Looking behind the mask: Social coping strategies of girls on the autistic spectrum

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ABSTRACT

The socio-communication deficits of individuals on the autistic spectrum are well documented. However, this has largely been based on the male population and less is known about how females with autism manage social relationships across the developmental period.

Ten adolescent female participants with a diagnosis of autism were interviewed and Interpretative Phenomenological Analysis used to explore their experiences of managing their social relationships. The results showed that participants were motivated to develop and maintain friendships, but during adolescence this became increasingly difficult. Consequently, they developed explicit strategies to manage these relationships, including masking and imitation. The use of such strategies was both advantageous and disadvantageous, and such findings should be considered in developing gender sensitive assessment and developmentally appropriate support.

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1. Introduction

The prevalence of autism in 2010 in the UK was estimated at 3.9/1000 in eight year old boys and 0.81/1000 for eight year old girls (Taylor, Jick, & MacLaughlin, 2013). In a review of 32 epidemiological studies between 1966 and 2011, the male: female ratio was estimated at approximately 4:1 in autism and 10:1 in Asperger's syndrome ([AS] Fombonne, 2003). Whilst exact ratios differ across studies, the gender disparity has been consistent since the condition's initial identification, often credited to Kanner in 1943. Various theoretical accounts for this gender difference have been offered, and criticism has been directed at the research and diagnostic practices which may perpetuate and exaggerate this difference. It is important that the reality of this imbalance and the gender sensitivity of assessment instruments and services are investigated, as it seems that girls with Autism Spectrum Conditions (ASC) may remain un- or mis-diagnosed, and more gender appropriate support not offered (Gould & Ashton-Smith, 2011).

It is beyond the scope of this paper to present the breadth of theories around gender and ASC (see Rivet & Matson, 2011 for a comprehensive review), but one influential theory is the Extreme Male Brain ([EMB] Baron-Cohen, 2002). Here, males are described as typically having greater skills in rule-governed, systemising activities whilst typical females are described as having superior empathy and general emotional sensitivity. Hence, males are more likely to be on the autistic spectrum as they are more predisposed to autistic traits.

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Whilst the EMB theory describes biological factors as a strong determinant of risk of ASC, Fine (2008) argues that the theory underplays the influence of non-biological factors. Debates around the aetiology of ASCs continue, and there is also mounting evidence that the androcentric nature of assessment instruments, together with the self-confirming bias of gendered expectations about typical presentations within services, are maintaining this gender difference. Accordingly, there may be deleterious consequences for females on the spectrum as the female phenotype is comparatively undetermined in relation to males.

It has been argued that research has consistently focused on male presentations of ASC, with small, androcentric samples frequently used to validate commonly used diagnostic/screening instruments (Bloss & Courchesne, 2007). For example, the sample used in the original reliability analyses for the Autism Diagnostic Interview-Revised (ADI-R; Lord, Rutter, & Le Couteur, 1994) comprised 20 children (mean age 3–4 years old), 16 of which were male. Subsequent analyses of the ADI-R have also used predominantly male samples (e.g. Cox et al., 1999). Rutter et al. (2003) suggest that the symptoms used as markers of ASC may be male-biased and this may reduce the sensitivity of the instrument towards females.

Additionally, different gendered social expectations across the lifespan may contribute towards differences between genders in the trajectory of ASC. Hsiao, Tseng, Huang, and Gau (2013) suggest that the "impact of ASD traits on social functioning may not present until pressure from demands for new social adaptation arises across major developmental transition" (p. 256). Kopp and Gillberg (2011) describe how, during adolescence, typical female friendships become more demanding than equivalent males' due to their communicative and social nature, posing specific challenges for girls on the spectrum in terms of making and maintaining friendships. Girls' social skills deficits may not be revealed until much later than boys as they emerge in response to female-specific, developmentally-related changes in the social environment. The later emergence of problematic differences is important to consider when females are regularly assessed using the ADI-R, which was developed on a sample of mainly boys with a mean age of 3–4 years.

Using a comparatively large sample ($N = 100$), Dean et al. (2014) found that 7–8 year old boys and girls on the autism spectrum both experienced social exclusion by same-gender peers, but manifested in slightly different ways. Whilst social exclusion may be experienced by both genders, each may use different coping strategies. Boys may withdraw from peers (Wainscot, Naylor, Sutcliffe, Tantam, & Williams, 2008), whereas equivalent females may masquerade their difficulties by using patterns of socio-communication that are largely rote-learnt in order to fit in (Gould & Ashton-Smith, 2011). Lai et al. (2011) found that females with ASC had higher scores on a self-report measure of ASC symptoms, leading them to suggest that females may be more aware of their difficulties and this awareness enables them to mask symptoms. However, there is very little research which has explicitly investigated the social management strategies of people on the autistic spectrum; therefore, it is difficult to establish whether the gender ratio in the prevalence of diagnosed ASC is in any way affected by similar or different coping strategies between genders.

The female ASC profile is not well-understood, due in part to a lack of research designed to investigate gender differences (Mandy et al., 2012). However, the female presentation of ASC has recently gained increased interest. For example, Rivet and Matson's (2011) review found that girls with ASC tend to be 'clingy' rather than exhibiting 'extreme autistic aloneness'. Gould and Ashton-Smith (2011) note that the intensity and quality of ASC-girls' interests differs to that of non-ASC girls, rather than the topic. Over- and under-reaction to sensory input has also been observed in females but this has not yetbeen established through empirical research (Gould & Ashton-Smith, 2011). Kopp and Gillberg (2011) suggest that males and females express similar degrees of severity in social reciprocity deficits but when each is viewed within the context of gendered-expectations, females' difficulties are overlooked. Nevertheless, there remain few robust empirical studies into gender differences. In summary, emerging research varies in quality and rigour but does suggest that ASC manifests differently by gender and presents different challenges to males and females.

The implications of unidentified ASC in girls are serious, both as a consequence of neglect of their specific needs, but also as a result of potentially co-occurring conditions. Studies have identified higher rates of internalising pathology in adolescent girls with ASC compared to both boys with ASC and neurotypical girls (Lai, Lombardo, Auyeung, Chakrabarti, & Baron-Cohen, 2015; Solomon, Miller, Taylor, Hinshaw, and Carter, 2012). Internalising symptomology in girls with ASC may go unrecognised, especially if combined with a suggested propensity to mask differences (Dworzynski, Ronald, Bolton, & Happé, 2012).

The adolescent phase of development involves an increase in the intensity, complexity and demands for girls to develop positive social affiliations, making it a particularly challenging time for girls with ASC when adaptive skills must come to the fore. The only published study which has focussed qualitatively on the experience of female adolescents with ASC is Cridland, Jones, Caputi, & Magee (2014). This study provides valuable and novel insights into this parental relationship, issues of late diagnosis and managing the transitions of adolescence. However, these were co-constructed narratives, with a foregrounding of the maternal experience and interpretation of their daughter's experience. There remains a gap within the research literature where the direct experience of the adolescent girl with ASC is foregrounded, specifically focussing on the strategies used to manage their neuro-atypical development.

Hence, the purpose of this study is to explore whether adolescent females with ASC use social management strategies, particularly masquerading, to hide socio-communication difficulties to enable them to fit in with peers. The EMB theory suggests that females may be have superior empathy and social sensitivity than males and this may make females on the spectrum appear socially competent when compared to males on the spectrum. Such research may contribute towards understanding the disparity between genders in the diagnosis of ASC.