected via social media channels.

Table 1: Reported burnout symptoms

	ASD M (SD) n = 350	Non-ASD M (SD) n = 147	t	df	p
Physical symptoms	3.38 (0.57)	3.30 (0.62)	1.44	495	.151
Mental symptoms	4.17 (0.52)	4.05 (0.64)	2.03	232.81	.044
Emotional symptoms	3.84 (0.64)	3.73 (0.73)	1.68	495	.094
Behavioural symptoms	2.91 (0.52)	2.86 (0.53)	0.95	495	.345

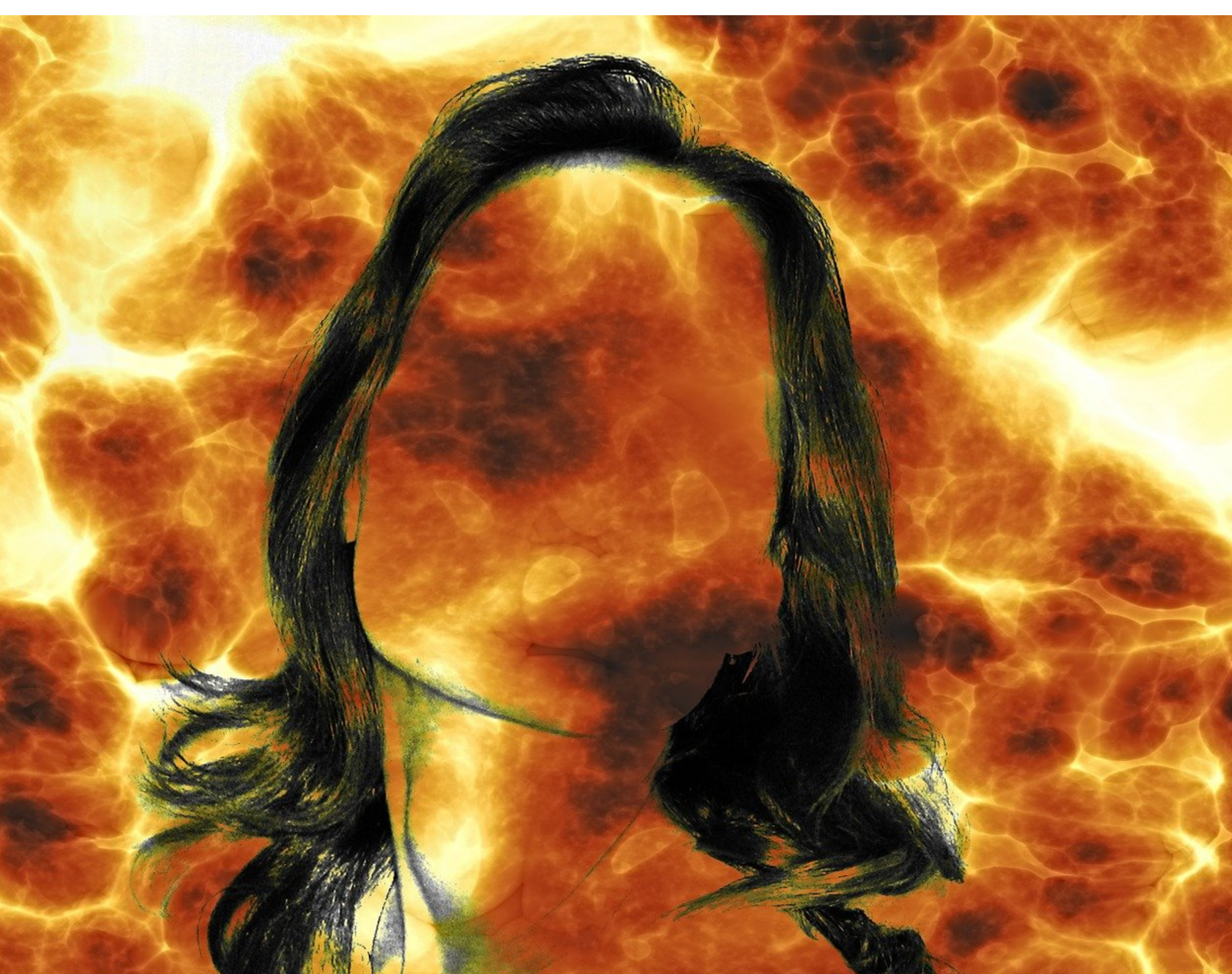
Table 2: Crosstab of duration of most recent burnout, by group

		Duration most recent burnout				
		< 6 months	6-12 months	12-24 months	>24 months	Total
Non-ASD	Freq	35 (24%)	46 (31%)	38 (26%)	28 (19%)	147 (100%)
ASD	Freq	45 (13%)	100 (29%)	68 (19%)	137 (39%)	350 (100%)

Results

There were no significant differences in reported burnout symptoms between both groups (see Table 1). As expected, women with ASD scored significantly higher on the AQ-10 (ASD: M = 7.01, SD = 1.94; non-ASD; M = 3.86, SD = 2.39; $t(230.55) = 14.10$, $p < .001$, $d = 1.51$). Correlations between AQ-10 and experienced burnout symptoms (physical symptoms .128, $p < .01$; mental symptoms .283, $p < .01$; emotional symptoms, .156, $p < .01$; behavioral symptoms, .084, ns) were low.

There was a significant difference between both groups in duration of the most recent burnout episode, where the ASD group had the longest duration (see Table 2; $\chi^2(3) = 22.57$, $p < .001$). There was also a significant difference between these groups concerning experienced ‘growing demands’ prior to the most recent burnout (ASD 50% vs. non- ASD 34%; $\chi^2(1) = 10.31$, $p = .001$).



Conclusions

In this convenience sample of women with and without ASD, we found no difference in experienced burnout symptoms. However, in women with ASD the most recent burnout episode lasted longer and the percentage perceiving growing demands prior to their burnout was higher. Given these results, it is important that the GP learns to better recognize ASD in women, in order to engage in a conversation about the negative effect of experienced growing demands, constant adaptation and social camouflaging.

References

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