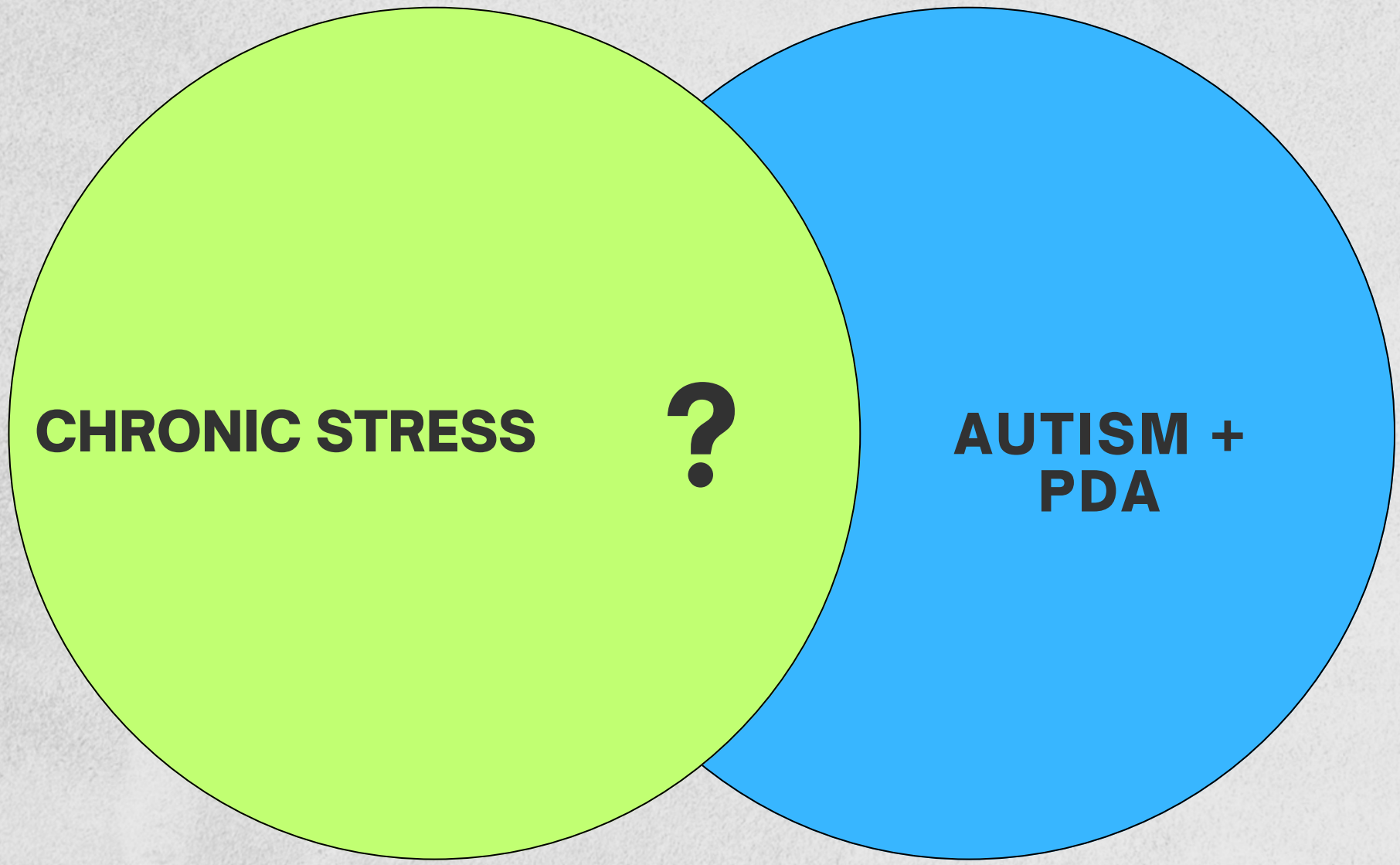
Cumulative Correlations in Later Life:

BY SEAN DUIGNAN

PG Dip NEBOSH, BSc (Hons), MIIRSM



Undiagnosed Autism, a PDA Profile, Complex PTSD, and the Interlocking Risks of Loneliness, Chronic Stress, Relationship Strain and Suicidality

GLOSSARY

ALEXITHYMIA - is a personality trait in which a person has difficulty identifying and describing their own emotions. People with alexithymia often struggle to understand what they're feeling and may rely more on physical sensations or external cues than on emotional insight.

ALLOSTATIC LOAD - the cumulative "wear and tear" on the body that results from chronic or repeated stress. It reflects how long-term activation of the stress response can impact physical and mental health over time.

ALLOSTATIC MODEL - explains how the body maintains stability through change by adapting to stressors using physiological responses like hormone release, cardiovascular changes, and immune adjustments. Over time, repeated or chronic stress can overload these systems, leading to "allostatic load," which contributes to wear-and-tear on the body and increased risk of illness.

AUTISM - is a neurodevelopmental difference that affects how a person processes information, communicates, and experiences the world. It is characterized by diverse sensory, social, and cognitive profiles, and is best understood as a natural variation in human neurology rather than a deficit.

CAMOUFLAGING - in autism refers to when autistic people consciously or unconsciously hide their autistic traits to fit in socially.
It often involves copying others' behaviours or suppressing natural responses, which can be exhausting and stressful.

CATASTROPHIC EVENT - can occur when accumulated stress, sensory overload, or rapid unexpected change overwhelms a person's coping capacity. It often results in shutdowns, meltdowns, or intense distress—not as a behavioural choice, but as a nervous-system response to overload.

CHRONIC STRESS - is a long-lasting state of physical and emotional strain that occurs when stressors persist without enough time for the body to recover. Over time, it can wear down the body's systems, affecting mental and physical health.

CONCEPTUAL NETWORK ANALYSIS - a method that maps how key ideas or concepts are connected within a body of knowledge. It helps researchers visualise relationships between concepts to understand patterns, themes, and underlying structures.

CLINIMATIC CRITERIA - refer to the standards or measures used to evaluate symptoms, clinical findings, or patient outcomes in a way that captures their severity, changes, and overall clinical significance. They help ensure that assessments in healthcare are reliable, meaningful, and sensitive to real changes in a patient's condition.

CUMULATIVE BIOLOGICAL EFFECTS - the gradual changes or damage that build up in the body over time due to repeated or prolonged exposure to a factor, such as radiation, chemicals, or stress. These effects may not be noticeable after a single exposure but can become significant as they accumulate across days, months, or years.

CUMULATIVE CORRELATION MODEL - explains how small influences or risk factors build up over time to create a stronger overall effect.
It shows that outcomes result from the combined impact of multiple factors rather than a single cause.

DEMAND SENSITIVITY - describes a heightened stress or threat response to everyday requests or expectations, making even simple tasks feel overwhelming. It often leads to avoidance or shutdown as a protective reaction rather than intentional resistance.

DIAGNOSTIC OVERSHADOWING - overshadowing - occurs when a clinician wrongly attributes a person's new symptoms to an existing diagnosis.
This leads to missed or delayed identification of other medical or mental health conditions.

EMPIRICAL EVIDENCE - information gathered through direct observation, measurement, or experimentation.
It is based on real-world data rather than theory or opinion.

EPISTEMOLGICAL - relates to epistemology, the branch of philosophy concerned with the nature, sources, and limits of knowledge. So if something is described as epistemological, it deals with questions about how we know what we know, what counts as justified belief, and how truth is determined.

FEEDBACK LOOP - is a process in which the output of a system is fed back into the system as input, influencing future behaviour. It can be positive (amplifying a change) or negative (stabilising the system by counteracting a change).

INTEGRATED SYNTHESIS - is a method that combines findings from multiple sources or studies into one coherent, unified interpretation.
It brings together different types of evidence to create a clearer and more comprehensive understanding of a topic.

INTEGRATIVE - in relation to autism, refers to approaches that combine multiple perspectives—such as sensory, cognitive, social, and emotional—to understand an autistic person's overall experience. It emphasises seeing the whole person rather than focusing only on individual traits or challenges.

LINEAR CAUSATION - is the idea that one event directly leads to another in a simple, straight cause-and-effect chain.
It assumes outcomes can be traced back to a single, clear cause without considering complex interactions.

LONELINESS - context of autistic thoughts refers to the sense of social isolation that many autistic people experience, not because they don't want connection, but because differences in communication, sensory processing, and social expectations can make forming and maintaining relationships more difficult. It often stems from feeling misunderstood, excluded, or out of sync with others—even when surrounded by people—rather than from a lack of desire for companionship.

MEASUREMENT VALIDITY - refers to how accurately a tool or instrument measures what it is intended to measure. High validity means the results truly reflect the concept being studied rather than being influenced by errors or unrelated factors

MONOTROPISM - theory of autism that suggests autistic people tend to focus their attention deeply on a small number of interests at a time, creating an intense "single-track" attention style. This can lead to powerful flow states in areas of interest, but also difficulty shifting attention or processing multiple streams of information at once.

NEUROAFFIRMATIVE MODEL - views neurological differences—such as autism, ADHD, or dyslexia—as natural forms of human diversity rather than deficits or disorders. It focuses on adapting environments, systems, and expectations to support diverse neurotypes instead of trying to "fix" individuals.

NEURODIVERSE - describes a group or population that includes a range of different brain types, such as autistic, ADHD, dyslexic, and neurotypical individuals. It highlights that human minds vary naturally and that this diversity is normal and valuable.

NEUROTYPICAL - describes people whose brain development and behaviour follow the expected social and cognitive patterns, meaning they are not autistic or otherwise neurodivergent. It is often used to contrast with neurodivergent groups, highlighting differences in how individuals experience and process the world.

PERSONAL AUTONOMY - is the ability of an individual to make their own choices, act according to their values, and direct their life without undue influence or control from others. It involves having freedom, independence, and the capacity to make informed decisions about one's actions and well-being.

PRISMA - Preferred Reporting Items for Systematic Reviews and Meta-Analyses, a guideline that helps researchers report systematic review methods clearly. It ensures transparency, consistency, and reduces bias in how studies are identified, screened, and included.

QUALITATIVE EXPERIENCE - refers to the subjective, felt quality of an experience—what it is like from the inside. It focuses on personal perception and meaning rather than measurable or objective features.

QUALITATIVE - qualitative refers to an approach that focuses on understanding meanings, experiences, and perspectives rather than measuring numerical data. It explores the how and why of a phenomenon using methods like interviews, observations, and open-ended questions to produce rich, descriptive insights.

QUANTITATIVE - refers to an approach that focuses on numerical data, measurement, and statistical analysis. It aims to test hypotheses, identify patterns, and determine relationships between variables using structured methods such as surveys, experiments, and numerical datasets.

RESILIENCE - the ability to adapt, recover, and remain functional when facing stress, challenges, or adversity. It reflects how well a person, system, or community can bounce back and continue moving forward despite difficulties.

SENSORY OVERLOAD - occurs when the brain receives more sensory input than it can process, leading to overwhelm and distress. It can cause symptoms like anxiety, irritability, shutdown, or withdrawal as the nervous system tries to cope with excessive stimuli.

SPELL framework - is a person-centred approach developed by the National Autistic Society to support autistic individuals through five principles: Structure, Positive approaches, Empathy, Low arousal, and Links. It focuses on adapting environments and interactions to reduce anxiety, build understanding, and promote wellbeing and autonomy for autistic people.

SUICIDALITY - refers to a range of thoughts and behaviours related to suicide, including suicidal ideas, plans, or attempts.
It reflects a spectrum of distress where a person may think about or engage in actions toward ending their life.

TEMPORAL ACCUMULATION - refers to the gradual build-up of something over time. It describes how events, experiences, knowledge, resources, or effects increase or compound as time progresses, rather than occurring all at once.

Cumulative Correlations in Later Life:

Undiagnosed Autism, a PDA Profile, Complex PTSD, and the Interlocking Risks of Loneliness, Chronic Stress, Relationship Strain and Suicidality

Seán Duignan

ABSTRACT

This research paper looks into the complex interplay of factors contributing to increased vulnerability in later life. It explores the cumulative impact of undiagnosed autism, particularly with a Pervasive (Pathological) Demand Avoidance (PDA) profile, and Complex Post-Traumatic Stress Disorder (C-PTSD). The study further investigates how these conditions can interlock with risks such as loneliness, chronic stress, relationship strain, and suicidality in older adults. This holistic approach aims to provide a more nuanced understanding of the challenges faced by this demographic and to inform more effective support and intervention strategies.

INTRODUCTION

The aging population is a diverse group, and understanding the specific needs of older adults with neurodevelopmental conditions and trauma histories is crucial. Undiagnosed autism can present unique challenges in later life, often compounded by co-occurring mental health conditions such as C-PTSD. This paper will examine the correlations between these factors and their impact on an individual's overall well-being.

Specifically, we focus on individuals with a PDA profile within the autistic spectrum, as their demand avoidant tendencies can significantly affect their ability to engage with support systems and maintain social connections.

METHODOLOGY

This paper examines the impact of unrecognised autism, alongside traits of PDA and C-PTSD, on individuals in later adulthood. It also explores the risks associated with social isolation, prolonged periods of tension, and challenges in intimate relationships. The aim is to enhance understanding of these interconnected experiences and provide insights that can improve support.

EXPECTED OUTCOMES

This study anticipates demonstrating significant correlations between undiagnosed autism, C-PTSD, and increased risk factors in later life. Findings are expected to highlight the importance of early diagnosis and appropriate support services. Ultimately, this research aims to inform policy changes and improve the lives of older adults facing these complex challenges.

CONCLUSION

In summary, this research paper aims to shed light on the intricate relationships between undiagnosed autism (particularly PDA), complex PTSD, and various risk factors such as loneliness, chronic stress, relationship strain, and suicidality in later life. By understanding these connections, we can better address the unique needs of older adults and develop more effective strategies for promoting their well-being and quality of life. Further research is needed to explore potential interventions and support systems tailored to this population.

Author: Seán Duignan

Chapter X: Methodology

X.1 Introduction and Methodological Rationale

This chapter explains and supports the method used in this paper. The research looks at how undiagnosed autism, Pervasive Demand Avoidance (PDA) profiles, chronic stress, trauma, loneliness, relationship strain, and suicidality interact throughout life, especially in later adulthood. These factors are connected processes that build up and affect each other over time.

Given this complexity, a traditional method focusing on single causes would be inadequate and misleading. Therefore, this paper uses a qualitative, integrative, theory-building approach that combines insights from different areas of study to create a model showing vulnerability in autistic adults as they age. This method suits the research question and ethical considerations about understanding autistic distress.

X.2 Epistemological Positioning

This paper is based on a critical realist and interactional framework. It believes the issues studied—chronic stress, loneliness, trauma, and suicidality—are real and important but can't be explained by single causes or one discipline alone.

Critical realism is helpful here because it recognises that:

- Social and psychological outcomes are the result of individual traits and environmental factors.
- Empirical measures give partial, context-specific views of deeper processes.
- Complex human outcomes are often emergent, not straightforward.

In this view, autism isn't seen as a deficit that inevitably leads to distress, but as a neurodevelopmental difference shaped by ongoing interactions with mainly non-autistic environments. Distress is seen as relational and systemic, not just within the individual.

X.3 Research Design: Integrative Qualitative Synthesis

X.3.1 Design Overview

The thesis uses a qualitative integrative synthesis design, combining findings and ideas from different literatures to develop new models of explanation.

X3.2. Difference from Systematic Review Methods

Unlike a systematic review or meta-analysis, this approach doesn't aim to list all studies or combine effect sizes statistically. Instead, it focuses on:

1. Finding strong, recurring empirical links across different fields.
2. Studying how these links interact over time and in various contexts.
3. Merging empirical results with conceptual and theoretical ideas.
4. Building a clear model to explain outcomes in later life.

This method suits research questions about lifespan development, interaction dynamics, and systemic risk, where no single study or dataset fully captures the topic.

X3.3. Difference from Systematic Review Methods

This thesis relies on systematic reviews, meta-analyses, and large cohort studies, but it isn’t a systematic review itself. It doesn't follow a formal PRISMA protocol or try to calculate combined effect sizes or rank evidence from the studies included.

This is a deliberate choice. The relevant literature spans autism research, trauma studies, health psychology, occupational health, suicide research, and legal scholarship, all differing in methods, terms, and assumptions. An integrative synthesis encourages dialogue among these fields without imposing a single method that might hide important insights.

X4. Analytical Approach

X4.1. Conceptual Network Analysis

The main method used is conceptual network analysis, done at a theoretical level. In the thesis, key ideas—such as autism, PDA profiles, chronic stress, loneliness, trauma, and suicidality—are seen as connected parts of a system rather than separate predictors.

X4.1.1. The analysis highlights:

- Consistent relationships found across studies.
- Processes that mediate, especially loneliness.
- Factors that amplify or moderate, like PDA-related demand sensitivity and trauma exposure.
- Temporal accumulation and feedback loops.

This approach matches modern models in health psychology and suicide research that focus on cumulative risk, interpersonal dynamics, and environmental context rather than simple factor explanations.

CHAPTER OVERVIEW: INCIDENCE LEVELS

BEING AUTISTIC IS BEING DIFFERENT, NOT A MENTAL DISORDER, AND AS SUCH UNDERSTANDING NEEDS TO ADDRESS BASE LINE TERMINOLOGY BEFORE ADDRESSING MORE COMPLICATED OVERVIEW.

Autism is a neurological differential diagnosis that affects a large part of the population (1-2%, O'Nions et al, Lancet 2023). Various studies attempt to place a figurative number in a given population type and increasingly underestimated from Government figures to studies varying from 700,000 to 1.2 million (Lancet, O'Nions et al, 2023). The difficulty is that many of the individuals presenting with neurodiverse traits are undiagnosed. For a person to be diagnosed takes an introspective assessment of traits that are not in keeping with neurotypical expectations. it is easier as a young child to be assessed and a diagnosis given to them of autistic traits that an adult from the basis that they have not lived an extended life with the associated traumas, miscommunications, misdirection's and inability to read social cues that do not align with their specific neurology. Stigma and shame of not wanting to being different but have a mental illness prevent adults from attempting assessments increasing stressors and suicidality criteria.

The Lancet, 2023, attempted to assess the levels of adults with undiagnosed traits from information gathered between 2000 and 2018 from General Practice Surgeries (5 million patients). The level identified in the given population of the UK is 1% of all adults have some form of autism. Part of the re-identification was the inclusion criteria for diagnosis of autism which was previously missing or inadequate.

The team estimated that the age range or 19-49 years of age wih undiagnosed autism was estimated at 150,00-200,000. The incidence level in the age over 50 was signisficantly higher (250,000-600,000) equating to approximately 9 out of 10 of all autistic diagnoses. They also found that the population incidence level was approximately double of the official figures produced by the Government of 700,000 to the Lancets 1.2 million individuals. (O'Nions et al, Lancet, 2023)

https://www.ucl.ac.uk/news/2023/jun/number-autistic-people-england-may-be-twice-high-previously-thought

This matters, as stated by O'Nions (Lancet, 2023), there are more adults with undiagnosed autism and who suffer discrimination and exploitation in modern society. Understanding unmet needs in an age range that does not reflect awareness or understanding, social stigmatisation and public shunning provides reluctance and shame from seeking a diagnosis brings massive uncertainties and becomes identifiable as a stressor.

The limitation of the paper does not represent all the GP surgeries nor inclusive of secondary care records, meaning that levels may be even higher.

The National Autistic Society estimates 143,000 open referrals for assessment (2023).

This study seeks to look specifically at literature to attempt to explain introspective traits of an autistic adult, rather than a differential diagnosis tool to positively identify autism by a health professional

There are no audits, interviews or spcific group analysis and is aimed at literature for this study in its entirety.

Causality

Due to more awareness of autism, more people are being positively diagnosed. Factors include broadening diagnostic criteria, increased awareness and understanding and reducing stigmatisation.

Autism is identified through between 60-90% of genome factors and inheritance factors. It is not a disease nor somehing that is 'curable', yet vocabulary, even amongst professional exacerbate and instill negative connotations to something that is competely normal. Example of PDA being stated in professional journals and literature as Pathological Demand Aversion. Research on a base interpretation of pathological described in Encyclopaedia Brittanica as -

"**behaviour or physical conditions are extreme, abnormal, and typically driven by an underlying disease, compulsion, or mental disorder rather than rational choice. It describes actions that are uncontrollable, irrational, and excessive, such as pathological lying, jealousy, or fear." https://www.britannica.com/dictionary/pathological**

Elizabeth O'Nions, Irene Petersen, Joshua E.J. Buckman, Rebecca Charlton, Claudia Cooper, Anne Corbett, Francesca Happé, Jill Manthorpe, Marcus Richards, Rob Saunders, Cathy Zanker, Will Mandy, Joshua Stott,
Autism in England: assessing underdiagnosis in a population-based cohort study of prospectively collected primary care data,
The Lancet Regional Health - Europe, Volume 29, 2023, 100626, ISSN 2666-7762, https://doi.org/10.1016/j.lanepe.2023.100626. (https://www.sciencedirect.com/science/article/pii/S2666776223000455)

CHAPTER 1: INTRODUCTION – FROM CAUSATION TO CUMULATIVE CORRELATION - DYNAMICS

1.1 Purpose of the paper and rationale for an interactional model

1.1 The core shift

This part of the paper asks us to step back and look at the whole picture of a person's life—not just one moment or one diagnosis. Instead of asking, "Did autism cause this?" it asks a more human and realistic question: How do many different experiences affect individuals over time?

Living a life from childhood until late adulthood where autism has not been diagnosed, trying to fit into an environment they feel they do not quite fit into, is confusing. Being amongst other people attempting to explain their thoughts and elusive reasoning and why they felt they do not belong eludes them and creates a deep sense of alienation.

A person will have lived their entire life believing they are the same as others, having continual misunderstandings, strained and failed relationships, difficulties adapting in the work environment and times when everything seems to become too much for many individuals. There will have been times where support that was needed, simply wasn't available—or came with conditions that added even more pressure, being commonplace.

Yet, in this particular context, a person who has traits of Pervasive Demands Avoidance (PDA), is seen to others as defiance, anger, arrogance or maladaptive behaviour to others. Yet it is simply an instinctive attempt for them to feel safe and begin to feel a semblance of control when they begin to feel overwhelmed.

Having feelings of not being the same, with no rational or reasoning of why, undiagnosed Autistic adults with associated PDA instinctively sense they are different creates a deep sensation of loneliness, often with a belief they are flawed.

They have repeated 'miscommunications' where a comment that appears natural and normal to them is seen as off hand, rude, dismissive, aggressive (passive and maladaptive) and leads towards social exclusion by their own deliberate demand or deliberate withdrawal and increases that sense of loneliness.

The HPA axis activation level in autistic physiology is significantly lower under a threat evaluation than those described as neurotypical; sensory overload, unpredictable or challenging routines, interpretation of social cues all lead to levels of hyperarousal.

Subsequently increased levels of cortisol, with the combination of an insufficient feedback loop to negate the effects of chronic stress, eventually lead towards trauma. By no means is this an aspect solely identifiable to Autistic/PDA - it happens in other predispositions, environments and scenarios, inclusive of both neurodiverse and neurotypical individuals. However, this is a specific trait for PDA.

The trauma they feel is not a separate issue and deepens and elevates existing stress pathways. Ideation and actuation thoughts (suicidality) are not random. They are created by this sense of loneliness, chronic stress trauma that leads invariably into anxiety and depression, and it is these combinations of pressures that become too heavy to handle alone.

This chapter does not aim to look and argue for a singular cause, but asks to look further at distress levels as an accumulation of a person's neurological 'type', how they were brought up in their own environment, the expectations that were placed onto them and whether or not support was provided in the specific manner they required.

In this way we can look at the complexities of a lived, full life they have enjoyed with all of their complexities, with compassion, understanding and bridging communication pathways rather than being judgmental for being, to them, absolutely normal.

1.2 Time as a force

Repeated misunderstandings, precarious work, and relational strain accumulate.
Support often comes with conditions and deadlines—experienced as demands—reducing access precisely when help is most needed.
Late diagnosis recognises a lifelong pattern after injuries have mounted, not before.

There is very little in research that looks at late diagnosis of autism in adulthood. The majority much of the research seems to be centred around childhood, adolescence and into early adulthood, with an expectation that as full maturity has been reached identifiable symptoms of autism will have stabilised. The compounding complication for individuals reaching late adulthood without any diagnosis is that they have lived life and encountered experiences, all of which accumulate and have lasting impacts on the self of the person. These 'collections' teach an autistic person how to adapt and camouflage their traits.

Temporal Accumulation of Experience
Autistic individuals learn adaptive cognitive adaptations to survive in a world that feels very different to them, camouflaging their emotions, rational thoughts and stimming methods of communication to 'appear' neurotypical and to 'fit in' to a different society. However, sustaining camouflaging and stimming is emotionally and cognitively exhausting. A small failure to adapt to an event that requires camouflaging creates miscommunication, anxiety, occupational instability, relationship disruptions, both at home and in the workplace,especially since they do not understand what they have done that is incorrect.

The result of these accumulations of camouflaging negatively impact on their expectations and beliefs of what is expected of them, other creating chronic stress, burnout type symptoms and reduced psychological resilience. The interesting part is that late diagnosis frequently occurs when a person reaches a critical threshold point and this is often after a prolonged period of distress.

In this case, it is the consequences of long-term exposure to unmet psychological needs with prolonged periods of adaptation where signs and symptoms become apparent, rather than where autism is emerging as something new.

1.2 Changing Support Landscapes

Later adulthood can bring shrinking social circles, shifting health, and fewer stable supports, which may heighten loneliness and stress for those with earlier life disruptions. At the same time, rigid systems and limited understanding of neurodivergence can intensify challenges for people with PDA traits, making this life stage especially important to understand.

Shifts in Social Conditions and Support Structures

There is a natural decline in social networks as people age, with health declines bringing other concerns and associated feelings of loneliness and isolation, particularly for those who have faced a lifetime of perceived instability. For individuals who endure employment or relationship insecurities, those feelings of instability related to age intensify experiences of loneliness and stress. Compounding these concerns is the absence of social buffering for distress; such as parental involvement and planned and structured educational systems are no longer available in late adulthood, impacting the effects of physiological and psychological cumulative strain.

Interactions with Systemic Rigidity

The institutional systems most frequently encountered in later adulthood—including employment management, healthcare provision, and welfare services—may be characterised by reduced flexibility and limited tolerance for neurodivergent communication or behavioural profiles. Misunderstanding, stigmatisation, intolerance of behavioural maladaption, miscommunication and lack of employment specific support for neurodiverse individuals only further compound feelings of social isolation and feelings of being alone in a world that does not understand them, or that they understand.

Those individuals with Pervasive Demand Avoidance (PDA) characteristics, such systems of instability or perceived decreased social support consistently create perceptions of threats to their own autonomy, resulting in heightened avoidance, disengagement, or oppositional responses as survival mechanisms.

As a result, later adulthood can be viewed as a critical juncture in which neuro-developmental differences, historical trauma, social isolation, and systemic rigidity intersect in ways that shape both wellbeing and access to support.

Overall, this framing positions later adulthood as a significant yet insufficiently examined period in the autistic lifespan—one that demands closer attention to the cumulative, contextual, and systemic factors that inherently shape autistic experience.

1.3 Moving Beyond Causal Language

A main methodological and ethical decision in this paper is to clearly avoid using oversimplified causal language. Asking if autism "causes" loneliness or suicidal tendencies can unintentionally support deficit-based views and ignore the role of social context. Similarly, questioning if trauma "explains" distress related to autism might miss autism-specific pathways and lead to diagnostic overshadowing.

This paper specifically attempts to use vocabulary highlighting how different aspects are related to one another, how these interactions impact and amplify the effects of autistic experiences. This is supported by the reasearch literature alongside those lived experiences of older adults.

As an example, Moseley et al 2021, suggests that autistic adults encounter more psychological stress over the period of their lives and perceive stressors as being more severe. they describe a causal link between the autistic perception of more stress and greater intensity being described as loneliness with autistic adults having worse mental health.

By no means does this state that autism is a direct cause of poor mental health. It does attempt to show that autistic experiences are more closely linked to other stressors such as increased stress, decreased social support and loneliness, all of which impact and are relational to poorer mental health outcomes.

Similarly, studies on suicide show more frequent suicidal thoughts and actions in autistic people, with interpersonal factors and depression being important links (Brown et al., 2024). While psychological trauma increases risk, suicidal thoughts and actions can happen without such trauma, showing the complexity and interacting pathways rather than one direct cause. This complexity needs an interactional framework instead of a simple approach.

1.4 Autism, Difference, and Social Mismatch

Autism is a lifelong neurodevelopmental genetic condition. It can be characterised by differences in the way neurodiverse people communicate in social settings, the way they process sensory information and behavioural flexibility. They are no different form anyone else - they however process and communicate information in a different way. It is not a disease, something that can be fixed or therapy change. It is a realism to a person that they are different; they are not broken.

However, this paper emphasises that distress arises primarily from mismatch rather than their own natural differences. Autistic individuals are more likely to encounter misunderstanding, exclusion, and invalidation within environments dominated by non-autistic individuals, thereby increasing their exposure to social stressors throughout their lives.**(Kidwell, 2025, The Homestead Model, 2024)**

Brown, C. M., Newell, V., Sahin, E., & Hedley, D. (2024). Updated systematic review of suicide in autism: 2018–2024. Current Developmental Disorders Reports, 11, 225–256.
Kidwell JL (2025) ADHD and autism in Neurocognitive Mismatch Theory: distinct neurodevelopmental incompatibilities with the market-based system. Front. Psychol. 16:1617192. doi: 10.3389/fpsyg.2025.1617192
Moseley, R. L., et al. (2021). Lifetime stress exposure and mental health in autistic adults. Autism Research.
https://**thehomesteadmodel.com/**2024/03/29/evolutionary-mismatch-understanding-adhd-and-autism-through-an-evolutionary-lens/

1.4.1. Evidence of Social Mismatch

Research exploring the social mismatch between neurotypical and neurodivergent groups shows a consistent pattern of strain for autistic adults. Studies report that autistic individuals experience a greater number of lifetime stressors and feel their impact more strongly when compared with people who do not show autistic traits. Moseley et al. (2021) found that the way these stressors are perceived—rather than simply their presence—was closely linked to poorer mental and physical health. Autistic individuals perceive being different, and limited social support alongside this increases stress levels and contributes to long-term reductions in overall wellbeing.

For people who receive an autism diagnosis much later in life, the effects of social mismatch can be even more significant. Without an explanatory framework to make sense of past experiences, many interpret earlier difficulties in social situations as personal shortcomings. This leads to a depreciative and negative self-view, along with a deep and persistent sense of shame. As life continues, repeated misunderstandings or breakdowns in relationships linked to PDA traits reinforce tendencies to withdraw, reducing opportunities for positive social experiences and increasing loneliness.

1.5 PDA Profiles and Autonomy Threat

Throughout the autistic community, there is a specific and unique pattern shown by PDA profilers around anxiety and demand sensitisation. A perceived rise in demands creates a threat burden against their own levels of control an increase in anxiety. The resistance to this perceived threat can appear as oppositional behaviour, when in reality it is an avoidance of the threat to their internal control.

PDA is understood as an anxiety-driven need to avoid demands, particularly the threat of this internal control, rather than simple maladaptive behaviour. These demands, act as stressors, may be clear, hidden, or internal, with avoidance tactics often strengthen under stress.

Avoiding these stressors becomes a subconscious imperative for autistic individuals. Ongoing exposure to system rigidity, inflexible workplaces, and rule-based services add to stress and increases levels of disengagement and mistrust. The systems that support autistic children and young adults, along with social and familial networks, naturally become fewer as a person gets older, leaving older undiagnosed individuals more vulnerable and exposed to continued levels of stress.

Traits of a pervasive aversion to perceived threats against their own autonomy can lead individuals to withdraw further if services seem demanding or controlling. Those who already present with avoidance may pull back even more, even when they are struggling. This problem is especially significant in later adulthood, where getting support often means dealing with bureaucratic systems that can repeatedly threaten their sense of autonomy. For PDA individuals, this can make seeking help more complicated.

1.6 Trauma, C-PTSD, and Cumulative Adversity

Psychological trauma created through an accumulation of varied life experiences plays a pivotal role within this paper. Neurodiverse individuals experience bullying, social exclusion and institutional invalidation in the same manner as neurotypical with a distinct difference; neurodiverse sense being different, misunderstand, miscommunicate or fail to recognise social cues of threats continually remain alert within their own HPA axis activations and production of cortisol keeps them within the stress cycle. Whether it is known an individual has autism or not, perceived ‘attacks’ by neurotypical individuals on autistic people because of being perceived as different elevate and enshrine feelings of trauma. Current research by Quinton et al, 2024, indicates that autistic adults may exhibit severe trauma related symptoms, and current diagnostic criteria may fail to adequately recognise PTSD and C-PTSD presentations in autistic populations due to diagnostic overshadowing.

Diagnostic overshadowing, according to LGA, 2025, in a manner to explain a neurodiverse symptom to a neurotypical set of individuals, explains a person -

‘experiencing anxiety or depression might have their symptoms attributed solely to their autism and / or learning disability, rather than being evaluated for a potential co-occurring mental health condition’.

https://www.local.gov.uk/publications/diagnostic-overshadowing-and-how-it-impacts-people-learning-disability-and-autistic

Stigma is introduced as an additional impact on both autistic individuals and their families extending the time frame of experienced trauma beyond the defined limits of the incident. Turnock et al, 2022, state that stigma is highly understudied despite simplistic factors of poorer health outcomes and overarching wellbeing of these individuals. By itself, stigma can increase levels of camouflaging and stimming to cope with trying to ‘fit in’ and avoid segregation and creating further levels of stress and trauma. Labelling by contextualising a ‘difference’ between ‘them’ and ‘us’ underscores levels of separation and loss of status by removal (discrimination). Again, this concept of having‘undesirable’ traits lead inexorably to further levels of trauma. Misconceptions of a person's level of autism seems too a societal issue where discrimination and stereotyping are still an accepted, albeit frowned upon, aspect of neurotypical life. Interviews conducted by Huws et al, 2010, interviews with neurotypical people have found that autism is perceived by some as violating “accepted societal norms.(Hussain v East Lancashire Hospitals NHS Trust 2023)

This paper approaches trauma not as a competing explanation for distress related to autism, but rather as a factor that amplifies vulnerability. C-PTSD, marked by disturbances in emotional regulation, a negative self-concept, and difficulties in relationships, significantly overlaps with areas that are already vulnerable in late-diagnosed autistic adults. When trauma coexists with autism and PDA profiles, there may be heightened threat sensitivity, intensified avoidance behaviours, and further erosion of relational trust.

Huws JC, Jones RSP. ‘They just seem to live their lives in their own little world’: Lay perceptions of autism. Disabil Soc. 2010;25(3):331–344. [Google Scholar][Ref list]
Moseley, R. L., et al. (2021). Lifetime stress exposure and mental health in autistic adults. Autism Research.
Quinton, A. M. G., Ali, D., Danese, A., Happé, F., & Rumball, F. (2024). The assessment and treatment of PTSD in autistic people: A systematic review. Review Journal of Autism and Developmental Disorders.
Turnock A, Langley K, Jones CRG. Understanding Stigma in Autism: A Narrative Review and Theoretical Model. Autism Adulthood. 2022 Mar 1;4(1):76-91. doi: 10.1089/aut.2021.0005. Epub 2022 Mar 9. PMID: 36605561; PMCID: PMC8992913.
https://**assets.publishing.service.gov.uk/**media/6995bf15339ee33f3ad0b8ad/Mr_S_Hussain_v_East_Lancashire_Hospitals_NHS_Trust_-_2412142_2023___others_-_Judgment.pdf

1.7.1. Research Evidence on Loneliness in Autistic Individuals

Research shows many autistic adults experience loneliness due tsensing, oo feeling fundamentally different from others. A qualitative study of 203 autistic adults in the United Kingdom revealed that many participants faced an internal conflict. They desired social connection but found social interactions mentally and physically exhausting. This led to a cycle of avoidance, increasing their feelings of loneliness. Participants noted that a lack of shared understanding with non-autistic individuals contributed to a strong sense of difference and isolation.

The feeling of loneliness is a deep held need for inclusion, even in the midst of many others around them whilst feeling misunderstood and not authentic. A feeling of isolation leads towards chronic health conditions, anxiety, depression, burnout and suicidality.

Autistic individuals face several factors that create or make feelings of loneliness more intense, including:

Double Empathy
Communication styles between typical and diverse vary. Misinterpretation by a neurotypical of information by a neurodiverse may lead to social exclusion, isolation, rejection and fear of 'banishment'. Such a categorisation disparity has an impact of lack of shared understanding and greater feeling of being on their own.
Sensory Overload
Overload created by too much auditory information can be physically overwhelming whcih inevitably forces the person into isolation.
Masking
autistic individuals hide traits that would otherwise identify them as neurodiverse in a neurotypical world in an effort to navigate different - sychological environments to their own thoughts. This casting of superficial masking to fulfill a need for belonging as part of social group dynamics is exhausting for them, often creating greater levels of withdrawal.
Previous trauma and reflection fears.
Adults may present with multiple events of bullying, inclusive of social rejections with later successive attempts to form connections being abandoned through self protection modes.
Relationship fatigue
Continued efforts to mask and camouflage identificiable neurodiverse traits, to conform to neurotypical social norms, communications, social cultures, relationships and work environments are exhaustive. Whilst it may appear they are fitting into a different psychological area, they remain isolated with known different thought pathways.
Social culture
Remaining in a neurotypical environment isolated from other neurodiverse individuals they can share same or similar experiences leads to a profound sense of loneliness.
Lack of support
undiagnosed neurodiverse later life adults have had no social support, structure of systems, combining higher levels of unemployment create higher levels of psychological loneliness and isolation.
Regulation versus alone time
misinterpretation of 'sulking' reluctance, reticence, obstructive, ignorance or failure to answer is an autistics persons subconscious regulating and recovery from sensory overload. ''Do you understand', 'hello', 'are you listening' 'do you get it' are all terms that trigger the HPA axis into fight or flight mode away from the freeze mode and creates intense feelings of stress. The moments of regulation required is a rebalancing condition and not and aspect of loneliness. However, a combination of forced social dis-inclusion and apparent lack of social connection, can lead into intense and painful feelings of loneliness.

1.8 Suicidality as an Emergent Outcome

Suicidality is the singular most critical outcome addressed in this paper.

It is a feeling of intense hopelessness, of being a burden, feelings of being inescapably trapped along with deep and intense feelings of overwhelming emotional pain. Typical components of suicidality include ideation, both active and passive, and actuation.

Studies by Brown et al, 2024, indicate these types of thoughts and distressing behaviours are seen throughout the lifespan of autistic individuals. Identified factors that are accumulative include interpersonal relationship concerns, depressive symptoms and unmet needs.

Cassidy S, Au-Yeung S, Robertson A, et al. Autism and autistic traits in those who died by suicide in England. The British Journal of Psychiatry. 2022;221(5):683-691. doi:10.1192/bjp.2022.21
Hymas, R., Badcock, J.C. & Milne, E. Loneliness in Autism and Its Association with Anxiety and Depression: A Systematic Review with Meta-Analyses. Rev J Autism Dev Disord 11, 121–156 (2024). https://doi.org/10.1007/s40489-022-00330-w
Quinton, A. M. G., Ali, D., Danese, A., Happé, F., & Rumball, F. (2024). The assessment and treatment of PTSD in autistic people: A systematic review. Review Journal of Autism and Developmental Disorders.
Brown, C. M., Newell, V., Sahin, E., & Hedley, D. (2024). Updated systematic review of suicide in autism: 2018–2024. Current Developmental Disorders Reports, 11, 225–256.
Grace, K., Remington, A., Lloyd-Evans, B., Davies, J. & Crane, L. (2022) Loneliness in autistic adults: A systematic review. Autism, 26(8), pp. 2117–2135. Available at: https://journals.sagepub.com/doi/pdf/10.1177/13623613221077721
Guy-Evans, O. (2025) Why connecting feels like a no-win situation for autistic adults. Simply Psychology. Available at: https://www.simplypsychology.org/why-connecting-feels-like-a-no-win-situation-for-autistic-adults.html
Hinze, E., Paynter, J., Dargue, N. et al. The Presentation of Depression in Depressed Autistic Individuals: A Systematic Review. Rev J Autism Dev Disord (2024). https://doi.org/10.1007/s40489-024-00480-z
McManus, S., Lubian, K., Bennett, C., Turley, C., Porter, L., Gill, V., Gunnell, D., Weich, S., & Bristol Population Health Science Institute NIHR ARC West. (n.d.) Suicide and self-harm in Britain: researching risk and resilience using UK surveys. University of Bristol Research Portal.
Williams, H. (2023) Autistic people experience loneliness far more acutely than neurotypical people – new research. The Conversation. Available at: https://theconversation.com/autistic-people-experience-loneliness-far-more-acutely-than-neurotypical-people-new-research-216471
White, L.L., Tecwyn, E.C. & Petty, S. (2024) Experiences of loneliness and connection for autistic young people: A systematic review. Review Journal of Autism and Developmental Disorders. Available at: https://link.springer.com/article/10.1007/s40489-024-00487-6
Adams, R. (2025) Loneliness not the same as being alone. Research Horizons. Cincinnati Children's Hospital. Available at: https://scienceblog.cincinnatichildrens.org/loneliness-not-the-same-as-being-alone/
Penot, J.L. (2023) The problem of loneliness for people with autism. Psychology Today. Available at: https://www.psychologytoday.com/us/blog/the-forgotten-women/202303/the-problem-of-loneliness-for-people-with-autism

Clarity needs to be made again that autism does not cause depression, however there is (Hinze et al 2024) a 4 times greater prevalence of depression through previously described aspects of isolation, loneliness, emotional dysregulation, and invariably, chronic stress. Effectively, neurodiverse people are living in a word they are not designed for.

Additionally, UK survey research points to loneliness, hopelessness, and feelings of worthlessness as key subjective factors contributing to suicidal distress. (McManus et al [Bristol Report] 2019)

1.9 Legal, Ethical, and Systemic Context

This paper is based on UK legal and ethical rules that recognise the employer's duty of care to people with disabilities.

The Equalities Act 2010 provides protection under certain stipulations that your disability has a ‘substantial’ and ‘long term negative effect’ on the abilities of the person to perform their normal everyday duties. A diagnosis in this respect it is seen as strong evidence in proving legal proof and within disputes such as workplace adjustments and employments rights, it is not strictly legally required, as long as the prerequisites are there.

- The Effects Test - is the effect on the life of the person, not the nomenclature of a label.
- Proof - Diagnostic, or letters from GPs, Specialist in support for the effects on the life of the individual.
- Reasonable adjustment - proof may be required to support and a formal diagnosis is seen as the best support.

.

Employers and service providers must protect mental well-being and make reasonable adjustments. Ignoring the specific needs related to autism, especially Pervasive Demand Avoidance (PDA) and demand sensitivity, can lead to distress and legal or organisational issues.

The legal framework supports the paper's main point: distress isn't unavoidable. By changing systems to accommodate differences, overall harm can be greatly reduced. Without these changes, vulnerability often increases over time.

1.10 Chapter Conclusion

This chapter created a clear starting point by presenting a joined-up model showing how autism, PDA profiles, trauma, loneliness, and system-level factors work together to shape later-life vulnerability. These ideas are not handled as separate explanations but as parts of one combined, evolving framework.

Building on the Foundation

Chapter 2 continues this direction by looking at the link between autism and Pervasive Demand Avoidance (PDA). It describes how demand sensitivity shows up within autism and how it shapes stress, social connections, and support through adulthood.

Adjustments for neurodiversity - Reasonable adjustments at work - Acas

Brown, C. M., Newell, V., Sahin, E., & Hedley, D. (2024). Updated systematic review of suicide in autism: 2018–2024. Current Developmental Disorders Reports, 11, 225–256.
Equality Act 2010, c. 15. Available at: https://www.legislation.gov.uk/ukpga/2010/15/contents (Accessed: 25 March 2026).
Grace, K., Remington, A., Lloyd-Evans, B., Davies, J. & Crane, L. (2022) Loneliness in autistic adults: A systematic review. Autism, 26(8), pp. 2117–2135. Available at: https://journals.sagepub.com/doi/pdf/10.1177/13623613221077721
G**uy-Evans, O.** (2025) Why connecting feels like a no-win situation for autistic adults. Simply Psychology. Available at: https://www.simplypsychology.org/why-connecting-feels-like-a-no-win-situation-for-autistic-adults.html
Williams, H. (2023) Autistic people experience loneliness far more acutely than neurotypical people – new research. The Conversation. Available at: https://theconversation.com/autistic-people-experience-loneliness-far-more-acutely-than-neurotypical-people-new-research-216471
White, L.L., Tecwyn, E.C. & Petty, S. (2024) Experiences of loneliness and connection for autistic young people: A systematic review. Review Journal of Autism and Developmental Disorders. Available at: https://link.springer.com/article/10.1007/s40489-024-00487-6
Adams, R. (2025) Loneliness not the same as being alone. Research Horizons. Cincinnati Children’s Hospital. Available at: https://scienceblog.cincinnatichildrens.org/loneliness-not-the-same-as-being-alone/
Penot, J.L. (2023) The problem of loneliness for people with autism. Psychology Today. Available at: https://www.psychologytoday.com/us/blog/the-forgotten-women/202303/the-problem-of-loneliness-for-people-with-autism

Chapter 2: Autism and Pervasive Demand Avoidance (PDA) as an Interactional Profile - COMMUNICATION.

2.1 Re-situating Autism: From Trait Lists to Lived Systems

Autism becomes disabling mainly when society is not designed with autistic people in mind.

Chapter 2 explores autism as something shaped through long-term interactions rather than as a fixed individual trait. The focus of this paper is Pervasive Demand Avoidance (PDA), looking specifically at how this profile affects the way autistic people experience demands, independence, and perceived threats to these. It does not compare PDA to other forms of autism but instead treats it as part of autistic identity. This approach highlights how people with PDA traits respond when faced with increasing demands across social, work, and institutional environments. These ideas (APA, 2013) add depth not only for understanding this profile but also for thinking about other types of neurodivergence.

Autism is commonly described through differences in social communication, focused or intense interests, sensory experiences, and flexibility of behaviour. These clinical definitions are useful but do not fully explain adult outcomes. They are also based on how neurotypical observers interpret autistic behaviour, rather than on autistic perspectives. A traits-only view cannot explain why some autistic adults manage well while others struggle with distress, isolation, or unmet support needs (ICD-11).

More recent research shows that outcomes depend far more on how autistic people interact with their environments than on traits alone. Autistic individuals often face misinterpretations from others, sensory overload, unclear expectations, and negative reactions to their differences (Bertilsdotter Rosqvist, H. et al., 2025). Over time, these pressures can build up, increasing stress and reducing access to understanding and support.

This paper takes an interactional view, meaning that behaviour, meaning, and outcomes are understood as the result of ongoing exchanges between people. Autism is seen as a neurodevelopmental difference that affects how information is processed (Duerden et al., 2025). This type of neurological variation is a natural part of human diversity (National Autistic Society, n.d.), and it influences how autistic people attend to, interpret, communicate within, and move through their environment—often in ways that differ from neurotypical expectations.

The mismatch occurs when autistic people are navigating a world that doesn't line up with how they think and process. PDA can heighten sensitivity to these mismatches, especially when a person feels their autonomy or independence is being restricted (O'Nions et al., 2020). There is nothing inherently wrong with autistic people; the difficulties come from the environments and expectations surrounding them.

Power structures in society have long determined what is considered "normal" behaviour, communication, conformity, and problem-definition (Laushman, P., 2026). Within these frameworks, autistic individuals are often labelled as disordered, irrational, or difficult, and expected to change themselves to meet norms. This places the burden on autistic people, positioning them as "the problem" that must adjust.

The real divide is that it is not autistic people who need to change, but the environments and expectations around them.

2.2 PDA as a Profile within Autism: Contested but Clinically Significant

Pervasive Demand Avoidance (PDA) was formally classified by Professor Elizabeth Newsome in the 1980's as a way to describe a subgroup of autistic people that had a strong aversion to everyday demands. O'Nions et al, 2020, also stated this aversion to demands was also linked to the inherent need for control and a quick response to pressure they perceive has been applied. However, PDA is not a separate diagnosis and remains under ICD-11

- (6A02.0: ASD without intellectual disability and with mild or no language impairment.
- 6A02.1: ASD with intellectual disability and with mild or no language impairment.
- 6A02.3: ASD with intellectual disability and impaired functional

Regardless of PDA currently remaining a subcategory of autism that a typical description does not completely cover, current guidelines and research agree that PDA is a specific profile within the autistic spectrum and not a disorder (PDA Society, 2022; National Autistic Society). The terminology of 'disorder' carries the implication of functional impairment, mental breakdown, or dysfunction, with the added connotation that autistic means something broken.

This paper does not seek to change terminology, except to highlight awareness or to consider PDA as an additional diagnostic criterion within current diagnostic tools. PDA is a useful way to describe:

- **certain behaviours,**

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). https://doi.org/10.1176/appi.books.9780890425596.
Bertilsdotter Rosqvist, H., Pearson, A., Pavlopoulou, G. & Bottema-Beutel, K. (2025) The social model in autism research. Autism, 29(9), 2201–2204. Available at: https://journals.sagepub.com/doi/pdf/10.1177/13623613251357648
Duerden, E.G., Neufeld, J. & Crafa, D. (2025) Social perception and cognition in autism. Scientific Reports, 15, 38660. Available at: https://www.nature.com/articles/s41598-025-26432-z
Elizabeth O'Nions, Judith Eaton, Extreme/'pathological' demand avoidance: an overview, Paediatrics and Child Health, Volume 30, Issue 12, 2020, Pages 411-415, ISSN 1751-7222, https://doi.org/10.1016/j.paed.2020.09.002. https://www.sciencedirect.com/science/article/pii/S1751722220301566)
Laushman, P. (2026) Autism and the neurodiversity paradigm – changing the conversation. Thrive Autism Coaching. Available at: https://www.thriveautismcoaching.com/post/autism-and-the-neurodiversity-paradigm-changing-the-conversation
National Autistic Society (n.d.) Autism and neurodiversity. Available at: https://www.autism.org.uk/advice-and-guidance/identity/autism-and-neurodiversity
World Health Organization (WHO) International Classification of Diseases, 11th Revision (ICD-11). (Complex Post-Traumatic Stress Disorder criteria). https://icd.who.int/

- **anxiety-driven avoidances,**
- **perceived threats to independence, and**
- **escalations in autistic people, whose difficulties are often wrongly viewed as oppositional or intentional.**

In this manner, the description aligns with wider trends in autism research that focus on clinical relevance and explanatory power rather than strict categories.

2.2.1. Core PDA Traits

As PDA is not a standalone profile, rather an addtional to 'being' on the spectrum, it is important at this point to understand the predentations of Pervasive Dermands Avoidance:

1. Strong avoidance of everyday demands
Avoiding instructions, requests, or expectations—even simple ones.
Avoidance can be subtle (changing the subject, distraction) or intense (shutdowns, meltdowns, refusal).

2. High need for control
Feeling safer when they have control of situations, people, or environments.
Losing control or being directed by others can trigger distress or panic.

3. Anxiety-driven responses
Avoidance is usually linked to anxiety, not oppositional behaviour.
Pressure (even gentle pressure) can cause overwhelming stress.

4. Using social strategies to avoid demands
Unlike typical autism profiles:
They may use humour, excuses, negotiation, or charm to escape demands.
These strategies can look "socially skilled" even if underlying social understanding is different.

5. Intense need for independence and autonomy
A strong reaction to anything that feels like a restriction.
May resist help, even when they need it, because help itself can feel like a demand.

6. Rapid shifts into overwhelm or crisis
Quick escalation from calm to distressed when demand pressure rises.
Common patterns include shutdowns, outbursts, panic, or withdrawal.

7. Strong, sometimes shifting interests
Interest patterns can be intense like other autistic profiles, but often change suddenly.
Interests are frequently used as a way to regain control or reduce anxiety.

8. Difficulty with hierarchy or authority
May respond better when approached collaboratively rather than through rules, authority, or instructions.
Traditional behavioural approaches often increase distress instead of helping.

9. Masking or blending socially
Many individuals with PDA can appear socially confident on the surface.
This can hide exhaustion, misunderstanding, or anxiety underneath.

10. Exaggerated fight-flight-freeze responses
The nervous system reacts strongly to felt threats—especially threats to autonomy.
"No" or "I can't" may be a panic response, not a choice.

2.3 Demand as a Threat: The Nervous-System Basis of PDA

PDA is based on the idea that demands are not just perceived as, but also feel like threats. In the same manner of a stress reaction, the HPA axis is activated by such a perception and releases the necessary hormones accordingly. The reaction starts a physical response to that stressor so that the person can respond accordingly, the well known and well researched 'fight/flight or freeze' reaction.

Research and practical literature show that avoidance in PDA comes from anxiety, not from being difficult (O'Nions & Eaton, 2020). When a demand is noticed—whether obvious, implied, or internal—it can cause a fight, flight, or freeze reaction.

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). https://doi.org/10.1176/appi.books.9780890425596.
PDA Society (n.d.) A history of PDA research. Available at: https://www.pdasociety.org.uk/research-professional-practice/history-of-pda-research/
Newson, E. (1980). Pathological demand avoidance (term proposed). In: Elizabeth Newson – Wikipedia. Available at: https://en.wikipedia.org/wiki/Elizabeth_Newson
O'Nions, E. & Eaton, J. (2020) Extreme/'pathological' demand avoidance: an overview. Paediatrics and Child Health. Available at: https://lizonions.wordpress.com/wp-content/uploads/2020/10/onions-eaton-2020-paediatrics-and-child-health-1.pdf
PDA Society (2020) Extreme/Pathological Demand Avoidance: An Overview. Available at: https://www.pdasociety.org.uk/resources/extreme-pathological-demand-avoidance-an-overview/
PDA Society (2022) Identifying & Assessing a PDA profile – Practice Guidance. Available at:
https://www.pdasociety.org.uk/wp-content/uploads/2025/05/Identifying-Assessing-a-PDA-profile-Practice-Guidance-v1.1-1.pdf
Porges SW. Polyvagal Theory: Current Status, Clinical Applications, and Future Directions. Clin Neuropsychiatry. 2025 Jun;22(3):169-184. doi: 10.36131/cnfioritieditore20250301. PMID: 40735382; PMCID: PMC12302812.
National Autistic Society (n.d.) Demand avoidance. Available at:
https://www.autism.org.uk/advice-and-guidance/behaviour/demand-avoidance
World Health Organisation (WHO) International Classification of Diseases, 11th Revision (ICD-11). (Complex Post-Traumatic Stress Disorder criteria). https://icd.who.int/

The shift from perception of a threat into reaction is governed by the nervous system (PolyVagal system [Porges, 2025]). The Autonomic Nervous System (ANS) is responsible for behaviour regulation and the physiological reactions required (fight/flight/freeze). There are there different states that are governed by the vagus nerve to dictate social and emotional functioning -

1. Ventral Vagus (VV) - safe mode
2. Sympathetic (S) - fight or flight
3. Dorsal Vagus (DV) - shutdown/freeze.

Understanding this is important as it shifts the focus from following rules to managing the nervous system. For people with PDA, the problem isn't unwillingness but feeling a loss of control, which triggers survival instinct**s.**

The National Autistic Society highlights three main types of demands that can cause distress:

- ***Direct demands (like instructions, rules, corrections)***
- ***Indirect or implied demands (like questions, expectations, social norms)***
- ***Internal demands (like bodily needs, self-imposed goals).***

This broad definition is especially relevant for adults, where demands are often not clearly stated. Workplace expectations, relationship give-and-take, and bureaucratic processes often rely on unspoken compliance, making repeated threat responses more likely.

2.4. Autism, Sensory Processing, and Demand Load

Understanding the Impact of Sensory Processing on Demands.

Autistic individuals can feel overwhelmed because the demands placed on their sensory processing skills differ from those of neurotypical people. Sensory overload and increased sensitivity to external stimuli or stressors lead to increased baseline arousal and further sensory overload (Yuan et al, 2022). External sensory stimuli may include bright lights, loud noises, confusing social expectations, or conflicting instructions. Under these conditions, extra demands become more than a single, simple task; they become additional strain on a system already under stress.

For those with Pervasive Demand Avoidance (PDA), the link between sensory and emotional load and the threat to autonomy is crucial. A demand is seen not just as a task, but as pressure on a system already near its limits. Over time, this can lead to:

Less tolerance for everyday tasks
More anticipatory anxiety
Increased use of avoidance to cope.

This helps explain why avoidance behaviours in PDA may persist in different situations and into adulthood, rather than reducing with age or development of new sensory skills. The result is that the individual adopts avoidance as protective rather than as a behavioural response. (O'Nions et al 2020, Woods, 2021)

As the underlying sensory and emotional load remains present throughout life, the need to avoid or control demands can remain stable, even as the person grows older or acquires new strategies.

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). https://doi.org/10.1176/appi.books.9780890425596.
Frontiers in Psychiatry (2019) Psychophysiological arousal and auditory sensitivity in autistic and non-autistic anxious adults. Available at: https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsyt.2018.00783/full

PDA Society (n.d.) A history of PDA research. Available at: https://www.pdasociety.org.uk/research-professional-practice/history-of-pda-research/
Narzisi A, Vivanti G, Berloffa S, Milone A, Fantozzi P, Tancredi R, Sesso G, Viglione V, Fabbri Destro M, Pelagatti S, Olivero L, Campatelli G, Pagetti D and Masi G (2025) Sensory processing in autism: a call for research and action. Front. Psychiatry 16:1584893. doi: 10.3389/fpsyt.2025.1584893
Newson, E. (1980). Pathological demand avoidance (term proposed). In: Elizabeth Newson – Wikipedia. Available at: https://en.wikipedia.org/wiki/Elizabeth_Newson
O'Nions, E. & Eaton, J. (2020) Extreme/'pathological' demand avoidance: an overview. Paediatrics and Child Health. Available at: https://lizonions.wordpress.com/wp-content/uploads/2020/10/onions-eaton-2020-paediatrics-and-child-health-1.pdf
PDA Society (2020) Extreme/Pathological Demand Avoidance: An Overview. Available at: https://www.pdasociety.org.uk/resources/extreme-pathological-demand-avoidance-an-overview/
PDA Society (2022) Identifying & Assessing a PDA profile – Practice Guidance. Available at: https://www.pdasociety.org.uk/wp-content/uploads/2025/05/Identifying-Assessing-a-PDA-profile-Practice-Guidance-v1.1-1.pdf
Porges SW. Polyvagal Theory: Current Status, Clinical Applications, and Future Directions. Clin Neuropsychiatry. 2025 Jun;22(3):169-184. doi: 10.36131/cnfioritieditore20250301. PMID: 40735382; PMCID: PMC12302812.
National Autistic Society (n.d.) Demand avoidance. Available at: https://www.autism.org.uk/advice-and-guidance/behaviour/demand-avoidance
Woods, R. (2021). Pathological Demand Avoidance (PDA). In: Volkmar, F.R. (eds) Encyclopedia of Autism Spectrum Disorders. Springer, Cham. https://doi.org/10.1007/978-3-319-91280-6_102293
World Health Organisation (WHO) International Classification of Diseases, 11th Revision (ICD-11). (Complex Post-Traumatic Stress Disorder criteria). https://icd.who.int/
Yuan H-L, Lai CYY, Wong MNK, Kwong TC, Choy YS, Mung SWY, Chan CCH. Interventions for Sensory Over-Responsivity in Individuals with Autism Spectrum Disorder: A Narrative Review. Children. 2022; 9(10):1584. https://doi.org/10.3390/children9101584

2.6 Camouflaging, Competence, and Cumulative Cost

Many autistic adults camouflage by hiding or reducing their autistic traits to fit in socially. For those with Pervasive Demand Avoidance (PDA), this is often linked with avoiding demands with research articulating major impacts on mental health (Evans et al 2024).

Evans et al 2024 and Benatov et al 2025 state camouflaging is strongly linked with increased levels of anxiety and depression, as autistic adults who mask more often report feeling more stressed, low, and emotionally overwhelmed. The research shows that when people consistently hide their natural instinctive autistic traits, it places a heavy emotional load on them, which in turn increases anxiety and greater difficulty regulating their day-to-day emotions. These studies also found the need to hide natural autistics traits created a increased sense of internalised pressure leading towards greater depressive symptoms and emotional fatigue.

Individuals with PDA traits often appear confident, articulate, or socially skilled at first, particularly in structured social situations or unfamiliar scenarios. This outward appearance often masks the internal distress and hides observational triggers required when assessing for levels of support. PDA Society 2022 shows research consistently of the use of ‘sophisticated social strategies’ such as humour, distraction and deflection to avoid the demands being placed on them.

The resultant factor in this outward reflection from inner distress leads invariably to misdiagnosis. misinterpretation or being overlooked. Distress remains un-noticed as highlighted under systematic review until critical point masking breaks down, or environments change, leading to a widening gap between how capable someone appears and how much support they actually require (Kildahl et al., 2021).

The disparity between what is outwardly seen of a PDA individual and inwardly felt by that person becomes more pronounced by the environment that requires or judges on external behaviours rather than those of internal states.
In these contexts, PDA-related anxiety, the need for autonomy, and the extreme difficulty tolerating demands may be overlooked or reframed as non-compliance, oppositionality, or behavioural problems (Green et al., 2018; PDA North America, 2025).Over time, the pressure to maintain this façade can intensify stress, contribute to burnout, and widen the mismatch between expectations and lived experience. [thelancet.com

This can delay diagnoses and hide the need for support. Over time, the gap between how they appear and their actual abilities can grow, especially in places that value visible competence.

In work environments, this mismatch can be harmful. High apparent ability but inconsistent performance might lead to punishment rather than support. Over the years, this can result in:
Job instability
Loss of self-trust
Limited access to needed adjustments.
This paper views this issue as a pattern of cumulative stress, not a flaw in personal resilience.

Evans, J.A., Krumrei-Mancuso, E.J. & Rouse, S.V. (2024) What You Are Hiding Could Be Hurting You: Autistic Masking in Relation to Mental Health, Interpersonal Trauma, Authenticity, and Self-Esteem. Autism in Adulthood, 6(2). Available at: https://journals.sagepub.com/doi/pdf/10.1089/aut.2022.0115
Conde-Pumpido Zubizarreta, S. et al. (2025) The impact of camouflaging autistic traits on psychological and physiological stress: a co-twin control study. Molecular Autism, 16(59). Available at: https://link.springer.com/article/10.1186/s13229-025-00695-9
Benatov, J., Sarel-Mahlev, E. & Bar Yehuda, S. (2025) Camouflage, Burnout-Exhaustion, and Depression in Autistic Adults. Autism in Adulthood. Available at: https://www.liebertpub.com/doi/full/10.1089/aut.2024.0147
Seçer, I. et al. (2025) Autism traits and mental well-being: the mediating role of social camouflaging and the moderating role of social exclusion and public stigma. Scientific Reports, 15(36633). Available at: https://www.nature.com/articles/s41598-025-20569-7
Roisenberg, B.B. et al. (2026) Does Camouflaging Predict Functioning, Distress, and Quality of Life for Autistic Adults? Autism Research. Available at: https://onlinelibrary.wiley.com/doi/epdf/10.1002/aur.70199
Green, J. et al. (2018) Pathological Demand Avoidance: symptoms but not a syndrome. The Lancet Child & Adolescent Health, 2(6), pp. 455–464. Available at: https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642%2818%2930044-0/fulltext [thelancet.com]
Haire, L., Symonds, J., Senior, J. and D’Urso, G. (2024) Methods of studying pathological demand avoidance in children and adolescents: a scoping review. Frontiers in Education, 9, p.1230011. Available at: https://www.frontiersin.org/journals/education/articles/10.3389/feduc.2024.1230011/pdf [frontiersin.org]
Kildahl, A.N. et al. (2021) Pathological demand avoidance in children and adolescents: A systematic review. Autism, 25(8), pp. 2162–2176. Available at: https://journals.sagepub.com/doi/pdf/10.1177/13623613211034382 [journals.sagepub.com]